

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILES 86 / 2

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

1 minimum period provided in this section, nor may the punishment provided
2 for in this section be reduced under AS 11.05.150. In addition, his
3 operator's license shall be revoked in accordance with AS 3.15.210(c).

4 In addition, a person convicted under this statute shall undertake, for
5 a term specified by the court, that program of alcohol education or
6 rehabilitation which the court, after consideration of any information
7 compiled under (b) of this section, finds appropriate.

8 * Sec. 3. AS 28.35.030 is amended by adding a new subsection to read:

9 (b) Except as prohibited by federal law or regulation, every
10 provider of treatment programs to which persons are ordered under (a) of
11 this section shall supply the Alaska court system with the information
12 regarding the condition and treatment of those persons as the supreme
13 court may require by rule. Information compiled under this subsection
14 is confidential and may only be used by a court in sentencing a person
15 convicted under (a) of this section, or by an officer of the court in
16 preparing a presentence report for the use of the court in sentencing a
17 person convicted under (a) of this section.

18 * Sec. 4. AS 47.37.210(a) is amended to read:

19 (a) Except as required by AS 28.35.030(b), the [THE] registration
20 and other records of treatment facilities shall remain confidential and
21 are privileged to the patient.

Original sponsor: Rules Committee by
request of the Governor

Offered: 4/19/77
Referred: Finance

1 IN THE HOUSE

BY THE COMMERCE COMMITTEE

2 CS FOR HOUSE BILL NO. 196

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 license fees for wholesale sale
7 of intoxicating liquors; and providing for an effective
8 date."

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

10 * Section 1. AS 04.10.110 is amended to read:

11 Sec. 04.10.110. WHOLESALE LICENSE. (a) The holder of a general
12 wholesale license may sell intoxicating liquors in the original package,
13 and wine in bulk, in quantities of not less than five wine gallons to
14 holders of licenses. The holder of a general wholesale license may
15 not sell to a consumer. Liquor requiring internal revenue strip stamps
16 shall have the stamps intact on the package. A general wholesale license
17 shall be required for each distributing point. The general wholesale
18 license fee schedule is based upon the total amount of business trans-
19 acted during any year and is \$500 as a minimum license fee, to accompany
20 the application, and in payment of the fee for the first \$50,000 of
21 business transacted, and, in addition thereto, on the business transacted
22 during any year,

23 above \$50,000 and not

24 over \$75,000

a fee of \$250

25 above \$75,000 and not

26 over \$100,000

a fee of \$500

27 above \$100,000 and not

28 over \$125,000

a fee of \$750

29 above \$125,000 and not

1	over \$150,000	a fee of \$1000
2	above \$150,000 and not	
3	over \$175,000	a fee of \$1250
4	above \$175,000 and not	
5	over \$200,000	a fee of \$1500
6	above \$200,000 and not	
7	over \$250,000	a fee of \$2000
8	above \$250,000 and not	
9	over \$300,000	a fee of \$2500
10	above \$300,000 and not	
11	over \$350,000	a fee of \$3000
12	above \$350,000 and not	
13	over \$400,000	a fee of \$3500
14	above \$400,000 and not	
15	over \$500,000	a fee of \$4500
16	above \$500,000	<u>1 per cent of the business</u> <u>transacted.</u>
17		[A FEE OF \$5000]

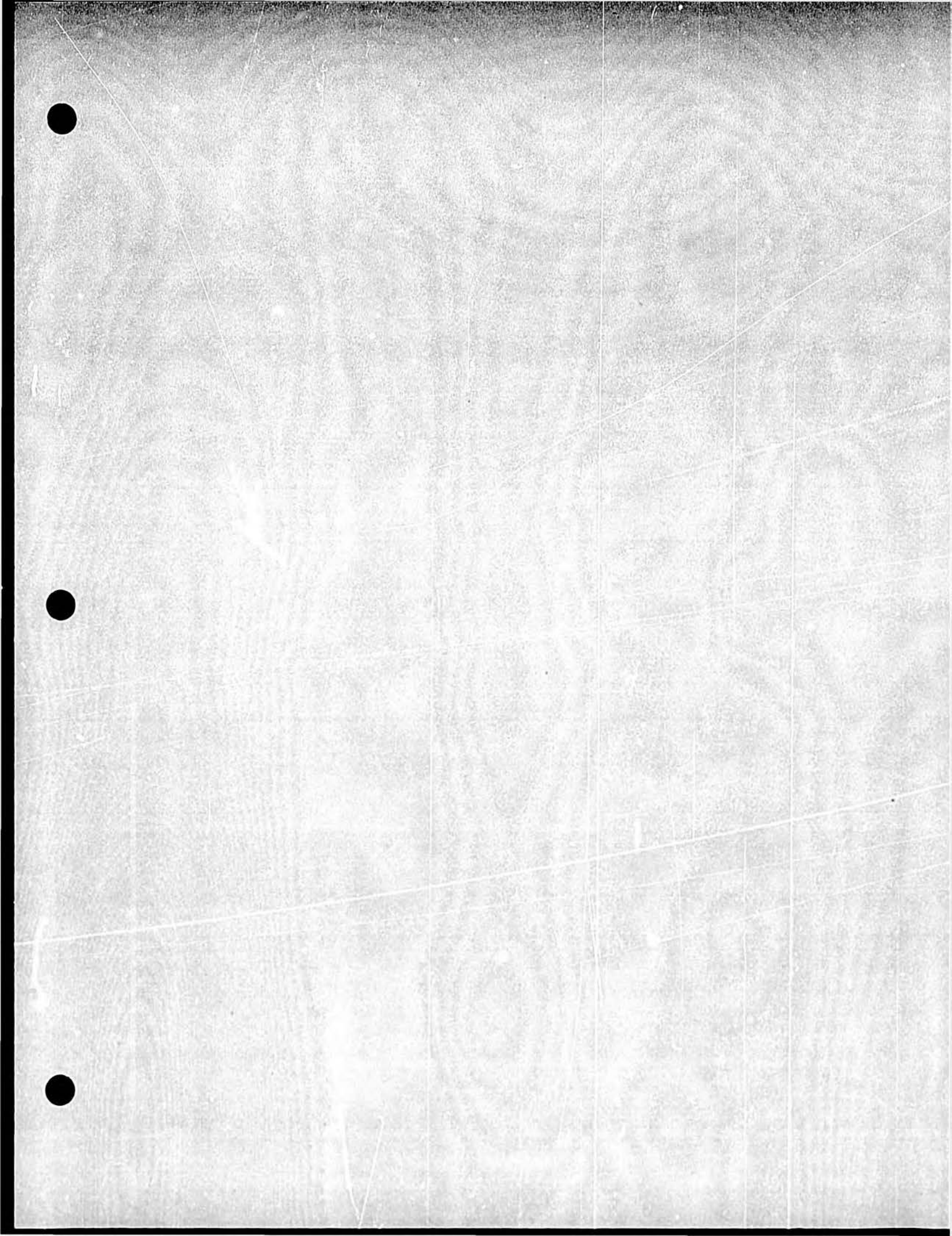
(b) The holder of a wholesale malt beverage and wine license may sell malt beverages and wine in the original packages and malt beverages and wine in bulk in quantities of not less than five wine gallons to holders of licenses. The holder of a wholesale malt beverage and wine license may not sell to 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.

28	above \$10,000 and not	
29	over \$25,000	a fee of \$150

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

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
above \$400,000	<u>1 per cent of the business transacted</u> [A FEE OF \$5000]

* Sec. 2. This Act takes effect July 1, 1977.



