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NOME

12-21-93

HOUSE TASK FORCE ON ALCOHOL
AND ALCOHOL ABUSE
Nome, Alaska
September 21, 1993
9:00 a.m.

MEMBERS PRESENT

Representative Brian Porter, Chairman
Representative Eldon Mulder
Representative Jim Nordlund
Representative Richard Foster

MEMBERS ABSENT

Representative Joe Sitton

COMMITTEE CALENDAR

Public testimony on alcohol abuse.

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ACTION NARRATIVE

TAPE ONE, SIDE A
Number 000

The meeting was called to order by Chairman Porter at 9:50 a.m. Chairman Porter gave his opening remarks.

CHAIRMAN PORTER: First of all, thank you very much to Representative Foster for coming and getting us and providing the logistical support for the first of the task force's meetings here in Nome. This Alcohol Task Force is comprised of myself, Representative Brian Porter. And the other task force members are Representative Richard Foster here from Nome, Representative Eldon Mulder from Anchorage, Representative Joe Sitton, who is not able to be with us today from Fairbanks, and

Representative Jim Nordlund is here.

I would also like to initially call the task force members' attention to the task force book that we have prepared by the staff of my office. The staff of my office happens to be the one person sitting right behind us, Eric Musser, and I would like to thank him very much for compiling a very comprehensive book to get us a very firm foundation of examining the problem of substance abuse and alcohol abuse within the state.

I would like to, if you haven't already, call the members' attention to the Ombudsman's Investigative Report which calls to our attention the need for evaluation programs -- the Department of Corrections' substance abuse program, which during this year's session we have heard an awful lot of testimony about the requirements of the Department of Corrections and indications that apparently most of the inmates therein are there as a result of substance abuse problems. Within the framework of that, we (inaudible) information especially from the testimony that was received by the sentencing commission. The Alaska Judicial Council report is also very interesting.

That basis really was the inspiration for House Speaker Barnes to appoint this task force, to look at the overall state policy, statutes and law that are aimed at dealing with the state's alcohol abuse problems. We have, as I've discussed with most of you, we have no fixed agenda. We're not going in with any presumptions about the extent of the problem or what is really necessary to correct it, with the exception I think of two assumptions and one conclusion that are somewhat fundamental.
One of the assumptions is that Alaska has had and still has a myriad of problems caused by alcohol abuse and more problems that are exacerbated by alcohol, the abuse of alcohol and other substances. While these problems continue, as with the case with state programs, resources to address these problems are diminishing. Consequently, it would appear mandatory that this task force look for programs that will provide measurable results that can identify potential as well as existing problems and individuals and deter potential alcohol abusers and redirect those primary abusers. I guess it's also fair to observe that the problem that we are attempting to deal with is one that has plagued this state and our nation, for that matter, for decades and that there is no one quick and single answer.

Existing responses to the symptoms or the problems, whichever they turn out to be, can be found in the philosophies of the field of education, health service, public safety, social programs and many others. What we would like to do is hear from as many of these disciplines as possible and learn their perspectives of the problems and their solutions and to get perspectives from as many members of the public as possible. (Inaudible) this information we would like to see if there are any obvious directions for the state to take in terms of coordination, innovation, or for that matter, elimination of programs. At the very least, we would like to see this task force develop a list of items of apparent promise and to deal with these individually during 1994.

I would like to note our recognition of the work presently being done by the Alaska Natives Commission, the joint federal/state board looking at all issues affecting Alaska Natives and look to receive their input as it would relate to the same topics that we're addressing.

With that in mind, we will begin taking testimony. That is as I hope is appropriate, and we appreciate his presence, the Director of the State Division of Alcohol and Substance Abuse, Mr. Loren Jones. Welcome Mr. Jones and please turn yourself on and talk to us.

LOREN JONES: Okay, thank you Representative Porter. For the record, my name is Loren Jones. I am the Director of the Division of Alcoholism and Drug Abuse for the Department of Health and Social Services. We welcome this task force, uh the division, uh is always attempting to determine from local programs and from local providers and the public what kinds of services we should provide and what the local programs need and want to address those pressing issues locally. I was scheduled for an hour of testimony. I don't think I'll take that long but I would like to just sort of give you a little bit of background on the division, how we're organized, what some of our purposes are, to describe some of the efforts we have done to address some of the issues raised in the Ombudsman's report, as well as to address issues we feel are facing the field of alcohol and drug abuse and inhalant abuse, and then to take a minute to describe some of the resources available, some of the programs available in the communities, that I believe are on the teleconference or potentially on the teleconference today, so that you have an idea as you listen to the people from the various communities what kinds of services are available there and where we feel they may be lacking services and what kinds of issues are there. I also have brought with me as much information as I could sort of glom onto to hopefully answer any questions that you might have either after my testimony or during the day if the opportunity presents itself.

The division is a division within the Department of Health and Social Services. We became a division in 1990 by executive order. Prior to that we were an Office of Alcoholism and Drug Abuse. We have an advisory board that is made up of 12 citizens appointed by the Governor. There are currently 11 members on that advisory board. The statutory authority for our division is found in AS 47.37, which lays out the duties, responsibilities of the division, lays out the philosophy of the state regarding alcoholism and intoxicated persons. Within that chapter is also the involuntary commitment act for those persons who do not seek treatment on their own and for whom individuals responsible for them feel that they need to be committed, give guidance to the court as the courts reach that decision as to whether to involuntary commit.

Our board has a status under AS 44.29. That again lays out the duties of that board which are basically to advise the department and the commissioner on issues relating to alcohol abuse, drug abuse and inhalant abuse. This task force is set up as an alcohol and alcohol abuse task force. My division also has responsibilities for drug abuse issues and inhalant issues.

At the federal level we are now being required, as a result of federal block grant funding, to be somewhat responsible for tobacco, even though within our department of Health and Social Services tobacco is structurally under the Division of Public Health. Along with CDC's recommendation, the Center for Disease Control, and other federal officials, we are now being required to do some things in terms of violence prevention as well as its related to use of substance abuse in schools, weapons in schools, the advent of gangs, those kinds of things, youth violence. We're slowly being required at the federal level to deal with that as part of our overall prevention efforts. The other task forces (inaudible) in terms of alcohol and alcohol abuse.

My division's responsibilities are quite broad. We are basically organized into three sections. We have an office in Juneau that is basically the policy section, the management information section and our administrative section where we do all the grants management. We have two offices in Anchorage. One our Anchorage field office which has seven staff members that is responsible for the quality assurance program and responsible for providing the technical assistance and grant support to all the various local programs that are funded out of our division. AS 37.37 also requires us to establish standards for quality treatment programs and to apply those standards to both public and private treatment agencies. So we do an on-site to give a certificate of approval to every program that says they provide alcohol or drug abuse treatment.

CHAIRMAN PORTER: What title is that now?

LOREN JONES: AS 37.37.130 I believe. So we do review the programs at Providence, Charter, private psychologists, private programs like that as well as state grant funded programs.

Our third office in Anchorage is the Anchorage Alcohol Safety Action Program and it's located in the Court building. They have two responsibilities: one is to provide direct services to the Anchorage court system for misdemeanant offenders referred by the court system. The Alcohol Safety Action Program started out to be programs that dealt with drunk drivers. Currently the Anchorage court system in particular and many courts around the state are now sending other alcohol related misdemeanant offenders. Our Anchorage case load is about 50% drunk driving offenders and 50% other misdemeanant offenders. Step down felonies that deal with alcohol related violence, domestic violence cases, assault, burglaries, those kind of misdemeanor cases that are in fact alcohol related are referred to the ASAP office. That has made our case load there increase in the last six or seven years by almost 200% with no increase in staff. Also these (inaudible) ASAP programs around the state to various nonprofit agencies, they do the same function.

The second function of the Anchorage ASAP office is to provide technical assistance, quality assurance and oversight of the other grantee programs that do the Alcohol Safety Action Program. The task of the ASAP is to assure there is continuity and that we offer the same

services to each court system. We have a standardized assessment process, standardized protocol for handling the cases, referring them on for other treatment or education and also getting back to the court if they are noncompliant with either their treatment or their education. That is the only direct service that the division operates. All services provided in the State of Alaska for the direct prevention, intervention or treatment of alcoholism, alcohol abuse, drug abuse and inhalant abuse are done through local nonprofit grantees or municipal government.

The grant in aid authority that we operate under is AS 47.30.475-500. It lays out the conditions for granting funds to local programs. It lays out the match requirement, which is 10%, and they also lay out the requirement for local plans, local needs assessment that are required of the local programs. We're only allowed to grant to nonprofits or municipal arms of government. We may not provide any funds to profit corporations, and by federal law we cannot provide any funds to inpatient treatment. The inpatient that is available in Alaska as within the private sector and it is funded through either private health insurance or first party pay.

We recently in FY 92, toward the end the legislature, passed HB 545 which permitted Medicaid to begin paying for substance abuse treatment. To date, regulations have not received approval to implement that program and so no program has yet to receive any Medicaid funding. It is now authorized and we are trying to get the regulations through. That would provide Medicaid funding for some residential care and mostly outpatient treatment care for those individuals who are on Medicaid. However, the way in which the Medicaid program operates, under the program refinancing scheme, we will be required to pay the match to Medicaid, which means that we reduce the grants to the local program in the amount we think they will achieve when they start billing Medicaid. So that there is some gain we are basically replacing general fund dollars with 50% federal and 50% general fund instead of 100% general fund; but under that scheme of trying to refinance, we're not able to increase the amount of services available. We're basically staying flat.

Our budget, and I know it's in the book that Eric had put together, a budget summary for you from about 1984 forward, and as you'll notice we reached a relative high in FY 92 and in FY 93 we took a decrease of about $1.2 - 1.3 million, and for FY 94 we took an additional decrease of $500,000. Some of that was in state money and some of that was in federal funds. The legislature has also changed the nature of our funding, as has the federal government. We receive a federal block grant from the Center for Substance Abuse Treatment. The Center for Substance Abuse Treatment is within the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services within the federal government.

Prior to FY 93 the block grant was combined with mental health. In FY 93, under the reauthorization of block grant was split between mental

health on one side, as a separate block grant, and alcohol and drug abuse service as a separate block grant. When we did that, we had a reduction in funds come to us because they took a higher percentage of that money for the mental health block grant that had previously been done. At the same time, the legislature over the last three or four years has continued to increase the amount of general fund dollars that come from the mental health trust into our budget and decrease the amount of general fund. In the largest grant component in my BRU, I have about $900,000 of general funds out of $17 million. $2 million is federal, the rest is from the mental health trust. What this has done is to...

One of the criticisms of the Ombudsman's report was that our mission statement didn't necessarily give us a direction to go that we could show that we had some impact and we didn't do very much of a needs based assessment and we didn't put our money where there's the best chance of having a good return come from.
One of the federal statutes and federal block grant requirements, ...we have to spend 20% of our federal block grant on prevention. We have to spend 35% of our block grant on alcohol abuse programs. We must spend 35% of our block grant on drug abuse programs, and increasing to 20% now on women's only services. If you add that up it comes to 105%. We're also allowed to take 5% for administrative costs, which we do. We can double count in the fact that people who do receive alcohol services may be getting prevention services, women may be getting drug abuse services, and those kinds of services give the ability to double count. But it does place some restrictions on how we can spend the money, irrespective of what our plan might say, irrespective of what we might desire. We might want to spend 90% of our money on alcohol, but we are precluded from doing so.

In addition, under the mental health proposed settlement and under the court ruling, the beneficiary of the mental health trust is the chronic alcoholic with psychosis. There is a definition of law. There is no clinical definition of a chronic alcoholic with... therefore, the mental health board, acting as trustee, believes the legislature has erred in assigning 86 to 90% of my budget to the mental health trust because they feel that less than 25% of the clients we serve are in fact chronic alcoholics with psychosis. Therefore, we tried desperately not to fund prevention efforts from the mental health trust dollars and try to use general fund dollars.

Specifically, drugs are not mentioned in the mental health trust settlement so we try to use general fund and federal dollars for drug abuse funds as well. That is increasingly hard to do when you have a decreasing general fund dollar and an increase in mental health trust dollars to honor the basic law from the court that says the beneficiary of the trust is a chronic alcoholic with psychosis. So we've sort of been placed in a box that makes it difficult to put the funding where individuals feel it is best needed, to make sure that the programs, as they serve the client, who doesn't care if they are a beneficiary of the mental health trust, doesn't care if they are in a box at the federal

funding level, but do care that they get the appropriate service that they want to solve their issue they have with alcohol and drug abuse or inhalants.

That is a problem that we faced that we don't know a ready solution to. The administration's position is that the legislature has established that policy that alcohol services will be funded from the trust, that by their appropriation of those funds they have expanded the beneficiary. The mental health board feels that is not the case, that the legislature needs to pass a statute that says their standing as the beneficiaries of the trust which under the court ruling they are allowed to do.

So then, trying to plan down to the level of services under some of the recommendations of the Ombudsman, we do run into some of those financial considerations that pose a problem for us. In addition to the fact that inflation eats into the treatment and prevention dollars of the local programs, the fact that we reduced their programs the last two years in a row, you can add to that whatever inflationary factor. We went back and looked at our budget from 1984 forward to 1994 and we started out in 1984 and we just added a simple 3% inflationary factor so that you get a basic... if we had gotten a 3% increase every year... what our funding level would be, we are well below that level with FY 94, so that the impact of inflation, the impact on increased health care costs, the impact on fixed costs for residential costs where you have fuel oil dollars that go up and electricity costs that go up and you have staff costs that go up and you have increasing social security costs that go up and an increasing costs of doing business and a decreasing amount of funds coming into local programs, has really put a lot of programs on the brink. Just not being able to provide the level of service they currently provide and certainly not the comprehensive level of service they think they need to adequately serve their particular areas. Under 47.37 the legislature has laid out what they feel is a comprehensive program and this comprehensive program must include an emergency care, it must include residential treatment, it must include outpatient care and it must include after care and follow-up. We attempt to provide that level of care and at least Level 3 communities and Level 4 communities. Level 1 and Level 2 communities we have a reduced level of that care. Within health planning Level 1 communities would be small villages, Level 2 communities would be health communities, I believe that Nome falls under a Level 3 community, a population over 2500 to 3000, so we do have a level of care that sort of determines what we are willing to support in a local community. Within those realms then the local communities have some ability to change services to make those services more appropriate for the local community and I'll explain a little of that in a minute.

We have many issues that face our division and face the alcohol and drug abuse and inhalant field in the next few years. The issue of the increasing realization of the dually diagnosed population, those who are mentally ill and are also substance abusers, there are liberal debate raging at various places, not as heavy in Alaska as it is in other places, over what the extent of that population is and what's the

appropriate way to address and treat that population.

There are definitely a significant number of individuals who are mentally ill that abuse alcohol and drugs. They do that as part of their mental illness, they do that as a method to medicate themselves, they do that as a method to try to solve some of the mental health problems; they may also be physically addicted to alcohol or drugs and also be diagnosed as suffering from alcoholism or drug addiction. In addition, there are significant number of persons who are alcoholic or drug addicts who are not mentally ill, who do not have a diagnosable mental illness, and they may exhibit at times the same diagnostic characteristics. But periods of absence and a quality recovery program and those symptoms tend to go away.

It's a difficult process in some communities so separate those two and that is an issue that we are constantly dealing with, both at the federal level and within Alaska. Emergency care is a problem in that we try to provide some level of detox or emergency care within most of the hub communities, but that is expensive and not always available. And there are differences of opinion as to how you should provide that.

Anchorage is a prime example, where several years ago they used a public inebriate reception center, tried to hold people there. It was relatively inexpensive. There's a lot of individuals who didn't want to go on for detox, which is more expensive level of care. They dropped that and now have expanded the size of their detox, trying to sort out how to deal with the homeless population, trying to deal with the street people.

In a community like Nome... they have a five bed detox in this community that refers people into a residential treatment program. In Bethel there is no detox program. They have... its been a difficult process for the community of Bethel to decide whether they want one, how they would operate it, how it wouldn't be (inaudible) just a revolving door institution for people who were ill, who needed to go on to further treatment, but simply use this to be safe in the wintertime and to get a little bit of their health back and then who refuse to go on to further treatment. That is a relative expensive level of care.

There are many communities that would like to use the involuntary commitment act that is part of AS 47.37. They have asked that we as a division look at revising that portion of the statute. With all of our other priorities we have not had a lot of time to look at that. Several years ago, then Senator Uehling had a bill in that would have changed that. It ran into some significant problems with some communities over the way it was worded. It ran into some problems with confidentiality issues and what could be shared in a court hearing from clinical treatment records and what could be not and some of those issues just didn't get resolved before the Senator was no longer in office.

Some communities use it very well, other communities do not. Two or three of the major problems with it is that it does not guarantee

treatment. If you were mentally ill and you were committed under the mental health commitment statute you have a right to treatment. If you can't be treated in the local community, than you can be committed to API. That is their final back-up if they can't use the local hospital, if they can't use the hospital in Fairbanks, then their backup is API.

Under the alcohol commitment statute there is no right to treatment. If the court commits the individual and there is no treatment available in that community, then they have to try to find another bed someplace else, and if that's not possible, then the individual does not get admitted even though the court has involuntary committed them to a treatment program. We're not funded to guarantee that there's beds available. We're not funded to pay for the transportation.