1 IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 HOUSE BILL NO. 232

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:

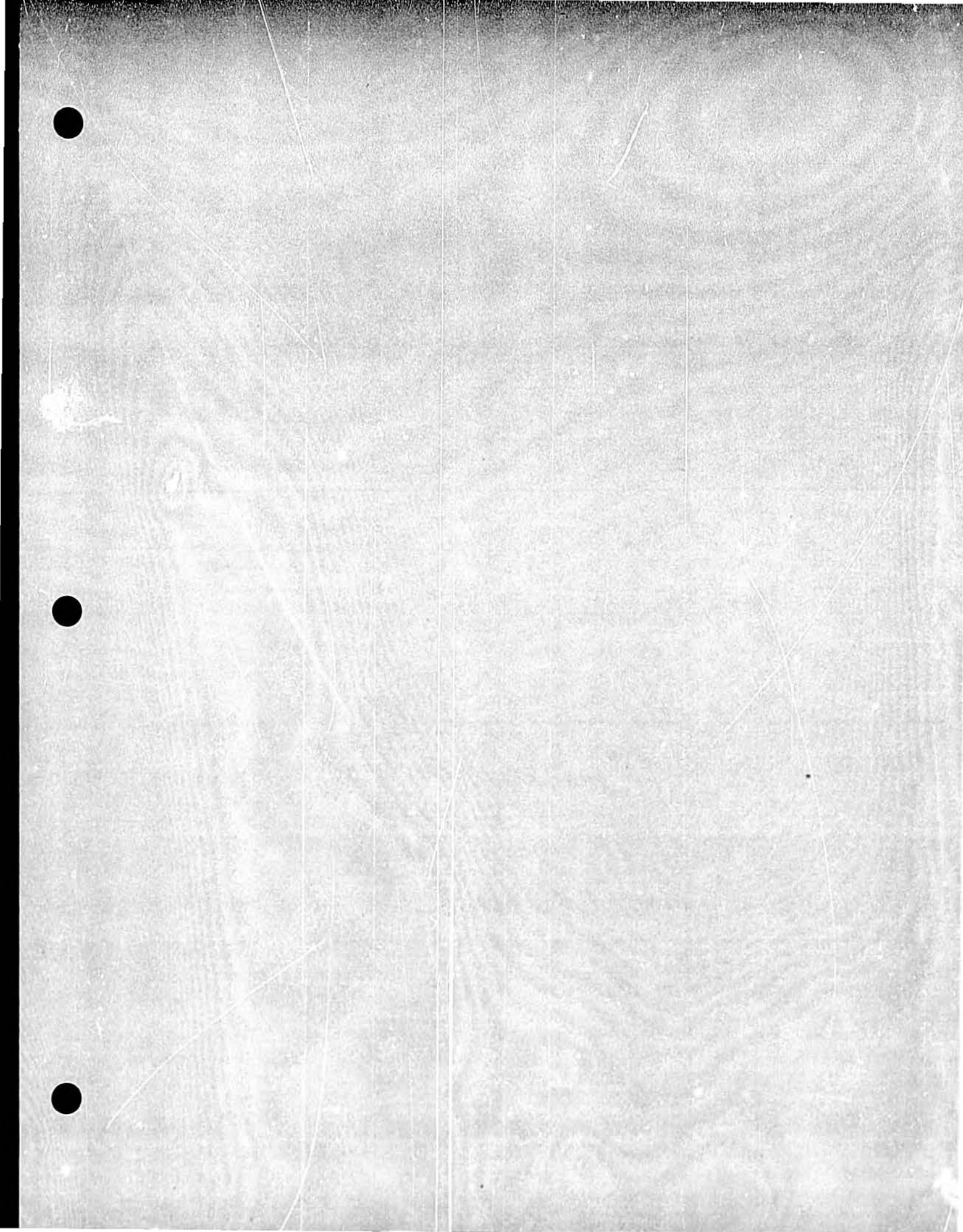
9 (a) A municipality may by ordinance provide [RULES AND] regu-
10 lations governing the barter, sale and possession of intoxicating
11 liquor within the municipality necessary to the orderly conduct of the
12 business of selling intoxicating liquor. When, under a local option
13 election, the city clerk 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-

modity than on another.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29



Introduced: 2/21/77
Referred: Judiciary and
Finance

1 IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 HOUSE BILL NO. 240

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 providing
7 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;
3 or (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 OR 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 municipi-
27 pal 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).

FISCAL NOTE
PULLED BY
HOUSE FINANCE
7/7/78

Introduced: 2/21/77
Referred: Finance

1 IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 HOUSE BILL NO. 241

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation to the Depart-
7 ment of Health and Social Services and to the Depart-
8 ment of Education for alcohol-related programs; and
9 providing for an effective date."

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

11 * Section 1. The sum of \$1,521,600 is appropriated from the general
12 fund to the Department of Health and Social Services for Fiscal Year 1978,
13 allocated as follows:

14	Medical Alcohol Detoxification Services	\$100,000
15	Non-Medical Alcohol Detoxification Facility	367,100
16	Acquisition Grants	
17	Operation of 30-Day Residential Intensive	
18	Treatment Facility for Alcohol Affected	
19	Persons	600,000
20	Public Information and Education Regarding	
21	Alcohol Abuse	350,000
22	Training of Personnel For Service in Alcohol	
23	Treatment and Counseling Programs at Various	
24	Locations	104,500

25 * Sec. 2. The sum of \$66,000 is appropriated from the general fund to
26 the Department of Education for Fiscal Year 1978, for the purpose of
27 development and implementation of an alcohol education curriculum for use
28 in the state's schools.

29 * Sec. 3. This Act takes effect July 1, 1977.

DIED IN
HOUSE HISS
COMMITTEE

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

1 IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 HOUSE BILL NO. 340

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 assis-
15 tance 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 [PROMULGATE] 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 A person may consent to remain in the facility as long as the physician
2 or administrator in charge considers it appropriate.

3 * Sec. 22. AS 47.37.170(e) is amended to read:

4 (e) A person who is not admitted to a licensed [AN APPROVED]
5 public or private treatment facility, is not referred to another
6 health facility, and has no funds, may be taken to his home, if any.
7 If he has no home, the licensed [APPROVED] public or private treatment
8 facility shall assist him in obtaining shelter.

9 * Sec. 23. AS 47.37.170(f) is amended to read:

10 (f) If a patient is admitted to a licensed [AN APPROVED] public
11 or private treatment facility, his family or next of kin shall be
12 promptly notified. If an adult patient who is not incapacitated
13 requests that there be no notification of next of kin, his request
14 shall be granted.

15 * Sec. 24. AS 47.37.170(g) is amended to read:

16 (g) Peace officers or members of the emergency service patrol
17 who comply with this section are acting in the course of their official
18 duty and are not criminally or civilly liable for that compliance
19 [IT].

20 * Sec. 25. AS 47.37.170(h) is amended to read:

21 (h) If the physician or administrator in charge of a licensed
22 [THE APPROVED] public or private treatment facility determines it is
23 for the patient's benefit, he shall initiate either an emergency
24 commitment procedure under sec. 180 of this chapter or an involuntary
25 commitment proceeding under sec. 190 of this chapter, whichever is
26 appropriate in his professional judgment [AN ATTEMPT SHALL BE MADE TO
27 ENCOURAGE THE PATIENT TO SUBMIT TO FURTHER DIAGNOSIS AND APPROPRIATE
28 VOLUNTARY TREATMENT].

29 * Sec. 26. AS 47.37.180 is amended to read:

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 alcoho-
15 lism 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 alcoholism 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
30

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 addi ted 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.

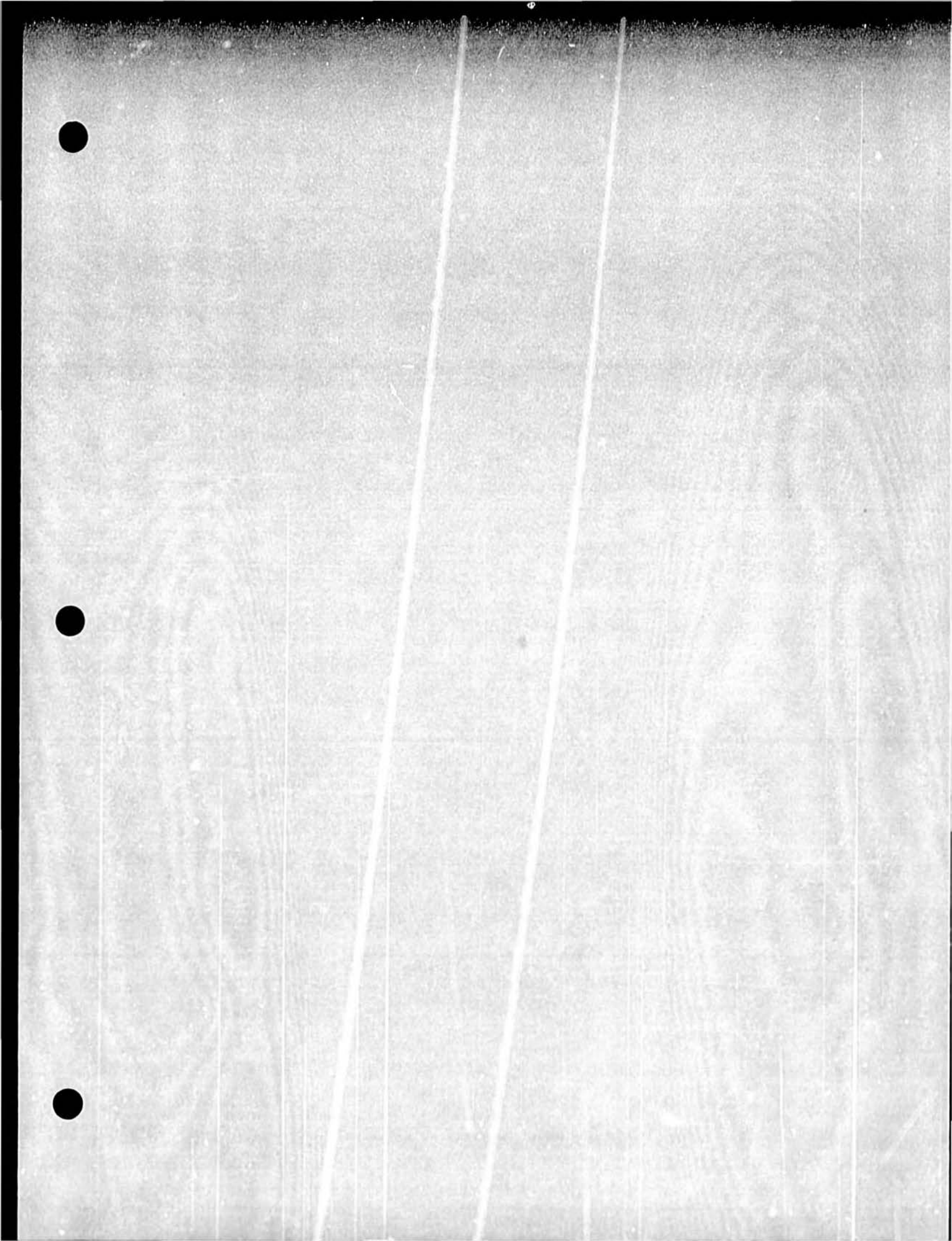
10 Sec. 47.37.320. GRANT-IN-AID PROGRAM REGULATIONS. The department
11 shall adopt regulations necessary to implement sec. 310 of this chapter.
12 The regulations shall provide for the method of application, the time
13 for consideration of the applications, the processing of applications,
14 the type 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.
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29



DIED IN COMMITTEE

Introduced: 1/9/78
Referred: Health, Education &
Social Services and Finance

1 IN THE HOUSE

BY OSTERBACK

2 HOUSE BILL NO. 570

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation to the Depart-
7 ment of Health and Social Services for a feasibility
8 study of an alcoholism treatment facility on Umnak
9 Island; and providing for an effective date."

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

11 * Section 1. The sum of \$150,000 is appropriated from the general fund
12 to the Department of Health and Social Services for the purpose of conducting
13 a feasibility study of an alcoholism treatment facility on Umnak Island.

14 * Sec. 2. The unexpended and unobligated portion of this appropriation
15 lapses into the general fund June 30, 1979.

16 * Sec. 3. This Act takes effect July 1, 1978.

INTERIM "CODE"
REVISION COMMITTEE
IS NOW WORKING
ON THIS

Introduced: 3/13/78
Referred: State Affairs

1 IN THE SENATE

BY THE RULES COMMITTEE
BY REQUEST

2 SENATE CONCURRENT RESOLUTION NO. 88

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - SECOND SESSION

5 Directing the Legislative Council to
6 accomplish a substantive revision of the
7 alcoholic beverage laws.

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

9 The legislature has determined that the laws of the state found in
10 Title 4, Alaska Statutes, and relating to the sale and dispensing of alco-
11 holic beverages, are in serious disarray. This disarray is the result of
12 patchwork amending over several decades and as a result the laws are very
13 difficult to administer effectively and defy constructive amendment on a
14 piecemeal basis. This small but important body of law is overdue for a
15 substantive revision. A revision project would involve a thorough review of
16 the policies involved and a comprehensive rearrangement and rewording of the
17 laws to make effective administration possible and to facilitate legislative
18 amendment in the future.

19 The Senate Special Committee on the Revision of Title 4 of the Alaska
20 Statutes (Alcoholic Beverages) will expire with other special committees at
21 the end of the regular session, but the legislature finds that the subject
22 matter before it will require interim attention between adjournment and the
23 convening of the next legislature.

24 BE IT RESOLVED by the Alaska State Legislature that under provisions of
25 AS 24.20.090 and Uniform Rule 48(c) the Legislative Council is directed to
26 establish a joint interim committee of the council to continue the special
27 committee's work and accomplish a substantive revision of Title 4, Alaska
28 Statutes (Alcoholic Beverages) during the 1978 interim.

1 IN THE SENATE

BY THE RULES COMMITTEE
BY REQUEST

2 SENATE CONCURRENT RESOLUTION NO. 88 am H

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - SECOND SESSION

5 Directing the Legislative Council to
6 carry out certain studies.

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

8 The legislature has determined that the laws of the state found in
9 Title 4, Alaska Statutes, and relating to the sale and dispensing of alco-
10 holic beverages, are in serious disarray. This disarray is the result of
11 patchwork amending over several decades and as a result the laws are very
12 difficult to administer effectively and defy constructive amendment on a
13 piecemeal basis. This small but important body of law is overdue for a
14 substantive revision. A revision project would involve a thorough review of
15 the policies involved and a comprehensive rearrangement and rewording of the
16 laws to make effective administration possible and to facilitate legislative
17 amendment in the future.

18 The Senate Special Committee on the Revision of Title 4 of the Alaska
19 Statutes (Alcoholic Beverages) will expire with other special committees at
20 the end of the regular session, but the legislature finds that the subject
21 matter before it will require interim attention between adjournment and the
22 convening of the next legislature.