As an example, you could have an individual in Wrangell that has an outpatient program. You get the individual care committed, there's no beds in Juneau, there's no beds in Ketchikan, there is a bed in Fairbanks. How you pay for the transportation to get that individual from Wrangell to Fairbanks, that's not part of our current budget stream, it's not something that we have felt the statute gives us the responsibility for. Sometimes they'll get that donated, sometimes the person can pay part way, sometimes the program pays, sometimes the program will pay half the cost, the one way ticket. After the person's been through treatment, then the person's responsible for the return flight.
So those are a couple of the issues facing them. Also, because it's not within the same (inaudible) as the mental health, if the local program does the commitment, they have to get their own attorney. Under the mental health statute, it's the state that is committing this person to the community mental health center and the state Attorney General's Office represents the state's interest in committing this individual.

That is not the case under the involuntary commitment for alcoholics. It may be an issue that this committee may want to look at more closely or ask some questions of those who do use the commitment act.

I believe that John Dapcivich from the City and Borough of Juneau has done a look at the involuntary commitment act and looked at public inebriate services and I think he sent that report up to Representative Porter's office. If he didn't, I'd be sure to get another copy. He looked at those issues as they were done in Sitka, Petersburg, Ketchikan, Anchorage and Fairbanks. I came to Anchorage and just had a meeting and I'll get you a copy of that. I thought that he had said that he had sent that up.

In addition, I think you'll hear during the course of this testimony, even though this is on alcohol and alcohol abuse, I think you'll hear increasing requests for services to young children for inhalant abuse. It is a growing problem in recognition and I think in actuality, in rural Alaska especially, but some in the urban community, we have been attempting to deal with that existing services with existing programs and I don't think that we are being very successful.

We have the Norton Sound Health Corporation here in Nome apply to us, to the federal government for a inhalant treatment program at White Mountain. We have some indication that there might be a chance that might be funded. We should know hopefully be the end of this month, the first part of October. If that happens, it will be one of only the second inhalant abuse treatment programs that have been funded by the federal government. One is in South Dakota, a program called Our Home or Our House and so the Nome area would have the second one in the nation that was funded specifically for inhalant abuse.

We still have the recurring issues of drug abuse, ups and downs, some increasing cocaine issues facing treatment providers. That seems to be an increasing drug of choice as people come into treatment. It is still overwhelmingly alcohol, but we are seeing more of that. Even though some of the public safety issues and some of the major arrest issues and stuff are down somewhat. We are continuing to see an increase in people that are coming into treatment for cocaine use.

We have attempted in the six or eight months since the Ombudsman's report came out and since we went through legislative hearings in the budget process to answer some of the questions, and Representative Porter certainly raised it this morning in terms of finding out which programs work, what the emphasis of the programs are, how effective they are.

We have done this in three ways. First of all, the House Finance Subcommittee had originally proposed some intent in the budget that would have required all of the programs to do outcome research and to determine the efficacy of their individual programs. That intent never made into th final budget process, but we did put a special condition in all of our treatment grants that asked them if they had done follow-up studies, if they have checked on clients after treatment, if they have done any of that research, that they are to submit a report to us by the first of December so that we can compile that information and present it to the legislature in some summary form. Also, so that we can look at are they using a common definition of outcomes, are they using the same approach, is there something here that we might be able to learn from and could institute that across all of our programs? We hope that we will get a good report from that.
Secondly, we hired a college intern this summer who has been working in our Anchorage ASAP office. She has been taking a sample of cases that were referred to the ASAP office in 1989 and then using the public safety's computer system, the Alaska Justice Information System, she has been going through and seeing if any of these individuals have repeated the offense for which they were sent to ASAP; i.e., have they done another drunk driving offense, have they committed any other offenses over the years 90, 91 and 92? That data analysis should be completed by the first part of October.

We then applied to the Department of Public Safety, through the Highway Safety Planning Agency, for money for a professor at the University of Alaska to analyze that data. Just as I was leaving yesterday, I found

out that that will probably be funded, but we won't know for another week. And if that is funded, then hopefully by the time the legislature comes in we will have that report available from the University in terms of how well at least the Anchorage ASAP office is doing.

CHAIRMAN PORTER: Who's is that Professor?

LOREN JONES: Sharon O'Raji

CHAIRMAN PORTER: What University?

LOREN JONES: Sociology Department, University of Alaska Anchorage.

And third, we were able to convince both the Commissioner and the Office of Management and Budget to use a portion of capital funds that were earmarked for Mental Health Trust facilities for beneficiaries, to use some of that money to put together a more standardized follow-up project for both rural and urban out-patient and residential programs. We have set aside $250,000, we have received authority from General Services and Supply to sole source this contract with a program called New Standards Incorporated out of Minnesota. They used to go by the name CATOR, which is a Comprehensive Alcohol Treatment Outcome Research Project. It is a firm that has gained a significant reputation in the field and among other states starting out first in the private sector and now working more in the public sector in attempting to do some standardized treatment follow-up that allows you to compare both between programs and compare programs of like in other states, in other places. They have maintained a fairly large, expansive data base of services. We are in the process of negotiating that contract now. Hopefully the data collection will start in December. The final, final results will be 2-1/2 years from that time. The reason for this is that follow-up studies are extensive, expensive and need a lot of time.

We are going to collect data for a year. That means that when a person enters the treatment programs that we select, they will be given the standard assessment that that program does, as well as a standard assessment from CATOR. If they're in a residential program, they will be given the same instrument at discharge from the residential program. If they are in an outpatient program they will pick a time certain, usually a month or two months after they begin treatment, and they will do this discharge summary. Then all that information is collected at the local program level and sent to CATOR. They put those all into their computer data base and begin the analysis of, What is the profile of the client as they come in the door? What is their employment status, their health status, their legal status, their diagnostic categories, educational level, marital and family status, use of social services agencies, all of those things that are harmed within a person's life by their substance abuse. They will then contact that person at six months and 12 months from the time of discharge to determine what their status is on all those same variables so we can see how they've improved, which clients improved the best within what kinds of treatment and also what information will be available back at the programs. Some

preliminary data will be able to come out at nine months and 12 months because we will at least have intake information and we will know what our client population looks like, different from our management information system. To do that level of follow-up to give you the scientific validity, that you did the appropriate sampling, that you got enough clients so that you're statistically correct, that if this is not an anomaly, takes a significant amount of time and effort.

We are going to try, I think, to collect the initial information on roughly 1,400 clients. CATOR is hoping that 700 to 800 will still be able to be found and followed up 12 months after their discharge from treatment. We do expect some attrition. People will refuse, they'll change their mind, they won't want to talk on the telephone, there will be all kinds of other issues that will be raised for people who drop out, but we're hoping that effort will come about. We will have that contract and the scope of the work available when the legislature... so we will be able to walk that through the budget committee and the other legislative committees if they're interested.

In addition, we have put together a group of individuals called our Strategic Planning Team that represent the providers in the field, that represent the Departments of Corrections, the Department of Education, within our department the Division of Public Health, the Division of Family and Youth Services and the Division of Mental Health into a strategic planning team that has been looking at three things: one, at our mission statement, what we're about, why we exist, where we should go from here, and to basically try to put together a strategic plan for our division that will both push and pull us into the future and not keep us mired as much in the past as I think some of our plans have been rightly criticized for being. The first draft of that plan will be presented to our advisory board in Fairbanks on Thursday. On Friday and Saturday they will be holding public hearings in Fairbanks on that plan. We are reviewing it within themselves, making comments back to us. We will then take the month of October to finalize writing it. The last two days in October, I think the 28th and 29th of October, we will bring our strategic planning team back together to take one more look at that product and then by statute that product will then go back to the commissioner's office and then to the Governor. I believe it's AS 47.37.040(10), requires us to develop a plan for the Governor, and so this plan will be presented to the Governor and hopefully he will accept that plan and then we will be on our way to basing our fees for the next budget cycle, the next grant cycle. Hopefully that will address some of the issues addressed in the Ombudsman's report.

CHAIRMAN PORTER: Let me interject here if I may and I hope (inaudible) vote that my voice is not getting all the way to Bethel. I hope it is now. I'm a little closer to the mike. If not, let me know and I'll put it in the back of my head. I recognize that obviously for final approval that that draft plan for your division would have to go the Governor's office. I would appreciate it if you could find out for us whether or not this task force could be made aware of what that plan contains prior to that with whatever restrictions the Governor's office

might want to put on it, to the extent that we could perhaps have input from the information that we're gaining to suggest inclusions for dilution's or amendments to that plan before it gets etched in stone and has to go through another lengthy process.

LOREN JONES: I have assumed that at the October 4th meeting, which was after our board had met that, 1) there may be some testimony from those who attended that meeting, at least the front section I believe I was going to try to get to the task force. What we had the most difficult time crunch on is when you get down to the nitty gritty of defining the goals and trying to put those in the appropriate outcome measures. It's harder to get agreement and that is the weakest part of the draft to date and that is the part we will work on through October and the end of October at the strategic meeting, (inaudible) and then philosophy on some of the research and the background behind that, I'm planning to provide the task force on October 4th, after our board had looked at it and made their comments and so we will provide that.

And then as soon as that plan has been approved by the strategic planning committee, if the Commissioner desires, I will make sure you have it as early in November as I can before your December 1st hearing to make sure you do have that available.

Just a couple other things and I guess I will stop for some questions and allow other people to testify. I have an opportunity through several other hearings to say other things.
One of the issues that you talked about in terms of coordination and cooperation between other programs... This division, with it's divisional status, certainly does attempt to coordinate as best we can with other divisions within our own department. Sometimes that's easier and sometimes it's harder. We do have some projects jointly with the Division of Mental Health. One of those projects is the dually diagnosed projects... (end of tape)

TAPE ONE, SIDE B
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...by the Division of Alcoholism and Drug Abuse. It provides for rural human service workers in the villages, people that can provide, like a community health aide does, providing primary health care in the village and like the (inaudible) providing primary public safety that the human services worker would be able to provide substance abuse services, mental health services, referral, after care, education, prevention work within each of the villages. The Niel Corporation in Kotzebue and the Dillingham/Bristol Bay [illegible]a Health Corporation are two grantees under that program that may be on this teleconference and that is a joint funded program that provides for additional services in the villages. One of the lacking of some of the services as I described those will be that lack of services into the communities.

In addition, the Department of Corrections we have work with in terms of providing counselors within each of the jails. The Norton Sound Health

Corporation here has a contract, has a contract, with the Department of Corrections to provide a counselor at Anvil Mountain. Those grants used to come from us. Corrections gave us the money several years ago. The Department of Corrections opted to want to run that more in house of their department rather than our division. We have been in the process of reversing that and we were going to RSA them money. The legislature deleted that money in the FY 94 budget so the entire inmate substance abuse program within the Department of Corrections is solely funded with the Department of Corrections funds.

We have encouraged them and they have continued to use local providers rather than hiring alcohol counselors on state salaries. We feel the local programs provide ample expertise and abilities to provide those services in the jail and to (inaudible) substance abuse costs to the Department of Corrections. However, the Department of Corrections is still using us to fund community treatment beds for inmates who are getting out on furlough or getting out on parole that need a residential level of care once they have left the institution, and so we do have a relationship with them and then we grant that money out to local providers and communities that the Department of Corrections desires, and that money then flows out to the local treatment programs to provide bed space and treatment capacities for persons leaving the Department of Corrections.

Within the Department of Education, they have a federal program called the Drug Free Schools in which the federal government gives the State of Alaska a certain money. That money is then sent out to the local school districts on a per capita basis with formula basis based on their average daily census within the schools. As part of that there is a requirement that they have an advisory board that advises the Department of Education on the plan and some of their distribution. I am a member of that, as well as a member from the Governor's office.

In addition, the Governor has awarded discretionary funds under the drug free schools act, and I think some other bureau of justice system that the governor's of each state has the ability to give where they want to provide whatever services. Governor Hickel, Governor Cowper before him, opted to give that money to the Department of Education and that is put out in prevention grants to local school districts, to some local providers.
They are all prevention efforts. They subsidize DARE programs, the Drug Abuse Resistance Education programs that are operated by local police officers, and we fund some of those directly.
So we do in many cases opt to work with other divisions and other departments in order to better coordinate services for the client.

I understand in the book you were given a map that people on teleconference won't be able to see, but basically lays out our regions. Also on the map that gives you an idea what our funding percentages are based on that population.

One group of people I'm leaving out are the Indian Health Service which

does provide a considerable amount of money directly to local programs, mostly 638 contractors, although they do have some funds that they call bi-Indian money. But most of them are 638 funds as federal public law that allows for Indian self determination and the Indian Health Services funds from (inaudible) corporations for primary medical care. Substance abuse prevention, I think some FAS funds, health care community health aids, a lot of that is under the 638.

If I might, I could just sort of go down the regions that may be on the teleconference and if I can a little bit from memory give you an idea of the (inaudible) of the bill. If you start of the top, Region 6 is basically the North Slope Borough. The major grantee is the North Slope Borough Health Department. They receive funds for both outpatient and outreach efforts in Barrow and the other communities. They are funded for a six bed detox program and a 16 bed residential program in Barrow. We are probably a minor contributor in terms of funds. I believe we contribute roughly $500,000; I think the Borough probably puts in another $1.5 million in order to fund that program at the level at which they do fund it.

Region 5 -- as you go down the left side, is in the Manilik region. The Manilik Association receives funding through the budget request region, the Manilik BRU. They do not receive funding out of our grant budget. They provide for village outreach, a level of outpatient care. They have a detox program and a 12 bed residential program. They also do some of the prevention work in the schools. Also, as part of Region 5, is the Norton Sound Health Corporation Region that's headquartered here in Nome. The Norton Sound Health Corporation also is funded from a Budget Request Unit. It is not funded out of our budget. I believe they primarily use our money for their residential program, Northern Lights Recovery Center. Indian Health Service money pays for their prevention effort, some of their outreach effort. I know that there's one representative here in the room that has testified. She could probably better describe that program better than I can. I'm probably not doing justice to it.
Region 7 -- which is the YK Health Corporation, the Bethel Region. They are funded in two ways. They get some money from our grant, the majority of money from our grant program. They also have their rural services, they are village counselors, there are nine, are funded through the budget request unit for YK (Yukon-Kuskokwim). The City of Bethel used to operate the treatment program there and the YK Health Corporation did the rural services. About two years ago the City of Bethel opted to no longer perform those services and so YK Health Corporation has taken over. The money has just never moved into their BRU, but I suspect that this year we will be coming in with a request to do that.

Region 2 covers the Dillingham area. The Bristol Bay Area Health Corporation is the provider there. They provide mostly outpatient services. They provide alcohol safety action programs. We pay for services in the villages, village counselors. The Indian Health Service supports that, as does the rural human services project. They just

recently opened up sort of a transitional residential place for those who have been, say in Anchorage or Fairbanks for treatment. On their way back to their village they may stay in Dillingham for two or three days to sort of adjust back, to talk to the local people, make contact with the provider there, before they go back to their local community. It's also a transition for those who are leaving their local community, maybe going to treatment elsewhere, to come in from a outlying village into Dillingham, spend three or four days talking with the staff there, and then moving on. I do believe when I talked to the program director there yesterday that she was going to try to, during the day, to testify and I'm sure that Dillingham will do that.

Region 9 is mostly the interior. It's the Tanana Chiefs/Doyon Region. I don't know if you are teleconferenced to either Galena, McGrath or Aniak, but within that river system, sort of the mid-interior, we do have a project in Galena, we do have a project at McGrath to serve all those villages there and then Aniak serves the villages of the Kuskokwim Natives Association which is called the Yukon/Kuskokwim Health Corporation District, but they do have a separate program for the seven or eight villages along the Kuskokwim River out of Aniak. As you can see by the map, it describes basically the population and the percent of dollars. These are a low population area. They get a considerable number of resources.

Region 6 has one percent of the state's population and they get three percent of our grant funds and Indian Health Service money. When you combine all the money provided out there they get three percent.

Region 5 has three percent of the population, nine percent of the funding.

Region 7 has four percent of the population, seven percent of the funding.

Region 2 has three percent of the population and four percent of the funding.

We feel that this distribution is justified in many ways. It is very difficult to provide services out here. It is very costly to provide services. When you're in the Nome area and you try to serve St. Lawrence Island and you have to fly people out and fly clients in, prevention efforts out, salaries are higher, travel costs are higher. There are real significant issues with that.
I guess with that as an overview, I'll give you an idea of whom might be testifying. I can either answer questions now or as the day proceeds, whatever you desire. Thank you very much Mr. Chairman.

CHAIRMAN PORTER: Thank you Loren, very much, for that very comprehensive overview of where we are and what's going on. I would recognize over the teleconference network that we have, I believe, Kotzebue, Bethel, we have people here in Nome of course, and Dillingham. I think I'll ask the committee now if there are any specific questions

of Loren and if we can get a few of those taken care of. Loren, you will be here with us during the day?

LOREN JONES: Yes, sir, I'll be here all day.

CHAIRMAN PORTER: So we don't have to exhaust him right now and could get some quick ones taken care of and then we'll go out and rotate through the teleconference and here in Nome people who would like to talk to the task force. Representative Mulder.

REPRESENTATIVE MULDER: Thank you Mr. Chairman. Loren, starting at the beginning point, the assumption for every BRU, or every division -- if only I had more money, we could do a better job. I recognize that in one hand it's kind of the senseless question to ask you if you had more money could you do a better job because a good bureaucrat is always going to say you bet. Being very critical Loren, at what level funding does it begin to drop off. You know, there is a point where you just can't overcome a problem or you are looking at it from a different direction or a wrong direction. The question is really a general one. Does more money mean a better program in your sense?