23 BE IT RESOLVED by the Alaska State Legislature that under provisions of
24 AS 24.20.090 and Uniform Rule 48(c) the Legislative Council is directed to
25 establish a joint interim committee of the council to continue the special
26 committee's work and accomplish a substantive revision of Title 4, Alaska
27 Statutes (Alcoholic Beverages) during the 1978 interim; and

28 WHEREAS the State Personnel Act (AS 39.25) of the State of Alaska
29 represents a considerable and vital body of law which has not undergone

1 substantive revision and is consequently vastly out of step with personnel
2 developments of the last decade; and

3 WHEREAS the advent of collective bargaining and the tremendous growth
4 in the number of state government employees require refinement of the
5 personnel system; and

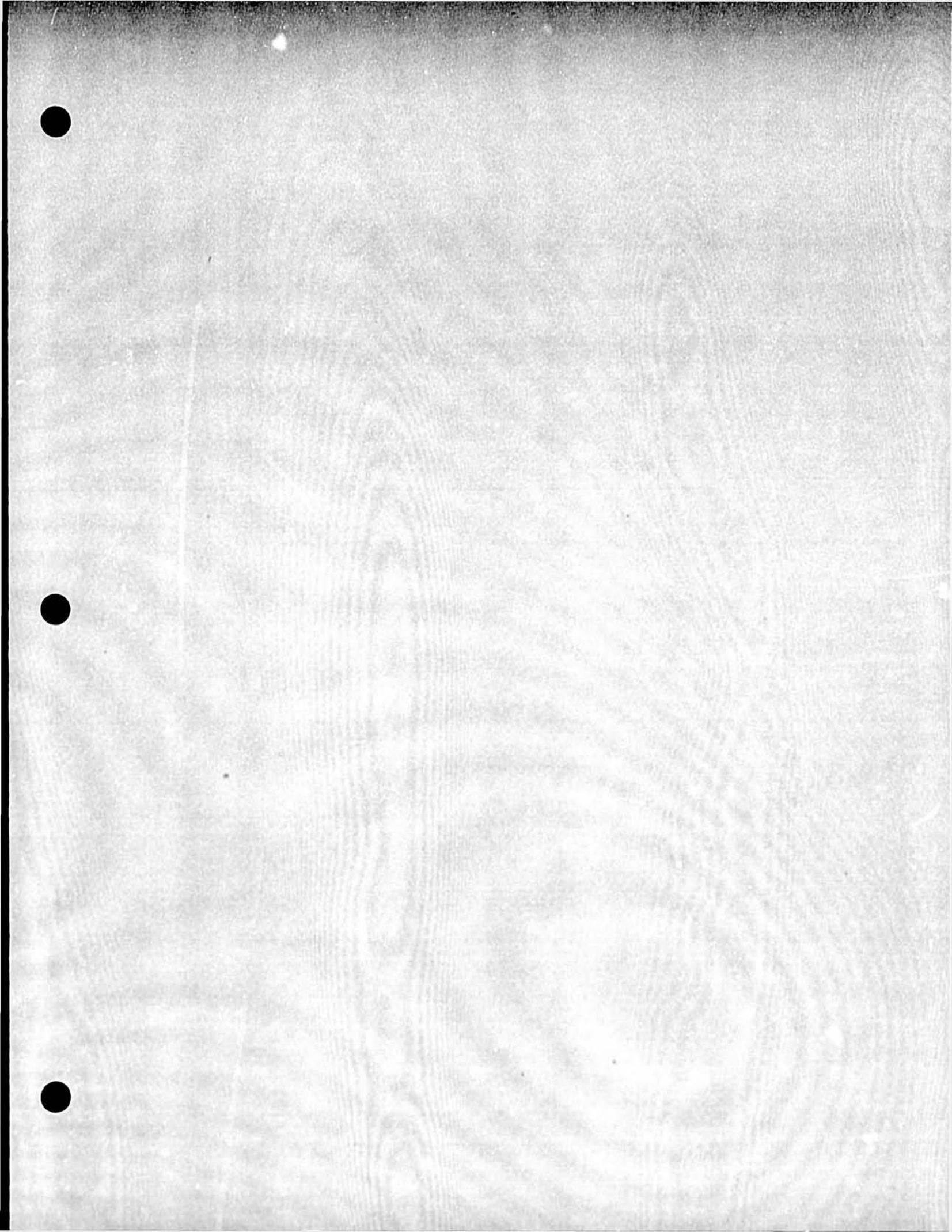
6 WHEREAS investigations by the Legislative Audit Division and the
7 Office of the Ombudsman have revealed major deficiencies in the present
8 personnel system; and

9 WHEREAS it is impossible during the course of a legislative session
10 to devote the necessary time required to study and refine the Personnel Act;

11 BE IT RESOLVED by the Alaska State Legislature that the Legislative
12 Council, in cooperation with the Director of Personnel, is authorized to
13 form a "blue ribbon" commission to study and refine the State Personnel Act
14 and to investigate the feasibility of decentralizing the hiring of employees
15 and a method for regularizing the hiring of specialists who, because of
16 higher comparable salaries in the private sector for the skills involved,
17 must be paid at levels in excess of the salary schedule, and to submit
18 to the First Session of the Eleventh Legislature a proposed revision
19 of the State Personnel Act based on the commission's recommendations;
20 and be it

21 FURTHER RESOLVED that the membership of the commission should be repre-
22 sentative of all persons and groups vitally concerned with the personnel
23 system; and be it

24 FURTHER RESOLVED that the Legislative Council is authorized to contract
25 with a competent person or firm knowledgeable in the varying aspects of
26 personnel administration to oversee and direct the work of the commission.
27
28
29



3
Introduced: 4/7/78
Referred: Health, Education &
Social Services

1 IN THE SENATE

BY THE STATE AFFAIRS COMMITTEE

2 SENATE CONCURRENT RESOLUTION NO. 98

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - SECOND SESSION

5 Relating to the underutilization of hos-
6 pital beds in light of the need for de-
7 toxification facilities.

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

9 WHEREAS alcoholics undergoing detoxification often need the care avail-
10 able in medical facilities, particularly in the first three to five days
11 when complications such as delirium tremens and heart problems are likely to
12 arise; and

13 WHEREAS alcoholics in need of such care are often refused admission to
14 medical facilities, in spite of occupancy rates for these facilities which
15 typically vary between 20 and 85 per cent; and

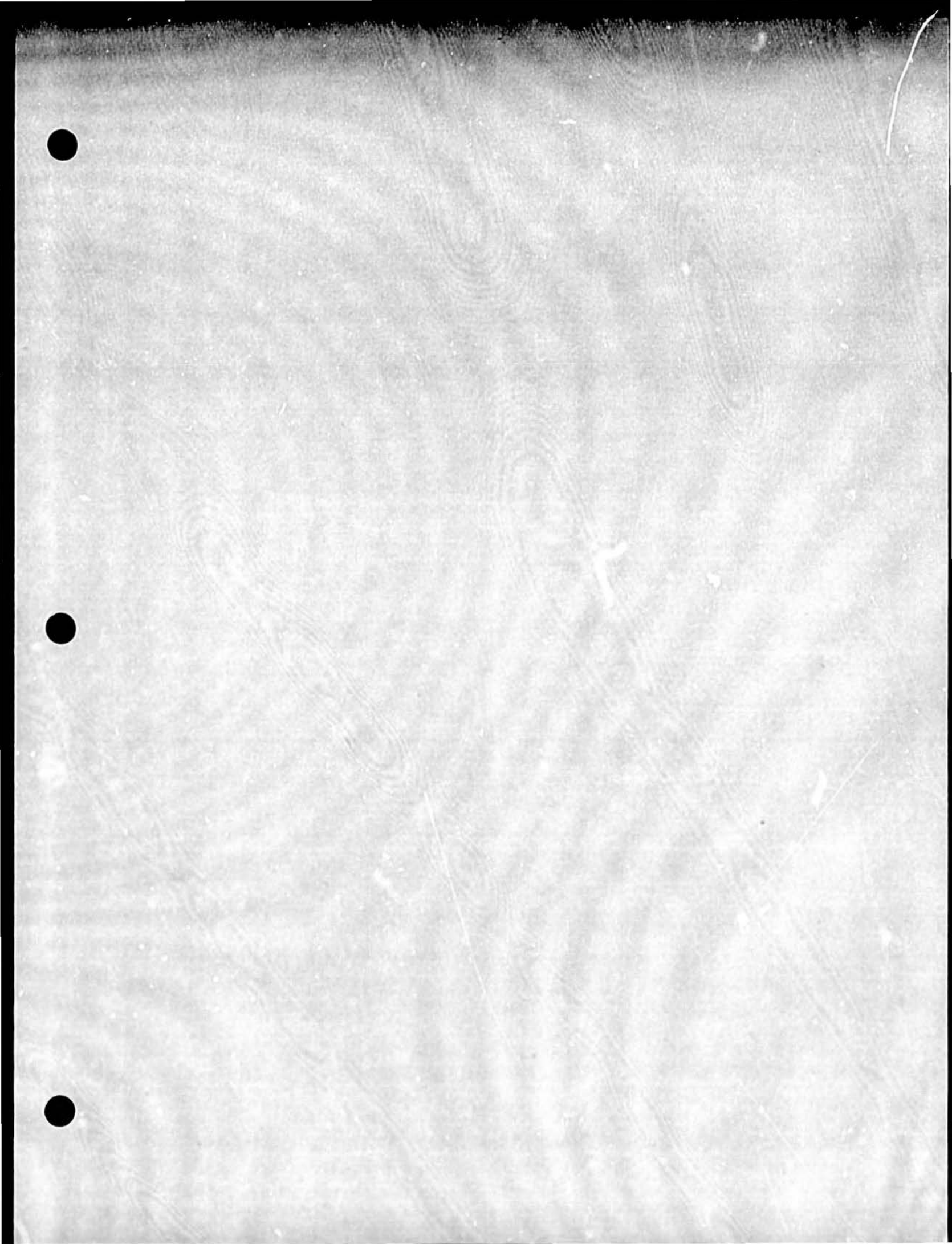
16 WHEREAS such underutilization of beds is not only wasteful but downright
17 inefficient, due to the fact that the costs of care of alcoholism may often
18 be recovered from the Veterans Administration, private health plans, and a
19 number of other sources of payment; and