LOREN JONES: I believe the answer is yes, for several reasons. One is that we do a very good job given the resources we have available. I think that any outcome research we would do or anybody else would do would show that the programs are working for a majority of the individuals who come through treatment. We are as comparable with any comparable programs anywhere in the nation. I think where we could improve -- and I can't answer the question, When is enough, enough? -- in terms of when does the treatment foul up. There are a lot of issues that make treatment less successful than it could be and thus cost money. When you take an individual from a rural community and bring them into Nome, provide quality treatment, they leave here full of hope, they are feeling good about themselves, they've got a better self concept. Physically they are healthier, and they go back to that village, and they're back in the same housing situation with other people who may or may not be in recovery, who may still be actively drinking, they are still in the same economic conditions as they were before. Some people who, because of the treatment and because of the aftercare provided, stay in recovery and some don't. Some relapse and need to be brought back. In a more urban setting a lot of the individuals that are treated in the public sector are homeless, marginally housed. Treatment doesn't change that. Some funds for housing might, some funds to build housing that's not available in the Anchorage area or a Juneau area where these individuals, maybe more half-way houses for these individuals that are some place to go after primary treatment that are less expensive. Job training, vocational training, long term care for some of the hard core public inebriate, those are expensive for a small portion of the population. I'm not sure where the economic benefit stops in terms of getting better results out of the treatment program.
But, we are sending people back into the rural areas from treatment programs in the communities that have no support for them. There is no

aftercare worker out there. There is no VPSO out there. There is a community health aide possible. It's very difficult for that person. Programs do it by telephone. They try to contact the person by phone, but that's difficult to do. Placing people out in those villages, maintaining them, training them, providing them their clinical support, is expensive and we're not funded at a level sufficient enough to do that.

So, yes, more resources would make the treatment system better because we could do some of the things beyond treatment, beyond the physical period of sixty or ninety days in a treatment program, beyond the actual outpatient counseling that might be able to give that person the stability they might need to maintain themselves.

CHAIRMAN PORTER: Representative Nordlund.

REPRESENTATIVE NORDLUND: Just to follow-up on Eldon's question, too. I had another question. I guess we don't really know, frankly, how well these programs are working because there is some outcome research done, but the criticism in the Ombudsman's was that it's not very adequate and I think Loren's willing to admit that there is a better job that can be done. So, until we have that component, we are not going to be sure that the politics of the treatment is.

Then I have a question. We have the research that's been done, or the contract that's been let to CATOR to develop their outcomes research, and at the same time you have the strategic plan to determine the future of the division. I guess my question is, How is the CATOR working, the standards by which CATOR is judging the outcomes going to be determined if you haven't done your plan yet? In other words, what is the ultimate objective you are trying to achieve, even in terms of social costs versus simply the amount of personal (inaudible)?

LOREN JONES: Two-fold. One, is the outcome research is very clinically oriented to the individual. There is a body of literature and a body of research that is very extensive in the Lower Forty-Eight, very extensive by the federal government, that describes those things that drive people into treatment for things that happen to people while they are using substances: loss of employment, loss of skills, marriage break-ups, over use of emergency rooms at hospitals, loss of jobs, loss of family, dropping out of school, not finishing your education, having failed personal health. There are all kinds of issues that revolve around an individual who is alcoholic and/or a drug addict who uses. Youth, in terms of their completion of school, staying out of trouble, drunk driving for adults and kids, criminal behavior, all kinds of things that we relate to alcohol.
Individually, you can measure how a person's experiences in those various areas and you can determine a year after treatment if those areas have improved. If their health has improved, they are using ER's less. That's what CATOR is to do. There is a standard body of knowledge out there and they pretty well standardized this so that we can look at comparable programs in the Lower Forty-Eight that they have

the data base on. We can find programs that serve the same kinds of clients, the same age groups, the same racial breakdown, the same sex breakdown, the same level of debility or nondebility if you are talking about out-patient clients. So we can compare how we're doing irrespective of what the strategic plan is.

I can tell you that in the strategic plan one of the issues is to develop a more on-going maintenance of that kind of follow-up effort so that we don't have to wait two and one-half years to get a result so that hopefully by the time CATOR is done we will have taken that information, instituted that on a routine basis, so that each year we will have continuing information. So a strategic plan is to push us ahead. We agree that there is not formalized outcome research done in this state. We have not done a (inaudible), a telephone study in 82' or '83. We have not made a very good effort at that partly because we have been under a lot of pressure, we feel rightly so, to expand some services.
When we have asked for increments to fund that, generally services have been funded and not research, and we have opted not to take money from the grantees in order to do that research and that's a choice we made and the Ombudsman called us on it. At the same time, there is a body of evidence that certain kinds of programs are more effective, that programs that have these kinds of services, that provide treatment for a certain length of time, cover those subjects, provide the aftercare, make the referral to self-help groups, are the kinds of programs that are evaluated. We do have a process to determine that those are kinds of programs that are being operated. So we have an intuitive feel, we have a process feel and the programs understand.

The people here in Nome know whether they have been successful or not because the people they treat live here, the people they treat are in their villages. They see those people and they make the adjustments in their program as are required. So, we think that we do know what is needed to operate a quality program, that we have put in place programs that meet those standards, that give us every indication that they are being successful in what they are doing. We just do not have the organized, scientific research that will satisfy a (inaudible) maybe even satisfy myself and certainly not have satisfied the Ombudsman. But, we think we've got enough of that in place to be able to come together with our funds.

REPRESENTATIVE NORDLUND: Loren, I've got a question regarding the strategic plan and just how in the long-term this is going to work. What assurance do we have, the legislature and the citizens, that once a certain length of time is often accepted, including the strategic plan, that it's going to continue to be that way, that there is some longevity to it. We could have changes in the administration, a change in philosophy and turn the division upside down. Is there something we can put in statute once this is developed, or what sort of assurance do we have that there is some longevity to it?

LOREN JONES: I'm not sure if there is a statutory answer. The answer

is, is there longevity to it to the extent that the local programs are being funded to the extend that we did hold some public hearings and we could combine? I would hope that they would be able to force any changes of administration to look at that plan and to try to accept it, but I have no guarantees. I've watched the Division of Family and Youth Services develop their strategic plan, and then a change of administration and that plan got shelved. There is a statutory requirement that there is a plan. There is a statutory requirement that it be approved by the Governor. When this administration came in, they accepted the plan that was in place and I would expect that if we've done a quality job and there is a lot of buy-off, that the next administration would look at that. They might not want to implement all of it. They may want to push it ahead.

In terms of are there guarantees for the legislature? No. That's why the legislature has one, the Ombudsman's Office, and two, legislative committees like this. That's your control over us that we're doing our job correctly. If you read the Ombudsman's report, we felt, and I felt when I was interviewed, and I still feel, that we have tried to honor the requirements of the statute. The statute gives nineteen shalls that we shall do and we have a staff of 28. We have a lot of programs out here that try to provide quality services and we try to provide them with as much support as we can.

The statute gives us the ability to define what is in a comprehensive program, from emergency care to residential care to outpatient care to aftercare and follow-up, and we felt that we were trying to honor that. It gives us the philosophy. It tells us what our mission is. It tells us who our clients are: alcoholics, intoxicated persons, drug abusers and inhalant abusers, and yet the Ombudsman felt that that wasn't sufficient, that we have not maybe lived up to that and that we had not gone beyond that statute. So, even having it in statute does not necessarily keep a program from either not meeting a certain set of standards that somebody else places or maybe even not meeting the standards that were set for itself.

REPRESENTATIVE NORDLUND: I guess one of the comments in the Ombudsman's report, one of the main things was that there is no mission statement and I think I can sympathize with that. Over time and with changes in administration, the division could gravitate, you know, or respond to political whims, more so than if it had more of a state ironclad mission. Not that a mission like that couldn't change over time, but maybe you look at maybe some sort of statutory requirement that there would be in (inaudible) of the strategic plan.

LOREN JONES: We will get the first part of the report, which is the mission statement. The team worked very hard to develop that and I think it does answer what the Ombudsman would like us to answer, and in fact will give us some real direction.

CHAIRMAN PORTER: Thank you Representative Nordlund. This is Representative Porter. I'm going to go to plan C here and try and get my

voice to Bethel and use the button instead of the switch. If that still doesn't work, I'll trade mics I guess. Loren, if I might follow-up really on what Representative Nordlund was mentioning. In reading the Ombudsman's report, it appeared to me that part of the ability of the Ombudsman had to criticize was that there had very recently been criteria developed nationally, or at least recognized nationally, begin to be recognized nationally, of new methods of evaluation and new emphasis in that area. With that in mind, and I'm sure you are now looking at those methods to incorporate into your plan, if it is the Title 47 that sets up standards for program, it may well be that there is a need for statutory change and I know that I would echo what Representative Nordlund just said that we would be very interested in any recommendations that your division, or all of the other people telling you what to do, bring to you in regards to an inability that you may have that could be rectified by statute or specificity in what you should be doing that could be rectified by statute. In that regard, also, I may have some experience in program evaluation requirements within this state.
I know that one of the things, if you haven't already, that a really comprehensive evaluation system is going to run into is the problems of gathering data from other agencies, other departments, as a result of confidentiality problems. When those hit, I say when, not if, we would also be very willing to look at what might be required to overcome those obstacles.

LOREN JONES: Thank you very much. We will get you some recommendations. It may well be, in terms of evaluation, mandated. I believe that it is part of the statute, whether it is specific or not, I don't know. We will take a look at that and maybe be able to make some recommendations at the October 4th meeting. In terms of what the Ombudsman said about other states, one in particular they talked about, South Dakota, had opted to use local funds to do that. They are contracting to CATOR, the same agency that we are now contacting with. The state of Ohio has just recently contracted with CATOR also. So, some of the programs that some of those states were mentioned in the Ombudsman's report are using new standards.

CHAIRMAN PORTER: I think that the Kelso report ten years ago, and now CATOR, will be able to, at quite an expense, ferret out information using confidentiality, or having the ability to overcome confidentiality programs with the research exceptions and those kinds of things. What you need to do, as you mentioned, is set up the ability to provide ongoing reception of this information so that you can continue this work with Kelso and CATOR go away. These are the kinds of requirements that are going to be bring these problems to bear. And as I say, when they get there, let us know.

REPRESENTATIVE NORDLUND: This is on the funding question. I need to just get some clarification here and maybe a chance for you to address the Ombudsman's point. Your funding right now is oh 85 to 90 percent out of the mental health trust income account.

LOREN JONES: That's right.

REPRESENTATIVE NORDLUND: And according to that, the beneficiary groups of that are current alcoholics with psychosis.

LOREN JONES: That's correct.

REPRESENTATIVE NORDLUND: Now let's say that you're trying to serve, what, 85 to 90 percent of your budget serves chronic alcoholics with psychosis?

LOREN JONES: No. We have an agreement to disagree with the mental health board in that we try to be as clear as we can that we don't fund drug only programs, such as methadone programs, drug free outpatient, uh, programs whose purpose is primary drug of choice is other than alcohol from the trust. We use federal funds and general funds to do that. We do not fund prevention programs directly from the trust. There is a prevention component to a lot of programs. The Norton Sound Health Corporation has a prevention effort funded by the Indian Health Service, but some of their local alcohol effort comes from the state through their BRU, which is also mental health trust, probably funds a little bit of community prevention, a speaker's bureau, whatever. But, we try not to fund directly. We do, however, fund women's services. We do fund some youth services. We do fund other programs that are not directly related to a chronic alcoholic with psychosis. The mental health board has accepted women's only services because if you provide services to a woman of child bearing age or a woman who is pregnant, and you can prevent a child from being born that is FAS, then you have prevented a new beneficiary to the mental health trust; a developmentally disabled child. So, they have agreed that services targeted toward women of child bearing age and services to pregnant women is a legitimate use of the trust. We've sort of reached that compromise over time.

But it is a difficult process to look at the definition, and now what is Chapter 66, which will become effective if and when the mental health trust ever gets settled. There is a pretty strict definition in that statute of what is a chronic alcoholic with psychosis and a teenager in treatment; a person with inhalant abuse, a young pregnant woman, even a young male, probably is not going to fit that definition very well.

REPRESENTATIVE NORDLUND: How does that amount that this thing is arrived at, which is a huge share of your budget, that seems unreasonable. It seems to me that an alternate way... I mean, we all understand how the mental health trust income accounting is somewhat of a shell game. It would seem to me to be more forthright, straightforward, to just determine the amount of your budget that actually do serve those clients and ascribe that percentage that's coming from the trust.

LOREN JONES: The rationale for the legislative action happened just before I took over. If you look at the budget summary that's in your

book, you will see where the mental health trust funding started out at very low levels, two or three million the first year, and about three years later it was up to thirteen or fourteen million. The legislature did it at a time when there was increasing pressure to decrease the general fund expenditures and the mental health was beyond the cap set for general fund expenditures. There was an audit by the Office of Management and Budget that came out just shortly after, about six months, eight months, after I got this job, that basically felt that most of our services should be under the trust. They felt that the definition was unduly narrow from the court and even felt that our Alcohol Safety Action Program, which deals with a lot of these individual who are not alcoholic or abusers who at one time got caught drunk driving, could be funded from the trust. So there was that audit among the Office of Management and Budget that the legislature may have used.

But the significant increase... this year they didn't decrease our mental health trust, but the legislature decreased our general fund. That raised the percentage without increasing the dollars. So, I'm not sure what the rationale of the legislature was at the time because I was not in this position then. But, they've maintained that because it's a way to maintain the budget without breaking the general fund cap when they deal with general fund dollars.

CHAIRMAN PORTER: Okay. Loren, thank you very much and we appreciate your being able to be with us so that if other questions come up during the day you can jump back in. I'll now uh, Representative Foster?

REPRESENTATIVE FOSTER: I just wanted to know if you would be available when the people here from Nome, if they've got any questions later when they testify, if they can address them?

LOREN JONES: Yes. I'll be here all day.

REPRESENTATIVE FOSTER: Okay.

CHAIRMAN PORTER: I have arbitrarily decided to go alphabetically. I'm going to start with the first person in the first city in the alphabet that I have, and that's Bethel, and ask if Virginia Turner is in Bethel and can testify?

VIRGINIA TURNER: Yes, I am.

CHAIRMAN PORTER: Welcome Virginia. Please give us your full name for the record and we'd be anxious to hear from you.

VIRGINIA TURNER: My name is Virginia Turner. I've been an Alaska resident for eighteen years and a Bethel resident for the past year. In the past ten years I've worked for the Department of Corrections in an alcohol use prevention program for pregnant and post-partum women and their infants for the prevention of FAS/FAE children. In these two work settings I've become familiar with some of the issues that arise

surrounding cultural differences in physical settings. In corrections, the issue was probationary supervision and follow-up for the Alaskan released from prison and returning to a village. In the alcohol prevention program, the issue from the women's stand-point was similar -- appropriate follow-up and support services in the village after treatment. Oftentimes treatment was deferred because these clients felt the residential programs available to them were not sufficiently cognizant of their needs for strong active support and follow-up upon their return to their homes in the village. I wanted to go on record with these concerns for village based probation and alcohol use prevention programs and follow-up so legislators will be sort of in tune with the needs of rural villages. In both the correctional setting and alcohol prevention, in the Department of Corrections, inmates who are Native, an extremely high majority of them have been incarcerated due to alcohol related crimes and so alcohol is at the base of even this probationary follow through, and I just wanted to say whatever efforts the government can make, this is just an extra voice saying please support village based programs. Thank you.

CHAIRMAN PORTER: Virginia, thank you. Are there any questions? Seeing none, Virginia, thank you very much. We have written down your comments. I'd next like to go to Dillingham, the next one in the alphabet and ask if Ms. Cristy Willer Tilden is ready to testify?

CRISTY WILLER TILDEN: Yes. This is Cristy Willer Tilden in Dillingham. I am the program director of the Bristol Bay Area Health Corporation drug and alcohol program, also running as Loren pointed out earlier a new transitional care unit called Jake's Place. I didn't know exactly how to frame remarks today, but I figured that one dramatic line that would appeal was cost effectiveness. So, I was just jotting some notes here about what, from our experience here in Bristol Bay, would be some of the more cost effective and generally effective ways to go with the continuation of our drug and alcohol services. For instance, as Loren also mentioned, we lose patients and lose money when people returning from treatment don't have follow-up and aftercare, which is a primary reason for going to transitional care in the first place. People returning to villages who go back into the same environment that they left, who don't have any time to hone skills, who don't have any support networks in villages, can and often do bounce right back to treatment. It seems important and reasonable to assume that having more supports in the villages makes sense and makes fiscal sense as well. For that reason, we and our mental health program are fielding more family services workers through some funding we got from the Division of Mental Health and Developmental Disabilities, but in total we have only about fourteen such workers in a region the size of Ohio with 32 villages. That doesn't cut it and it doesn't cut it for the people we have in villages who are doing the best they can with limited resources, many of them half-time and many of them without other supports outside of health aides and occasionally VPSO's to work on what everybody recognizes is our largest health and social problem. Sorely, its widely recognized that prevention and early intervention are methods that, in the long run, are extremely cost effective in terms of impacting the larger

problems of alcoholism and drug abuse. Currently, we have funding, we're about a third funded through the Division of Alcoholism, a third through IHS, and a third through local revenues to the health corporation's hospital unit.

We have one youth coordinator position, again for all of Bristol Bay. It's, and I'm in an enviable spot for anybody to be in to try to provide both treatment and prevention services for all of the young people in this very large region which, although the population is low perhaps relatively to urban areas, is spread out and we have a lot of young people here, who if we could directly effect their developing lives, to a better extent, might well not ever wind up in our treatment or your treatment programs. One person covering all those villages is not enough.
Another way to impact our situation is to train more local people in those jobs. As I say, one way to do that is to work through our rural human services program that's been, I think, effective. It's a new program but we've enjoyed and I think are helping to build it along with the other four regions that are involved in it. But to the extent that we could continue to work with training, hire local people in our programs, we would cut into turnover costs, travel costs, bringing people in from outside and in addition build the local programs and the local population.

You mentioned the Title 47 laws impacting the statutory changes in that. How many of, and I know this is right, but so many of our resources are sucked into the problem of dealing with public inebriates, but to change those laws so that we could all respond more effectively and less intensively would help us to deliver more appropriate services, I believe. That was really what I had on my list. In sum, the least effective way to deal with these problems is to ignore them, of course, and to hope that they'll go away. If you assume that at this point we're not sure exactly what works then we can't fund anything. We, I think, are reasonably sure that we know what works. We are very happy to know that we'll be involved in more outcome studies and are initiating some of our own follow-up and assessment studies throughout the region to make that more concrete. We are pleased with the work of the division. We want to continue being a part of that and looking forward to your support. I'll be here for questions too.

CHAIRMAN PORTER: Cristy, thank you very much. If I might ask, as Mr. Jones mentioned, and it would appear to me and certainly I would agree that it's areas like Dillingham and Nome and even smaller areas that really know whether a program has worked or not; to that end, especially considering your needs in the villages, are there any villages that have shown what you would say is a success in either early intervention or aftercare programs that could be used in others?

CRISTY WILLER TILDEN: Yes. I think issues run in cycles too. To some extent there are several villages in this region that over time have, some with our direct assistance and some more on their own, have developed programs under the general Arabic of community development

that have been replicated in other villages. In fact, we're working on an idea of having some sister villages where we can build communication with between those that have and those that haven't got strong programs. One in particular I was thinking of has made it their business to send large numbers of village residents to statewide conferences, such as rural providers conference, to build a kind of home base of people who have thereby received a similar vocabulary and experience in healing from the larger group of people in this state who are involved in the sobriety movement. They and some other villages are getting... (end of tape)

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...(inaudible) different ways in which to respond. But, unless this answers your question that there are several villages who have different responses. I have with me one of our counselors, Louie Jones, and he might have another response to that question if you would like to hear it.

CHAIRMAN PORTER: Certainly.

LOUIE JONES: Yes. High everybody. I am from the Dillingham Police Department and when they have hired a counselor in my village, our office in Nome, I believe solely on the Title 47's for that village and the time that counsel was hired there, there is quite a number of decreases, and whether they are effective in that part or not I don't know, but there was definitely a decrease in the number of Title 47's from that area.

CHAIRMAN PORTER: I appreciate that. If you have it in hand, I'd like to get it. If not, if you could send it to us the name of those villages and perhaps a contact person that we could get some additional information from.

LOUIE JONES: Yes. I'll try and do that, but I would like to work with Dillingham's police department on that because at that time I was working for the Dillingham Police Department under their public inebriate program and now I'm working for Jake's Place. I'd also like to give a little testimony here on the plans there are on probationary that include that they either work with us during that time or if they are a success and we could discharge them. We here in Dillingham are in the process of working with the courts, with other different agencies here in Dillingham, and we are talking about what our problems are and they in turn are telling us what's going on and now we are trying to work together.

Another group we are working with also is the Location Rehabilitation Program that (inaudible) in finding out what is going on and also that they may be able to go to say like vocational training. I just wanted to mention that had... what is successful that they found out through their program that the court deferral were more success than the self-

referral. Why, I don't know. And also on the issue about, ah, I heard some people trying to set up a program for cocaine, inhalants and alcohol and other programs. I think it's coming to that time where we need to look at climatic conditions. I am talking about on a personal level that I was into cocaine, marijuana, alcohol, inhalants, hallucinate drugs, but I found out through the counselor that they are able to find out the causes and conditions of those that when you start doing the counselor to help the client that's in their village and not send them somewhere else. This is a need for some people, but for those of people (inaudible) sit down in those areas and (inaudible).

CHAIRMAN PORTER: Okay. Louie, thank you very much. If there are no questions, and I see none, I'd like to move if we could to Kotzebue and see if Reggie Joule is ready to testify?

REGGIE JOULE: Can you year me?

CHAIRMAN PORTER: Yes, we can.

REGGIE JOULE: Good morning. This is Reggie Joule in Kotzebue. Currently I am the chairman of the Advisory and Drug Abuse for the State of Alaska. I'd like to present my testimony wearing that hat. I guess prior to addressing some of the issues a couple of items I'd like to bring up... I guess a question was posed to Loren about the level of funding. In regards to the substance abuse, it's been a known fact for a while that alcohol, other drug and other inhalant abuse is Alaska's number one health problem. Unfortunately, the funds haven't really followed that. In fact, we kind of got a decrease over the last year. I think it is kind of a knee jerk reaction to the Ombudsman's report and I'd just like to point out that, you know, with regards to dollars that flow to AIDA and this being Alaska's so-called number one health problem, I guess if I were to use an analogy, it would be to take a look at the kinds of dollars that flow to DOT, the Department of Transportation, for preventive road maintenance, that kind of stuff, and when there are pot holes that are really, really bad, you know, they move basically right in there to fix them to protect the life and safety of all the motorists, which is very, very understandable. And also, another analogy is that inflation-proofing the permanent fund, you know, that's just money and we're talking about real lives and real people in a life, health, safety issue with regards to alcohol and drugs.

I'd like to talk a little bit about our current structure because right now we have... the advisory is made up of twelve members, two members who are licensed to practice medicine in this state, one of whom is certified in psychiatry. That particular seat, I believe, is still empty so we have currently eleven active members. One member who was admitted to practice law in the state of Alaska, eight members from the public at large who've expressed an interest in the problem of alcohol and other drug abuse, and one member who is a representative of the liquor industry, and these are all appointed by the Governor, as they should be.

Our duties, and I'd like to point these out because there is some legislation and there is something that your task force can make recommendation on to the legislature, but the duties of the board are to act in an advisory capacity to the Commissioner of Health and Social Services in the following manners:

1) special problems effecting mental health with alcoholism or drug abuse may present,

2) educational research and public informational activities conducted by the Department of Health and Social Services and others in respect to the problems presented by alcoholism or drug abuse,

3) social problems that effect rehabilitation of alcoholics and drug abusers,

4) legal processes that affect the rehabilitation and treatment of alcoholics and drug abusers,

5) development of programs of prevention, treatment and rehabilitation for alcoholics and drug abusers,

6) review applications and subsequent recommendations to the Commissioner of Health and Social Services for use of funds for grants for local alcoholism and drug abuse projects and programs, and finally

7) evaluation of effectiveness of alcoholism and drug abuse programs in this state.

I give you that background because some of you may be familiar with Senate Bill 65, which deals with the mental health lands trust issue that's being held up in court. When we read that document, Chapter 66, there is some proposals in there that directly affect the Division of Alcoholism and Drug Abuse, and specifically, the advisory board. There would be a new waivers to go through and this is something that the legislature could single out of Senate Bill 65 and do this through the legislative process, is to go ahead and make some changes, changes I believe that are needed, and shouldn't be made to wait until the courts come up with a decision on the mental health lands trust.

One of the priorities of the member, the change of the board would increase from twelve members to fifteen members. One member would be licensed to practice medicine in this state. One member practice law in this state; four members who are chronic alcoholics with psychosis who are recovering. We would like to suggest there is, that those numbers, is that maybe we strike the word psychosis and leave it open to four members who are chronic alcoholics who are recovering.

Then it goes on to three members who are substance abuse treatment professionals who represent public and private providers of substance abuse prevention and treatment services, and five members who have shown an interest in the problems of alcoholism, mental and drug abuse, who

have knowledge of social problems associated with these substances.

In there it also means that if you've been adding the numbers, you come up with fourteen. It also means the director of the Division of Alcohol and Drug Abuse would be an ex-officio member of this board and would we would like to propose there is that we strike ex-officio and just make that individual, Loren in this case, a full member of that board.

Staffing, at one point when SB 65 was initially proposed, I think this was in the last legislative session, not this last year but the year prior, some funding had been set aside in anticipation that this was going to be going through for staffing, and we not talking about staffing, what I'm talking about is staffing for the board.

Currently, the advisory board has no staff, and so a lot of the things we are supposed to get to, we make an attempt but the division, Loren and his staff, they have their hands full as you can well imagine from his testimony this morning. So they have a full plate to deal with and the fact of the matter is, you know, the Mental Health Board, the Council on Domestic Violence, some of the other people and parties that were named in the mental health trust, not only do they have their own boards or councils, but they are stacked as well with their executive directors, you know, people who are there to take some slack off the executive directors who's day-to-day work, research, and those kinds of things, as well as secretarial help, and we have none of that and so that would be a big help. And as I mentioned before, funding had been appropriated and then it was deleted so that funding is not there. So basically what we're talking about is a staff for the board of three people, an executive director, an analyst and then some secretarial help.

The other thing that needs to happen, as you are well aware from Loren's testimony, is that not only are we charged with addressing the issues of alcoholism and drug abuse, but also inhalant abuse, and nowhere in this Chapter 66, SB 65 is inhalant abuse addressed, but yet from prior statutes that is part of our responsibility and so that language needs to be included if these changes are to be made.

And I guess just a note to that to kind of reinforce what Loren had been saying a little bit earlier, and that is that wh.. e the division has been given the responsibility to deal with inhalant abuse, as well as alcoholism and other drugs, no money has come forth from the legislature to address that issue and I guess the expectation has been to do that with the existing dollars and from Loren's description of the programs and types of services you could see that would be kind of hard to do, especially if inhalant abusers are not mentioned in the mental health lands trust as a beneficiary.

Also while you're changing it, I'd like to recommend to this committee, to this task force with regards to... is that currently we are in an advisory board capacity. What we would like to propose is that we drop advisory and so that this board is in fact just more than one that gives

advise and that the duties that are here would not necessarily focus us in on the commissioner as we are now, but that we would deal in policy issues and address some of the issues that you have concerns over and that, quite frankly, the Ombudsman has some concerns over and to also deal with budgetary and working on the budgets that the division has to work through.

The new duties of this board, as proposed, would be to act in an advisory capacity to the legislator, the Governor, and state agencies in the following matters:

a) special problems affecting mental health and alcoholism or drug abuse may present,

b) educational research and public informational activities in respect to the problems presented by alcoholism or drug abuse,

c) social problems that affect rehabilitation and alcoholics and drug abusers,

d) legal processes that affect the treatment and rehabilitation of alcoholics and drug abusers,

e) development of programs of prevention, treatment and rehabilitation for alcoholics and drug abusers,

f) evaluation of effectiveness of alcoholism and drug abuse programs in the state.

Divide the mental health trust authority for its review and consideration recommendations concerning the integrated comprehensive mental health program for people who are described in AS 47.40.056(b)(3), I'm not sure that's the right jargon to describe that, and concerning the use of money in the mental health trust income account in a manner consistent with regulations adopted under AS 47.30.031.

The board is the state planning and coordinating body for purposes of federal and state laws relating to alcohol and drug and other substance abuse prevention and treatment services and, finally, the board shall prepare and maintain a comprehensive plan of service for the prevention and treatment of alcohol, drug and other substance abuses. So, as you can see that the current language that if in fact the statutes are amended as we should have to address inhalant abuse that inhalant abuse needs to be added to the parts that say alcohol and drug abuse.

That about raps up my testimony, and if there are any questions, I'd be happy to try and answer them. Thank you for your time. I really appreciate it and I'm glad that you are doing this issue with this focus at this time.

CHAIRMAN PORTER: Mr. Joule, thank you. I see no questions right now,

but I would add that as was mentioned we will certainly be looking at any proposed legislation that might have a specific or general effect on this area and would be happy to look at the proposal you just read to us. Within that, I had hoped to ask this question of Mr. Jones, either here or at a subsequent committee meeting but, since you are the chairman of that advisory group, while there is obviously a different approach as is required by criminal law to alcohol abuse and drug abuse, I have read that and seem reasonably convinced at this stage of my learning that substance abuse appears to be substance abuse, whether it's alcohol, drugs, inhalants, or whatever they come up with next year, and I'm wondering if your advisory committee, from the standpoint of the individual and collective social and health adverse effects from substance abuse, might want to look at it in that manner.

REGGIE JOULE: As long as I guess those areas that we are mandated, you know, if we're going to call it substance abuse, then there needs to be a glossary somewhere that defines substance abuse because substance abuse also, I think, could include something like cigarettes, which are in another division within the same department; and so, if we were talking about substance abuse, I think we need to, just so that anybody whose turf that their in knows what we're talking about when we talk about substances and that it's more clear what's being covered there.

CHAIRMAN PORTER: Well, I certainly would agree. Having quit smoking a few years ago myself I know the trauma is just as much there, I would guess, as an alcoholic, but what I think perhaps would be a reasonable start at a definition would be substances that would alter conscious awareness, which I guess if I recall as a teenager, cigarettes did for a while, but they quickly went. In any event, I appreciate your testimony and if I may I would like to move back to Nome and ask if Diana Freeman is still with us and can testify? Diana, you can push the button down so that everybody can hear you.

DIANA FREEMAN: My name is Diana Freeman. I have been working in treatment for five years. I work at the Northern Lights Recovery Center, which is part of the Norton Sound Health Corporation, and I have lived in Nome, Alaska, nine years I believe. I do hear the concern about inhalant abuse and we, as a program, have tried to meet that unmet need by writing grants and seeking other funding. Another part that I agree with, the lady from Dillingham talked about village based services, and we also feel the need for that also and have been working through alternative funding through the Robert Wood Johnson Grant Foundation to receive a scope of programs through them that would identify a village person to respond and to counsel and kind of be a first responder. Another unmet need that I see is transitional living program, which we have pursued funding for three or four years, five years. We would like to see more halfway houses, especially one here in Nome.

If we bring people in from the villages and they get stabilized and they get real solid in treatment, and they go back out to that same village and enter that same environment, and they don't have a job, their

recovery rate is low. So, I think that would help us in a way and we are continually trying to strive to do that by doing alternative funding. We also do initiate follow-up work. We did an extensive follow-up of our program for three years, 1989, 90, 91, and found out a lot of information from doing that. We do believe our program and it is like Loren says. I've been in treatment five years so I see the people that come back. I know them, I see them out in the community. I see that they are getting sober and I do believe that we do have a strong sobriety movement.

Also, what has helped us here in the Nome area is the putting in of the detox center. When I first started working with Northern Lights Recovery Center, we did not have such an entity in Nome. Now we work together quite closely and it is a good team effort to try to get these people into treatment. One of the villages that we do have that has taken the initiative upon themselves is Savoonga. They have created a suicide crisis response team and I did hear about two cases. One, they responded to a young woman with suicide iviation and they stayed with her continually through the night. The other one was a young man using inhalants and they put him in a closed quarters and stayed in there with him until he came off the gasoline. These people are not paid. They do it as a part of wanting to help their own community and I could give you information on who to contact there later.

Also with the Northern Lights Recovery Center we do have a prevention unit and some of the more innovative things that they do are in the fall of the year and the spring of the year, they put on two large workshops where they bring in people from the villages to create awareness and we've had different workshops on FAS, FAE, inhalants. This fall we're having anacoral conference. It's the Alaska Native Children of Alcoholics conference that's going to be coming up so they do things like that to initially create the awareness.

Another thing that I had identified specifically from the needs assessment that has been something that I have been wanting to do for a long time, but we do need assistance with funding, is to create a support group by the mechanism that we are all listening to this conversation. That is to have a support group that all the villages could link up to on a bridge that could be a teleconference that could be something that is consistent for these people in the way of support and so we are looking at trying to get some type of funding for that also. I think that's initially what I had to say.

CHAIRMAN PORTER: Thank you very much, Diana. Is the group in Savoonga, how long have they been in existence?

DIANA FREEMAN: I would say probably about six months.

CHAIRMAN PORTER: Are they in any way receiving any training or anything in terms of peer counseling?

DIANA FREEMAN: I think they receive training through the, uh, we have a

crisis response team through Norton Sound of professionals that go out when suicide or some kinds of devastating thing effects the village. These same people work closely with them. They also worked closely with R.E. Oder, the new director of mental health. She did herself go out there and give them several training sessions. I think this team arised from the, uh, there were several suicides in this village and from that they decided to deal with the problem themselves, which I think is really good and they need more of that.

CHAIRMAN PORTER: Thank you. Representative Nordlund.

REPRESENTATIVE NORDLUND: Diana or Diane?

DIANA FREEMAN: Diana.

REPRESENTATIVE NORDLUND: I saw you nodding your head in the back when Loren was saying that it is easy to tell in smaller communities, especially in the villages, whether or not programs are effective. I was wondering if you could comment on how you determine if your treatment programs are working or not. Is it pretty much anecdotal or has there been some follow-up?

DIANA FREEMAN: Okay. We did, since I've been in this position that I've been in, which is about two years now, I did an in- depth study which asked them the kinds of things Loren went over, like basically what has changed in your life? Have you been employed? Have you been in trouble with the law? Have you violated your probation? Are you having trouble with issues that they had in treatment like, grief is the big thing, overcoming grief, and oppression, for here in this region is a very large obstacle in their treatment. Through this, you know, I was amazed at the response and I was amazed at some of the feedback that they gave me. From what I could gather from those that responded, 76 percent of our people were still sober. Also, there has been, since I have been here doing this five years.

In the beginning there was a minimal amount of people at sobriety functions and also at support meetings. Now we have to have bigger meeting places and we can have sobriety dances two or three times a month or once every week and people do come and enjoy themselves in an alcohol free environment. So the people that come tell you that yes, they have changed. So I see these people, most of them on a daily basis.

REPRESENTATIVE NORDLUND: Ms. Freeman. So, it's an ongoing situation you noted. Is it something like being checked on a year later, two years later, three years later, or is it more informal than that?