20 WHEREAS full utilization of hospital beds will reduce the amount of
21 state dollars needed to build detoxification centers; and

22 WHEREAS a refusal to admit a person needing detoxification to a health
23 facility often consigns the person to detoxification in a state or municipal
24 detention facility;

25 BE IT RESOLVED that the Alaska State Legislature urges medical facilities
26 receiving federal funds to admit for care persons in need of detoxification.

27 COPIES of this resolution shall be sent to the appropriate authorities
28 in the Department of Health and Social Services for distribution to medical
29 facilities throughout the state.



Alcoholism
The Total Treatment Approach
Third Printing

MESSAGE TO THE CONGRESS

The alcoholic suffers from a disease which will yield eventually to scientific research and adequate treatment. Even with the present limited state of our knowledge, much can be done to reduce the untold suffering and uncounted waste caused by this affliction. I have instructed the Secretary of Health, Education and Welfare to:

- Appoint an advisory committee on alcoholism.
- Establish in the Public Health Service a center for research on the cause, prevention, control and treatment of alcoholism.
- Develop an educational program in order to foster public understanding based on scientific fact.
- Work with public and private agencies on the State and local level, to include this disease in a comprehensive health program.

LYMAN B. JOHNSON

*Reprinted as part of the President's Annual Health and Education Message to the Congress of the United States of America on March 1, 1964.

COMMUNICATIONS SECTION
6070
RECEIVED
FEB 11 1964
The number
increasing
as this one
nized last
functional w
ture in a f
in many di
behavioral sc
while sweep
associated
preferences
populations
voluntar; our
aspects of
civilization.
on the best
investigatio
diseases
detacher. It
be in treat
groups, or I
ous treatme
framework
is shorter
Although
in the field
went that
subject too
where crime
laws. Altho
are said to
accounts for
relation bet
and suicide.

for involuntary patients or patients with other illnesses such as psychosis, diabetes, etc. Certain treatment modalities, like Alcoholics Anonymous, may be effective in most of the above settings. Other treatment modalities, like individual insight therapy, may be effective in only certain treatment settings.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

TYPES OF DRINKERS

It is important to not fall into the trap of regarding all users of alcoholic beverages as alcoholics. Although eighty million Americans drink alcohol, only six million are alcoholics. It is true that there are wide variations in drinking patterns, and a general classification of these patterns is useful. A classification of drinkers in the United States is as follows:

1. *Total abstainers*—those who use no alcohol under any conditions.
2. *Moderate or social drinkers*—persons who drink on social occasions or with meals, but rarely to excess. They conduct themselves well while drinking and do not suffer any serious consequences because of their drinking. This includes also people who drink as part of the observance of religious occasions.
3. *Sporadic excessive drinkers*—people who develop a habit of drinking excessively on certain occasions, such as New Year's Eve and other holidays, on pay-check weekends or on other occasions for celebrating. Also into this category falls the teenager who develops a pattern of getting drunk with the gang. These people may well suffer consequences of their drinking, such as auto accidents, fights, hangovers, etc., while intoxicated, but otherwise show no signs of progressive social or physical deterioration related to drinking.
4. *Heavy social drinkers*—persons who habitually drink heavily mostly on social occasions with frequent or regular episodes of intoxication to the point of obvious muscle incoordination and intoxicated behavior. This drinking does not seriously handicap the individual in his life adjustment. Many of these people ultimately become alcoholics, but by no means all of them.
5. *Alcoholic drinkers*—people who have developed a disease called alcoholism.

CLASSIFICATION OF ALCOHOLICS

One of the most penetrating classifications of alcoholics was originated by E. M. Jellinek.¹⁰ He divided alcoholics into four major and several minor categories. The four major classifications are as follows:

Alpha Alcoholism

Alpha alcoholism represents a purely psychological continued dependence upon the effect of alcohol to relieve bodily or emotional pain. An alcoholic suffering from this kind of dependence violates the rules of society, for example drinking at unacceptable places and times, in excessive amounts and showing unacceptable behavior while drinking. This dependence is not characterized, though, by loss of control or inability to abstain from drinking; nor are there any signs of a progressive process. The relief of bodily pain or emotional disturbances implies an underlying illness, but this species of alcoholism cannot be regarded as an illness in and of itself, according to Dr. Jellinek. This is similar to what other authors call symptomatic alcoholism.

Beta Alcoholism

Beta alcoholism is that species of alcoholism in which such alcoholic complications as polyneuropathy, gastritis and cirrhosis of the liver may occur without either physical or psychological dependence upon alcohol. The incentive to a heavy drinking pattern which leads to such serious complications may be the custom of certain social groups in conjunction with poor nutritional habits. Beta alcoholism is neither a disease *per se* nor a symptom, although the excessive drinking may result in a number of medical illnesses as well as other serious nutritional diseases.

Gamma Alcoholism

Gamma alcoholism is that species of alcoholism characterized by acquired increased tissue tolerance to alcohol; adaptive cell metabolism; withdrawal symptoms and "craving," i.e., physical dependence; and loss of control over the use of alcohol. There is a definite progression from psychological to physical dependence and a marked deterioration of behavior. Under certain conditions a person with alpha or beta alcoholism may develop into a person with gamma alcoholism. This species produces the most serious kind of damage and is prevalent in the United States. This type of alcoholism constitutes a disease in and of itself.

Delta Alcoholism

Delta alcoholism shows the same characteristics as gamma alcoholism except that, instead of a loss of ability to control the use of alcohol, there is inability to abstain from drinking. Thus the ability to control the amount of intake on any given occasion remains. But if this type of alcoholic stops

drinking for even a day or two, he experiences a rapid onset of withdrawal symptoms, such as tremors and delirium tremens. This type of alcoholic is the most prevalent type in France, where cultural values provide a strong incentive to high alcohol intake, mostly of wine. This species of alcoholism is also a disease in and of itself.

A more recent classification system¹³ separates alcoholics into two main types, addictive and nonaddictive. This classification applies particularly to American alcoholics, and is quite useful clinically.

The *addictive alcoholic*¹⁴ represents a large portion of alcoholics in the United States. These people are psychologically and physically dependent on the drug alcohol. The psychological dependence is a chronic condition, and is the phenomenon which causes these alcoholics to resume drinking after a long period of sobriety. The physical dependence is the phenomenon which causes these alcoholics to continue to drink excessively once they have started drinking again, and to undergo a withdrawal syndrome after a prolonged drinking bout. This type of alcoholic manifests a loss of control over the use of alcohol, and is the type of alcoholic particularly prevalent in Alcoholics Anonymous. As such alcoholics continue to drink, they undergo progressive intermittent deterioration in their social and economic relations and in their physical and emotional health.