DIANA FREEMAN: I would say most of the people that receive treatment from this region, I would see them more than once in the last three years and most of these people come together and serve on committees and get involved. You know, we are talking about people that have changed their lives so they are wanting to care, especially for that other

person. So, they make themselves available and I see them everywhere from the grocery store to taking classes with them at the local college. It is a diverse kind of a thing.

CHAIRMAN PORTER: Diana, if you have any documentation on that study you did that indicated that 76 percent of your people are still sober, I'd sure like the committee to receive that if you can.

DIANA FREEMAN: That's no problem. I have a copy and I'll go get one.

CHAIRMAN PORTER: Okay, thank you very much Diana. Before I go through the list again, I would like to recognize that we have several staff people from the offices of Representative MacLean, Senator Jacko and Senator Leman that are on the teleconference network listening in and taking information back to their respective legislators. Okay, if I could go back then to Bethel and ask if Ardyce Turner is still there?

ARDYCE TURNER: Yes, I am.

CHAIRMAN PORTER: Welcome Ardyce. We'd be happy to hear from you now.

ARDYCE TURNER: Okay. My name is Ardyce Turner of the Substance Abuse Education and Prevention Department. I started last year. I transferred from the Substance Abuse Services, which is with the teenagers of the villages. I am a recovering alcoholic myself. It's been like four years myself. I graduated from PATC in the outpatient program, so I would like to let Diana know there are people in Bethel who have maintained their sobriety each day and move on into bigger and better things to help other people. But as far as when I'm with these out in the villages, I've heard other people saying village based workers, when I worked for the alcohol department there were 10 village alcohol education counselors. Now there are nine. There's one Hooper Bay office that funding was cut. The things at villages are, there are at least two or three or even four villages besides their own, and they really need a lot of help out there. It's theirs to fulfill for them, and as far as coming out of PATC, the clients that go back out to the villages need a lot of support. And what I would like to see more of is more comprehensive support for them out in the villages because our main concern here with Substance Abuse Education and Prevention Department is maintaining sobriety or at least increasing the high rate of alcoholism, inhalant abuse and other drugs, as mentioned earlier. But I really support any funding towards that, towards the villages because they are really in much need.

As far as training also, there needs to be village alcohol board members, like in the past they used to come in and train. I think I heard someone mention training. They did come in and train, so there were people that did go back into their villages and contact the resource people in the village and they were one of them. Like in the past, they did receive training and they would go back to the villages, having more help so they can help their local people once they return back to the villages. So, I would just like to please, please ask for

more funding towards the village based workers. Thank you very much.

CHAIRMAN PORTER: Ardys, thank you. If I could ask you a question, or any of the other people there in Bethel, we haven't had any real discussion or testimony regarding the differences in some villages that opted to be dry and others that aren't. Do you see that as a significant difference in the problems that exist in villages, or does it have any effect or not?

ARDYCE TURNER: Yes, it does.

CHAIRMAN PORTER: I'm going to assume that you mean by that, that if a village is dry that it has fewer problems than those that aren't?

ARDYCE TURNER: Yes, that is so. Like in some villages, the ones that are dry, some of them have requested for support by talking to a support group or a substance abuse, such as alcohol, inhalant abuse, chewing tobacco. We just started this year with chewing tobacco, which I am very glad that they requested for that. There are different people out there who do try in their community to keep prevention as one of their main priorities.

CHAIRMAN PORTER: Thank you. Representative Mulder?

REPRESENTATIVE MULDER: Yes. I think that is really a pertinent question. As you know we have been laboring throughout this state for a number of years. The whole question is to go damp or dry and we really credit the village leaders for placing it such a priority. But, I think it would be interesting from the committee's standpoint and from mine personally if one or other people would bring the community or the corporation, the Native corporations who have been pushing for it, if there is any statistical information to show what effect it's had so far. Maybe it's recency where it hasn't had time to take hold. But I think it's appropriate information because it's a radical departure, a radical change from the standard operating procedure in the way we've been treating alcoholism or drug abuse in our communities, and if that's the kind of change that is bringing on the desired effect, well then maybe those are some avenues we should be looking at.

CHAIRMAN PORTER: We're sure going to see Director Jones, frantically writing things to do.

LOREN JONES: Yes. There was a study several years ago. We will try to dig it out of our shelves on this. It's not one that has gone through a lot of scrutiny in terms of villages. But, if you do talk to the police officers, you talk to the village public safety officers, there is a significant difference. I know in communities that are damp, there is a significant decrease in police calls, a decrease in some of the violence in the communities, that at least have been reported. To my knowledge nobody has officially, in any of the villages, either local people, department of state troopers, ever taken a real serious look at it. There was one done several years ago and we will dig out that study and

let you know.

REPRESENTATIVE NORDLUND?: If I could continue, Mr. Chairman? Loren, have you worked conjunctively with our university to look at doing some studies along these lines. It seems like you have a wealth of information, or a resource there you might be able to tap into. Being an old grad student, you're always looking for a good project to explore or cut your teeth on. This certainly seems like an avenue that's on the cutting edge of, not only Alaska and our rural communities, but also throughout the United States. This one would seem to be a natural.

LOREN JONES: There is within the University of Alaska, Anchorage, a center for alcohol and addiction studies that years ago did a considerable amount of research. That has been cut back over the recent years with university reductions as well. They primarily look for us for funding and we have not had the funding. They are currently doing a research project on AIDS and on AIDS prevention that is funded by the National Institute of Drug Abuse in Anchorage. But, they are not active out in the community, nor is either the psychology or the sociology department to institute (inaudible) generally be available. The university affiliated program within the University of Alaska, Anchorage, is active but it is active in the area of the developmentally disabled and also some of the mental health community. It is an avenue we would like to be able to work with the university as well.

CHAIRMAN PORTER: I think Sophie Nothstine just left the room so we'll have to skip over her real quickly and ask if Elizabeth Sunnyboy is still available to testify from Bethel?

ELIZABETH SUNNYBOY: Yes. This is Elizabeth Sunnyboy. I've been with the last seven years with PATC for five years and in the substance abuse field many moons. In listening this morning, as usual when we talk about alcohol problems and substance abuse problems, it is draining. We hear that over and over. What has made a difference, when I transferred over to community development program, what has made a difference in going to communities is that we have done a team approach, we have addressed problems and stayed with the community for a week, you know, in providing services. When they request services we provide those services and stay with the community like for a week and that has made a difference in many communities. And what started off, like when we work with the village alcohol education counselors, in the beginning it was very stressful, very challenging. Many of our alcohol education counselors felt defeated because there seemed to be no support, nobody; even the court referred people refused to VAC's offices and what happened to that group of people, they decided to get creative with their ideas and to start making changes to attract more people. What they did in the beginning was they talked with their elders. They spent time with their elders, talked with their elders.
I've been hired to work with our people that have alcohol and drug problems but nobody's coming, and the elders suggested that's the problem, you're (inaudible) on your door, its alcohol or drug education counselor. With the help of the elders and the village people, they got

suggestions of how to make a difference in their community and with that they changed the name of the door, the name of their titles which made it more attractive. Many people responded to them better. And so just a name change made a difference with a lot of alcohol education counselors. I mean with that avenue they were able to give more education prevention types of activities, alternative activities that include alcohol free dances and they got more responses from the community people because peoples are involved in their activities.

In our department of community holistic development program we have four positions, community youth advocates. They are village based workers and they work mainly with students and young people in their communities to provide alternative activities in their communities that are alcohol and drug free. These group of people, because (inaudible) errors in the beginning, they are instructed right from the beginning to utilize their elders, to utilize the people in their community... (end of side A)

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...to use community aide advocates that are working in these villages have support, even from a home full of people, have their support in place because they work with people, they work with the young people, giving input affecting living together. So, its causing all to, beginning with the village based workers, we are able to work with the community aides allowing the kids to be more effective in their communities.

I understand also that mental health has started village based workers and they are in the process of getting screening, and so the earlier concern that Ardyse Turner and the other people that have spoken, if the support that these people need (inaudible) the training monies for the village based alcohol education counselors has been completely cut out and they don't have any training money whatsoever. They have a handicap there because they need the additional training to be more effective in serving their people. And so the training moneys there was completely cut off and that's the biggest concern that they have with the village alcohol education counselors funded under PATC and the community aides advocates funded under YKHC community holistic development program.

So that's the concern that we have is the training moneys that were cut off. We are fortunate that the community aide advocates have no training moneys due to a declining and limited budget, we have to... One of my community aide advocates from Hooper Bay community was cut because we don't have the budgets to keep her on. That's again, putting the, taking away from the community a service that is needed. Earlier, people were talking about activities and different villages that are making a difference in their community.

As you all know, there's been a big history of suicide in one of our communities in the Yukon area. The community today is doing different activities within that community. At first we used to go in on a crises

approach, especially with the long history of suicides in that village community. Crisis counselors came one day and left and finally that community decided to have their own support group and to support people way after a crisis has happened, to work with family, to follow up on the family that had a loss, to work with that family. That group is called the Snow Flakes Support Group. It's really active, it does many activities with the community. They provide workshops, they provide Eskimo dancing, honoring the young people for their first dances. They provide basketball tournaments. So, they're very active in that community.

They've had setbacks on several occasions where even after the suicides have gone down in that community, again they have had a couple of suicides later on, but the difference here is that the support is still there in that community and that's what's making a difference in some communities, so it goes back to empowering the people themselves.

When we do go into communities that request us, most of our activities in community holistic development program is upon village requests for services and we honor that request and we do travel to that community and specifically ask, what are your needs, what do you want? We honor that request. We just don't go in because some community is having problems. We honor that request from a community to travel to a community and in this way it's like we're honoring a community and working with what their needs are. That tells me the difference also.

Cost effective suggestions I would make is for like treatment programs. One of the things that I feel that strongly needs to happen is not to send one person from a community because again we're talking about lack of support in the community because of no education or prevention activities or maybe that community hasn't gotten active. So one suggestion I would make is for treatment programs to get more than one person within a community to go into treatment, you know, as a group, so that group of people, when they go back, they will support themselves. Or involve family members in that treatment because with no family involvement it's like you are just treating one part of the whole thing, just one part of that thing, and it doesn't usually work. There is no balance. It creates unbalance so that chaos again and when the person goes back they are right back in the chaos. So if treatment program is going to be effective, they need to involve families, they need to involve cultural activities that are relevant to the people they're serving. Vocational skills, parenting skills.

Another person talked about addressing the grief and recovery process. Only after you stop drinking is when you start becoming aware of unresolved griefs, and because those aren't addressed, the person will go back to drinking because that's too much to handle. People need to know and address unresolved grief. Work through those as a group, not on an individual basis. Those are some of the things we try to address.

I also have a question on this confidentiality. We have problems with

that left and right. In schools, in villages, in treatment programs, a lot of times I question, you know, confidentiality on whose terms? In one community that we went to and did a community workshop, three or four of the parents in that community were in tears because of confidentiality. The teachers or the school counselors wouldn't tell the parents what kinds of problems their child was having in school or even at home so that maybe if they were involved they would correct it together. At that meeting all the counselors talked about was no, we couldn't contact you because of confidentiality rules.

If we're going to help families and if we're going to send the children back to the families, I think we need to reword or change, or whatever we need to do, especially on that confidentiality issue, because when they are an alcoholic or into drugs everybody knows that. Maybe you're the one that denies you're the one that has the problem. So confidentiality needs to be studied, worked (inaudible) recovery activity, people need to work together and address the problem and find solutions together.

Communities have resources that they can resolve the problem. All we need to do is work with them and have them find their resources, their strengths, their ability to find solutions to their problem and they have that. So in that sense we try to work with communities knowing that these communities have their resources, they have their strengths, they have their skills and they have knowledge to correct their problems and all we need to do is to be there to support them and to put this into action.
So these are the things I wanted to bring out. And here in YK Bethel we also have a talk show that we hold every month. There are different agencies that hold talk shows and we do hook up to Nome station and we do education prevention, sharing through the neighbors. We do different types of preventative education. We talk about grief and recovery or different topics that people will listen to, ask questions about. That also makes a difference in Bethel because KYUK radio station will also have monthly input of our activities and our jobs, what we do with providing services with communities. In the community holistic development program we work with agencies, we work with villages, we work with private councils, we also work in the schools and these are with patients. These are the types of activities we are doing at YKHC.

One of the things that I will bring up which has created some confusion, and I feel is a contradicting message, is that the cuts that are happening to the social service programs, alcohol programs, human service programs. You know, the contradicting message that I get is that the Governor is cutting these services that are needed in our communities and his wife is talking and seems supportive of these programs and that seems contradicting to me that he would cut and cut and cut these programs, but his wife is talking and seems to be supporting these kinds of programs. I look at that as contradicting. You know, it's confusing, and so I just wanted to bring that out and you can put it on record if you want to.

That has been one of my concerns, because like somebody else brought out, the Governor is really supporting economic growth, but if we don't have people in recover or support for people promoting recovery, its like its defeating what we are trying to do. We need that support. Thank you very much.

CHAIRMAN PORTER: Well, Elizabeth, thank you very much. I think it's very helpful to the committee to be able to hear from people like yourself. If perhaps this isn't a totally unsolvable problem and we have people motivated like you that are out there working on it. I would like to ask you one question if I may. In your experience, do you think that there is a direct relationship between the village suicide problem and substance abuse?

ELIZABETH TURNER: Yes, there is. Also, there are also other factors involved in suicide. There's language, the breakdown of language, the communication, there's traditional values that are not taught any more. Whether our elders are speaking Yupiik, Indian people mostly speak English, and so the communication is cut off. Our traditional activities are not often practiced in communities. Maybe there's also denomination effects, you know, different church denominations that got a lot to do with the breakdown of communication, or even the breakdown in families. In my own family line, relations are Russian Orthodox. I have relations that are Catholic, I have relations that are married and these are all direct relations that are divided in religion. You know, and so there's different denominations that have their own rules and own functions, and so again, that creates conflict within family units.

Yes, alcohol and drugs will have suicide, but there's other things also that because of the pain or the hurt that lead people to drinking or to using drugs.

CHAIRMAN PORTER: Okay Elizabeth, thank you very much. Now the very patient Sophie Nothstine.

SOPHIE NOTHSTINE: Thank you. I am Sophie Nothstine and I am from Prince of Whales and I have been very reluctant to talk on this microphone. In order to give a class, I want to say that I'm going to have to get back to Alcoholics Anonymous and also it's so important to me because I have been sober 18 years and going on 19. If you take, um, I was partially raised in Nome and the biggest places I've gotten drunk was in Nome. (Inaudible). Humility and I guess the futility. (Inaudible).

The only other thing I wanted to say is that the anarchy of the villages, (Inaudible) and that's the villages I went to recently, they have suicide in their village and they wanted to get some help for their village. They want to learn how to do things for their own village. But what I'm getting at is what everybody has mentioned already is the village people are going to help there. The loss of culture, the loss education by the elders, is a very important factor as the loss of language and the loss of dances. I have advised my Prince of Wales in

dances a (Inaudible).

In order to get back to that, a person that is in the system needs education, spirituality. The best way to get a feel... the treatment centers are very important. I've gotten well by Alcoholics Anonymous and I am talking about the village people that go to treatment that go in and out. The people that are in the village are getting back to the people. (Inaudible). Some of them are (inaudible). The whole village at a time is not well. They have alcohol and drug problems and some of my relatives are not well. Some of the village elders of mine sent the school system, and the village has the right when they are growing up. I am 65. My elders quit teaching. They have turned it over to the agencies to teach me and it needs to stop. It needs to get back to the Native system and I don't know how to put that into words.

Alcohol, I see some of the villages that are drunk, the whole town, from children to adults, and I have heard about the FAE and FAS and what I was hoping is that a FAE adult or child is very difficult for the treatment such as the (inaudible) FAE person cannot themselves be able to function. They have to have somebody to help them and this is difficult. (Inaudible) I was thinking that the politics in order to help a person effectively in the agency, sometimes the agency gets lost in order to appear as they are okay in the system they use that, uh, they are working with that client.

I guess that what I'm saying is that it is hard to work with a person in treatment centers. We need village based things because the systems approach that does not recognize the way of traditional approaches. All the things that I heard is (inaudible) third world country that is minorities, that is poor countries. I didn't realize that the Native persons that are minorities, that is poor. Mostly in my village when I was growing up my father was a big hunter and I was sent there as a very rich child and when I came to Nome I was considered a very poor child.

I guess getting back to court system I said earlier is that I believe in the court referral as the agency most qualified to work with parents. (inaudible) to work with. You don't have much to work with as a person who is sick. The children, I like the idea of having the half-way houses here for the parents that are not ready to go back to the village because most of the village is still wet and some of the villagers are still drinking and staying in the bars and I don't believe...

I have a doctor and I just met her last week and she said (inaudible) and if you have clients that you are dealing with even though you aren't drinking alcohol you are still wet. To be alcohol free for a person who is dealing with a client it is important at his level of understanding to work the steps. By the way, the Native ways are twelve steps of AA but they're not written and sometimes traditional (inaudible). I think we need to educate some of our Native leaders to learn to be alcohol free. (Inaudible) It is a lot better. They really ought to have a FAE or FAS child teaching a mother that is FAE, who is still drinking and drugging, (inaudible).

And this is all hard news since white man has settled or Russians or so and it's still very (inaudible). There's rules and regulations we are dealing with under the white system approach and I think we need to have more Native culture's approach too. Also, helping with the VPSO, health aides, and our councils in the villages, I feel it is very important to mostly attach some of the other village people. I (inaudible) a person who is a board member might feel (inaudible) in order to deal with the problem of not being able to talk to someone or whatever it is that cultural transitioning seems to be the biggest factor for me to get drunk in the village. Another thing to be overcome is resentment and anger toward people, places and things. Native way is to forgive, but Native people need to learn to speak up and say what they want.

CHAIRMAN PORTER: Sophie, thank you very much. Your testimony is right from the heart and has behind it a lot of experience and observations. One of the questions that has always plagued me as regards the alcohol problem in Alaska Native culture, and I would ask you, do you think alcohol abuse is the problem or is a symptom of the problem that Alaska Natives have, as you described in cultural difficulties and transitional values, traditional values, problems and self-esteem?

SOPHIE NOTHSTINE: I think the answer to your question is Native person like me have very low self-esteem and self-worth. Until a person is shown that they're okay. My first family is like people in Anchorage and in order to deal with them as one family I had to have somebody else to help out that is not of my immediate family. I think that alcohol should be attacked first and later on the culture, depending on where the person is coming from, what they are dealing with. They should deal with what is causing them to drink and use drugs or what is causing them to commit suicide.

I think that alcohol is the first factor of the people. Children of alcoholics, the ones who have parents as alcoholic. Alcoholics are the people who have never learned how to live. They have to be shown how to hunt, dance, how to face life after this, learn how to talk, raise their children, little kids, one years old or two years old. You have a 65 year old like me, there is a child that is still temper tantrum and some parents (inaudible) you really can't deal with it, it just comes out. You have to learn how to put a stop to it. Alcoholic is a person who has never learned how to deal with those things, so it's very difficult to learn how to deal with that person on step one. That's why they have drinking alcohol only once, the rest is learning how to live.

CHAIRMAN PORTER: From one 55 year-old to another, thank you very much.

REPRESENTATIVE MULDER: Thank you, Mr. Chairman. Just a few things here. Representative Foster and I are co-chairs of Military and Veterans Affairs. The offices of the National Guard. As you know, the Guard in Alaska takes on many roles throughout the state, performing different missions in the urban areas as the rural areas. One of the things that really struck me about the Guard in rural Alaska is that it provides a very strong role model for the kids growing up in the

villages. It seems they have a positive outlook. It gives them something to aspire to and towards. The kids and their values and self-worth, something that is very important for all of us, especially kids growing up, and I would welcome the Chairman and Eric for subsequent meetings, to call someone from the Guard. They have a number of programs they are pursuing and looking at that I think are worthwhile for this committee to pursue and to look at and perhaps including recommendations for consideration and to give testimony about their programs because they work hand and glove with what Sophie was outlining.

CHAIRMAN PORTER: Very good suggestion. Perhaps the October meeting in Fairbanks would be a good place to hear from them?

REPRESENTATIVE MULDER: I think that would be fine. I know they would love to talk about it because they are very excited about the things they are doing in the villages. They've had an uphill climb as well and they are beginning to see success through their efforts. They've got some ideas on how to expand those efforts into the schools and into the instructional units. That's real important because kids, when you get down to education, is the best way of preventative medicine and will save us a lot of cost in the long run.

CHAIRMAN PORTER: Very good. I'll ask Eric to touch base with you and get the right names to invite to the Fairbanks meeting. Sophie, thank you again. That seems to be the end of the list of people who I had indicated that wanted to testify. I now ask if there is anyone else in Bethel that wishes to testify? Hearing none, how about Dillingham? And Kotzebue?

UNIDENTIFIED: No sir.

CHAIRMAN PORTER: Okay. Thank you very much, all of you for your participation, it has been good. Is there anyone else here in Nome that would like to address us? There is. Please come forward, sir.

DUFFY HALLADAY: My name is Duffy Halladay. I'm the chief manager at Turning Point Detox Center. I'll try and be brief. This has been a long meeting. I have just two points I want to get across. Both of these are pertinent information. At the Turning Point Detox about 10 percent of our clients come from the emergency room and maybe 10 percent are Title 47 who are on hold and perhaps, I'd say perhaps 80 percent are self admits, and in fact, some who are on hold, brought in by the police. There are 16 villages that come into Nome, and after a few times from the police they will come in on their own. It's like they do want to sober up. We show alcohol videos and take people to the AA meetings on a nightly basis. (inaudible) AA meetings are supposed to be separate, but in the villages people most of the time do not have AA meetings in the smaller villages to go to and I think that would be a real positive step. We have an AA register and we can give it to people and the clients are going back to their own villages. They stay with us for five days and they are willing to go to AA meetings that are in the

village. Like I say, they are willing to follow, but they're not willing to start an AA meeting and it would be nice if all the small villages would have a group. I don't know what the answer to that is. It might be something the task force could look into, trying to get that going.

Just recently, we've been open for four years in January, and in the last eight weeks the court system has started to give us court referrals, 72 hour holds, and we have had perhaps five in the last eight weeks. It's working very well. We're getting a whole different group of clientele with jobs, family, cars and basically they're having their drivers license held hostage. It's the choice of going up to Anvill Mountain for 72 hours or to a detox center and so they're going to detox. We're glad to have them too.

One point I'd like the task force to consider is funding that's continually been cut, as you well know, and we're just taking on the additional responsibilities and (inaudible). But we might have to consider that the court system is going to give us additional responsibility, hopefully there would not be a cut in funding in order to offset the 72 hour hold.

I've been in Nome all this time and I'm not familiar with Mr. Jones, but I just never work (inaudible) he definitely understands things from the trenches, he understands where the problems are, so in the future hearings you can take testimony from everybody, but if you just scratch your head and figure out what to you, we can certainly speak for our detox center because we do understand the issues. We are hitting the nail on the head quite often and that's all I have to say.

CHAIRMAN PORTER: Thank you. As one of the people who used to bring in the orangutans I can sympathize with you and the transaction. Representative Mulder?

REPRESENTATIVE MULDER: Thank you, Mr. Chairman. Duffy, quick question on the percentage. You said that 80 percent were self- admit. Of those 80 percent, how many of those would you consider to be chronic repeaters; you know, those people who are coming in and self-admitting themselves repeatedly?

DUFFY HALLADAY: These are people who are trying to get well. I wouldn't say that is a problem according to percentage, but the first words out of the board of directors is that they did not want to be a revolving door, whereas when the bar closed down they would come and sleep and then get up in the morning and leave. We don't send people away, but we are asking them to commit themselves for five days. That's pretty big if they want to go drink tomorrow. It's like they are going to go to AA meetings and such and so they are going to weed themselves out if they are just looking for a bed.

REPRESENTATIVE MULDER: Would you say that half of that 80 percent are repeaters more than twice. In other words, been in there three or more

times.

DUFFY HALLADAY: Certainly. We do have some that I know their birthdays. They are in there quite often, but staying sober for five days, and there are usually two counselors per shift, and they get along with one or the other, they would open and talk to somebody. When we first started bed utilization and the referrals, about 75 percent we could actually refer on to Northern Lights or the other treatment centers. Where they went from there, whether they walked away or they complete it or not, or you would have 75 percent who would just go out the door and 25 percent of those who would actually try some treatment.

CHAIRMAN PORTER: Duffy, if you wanted to try to evaluate your system and you referred people on to Northern Lights, can Northern Lights tell you what your people did, or is that confidential?

DUFFY HALLADAY: Yes, they do. We have a reciprocating agreement. The clients sign confidentiality and understand that we do the follow-ups and such, and so that is not a problem.

CHAIRMAN PORTER: I think you are one of the few communities that (inaudible) the problem. Make sure I understand, when you say that you're getting, from whom are you getting the referrals, rather than the 72 hour hold, the court or...?

DUFFY HALLADAY: The bulk of them are the police department who will take people in Title 47, 12 hour hold.

CHAIRMAN PORTER: But the 72 hour hold. That has to process through a court?

DUFFY HALLADAY: Yes. We just recently started that and the judges were giving the choice, either you are going out to Anvill Mountain Correctional Center or you are going to the detox center.

CHAIRMAN PORTER: But this is the Title 47 as opposed to a sentence like DWI or something like that?

DUFFY HALLADAY: It is a DWI, and we have to report back to the court, did they spend 72 hours they spent with us, how many substance abuse videos did they watch, and did they go the AA meetings? We don't fiscally restrain them if they want to walk out before the 72 hours is up. Basically, we just report back to the court and the court decides to give the license back, or whatever. It's working very well so far. In fact, I believe Bethel, no Kotzebue's, detox center felt it was working well with our detox center so.

CHAIRMAN PORTER: Let me suggest that if I understand you correctly that it's a court referral as an alternative to 72 hours in jail for DWI that you talk with DOC because they should be helping you out with the cost of your program.

REPRESENTATIVE MULDER?: I'm sorry, Mr. Chairman, but I urge you (inaudible). We were all involved in the alternative sentencing for DWI's. Is this a relative new program, Duffy? Is it an outgrowth of that legislation, and basically are you acting as a so-called halfway house? Or are you providing an alternative location for sentencing instead of a correctional institution?

DUFFY HALLADAY: Correct. I was told at the last staff meeting there's a repeat offender who was there fourteen days. What my concern is that down in the states they're getting really tough on them, and Alaska as well may change the laws. My brother who's working on the Oklahoma for six months, and he gets to go home on weekends to see his wife and four children. My point is that Alaska may in the future, at least on DWI's, and it will affect our program, and you need to consider that for your funding.

CHAIRMAN PORTER: Duffy, thank you. Diana, please help us.

DIANA FREEMAN: I was involved in a meeting with Judge Kenley, Magistrate Jayder and Susie Kanler and we came up with a vehicle to provide services for DWI offender in lieu of... Most often they would insist they do 72 hours and attend five AA meetings. Well,.... (end of tape)

TAPE THREE, SIDE A
Number 000

...by law that they would do. So not only are they housed there, they're watching videos and they are working on a treatment plan and so that (inaudible) that comes from.

CHAIRMAN PORTER: But that plan is as opposed to having to go down to the mountain for a few days?

DIANA FREEMAN: That's correct.

CHAIRMAN PORTER: That's great that someone's doing that. Representative Nordlund?

REPRESENTATIVE NORDLUND: What does it cost you to keep these folks in for 72 hours? Part of the idea of the bill Representative Mulder sponsored was to, for a low cost sentencing alternative to DWI offenders with the idea that it would cost the state less money, as well as provide more treatment. One, what is it costing you to hold these people and treat them? And two, are you developing any new treatment methods that might be more appropriate to treat the DWI?

DUFFY HALLADAY: Basically we funded through the state Division of Alcoholism and they are treated as our regular clients. We have a sliding fee scale and wherever they fit in there, and if they don't have a penny in their pockets, we will still let them in. We don't turn people away. It's new for us and we are still working things out. The

court has said (inaudible) if the person said up and the answer was no, they got a bench warrant and I suppose they are going to Anvil Mountain. You had the choice and you didn't show up. We just report back to the court and they take it from there.

CHAIRMAN PORTER: Diana?

DIANA FREEMAN: We have two bills by Corrections that we initiated negotiations in January, me and the former director of the program, and now we have in place since July two pay beds: one is for furloughs and one is for probationary people. Throughout I had noted that we would get a lot of furloughs and those people don't pay their bills. So we initiated a price of 49 dollars a day. That's what we get to house them.

CHAIRMAN PORTER, REPRESENTATIVES NORDLUND, MULDER: Discussion.

REPRESENTATIVE MULDER: I might also remind this committee though that part of the bill provided that people pay for it themselves when they are financially available, if they're not, the court is able to go in and tap their permanent fund dividend, and if that has been tapped then they come back to the state. By and large, that 49 dollars, as opposed to what it is at Anvil Mountain, 49 (inaudible).

CHAIRMAN PORTER: I see no one else here. I ask one more time if there is anyone else on the teleconference network that wishes to testify? I see none. Let me say then that we will conclude the teleconference and the committee hearing. I appreciate very much the committee members, the task force members, and all those people who testified. I think we have had a very good beginning and gotten some good regional information from this district of our state and will continue to gather that as we move around and put it all together when we get to Juneau and see if we can't come up with something. Again, thank you very much and that will be it.

Meeting adjourned at 1:04 p.m.

KETCHIKAN

9-23-93

HOUSE TASK FORCE ON ALCOHOL AND ALCOHOL ABUSE
Ketchikan, Alaska
September 23, 1993
1:30 p.m.

MEMBERS PRESENT

Representative Brian Porter, Chairman
Representative Eldon Mulder
Representative Joe Sitton (via Teleconference)

MEMBERS ABSENT

Representative Jim Nordlund
Representative Richard Foster

OTHER LEGISLATORS PRESENT

Senator Robin Taylor
Representative Bill Williams

COMMITTEE CALENDAR

Public testimony on alcohol abuse.

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LEGISLATIVE TELECONFERENCE

H. TASK FORCE ON ALCOHOL & ALCOHOL ABUSE

REGIONAL MEETING

KETCHIKAN, ALASKA

PUBLIC HEARING ON ALCOHOL ABUSE

MEMBERS PRESENT

REPRESENTATIVE BRIAN PORTER
REPRESENTATIVE JOE SITTON
REPRESENTATIVE ELDON MULDER
REPRESENTATIVE TOM BRICE

TAPE I - SIDE A

PROCEEDINGS

CHAIRMAN PORTER: We have officially banged the gavel and we'll commence the meeting. I would like to welcome you here and we appreciate being able to be in Ketchikan. This is the second meeting this week. Two days ago we were in Nome.

The Alcohol Task Force appointed by the speaker of the House, Ramona Barnes. On the Task Force are myself Representative Brian Porter from Anchorage, Representative Eldon Mulder from Anchorage, Representative Jim Nordlund is as we speak in Valdez addressing the problems of the needs of Harbor View and will be joining us teleconference-wise tomorrow if we do have this meeting going until tomorrow. Representative Joe Sitton is on the Task Force and is joining us teleconference-wise from Fairbanks, and Representative Richard Foster was with us in Nome and was unable to come down here.

We have, as I mentioned, been appointed by the Speaker of the House to look on a statewide basis at a statewide policy, statewide expenditures in the areas of apprehensive alcohol abuse. We don't have a fixed agenda in terms of having predetermined notions that we're here to prove. We really are trying to be objective in terms of looking at what is going on listening to what perceived needs are. We would like to pay particular attention to any programs or approaches that appear to be working in this specific area or state so that we could document it and carry it to other areas of the state.

I think we do have two things that we must recognize. One that the state has -- has had for some time. Most of the experience of members of the Task Force and continues to have substantial problems in the area of alcohol abuse.

The other thing that we must realize is that the resources the state has to address these problems have diminished and probably will continue to diminish over the next several years.

With this in mind it would appear that we should find out what is the most expedite, what is the most efficient, what is the most productive way to address the problem and get at it.

With that in mind we are holding these hearings to address the problems and try to find what information is available. We will be in Fairbanks on October 4th, return and have another meeting in Anchorage, December 1st.

Then we'll compiled the data that we have acquired these four meetings and continue in Juneau during the session to try to formulate a report hopefully with some good ideas on directions to proceed.

On the teleconference today we have Anchorage, Fairbanks, Juneau, Petersburg, Sitka, Wrangell and Craig and have people in some of those sites that wish to testify. I would like to begin by recognizing the Director of the Division of Alcohol and Drug Abuse of the state who is Loren Jones who is in Fairbanks and I'd like to ask him to give us a general executive summary of what's going on within the state right now, program wise, budget wise, and his knowledge of this particular region.

And then we'll go through rotating through the sites to receive testimony along with people here in Ketchikan.

So, Loren if you're available, please come forward and address the Task Force.

MR. LOREN JONES: Thank you much, Representative Porter. Can you hear me?

CHAIRMAN PORTER: Sure can.

MR. JONES: Thank you. It seems like we did this just the other day in Nome, but interesting, I'm now in Fairbanks and you're in Ketchikan and we're able to continue this discussion.

As I pointed out in Nome, I won't take the time to review all the issues that we reviewed there. That is part of the record. However, for those who are in Southeast and in Anchorage, just to summarize some of the issues, the Division of Alcohol and Drug Abuse is statutorily responsible for issues related to alcohol, alcohol abuse, alcoholism, intoxicated persons, drug abusers and inhalant abusers.

This Task Force as entitled is somewhat charged from the legislature to look at alcohol and alcohol abuse and I will keep in mind that the division's mandate is much broader and our resources that are available are used in all of those areas.

In terms of budgetary resources, as part of the packet for the committee members, you were given the history of our budget from FY83 through FY94 and while -- if you look at the total dollars it has increased. That increase has not kept up with inflation. And in fact, we are not about 2-1/2 million dollars below our level that we were at in FY92. In the last two years we have had a decrease in the resources available to us and we've had to try to make some of that up with additional categorical federal funds, but have not always been successful.

One other issue that I will again reiterate is that we have three major funding sources for the state effort. That which we give out to the local programs.

First of all is our federal receipts. We have the alcohol and drug abuse block grant, which is roughly 2 million dollars a year. Although that did decline in this previous year.

In addition, we have state general fund dollars. State general fund dollars is the largest component in our budget. The alcohol and drug abuse grant component is only $900,000.00 of the 17-1/2 or 18 million dollars available.

The rest of those funds come from the general fund, Mental Health Trust Income Account. Within our other components we do have a small community action. (indiscernible) component that is general funds, and our alcohol safety action component, which has around a million dollars is general funds.

But the majority of our administrative budget and the majority of our alcohol and drug abuse grant budget does come from the Mental Health Trust. That does pose some problems for us in that the federal block grant is very specific while it's a block grant in some requirements. We are required and we may only use 5% for administrative purposes, which we do. We must spend 20% of the block grant on prevention. We just spend 20% of the block grant on services to women. That definition is basically targeted to women with children and/or pregnant women.