The *nonaddictive alcoholic*¹⁵ group is also quite large¹⁶—how large we do not know. It is similar to the addictive alcoholic group, except that no physical dependence on alcohol is present, and consequently loss of control over the use of alcohol and withdrawal upon cessation of drinking are not features. These people are psychologically dependent on alcohol. After a long period of time, some members of this group do develop physical dependence on alcohol. Many seem to remain only psychologically dependent on alcohol, and never develop a true physical dependence or addiction to the drug. These people also undergo progressive intermittent deterioration in their social and economic relations and in their physical and emotional health. But the progress of the deterioration is more subtle, and the rate more slow. Alcoholics in this group are often still married, on the job, and do not appear chronically ill. They are the hardest to diagnose, but often respond well to the proper treatment.

This separation of alcoholics into addictive and nonaddictive types appears to have definite clinical value. For example, the author of the present paper noted, during a study involving compulsory treatment of alcoholic prisoners at a Federal penitentiary in Texas,¹⁷ that there appeared to be a difference in these two groups in their response to treatment. The addictive alcoholics were much more responsive to the treatment techniques used

¹³Also called "drug dependence, alcohol, psychological and physical type."

¹⁴Also called "drug dependence, alcohol, psychological type."

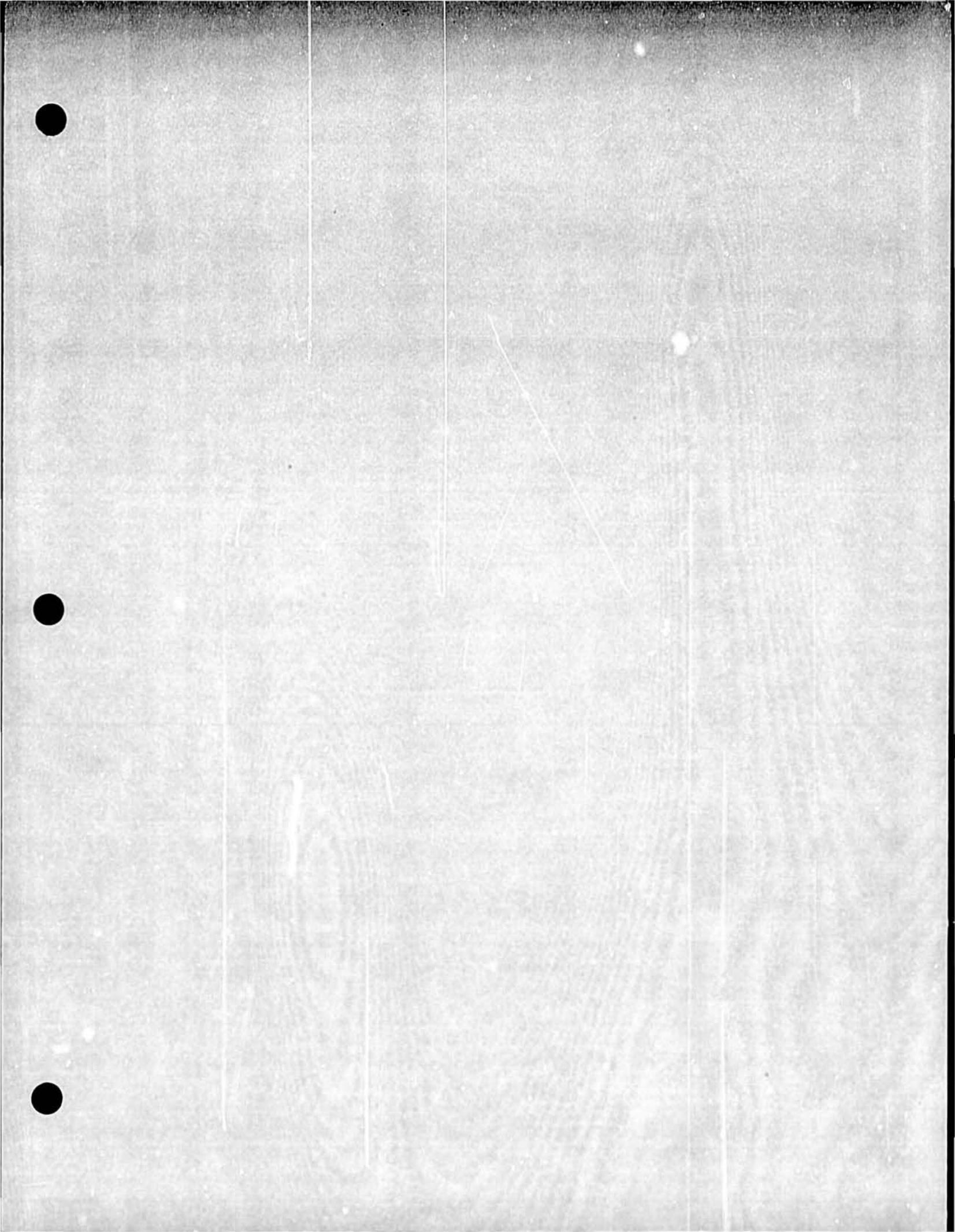
than were the nonaddictive alcoholics. Alcoholics Anonymous appears to be made up primarily of addictive alcoholics, indicating that the approach to recovery which this group practices may be more helpful to the addictive than the nonaddictive alcoholic. Nonaddictive alcoholics may possibly be better helped by psychologically oriented treatment such as is available in many state alcoholism programs and private psychiatric hospitals.

PSYCHIATRIC DIAGNOSIS

Many studies and scientific papers, too numerous to review here, have described a variety of psychiatric diagnostic schemes for patients with pathologic drinking behavior. Authors vary greatly in their diagnostic schemes, depending largely on their theoretical orientations regarding the "cause" of alcoholism and probably less on the natural bias inherent in any small sample of patients. At one extreme, some authors make the primary diagnosis of alcoholism, but always regard it as the secondary result of some other primary or "underlying" psychopathology. At the other extreme, some authors give a primary diagnosis of alcoholism in persons exhibiting a more or less clearly defined syndrome of symptoms, occasionally adding another primary diagnosis of some other severe psychologic illness, such as schizophrenia or manic-depressive illness. Still others prefer to routinely describe their alcoholic patients with a series of diagnoses such as follows: diagnosis of any existing psychotic or neurotic disorder; diagnosis of any existing personality disorder; diagnosis of any existing drug dependency, i.e., "drug dependence, alcohol, addictive (psychological and physical) type," "drug dependence, alcohol, nonaddictive (psychological) type," "drug dependence, barbiturate, addictive (psychological and physical) type," etc. The author feels this latter system to be the most desirable, generally. The words in parenthesis, "psychological" or "psychological and physical," are optional, being included only for additional clarification if necessary. Needless to say, many other diagnostic schemes do exist.

Several recent studies will be briefly cited below to illustrate the variations in diagnosis reported on groups of alcoholic patients:

1. Robert Willerstein¹⁷ divided the 178 alcoholic patients he studied at the Winter Veterans Administration Hospital in Topeka into three main groups: a) psychotic or psychotic-like character problems (44 patients); b) "character-disorder" character problems (97 patients); and c) neurotic character problems (36 patients). Apparently he regarded the basic pathology in these alcoholics as a character problem which may or may not be associated with a neurotic or psychotic disorder. It was the basic character disorder, with or without a neurotic or psychotic disorder, which he believed secondarily gave rise to the alcoholism syndrome. Forty of the forty-four psychotic and psychotic-like diagnoses were schizophrenic,



Alcoholism
The Total Treatment Approach
The 7th Revision

The Disease: Alcoholism

13

also more tendency toward neurotic disorders. It appeared to the author that these conditions may or may not have preceded alcoholism. Most patients of the middle and upper classes at the time of treatment also displayed other significant psychopathology in addition to alcoholism—primarily of the personality-disorder type. But the symptoms of personality disorder tended to diminish greatly in most alcoholics as their length of sobriety increased. These observations are in need of a definitive study. It is eminently clear that much more research is needed in the area of diagnosis and alcoholism.