And in addition, we must spend 35% on alcohol abuse services and 35% on drug abuse services. If you add up all those percentages, they are more than 100%. We are allowed to double count in categories. Women services can be alcohol and/or drugs. Prevention services may be alcohol and/or drugs.

So, there are some limitations and some requirements that a certain amount of those funds be spent on services outside of strictly alcohol and alcohol abuse.

In addition, because of the way in which the issue was brought before the Court in the Mental Health Trust Settlement, the beneficiary group of the Mental Health Trust is defined as chronic alcoholic with psychosis. That is a fairly narrow definition in legal terms that has no clinical definition. There is no definition in the psychiatric manual called the DSM3R. There is nothing in the International Code of Diseases, the ICD9 Codes, the Medicaid -- it is a legal term.

As such, the Mental Health Trust Board, acting as trustees, feel that only 25 to 30% of our clients fit that definition and that should be the level of funding received from the Mental Health Trust.

The legislature has appropriated for alcohol and drug abuse services almost 86 to 90% of my grant budget from trust. So, we have tried to be honest to the Trust as best we can and therefore have not funded drug only programs like methadone maintenance funds out of Mental Health Trust. We have not funded prevention out of Mental Health Trust.

We have tried to avoid funding of youth services out of the Trust, but that's not always been possible, because some of the youth services, young person services, might be for those that are even considered adults. 18 to 21.

So, within those perimeters we must serve the means of alcohol, other drug abuse and inhalant abusers within that framework of funding restrictions with a definition of chronic alcoholics with psychosis, the federal requirements and what amounts to a limiting and declining base of general fund dollars that allows us the flexibility between all the rules attached to the other funding sources. So, I think it's important to, as you describe at the end of your work and for your report to the legislature that in deciding what direction we should take or recommending to us or putting in statute certain requirements, you keep in mind the sort of restrictions we have on federal funding and the restrictions based on whatever the settlement for the Mental Health Trust would be.

In addition, we face many growing demands for services, the population of the state is growing. There are increasing issues with inhalant abuse that is demanding of our resources that without additional funds will take away for some of our responses to alcohol and alcohol abuse.

There is growing desire for us to be more active with the Department of Corrections and a desire to be more active in prevention activities in school and out of school. To target services to pregnant women. To duly diagnose those who have a mental illness and a substance abuse, alcohol or drug abuse problem. And how that manifest itself, those individuals require a lot of services relatively expensive services.

There are always those pressures. And I think as you listen to the testimony in Nome and you listen to the testimony over this afternoon and tomorrow you will hear, again, from the providers in Southeast how some of

those issues are putting pressure on their limited resources and on the resources of their local community to help contribute either in-kind services, actual cash, providing the ability and support to these programs of the impact of diminished revenues at the local level and how that is a double impact when you talk about services.

Again, I would remind you that the Division, except for the Anchorage Alcohol Safety Action Program, does not provide any direct services. All of the funds that we receive in our grant lines are distributed to local non-profits, (indiscernible) organizations, cities, boroughs to provide those services.

This administration has taken the position that they would like to privatize as much of government services this division has since it's inception in 1972 always provided funds to public non-profits to municipalities to cities. We have never provided any direct services from the state. We do not have the equivalent of an API. We do not have counselors on staff. We do not have social workers. We have privatized. We are doing it as cost-efficient as we feel we can and have tried to keep that system the best we can.

If you look at the mental health system in terms of their committing no health center grants, the amount they have available for grants is twice the amount that we have available for alcohol and drug abuse grants.

And so our programs have attempted to provide the best care to obtain the best possible outcomes for their clients with resources that have always been under what they felt was truly necessary.

That's sort of a quick executive summary of some of the pressures that we're under and I'm sure that you will hear more from those persons who testify and those persons who have other concerns and other issues and potentially, hopefully, some quality suggestions for the Task Force on how we can best address this problem and improve on the system that I feel is very, very good given the resources available.

I would like to take just a few minutes as I did in Nome listening to where the teleconferencing is and knowing that probably legislators around Anchorage -- I will talk about those services are available within Southeast Alaska from basically Yakutat South. I will start there in Ketchikan.

There are two funded providers in the Ketchikan area. The City of Ketchikan is funded to provide alcohol and drug abuse treatment services, both outpatient and residential. They also do the alcohol safety action program. They have a small withdrawal management unit, a small detox unit and they are also funded by the Department of Corrections to provide services within the jail.

In addition, you have Ketchikan Youth Services, which is a primary prevention youth alternative project. They are also funded to do some aftercare for youth who have gone outside the Ketchikan community for treatment and provide that support when they come back in the community.

The school system also has some active projects that are funded through drug free schools. In addition, the Ketchikan Families In Action program and also the headquarters of the Alaskans For Drug Free Youth are located there in Ketchikan. They do receive some support for one specific project from the Department of Education. But otherwise they do not

receive any support from the division there -- a grass root agency that has units throughout Southeast and other parts of the state.

Their Executive Director, Linda Adams, is on our advisory board and she is here in Fairbanks at the Advisory Board meeting, but I understand she has some of her volunteers and board members that will testify.

On Prince of Wales Island we have a program funded, the communities organized for health options or COHO. C-O-H-O. They are a combined joint program with the Division of Mental Health. They also provide mental health services and they basically are responsible for all the services on Prince of Wales Island.

They are headquartered in Craig, but they serve an island, I believe, with a population of around 7,000 people and they'll correct me if I'm wrong, but about eight or nine communities there on Prince of Wales Island.

In Petersburg, we have the Petersburg Council. They are an outpatient treatment program and also do youth services in schools. In Wrangell we have the Council on Alcoholism, it's an outpatient program. And in addition one of our cast and one of community action against substance grants is with the Wrangell Police Department there which has a DARE program in the schools. I understand the Police Chief has written to the Task Force with some suggestions and he may or may not be on the line today.

In Sitka we have the Sitka Council on Alcoholism, which is an outpatient program in Sitka and also has a 16 bed halfway house located there in Sitka. They also have the Sitka Team Program, which is a youth alternative, youth prevention program. And Sitka also serves as the headquarters for the Southeast Alaska Regional Health Corporation. And they have two programs. One that serves the communities of Yakutat, Haines, Skagway, Hoonah and Hydaburg and other rural communities with family service workers located in some communities and (indiscernible) to others. In addition, they operate the Raven's Way Youth Treatment Program there. It is a co-funded program between the Indian Health Service and ours treat adolescents. That is an adventure based program where they spend one month in a sort of traditional treatment program and the next month on a wilderness experience that is on another island located there. So, SEARCH does have some responsibilities throughout the region and then is also headquartered.

And then using corporate funds they also operate a residential treatment program out (indiscernible) hospital that is not funded by the state, but funded within their corporate resources.

And then in Juneau we have the City and Borough of Juneau which provides the outpatient, some of the prevention effort, residential treatment, detox, community service patrol. They subcontract with the (indiscernible) Human Services for halfway house and transitional care or negotiating for some long term care from that agency. And also the youth outpatient programs by using the other resources of some of the private sector programs in Juneau and one of our prevention projects.

In addition, the National Council on Alcoholism in Juneau affiliate is one of our regional prevention projects. They are also the site of a clearing house, have computer access to a federal data basis and federal information. And they are also the headquarters for our counselor training program, which serves all of the programs within southeast.

In addition, in Juneau we do have a couple of private programs that are outpatient programs that are not funded by the division. But those services are not found elsewhere.

So, Southeast has a fairly extensive network. It is mature in the sense that the agencies have operated for a long time. They have a good working relationship among each other and they better than I can explain some of the other issues facing them. But, there are services in those communities.

And so, with that, maybe I will stop and if there are any questions I do have a board meeting going on here in Fairbanks for the next couple of days. I will stick around here until probably about 3 o'clock to listen. I may stop by in the morning. Other than that, I do have staff in Juneau, they are listening and taking notes. So, if there's anything, questions you need answered during the course of the teleconference, make sure that they're known and the staff in Juneau can take some notes and I will get that information to you as soon as we can.

So, with that, Mr. Chairman, Representative Porter, I will stop and if there's any questions....

CHAIRMAN PORTER: Thank you very much. Here I see none. If there are any specific that come up it's mentioned that we'll either catch you before you leave or get some of your staff.

I think what I would like to do now is ask Representative Sitton... I have on the print out indication that he would like to say something. I don't know if that's true or not.

Representative Sitton?

REPRESENTATIVE SITTON: Thank you, Mr. Chairman. No, not really. I've certainly regret not being able to attend the Nome meeting. You know we had a pretty big public health conference going on here right before then. But, Fairbanks is on the line here and Fairbanks is very concerned about these problems. And we have former Senator Glen Hackney here. I'm very pleased to see him here and he might want to talk to you some.

CHAIRMAN PORTER: Well, thank you very much. Before I ask Senator Hackney if he would like to, I would also like to recognize our host here in Ketchikan. Senator Robin Taylor and Representative Bill Williams are with us at the table. We welcome their participation and thank them for being here.

Senator Hackney.

SENATOR HACKNEY: Yeah. Thank you very much, Mr. Chairman. This is kind of deja vous all over again for me. It was, I believe, 1978 when the task force very similar to what you have convened operated during the off legislative season. We held hearings all over the state. And some of the people who were involved in that was (indiscernible) from Juneau, Frank Ferguson, Mike Collata (ph), myself and then there were several others who were on that task force.

And we concluded at that time that Alaska did indeed have a problem with alcohol. About the only thing that really came out of that hearing was an increase in the tax on products of alcohol. We had suggested that there be a very substantial increase. What came out of it, you're well

aware of the legislative process, was a much more modest increase. However, something good did come out of that hearing and I'm hopeful that something is going to come out of your hearing here.

Now, I'm testifying today more or less as a representative of Mothers Against Drunk Driving. We have noticed in late months here in Fairbanks an increase in incidents involving alcohol and underage drivers. Now, I'm talking about kids under the age of 21. There's been a great increase in serious crashes around this area in that age group.

Now, as Director Jones pointed out the problem that they recognize in consumption of alcohol. There's a figure that I've used many times in making presentations for man. In the year 1985 there were 16,850,000 gallons of alcoholic beverages that were brought into this state. Now, that came in under bond. These are figures from the Department of Revenue. Those are figures that cover beer, wine, including coolards and hard liquor. And it's very easy for your staff to check those numbers.

There are three things that I'd like to see the legislature do. You have before you a bill that was introduced at the behest of Mothers Against Drunk Driving which proposes to reduce the presumed blood alcohol content for being considered drunk from .10 to .08. That came within an eyelash of passing a couple of years ago. It died in the Senate (indiscernible) Committee in the very waning days of the legislative session. It could have come out very easy. But, it didn't, and I realize there were some things within the legislature that made that happen. But we'd like to see you reinstate that bill and we would like to see you pass it this time.

There are two other things that we would like to see you do, and that is to make parents more responsible financially when their kids are involved in under-age drinking incidents. We'd also like to see offenders pay a greater cost of their incarceration or whatever action is taken in connection with the -- whatever incident -- drunken incident they may have been involved in. Call it pay for play if you'd like to. It really isn't play anymore. Drunk driving is a serious offense. I don't need to tell any of you that. The Anchorage area and the Fairbanks area attest to the number of people who have been killed in incidents involving alcohol.

We'd like to see you raise that. It seems that one thing that gets people's attention is when their pocketbook is hit. I'd like to commit to your staff's attention the local events column of the Daily News Miner here in Fairbanks where they list incidents, court cases here in the Fairbanks area. And I would call your attention to the number of cases that involve drinking and driving. It's staggering. It really is.

Now, a couple of years ago the City of Fairbanks, again at the request of MADD, passed a bill and ordinance allowing billing of offenders where alcohol was involved within the city limits if, for instance, the police car was involved in responding to an accident, a fire engine was involved, an ambulance was involved. The City of Fairbanks can now bill offenders. This is something that you might want to consider on the state level, also.

I'm past my five minutes. I appreciate what you are doing in conducting this exercise around the state and we certainly hope that something will come out of it and I thank you very much.

CHAIRMAN PORTER: Thank you, Senator. I have to tell on myself. I knew that as soon as one of you finished I would have a bite of my sandwich in my mouth and I do. I'll try to....

Senator, in brief response, your points are very well taken. With my background, I agree that DWI is a serious problem. To that end the .08 bill in the House passed through the committee that I am chairman of, the Judiciary Committee, and is hopefully awaiting early hearing in the next committee in the House.

This year Representative Mulder successfully passed through the legislature and interlogged a bill that did provide for required payment by the defendant. Jail costs that accrue based on a DWI since -- so some of those things are in the works are just beginning to see light of day.

And I appreciate your testimony.

Being totally arbitrary as chairmen are allowed to be, what I would like to do now, since we have several more people signed up here in Ketchikan than we apparently do throughout the network, I'd like to take a couple from here in Ketchikan as they appear on the list and then rotate through the rest of the teleconference sites.

So, with that in mind, if I could ask Kathy Blauser to come forward.

Beg your pardon?

UNIDENTIFIED SPEAKER: (Indiscernible).

CHAIRMAN PORTER: Oh, I'm sorry. Just observing. Okay. Anita Hall. Welcome.

MS. ANITA HALL: Thank you, Mr. Chairman and Members of the Committee.

My name is Anita Hall and I'm a prevention specialist and I'm here today representing the Ketchikan Affiliate for Alaskans for Drug Free Youth.

We are an organization dedicated to alcohol and other drug abuse prevention through education. We are here to advocate for issues that further our objective. We will supply you with a written list of current bills and issues we would like to see addressed by the legislature and we would like you to understand our focus.

Our primary concern is to ensure that our children never begin to abuse alcohol. We also know that the messages we send and with our adult behavior, including the laws we pass and the way that they are enforced, have a big impact on our young people. We would appreciate anything our legislative leaders can do to keep liquor out of the hands of our young people.

Give local communities the tools to deal with their alcohol problems and keep our citizens safe from the violence that often is associated with abuse and use.

We support bills allowing communities to tax alcohol, drug testing for bus drivers, increasing the penalty providing liquor to minors, strengthening the minor consuming laws and lowering blood alcohol limits and keg registration.

We thank you for providing Alaskans with an opportunity to focus on the serious problems we have with the alcohol in our state and we very

much appreciate your travelling around the state so concerned citizens can talk to you personally about the problems we face.

We support the following pieces of legislation which are awaiting action in the '94 session.

CSSB 42 - Local Sales Tax on alcoholic beverages. Local communities should be allowed to tax alcohol more to cover the increased cost of the community for it's use, such as increased law enforcement and health care.

CSHB 2 - Drug testing for school bus drivers. School bus drivers need to be absolutely free from alcohol and other drugs while they are transporting our most precious cargo, kids.

HB 28 - Penalty for providing alcohol to a minor. Adults who give or sell liquor to minors should be given severe penalties. We as adults are supposed to be the ones with better judgement. Young people should find it very difficult if not impossible to obtain liquor.

HB 52 - Relating to tax on alcohol beverages.

HB 53 - Increasing tax on alcohol beverages.

We believe that users of alcohol should help pay the cost associated with the problems caused in our communities.

HB 61 - Lower alcohol limit to 0.08 for OMVI's. Blood alcohol level should be lowered to ensure that no one is driving impaired.

Bills we would like to have introduced into the next session are minors consuming. We need a change to the law because of recent court interpretations that impeded police when they need to take minors into custody. We understand that there is legislation already prefiled. Not a drop. We would like to see a .00 for minors. We believe that no level of alcohol is safe or acceptable for young people. Especially when driving.

Use and lose. We would like to see a law mandating an administrative revocation of driver's license for alcohol violations by anyone under 21. We also believe that further offenses should cause a longer revocation.

Beer keg registration - would require a person to have to provide ID when purchasing a keg of beer, sign a sworn statement that they will not supply the beer to minors, and state the address where the product will be consumed. The object of this is to enable the police to have another tool that alcohol is kept out of the hands of minors.

Aggregate (indiscernible). The current law requires law enforcement agencies to process a marijuana plant into a dry manicured form before they can weigh it for prosecution. This is a time-consuming process and we believe our law enforcement dollars should be spent -- could be better spent. We would like to change the law to allow weighing the whole life plant for purposes of prosecution for these drug offenses.

Tobacco vendors license. We would like to have the state law changed to allow local communities to license tobacco sales so that there is a better mechanism to ensure that they do not sell tobacco products to minors. This would give communities the clout they need to enforce these laws.

I thank you, again, for allowing me to testify. Thank you.

CHAIRMAN PORTER: Thank you very much. Are there any questions? Senator Taylor.

SENATOR TAYLOR: No questions. I just wanted to state that my office already has refiled the bill that you were referring to. We changed the law concerning possession by consumption.

It's been a problem in that the courts have failed to recognize that a young person having alcohol in their system may be (indiscernible) in possession. That is the consequence is we're having to change what "in possession" means (indiscernible) handle the situation.

Hopefully, that bill will (indiscernible).

CHAIRMAN PORTER: Thank you. If I could ask one more here in Ketchikan before we move on.
Tom Coyne?

MR. TOM COYNE: Good afternoon. My name is Tom Coyne. I've been a recovering addict for 37 years. I've been involved in alcoholism programs since I'm about 35. Now I'm speaking from observation locally. I was employed in a local program for 13 years. And I feel that if the state office runs everything in the state like they do in Ketchikan... It's just a self-perpetuating agency.

In other words, they come in locally and just give the program to whoever will take it. They don't investigate anything. They just give it to the local agency to take it, which is the city.

Now, they are 25 years behind the time. The state of Washington will not allow alcoholism programs to be affiliated in anyway with mental health programs. Now, here locally, the boss of the alcoholism program is a mental health agency.