THE ETIOLOGY OF ALCOHOLISM

All of the factors involved in causing a person to develop alcoholism are not yet known. However, a number of theories of etiology are prevalent, and each has factual observations to partially substantiate it. These theories fall into three main categories, i.e., biologic, psychologic and sociocultural.

Biologic Theories

Inherited peculiarities of body biology have been indicted as the cause of alcoholism by many. E. M. Jellinek, one of the most distinguished workers in the field of alcoholism, compiled a number of studies dealing with rates of alcoholism in families.¹¹ He found that an overall average of 52 per cent of alcoholics had at least one alcoholic parent. Conversely, the expectancy rate of alcoholism in the children of families where at least one parent is an alcoholic is between 20 and 30 per cent. In contrast, the expectancy rate of alcoholism in the general population is only between 2 and 3 per cent. This might mean that a tendency to develop alcoholism is inherited.

Two additional personal observations have always struck me as very interesting. First, many of my alcoholic patients have stated that they literally lost control of the use of alcohol with their first experience with alcohol as a youngster. As one alcoholic told me, "The first time I remember drinking was when I was 14, down in my Daddy's wine cellar. I drank until I got so drunk and sick that I vomited." Many never touched a drink again until years later; and when they did, they again drank to the point of drunkenness and have continued to do so since. One might postulate that these people have a high degree of genetic biological determinancy for addiction to alcohol.

The second observation stems from a group of my patients who are overly dependent, immature, emotionally unstable, come from broken or unhappy homes, and in general have most of the characteristics frequently thought to be the basis of alcoholism by those who adhere to psychologic factors as the cause. Several of these people have told me how they actually set out to become alcoholics during a very unhappy period in their lives. They

hoped that once they became alcoholics, they "wouldn't care about anything anymore," including their troubles. They reported drinking heavily over many months, and finally decided the whole experiment was a failure; they didn't get much of a lift out of drinking and were tired of the hang-over effects of alcohol, so they quit without any trouble. Some of them stated they take occasional social drinks now and have no desire to drink heavily. One might postulate that these people have a very low degree of genetic biologic determinancy to become addicted to alcohol—"they just don't have what it takes."

Exactly how would such a genetic biologic factor work? One of the well-known workers in the alcoholism field, R. J. Williams,¹⁸ postulates that alcoholism may be caused by an inherited metabolic pattern which results in nutritional deficiencies, such as deficiency of glutamine. Consequently, a craving for another nutrient, alcohol, arises. In certain cases, glutamine has been given to alcoholics, and they have subsequently been reported to lose their taste for alcohol. However, no specific metabolic deficiency has ever been demonstrated, and glutamine has not been widely reported to be effective in treating alcoholics.

Does the alcoholic suffer from some other type of metabolic abnormality such as endocrine imbalance, which biologically predisposes him to become addicted to alcohol, as J. J. Smith postulates?¹⁹ Again, no conclusive evidence of this has yet come to light. Could the alcoholic genetically inherit an emotional makeup which predisposes him to alcoholism? This is a fascinating idea, but no convincing evidence has ever been uncovered. Others who hold to a biologic etiology of alcoholism state that if the biologic factor were not inherited, it may well be acquired. Through repeated bouts of heavy drinking, a person may develop an unusual sensitivity to alcohol—that is, he may actually become allergic to alcohol, as many members of Alcoholics Anonymous believe. Again, no such allergy has ever been demonstrated.

An interesting study was done by M. Freile Fleetwood,²⁰ who measured three chemical substances in the blood of alcoholics as against non-alcoholic controls. One of these substances appeared mostly when a person was anxious (norepinephrine), another when he was tense (acetylcholine), and a third substance (unidentified) when he was resentful. He then administered alcohol to the alcoholics and the non-alcoholic controls and remeasured the substances. The only striking difference between the alcoholics and non-alcoholics was that alcohol caused a great reduction in the "resentment substances" in the blood of alcoholics. This would lead some further substance to the idea that there is a real chemical difference between alcoholics and non-alcoholics.

In summary, many people who work extensively in treating alcoholics are drawn to the conclusion that some "X" factor in their biology must be

present which makes it impossible for them to be social drinkers. This factor, however, has as yet never been elucidated.

Psychologic Theories

Other workers in the field of alcoholism feel that since no biologic peculiarities of alcoholics have been proven in spite of prolonged attempts to do so, the most likely cause of alcoholism lies in the psychologic area. This area can be divided into two parts: (a) studies of the family backgrounds of family alcoholics and (b) studies of alcoholics' personality characteristics.

Familial Background of Alcoholics

The family backgrounds of seventy-seven alcoholics were studied by Howard Clinebell,¹¹ who carefully interviewed the alcoholics themselves regarding their home lives as children. He found that 57 per cent of the alcoholics came from homes which could be regarded as severely inadequate. The four major parental characteristics in these homes were authoritarianism, success-worship, moralism and overt rejection. The first three of these characteristics are, in part, also subtle forms of rejection.

Robins¹² *et al.* did a thirty-year follow-up study on 502 children who had been seen in a child-guidance clinic, and compared this group to matched controls who had never been treated in a clinic. She found that a significantly larger percentage of the ex-child-guidance clinic patients developed alcoholism as compared to the matched controls. Antecedent factors evident in the childhood histories of the clinic patients found to be significantly related to alcoholism in later life were very low family social status, parental inadequacy (particularly antisocial behavior on the part of fathers) and serious antisocial behavior of the patients themselves.

Amark¹³ found a high rate of criminal behavior and alcoholism in the brothers of alcoholics, and some evidence that the fathers also had a high rate of criminal activities. This would lend support to the theory that the antisocial family gives rise to alcoholism in the children.

Manfred Bleuler¹⁴ studied the family backgrounds of fifty well-to-do American alcoholics who were hospitalized at the Payne Whitney Clinic. He found that, even in this upper-class group, 38 per cent had "grossly unfavorable home environments" as children, and 58 per cent had long-standing contact with alcoholics before the age of twenty.

The theme that runs through all of these studies is the strong tendency toward an unusual amount of psychopathology in the families of alcoholics. One would seem rather safe in saying that the family background of an alcoholic provides at least part of the seedbed in which alcoholism grows.

Personality Characteristics of Alcoholics

Multiple studies have been done on the psychologic characteristics of al-

cobolics themselves. Since most of these studies have been done after the person has developed alcoholism, only inferences can be made as to his personality before he became an alcoholic. Many people, such as Karl Menninger and Robert Knight, have written about the "alcoholic personality," and have depicted it as a rather clear-cut entity. However, after a multitude of psychologic studies by many workers there appears to be no specific or easily definable alcoholic personality upon which alcoholism is extremely likely to develop. There are, though, certain characteristics¹¹ that do appear to be quite common in a majority of alcoholics, and various combinations of these characteristics may well have formed the seedbed in which alcoholism grew. These characteristics are as follows: a) angry over-dependency; b) inability to express emotions adequately; c) high level of anxiety in interpersonal relations; d) emotional immaturity; e) ambivalence toward authority; f) low frustration tolerance; g) gradiosity; h) low self-esteem; i) feelings of isolation; j) perfectionism; k) guilt; l) compulsiveness; m) sex-role confusion.

Angry over-dependency is actually one of the most common and most basic characteristics of many alcoholics. In simple terms, many alcoholics do not grow up emotionally, but remain overly dependent on one or the other parent, such as is normal for a youngster up until the age of thirteen or fourteen. This failure to mature emotionally is associated with rejection by one or both parents. This rejection can take the form of either overt neglect or overprotection and overdomination by the parents. These parental attitudes cause a literal arresting of emotional growth at the early adolescent age-level. As an adult, the future alcoholic remains overly dependent. He is painfully aware of his excessive needs for attention, affection, praise, and being pampered and "babied." As a result, he is chronically angry that these excessive demands are never fully met, because his spouse or any other adult is unable to satisfy such excessive dependency needs.

Inability to express emotions adequately is common in alcoholics, and is also rather prominent in people suffering from depression. Alcoholics are in general very sensitive people. Consequently, they tend to build up feelings of anger at even minor rejections or frustrations. In addition, they find it very hard to deal adequately with this great wealth of angry feelings. They often find it very difficult to "talk out" their feelings, and therefore either hold them inside or explosively let them out in an argument or fight. They initially begin using alcohol in moderately heavy amounts to aid them in releasing these emotions or disguising them with feelings of euphoria. Often they end up in arguments, fights, extra-marital love affairs, etc. As it becomes obvious to the alcoholic that this type of release of emotional conflict is not very satisfactory either, he will begin drinking alcohol in

tremely large amounts to deaden his emotions altogether. This is commonly called "drinking to oblivion." One of the main aims of therapy is to help the alcoholic learn to express his feelings verbally.

Alcohol's ability to reduce a *high level of anxiety in interpersonal relations* has caused Dr. Jellinek to dub alcohol "a social lubricant." Many alcoholics, early in their disease, use alcohol as a drug for calming anxious and insecure feelings which arise at social gatherings. As their disease progresses, they seem to become even less able to relate to people, and therefore become even more dependent on alcohol to "get in the mood to relax and have fun." As will be further explained later, alcoholics often feel they are not worthy of being loved or cared about; therefore they feel insecure and out of place in a social gathering. Thus, as their inability to deal with people effectively becomes more pronounced, they need increasing amounts of alcohol to blot out this increasingly unpleasant reality. It has been my personal experience, in a follow-up study of alcoholics treated in a military hospital,¹¹ that the ones who have attained the longest period of sobriety are usually the ones who have noted most improvement in ability to get along with their friends. Conversely, the ones who have been able to maintain little sobriety also note little improvement in ability to get along with their friends.

Emotional immaturity includes being excessively moody, demanding that one's desires be met promptly, having a violent temper, expressing one's emotions through acts rather than words and being self-centered. Certainly, many alcoholics can be described thusly. It is not certain, though, whether these alcoholics had always been this way or whether they became this way only after their disease of alcoholism had become established.

Ambivalence toward authority, as emphasized by Giorgio Lolli, is an extremely prevalent symptom of alcoholics. A constant struggle goes on in many alcoholics between the need to be dependent and subservient and the need to be dominant and mighty. The common example is the alcoholic who married a domineering wife because of his need to be dependent on someone, and, upon getting drunk, beats her up to prove he is really the dominant one.

Low frustration tolerance is part of emotional immaturity, and is a common attribute of children, as well as alcoholics. It is this limited ability to stand frustration that often causes the alcoholic to resume drinking.

Grandiosity is present in the alcoholic when he is sober as well as when he is drinking. Everyone knows of the alcoholic sitting in a bar who boasts to his drinking chums of the fantastic business deal he is about to close tomorrow. And when the alcoholic sobers up the next morning, he manifests the opposite side of the same coin. He states to his wife: "I'm the worst

person in the world; I've failed in everything I've ever done." To be all that bad is no small accomplishment, either. Grandiosity is a defense against feelings of guilt which obsess the alcoholic.

Low self-esteem is one of the important traits that helps alcoholics continue to drink. "When I drink, I feel like a champ, a king; and the next morning, I realize what a crumb I am," as one alcoholic expressed it to me. This being the case, what a great temptation it is to have "just one more drink" to feel good again. Feelings of low self-esteem often stem from being emotionally neglected as a child. The alcoholic often feels he has never really been loved as he should have been, and probably is not really worth loving.

Feelings of isolation are the natural outgrowth of his inability to get along with people. As the alcoholic continues drinking, his behavior and conversation becomes less acceptable to those about him, and, consequently, his family and friends begin isolating him from their social circle.

Perfectionism and compulsiveness are components of grandiosity. All three of these symptoms are largely an outgrowth of intense feelings of guilt, feelings of being unloved and unlovable. The alcoholic must prove that he is better than his fellowman so that he will not have to feel so guilty about his failures whenever he is sober. Therefore, he must do things better than most people, and consequently becomes compulsive and perfectionistic.

One of the biggest conflicts present in many alcoholics revolves around *sex-role confusion*—their manliness, womanliness or lack thereof. Over and over again in therapy, alcoholics expand on the theme that alcohol makes them feel like the real he-man or she-woman they always wanted to be. Along with this he-manliness goes sexual promiscuity (Don Juan syndrome), fighting, boasting, etc. This sex-role confusion usually seems associated with an immaturity of sexual emotional development, rather than being of a homosexual nature. In other words, the alcoholic often regards his wife as a mama who provides a home for him or primarily as a sexual partner rather than a mature, complex woman with attributes and needs of a characteristic feminine type.

At this point it should be reiterated that the above characteristics are common in alcoholics, but do not occur in all of them. Also, many of these attributes are seen in people with other types of emotional disorders.

One final, pertinent study regarding the psychologic etiology of alcoholism is the McCord research.¹ This is one of the few longitudinal studies which has actually evaluated alcoholics both during childhood years and later, when they have become overt alcoholics. The McCords studied a group of 253 adults who had been intensively studied in 1935 while children in the Cambridge-Somerville Youth Study Center, which was established for the prevention of juvenile delinquency. They found that twenty-nine

of their group ultimately turned out to be alcoholics, which is far above the expectancy rates in the general population. The characteristics of the alcoholics in childhood, compared to a group of non-alcoholic controls, showed that alcoholics tended to be outwardly more self-confident, undisturbed by abnormal fears, indifferent toward other siblings and disapproving of their mothers. It was hypothesized by the McCords that these children were really defending against strong dependency needs which were never satisfied; and when they became adults they were unable to keep up the facade. As a result, they turned to alcoholism.

Sociocultural Theories

The final avenue for trying to gain insight into the etiology of alcoholism is to compare various social and cultural groups as to the incidence of alcoholism to see what factors seem to be correlated to high incidence of the disease. Although many sociocultural factors relating to the drinking of alcohol and alcoholism will be discussed in a later chapter by D. J. Pittman, two observations will be cited at this point.

First, alcoholism tends to be extremely common among certain ethnic groups, such as the Irish and the French. This fact does not appear to be explained simply by observing that most Irishmen and Frenchmen have tasted of spirits at some time in their lives. In a recent study of the Jewish culture,¹¹ it was reported that 91 per cent of the group had first tasted alcoholic beverages while they were between the ages of five and seven. Yet alcoholism is very rare among the Jews. Thus, some other factor besides mere exposure to alcohol must determine whether or not a person becomes an alcoholic.

Second, there appears to be a definite relationship between culturally accepted drinking patterns and the incidence of alcoholism in a given ethnic group. The more the average person in a society drinks, the greater is the incidence of alcoholism in that society. But this is by no means strictly true. For instance, Frenchmen consume about twice as much absolute alcohol per person as do Italians.¹² Yet France has five times more alcoholics than does Italy. The apparent reason for this discrepancy is that Italians drink mostly wine and mostly with their meals. Frenchmen drink more distilled spirits and frequently without meals. Thus, the simultaneous intake of food with alcohol seems to partially protect Italians against the disease. If this assumption is true, it is obvious that both cultural and physiological factors affect the rate of alcoholism in these two countries.

In summary, it is a fairly sound truism to assume that human beings in general try to adjust to their environments successfully. People who ultimately become alcoholics discovered at some point in their life what a definite aid alcohol appeared to be in helping them adjust successfully to