So, that's what I mean by a self-perpetuating agency. From Juneau. They're not too concerned with getting the best type of program. They aren't concerned with getting the alcoholism program away from mental health. They're increasing the funding so it'll never leave mental health and it'll be the same type of program that you'll find here.

I assume, and like I say, when I was employed there, seven of the ten of the people that came into the alcoholism program were from the courts. From the courts. And you don't have to have a very good program to have people ciphered in from the courts because you already control -- as in Ketchikan -- you already control the referral agency which should be separate. But in Ketchikan it's part of the program.

So, the only place that the referral agencies refer to are the self-perpetuating programs that the state has established here. So, you people have to have a good look at this program, because the state, when they come down and audit the program, they tell this program three or four weeks in advance we're coming down a certain date to audit you. Well, that isn't really an audit. They're going to get everything in order.

So, actually in 20 years I don't think the local programs have been audited. Other than saying, hey, get your things we're coming down. So, you've got to look at this local programs and see what they're doing. See?

If you want court programs you should establish separate court programs and then separate programs for voluntary or even involuntary people that have the problem. If you keep this type of system up that you have in Ketchikan under the guidance of the Mental Health, you're not really attacking the alcoholism program. You're just being a convenience

for the court system and you're nothing but a jail annex when you're talking about treatment centers or halfway houses.

You've got to take a good look at these programs and get them into the private hands. You know. And most of the city programs should be privatized, because Mental Health is going to hold on to this program for dear life, because that's part of their referral system.

If you're not an alcoholic, when you're referred from the court to this program, they're going to make one of two things. They're either going to make you an alcoholic or a drug addict or they're going to make you a nut. So.

There's no way a guy could get out. He's stuck. And it's supposed to be a program for the indigent? You don't take indigents to court. This program does. You don't take the permanent fund of indigents. This program does.

So, that's what I mean by a self-perpetuating agency.

Thank you.

CHAIRMAN PORTER: Thank you, Tom.

One of the things that this Task Force has in it's folder of existing information, and it came up in Nome and I'm sure will come up here, you indirectly mentioned was the method upon which programs are valued. Is the program self-perpetuating, does it measure how many people it touches or how many people, who as a result of the program have changed their negative drinking habits?

I think those kinds of evaluations are going to be ones that the state will be looking in the future at rather than how many people have come through the door. That is one of the things that's already being worked.

Okay. If I could, I'd like to go to Craig and ask if Gay Medina is available to testify?

MS. GAY MEDINA: Yes, I am.

I would like to thank you, Mr. Chairman, for the chance to testify. In some respects in answering Mr. Coyne, COHO is also a co-located mental health and substance program. Mental health is in no way our (indiscernible) and we are a separate and equal entity part of that agency. And we find it very helpful to work with mental health, particularly for those clients who are duly diagnosed.

I would like to encourage the legislature to support the funding that we have. It certainly is not enough in terms of the numbers that we have to serve, nor is it enough in terms of the miles that we have to cover. As Loren mentioned, we have several communities on Prince of Wales. We have 2-1/2 counselors and this is not enough people or enough time to get to all the communities to offer treatment.

As the funding is set up, I feel that COHO gets... that it is equitably distributed among the program and I have no problem with (indiscernible) doing on it. I think they have been very supportive of the program and I appreciate that.

I would like to encourage the legislature to pass the legislation on the minor consumption, recognizing that any alcohol by consumption is illegal. And I would also like to encourage the legislature to look at

the involuntary procedures. We are particularly hurt by this in Craig or on Prince of Wales because we have a superior court once a month.

So, what we need is a system that is easier to do involuntary commitment.

(Off record)
(Tape Change)

TAPE I - SIDE B
(On record)

CHAIRMAN PORTER: Let me do this. I'm told that my voice is fading in and out so I'll try to speak louder.

We have someone here in Ketchikan that would like to testify now, as he's got an appointment. Could we ask Jim Elkins to come forward?

MR. JIM ELKINS: Thank you, Mr. Chairman, it's a pleasure to speak today.

I'm Jim Elkins and I'm representing (indiscernible) and we are part of the liquor (indiscernible) industry in the state of Alaska.

And I would say to you, having been involved in the second generation, that the liquor industry has come a long way in helping and helping ourselves in how alcohol is consumed in the state of Alaska the last 20 years. It has changed greatly. You know, we have been -- we were instrumental in getting the six-pack bill passed. The happy hour bill we supported. Most of the DWI bills we have supported adamantly. We have tried for two years to get where a minor would lose his driver's license if he consumed any alcohol and even if he got consuming alcohol before he got a driver's license, he would be unable to get one.

The legislature's been, you know, unwilling to pass that for some reason. We've had bills drawn up that we couldn't get introduced. But, I think that's a step in the right direction.

I would strongly urge that the state never give up their power to hold the authority on taxation over liquor. You're the licensing agent, I think, going along with being the licensed agent, that is your responsibility.

Now, not the local municipalities. We are strong supporters as an industry of local option having to do with wet and dry and hours. But, from an (indiscernible) standpoint, we think as a licensing agent the responsibility for taxation lies with the State of Alaska. Because it keeps continuity -- we think of taxation and keeping continuity within the State of Alaska. You wouldn't have a high tax here and somebody buying and (indiscernible) and shipping down here, for example. Which could exist if you didn't levy the same tax....

Another thing I would like to speak on, as the licensing agent for the State of Alaska, the legislature adopts all kinds of regulations. And I happen to be a member of the ABC Board, also, and we've just been holding public hearings on how to save the agency money and some at your direction. But, like a lot of bills that the legislature introduces they -- after a while, forget -- implement those regulations and the laws that you've written we need to have funding to do that.

The ABC Board now enforcement division is at a lower status today than it was in prior pipeline. The last legislative audit said they should go eight to ten investigators, we've gone to four.

You know, it's hard -- we see things in the industry we'd like to correct. We had a (indiscernible) convention and took testimony from CHAR (ph) members, things that they know is going on in the industry because not everybody cares what kind of industry we have out there, but a lot of us do.

And I would encourage you if you want to stop minors being able to purchase alcohol we need to have investigators that can do the job. The state police don't have the time and the local people don't either, the local enforcement. The agency generates around 2. million dollars. Half of that goes back to the municipalities in the form of the rebate for the licensing fee. They need about 7 - 800,000 to run the agency and we got four. You know, that's at the level of six investigators.

So, the quality of the industry that you have mandated is not being achieved by the industry partly because the enforcement you have, you know, there's bad apples in every case, you know. And if you don't have people out there to fine them and enforce them, it's not healthy.

And I think -- the state needs to look at funding the agency closer to what it takes to operate it at a good level.

I don't have any questions. I'm pleased to see you doing this and I can remember years ago when Glen was in the legislature we always enjoyed going head on head with him. He never voted with us, but he was a gentleman to do business with and I just want to say Hi, Glenn.

CHAIRMAN PORTER: Question, Representative Mulder?

REPRESENTATIVE MULDER: Thank you, Mr. Chairman.

I appreciate you testifying, Jim. I know nationally there are a lot of programs going on through the alcohol industry in relation to educational programs within the schools and within the communities.

Has the ABC Board looked at any of those programs and try to adopt some of them for Alaska or fine tune them to make them applicable up here?

MR. ELKINS: There's a program, and I think it's still around and I'm not sure if Ketchikan has one, but there were a number of communities in the state, K-12, enough's enough, that the Alaska state (indiscernible) bought and put it's school districts around the state. That's been back probably 15 years ago.

And if I remember right, in this district that was turned down. They would not accept it because it was from the liquor industry. And I could be wrong on that, but it goes back a while, but we had raffles all around the state because it was about an $8,000.00 program and you know, enough was enough. It was substance abuse. Too much, you know, as far as that goes, too much noise is too much.

And so, yes, they have.

REPRESENTATIVE MULDER: Well, I commend you on that and I think it's very important that as we've seen government attempting to gain control of it's purse strings that we've got to look at all avenues of cooperation. I mean, that comes not only from the health organizations and from those treating the alcoholics, but also from the liquor industry.

You know, I think there -- as I've viewed my own community and we've worked with this problem in East Anchorage, I find that mostly, you

know, you have a couple of bad apples, but mostly they're pretty good people and they're trying to clean up their industry and clean up their act and that's real important.

And I find that as long as we maintain a healthy atmosphere it really promotes it and I would really encourage the ABC Board to look at new programs and new ways that are being worked in the Lower 48 and try and bring them into Alaska and adapt them.

I would like to say one thing. Two more things.

One, this year we have retired five licenses in this state. Now that's not very many. On the Attorney General's recommendation we just reinstated two of those at the last meeting. But, they were bad apple operators and bad license, had bad records and we just, you know, out of 1800 to do away with five in one year or now it ended up being three, but that was on the advice of the Attorney General that we reinstate two them.

The Board is working and on the three we have -- all three have been to court and the court has upheld us on all of them, so we were right in that (indiscernible)....

The other thing I wanted to say, I'm one of the original incorporators of the program in Ketchikan. And I think what Tom didn't say about the Ketchikan program was that Ketchikan used to have a model program and everybody in the state of Alaska used to come and look at it. And it was run basically -- I think it's 12 points -- the AA program, and we had a lot of success rates and there's people in this town today that haven't taken a drink that went through that program then.

And I think an evaluation of programs throughout the state will save the state money and will get higher quality of programs, because court mandated alcohol treatment. The success rate is way down. And I don't care. You can talk to anybody that mandated programs -- you know, you've got to give people the tools to say, yes, I want to help myself and get in there and get the job done.

Thank you.

CHAIRMAN PORTER: Thank you.

Okay. If we could go now to Sitka and see if Curt Ledford to testify?

MR. CURT LEDFORD: No, I'm not ready at this time, but there is someone else here that is.

CHAIRMAN PORTER: Well, why don't we have that person come forward and get his name and welcome and please testify.

MS. KRISANNE RICE: Yes, this is Krisanne Rice and I'm the director of the Sitka Alliance for Health. We are one of the five CSAP's, Center for Substance Abuse Prevention, demonstration projects in the state. There's one in Sitka, Anchorage, Minto, St. Mary's and Nome, which covers the Bering Strait area.

I just wanted to highlight a couple of different things. One, that there is a significant amount of money coming in through these partnership efforts. All of us are beginning pretty much our third year of our five-year program. The emphasis of these are to support local communities and local community initiatives in the area of substance abuse prevention.

The emphasis is also on trying and there's no easy task. I'm sure you can all appreciate getting agencies not only within a local community but on a state and federal agency to truly work together by sharing resources and to improve their planning process.

The other thing I'd like to mention is that there is one program which is beginning it's third year in Hoonah which was headed by Search. They received a funding from the Indian Health Services. It's called PACH, the Planned Approach to Community Health. This has received statewide and national recognition. The process is a community development process where a local community group organizes their community, specific health data regarding prevention is gathered, that group plans interventions, implements them and then they are evaluated.

The state currently right now -- the health promotion branch, Search, the Alliance and CDC -- are looking at joining our resources to replicate this effort in six communities in Southeast. And then hopefully throughout the state.

And finally, just to encourage people, the emphasis always seemed that agencies had to fix the problems associated with substance abuse, but really the responsibility needs to be shifted back towards communities and towards effective cooperative efforts among different sectors of the community which include schools, the media, education, religious communities, health and human service agencies, etc.

Thank you.

CHAIRMAN PORTER: Thank you very much, Chris Ann.

Are you aware of any written description of the PACH program that we might be able to lay our hands on?

MS. RICE: Yes, I can most certainly put you in contact with the person who's coordinating that. There's lots that have been put out about that.

CHAIRMAN PORTER: That would be great. We'll be back in the office next week. If we could get a card or something with that, then we'll try to obtain it.

Thank you, very much.

If we go now go to Petersburg and ask if Dick Hindman is available?

MR. DICK HINDMAN: Good afternoon. This is Dick Hindman, I'm the director of the Peters (indiscernible) and Alcoholism and other drug abuse. Can you hear me alright?

CHAIRMAN PORTER: Just fine, Dick.

MR. HINDMAN: Can you hear me?

CHAIRMAN PORTER: Just fine. Can you hear me?

MR. HINDMAN: That's right. I'm really happy to be able to testify, but before I get into what I really have to say let me talk a little bit about the program here in Petersburg.

The Council on Alcoholism was established back in 1972. Original location was in a liquor warehouse with blankets separating the clients

from the booze. So, we've made a lot of progress in location of the program.

Then at times several changes have happened in Petersburg including the start up of a youth program funded primarily for prevention activities, and things have gone along quite well up until 1992.

At that time, the end of fiscal 1992, the youth program was defunded because of lack of funds. And a lot of those prevention responsibilities were added to the Council on Alcoholism.

In fiscal year 1982 we had a total of $138,000.00 state money coming into the community for alcohol and drug abuse.

With the new funding of the youth program the total amount of money's coming into Petersburg was reduced to $120,000.00 for fiscal year '93 and for fiscal year '94 it's been reduced another 1,000 to about $119,000.00.

I raised a lot of money locally to help with the program and I have a budget of about $165,000.00 for a community this size. Under my direction, and with the guidance of a board of directors, the Petersburg Council on Alcoholism has changed and grown from a community based drop in center where guys used to come in to detox and just kill time till they could get back on the streets to a state approved out patient treatment program providing after care services. We do prevention services and information and referral services.

We presently have a staff of four full time employees. That's a large amount for a community this size. I have a full time adult counselor, a half time school based prevention specialist and an adolescent counselor and prevention specialist.

We offer a 12-week out patient program. It includes a minimum of two therapy groups a week and one individual counselling session each week for each client. After that we offer 12-week after care or relapse prevention program for each client. After that we include a six-month follow up to keep track of our clients.

When clients are not appropriate for out patient treatment we refer them to an in patient treatment program in the state, preferably, and if beds are not available we'll send them out of state.

I could talk on and on about what we do. We have prevention activities going on in the school. Our school based prevention specialist teaches a "Here's Looking at You" curriculum in the elementary school. Our adolescent counselor teaches the ALERT project in the middle school and works with the natural helpers in health education classes in the high school.

This last quarter or the first quarter of this fiscal year we have served 38 clients in our out patient program. 86% of these clients have alcohol as a primary problem and about 78% are involved with the legal system. 62% are Caucasian, 47% are Alaska Native, and 11% are of Hispanic decent. And these statistics have been about the same during the past several years.

We have recently completed an informal study of 327 prior clients. Okay? I've got some good news for you. 303 of these clients are still living, 24 of them are deceased. 192 live in Petersburg, 76 live in other parts of Alaska and 35 in other states. Out of these clients 172 were court referrals, 93 were self referrals and 38 were referred from other sources.

The primary (indiscernible) for most of them was alcohol seconded by marijuana and then cocaine and almost all of them were polydrug addicted. Of these 303 people 98 now have 1 to 13 years of sobriety. 36 have from 1 to 11 months of sobriety.

I think our system is working. I think that it's probably more evident in a smaller community than it might be in a larger community, but it does work. I believe that the current system, the competitive grant system that ADA monitors, is a fair and equitable way to run this business.

I think you folks on the Task Force need to look at the level of funding provided for programs for ADA. Okay, instead of looking at ways to save money or decrease our funding we need to look at ways to increase.

You know most of the folks in this field are pretty sincere and dedicated. Most of the folks in this field are certainly underpaid. But, if we are to continue to increase our services, if we need to provide further information, like outcome studies, then we need to look at other sources for funding.

One of the ways I would urge you to look at this is for some additional taxes on alcohol. If you have any questions for me, I would be glad to answer them.

CHAIRMAN PORTER: Dick, thank you very much.

One question that comes to mind. You seem to have a good handle on your evaluation yourself of your own program in terms of where your graduates are and how they are doing.

Is that difficult for you to do on those that are outside of Petersburg within the state or outside of the state?

MR. HINDMAN: It is very time consuming and sometimes it's hard. The ones that we've been able to determine on out of state are those that we know personally and have kept in contact with personally.

If you do an outcome study it's going to require a lot of time and a lot of money.

CHAIRMAN PORTER: Right. Thank you very much.

Representative Mulder?

REPRESENTATIVE MULDER: Thank you, Mr. Chairman.

Dick, you made a comment about the two recent years legislation looking over your shoulder, looking at how we can cut the budget of ADA, but I hastily remind you that the purpose of the committee isn't just to look at ways and means that we can cut the budget, but it's to provide some oversight. I think we'd be negligent in our responsibilities as legislators to evaluate programs. We not only fund them, but we also have to evaluate them. Try to judge what are we dong right, what are we dong wrong.

And the only way we can really do that is to get out here in the communities and talk to you people, have you give us suggestions, tell us what you think is happening out there. What things are going right in your industry and your business and what things aren't.

This is also the conclusion of the Ombudsman in the recent Ombudsman study that said there's too oversight of ADA in evaluation. So, we are attempting to provide some of that function.

So, I wouldn't be as defensive as much as it is from our viewpoint we're trying to work with you to try to better understand the problems and to come to some solutions.

We recognize the financial problems.

CHAIRMAN PORTER: I'll just feel required to add that we're not looking for ways to cut the budget, but Prudhoe Bay productions is doing it for us.

In any event, let's go on, and if I could return to Craig and ask if Sonny Anderson is available?

MS. SONNY ANDERSON: Yes, I am. And thank you. I appreciate the opportunity to give some input.

I have a couple of things. One, I think residential treatment is (indiscernible) point. And the problems that COHO has with that are, I think, typical throughout the state. And it's the inability to secure residential treatment due to long waiting lists. And by those long waiting lists sometimes the people on the islands do not receive the level of care that they need and it does lessen the outcome of what you would call hopefully a good outcome of a treatment program.

And they say we're losing people out there. I think part of this has to do with the fact they are on a long waiting list. In Petersburg we do (indiscernible - ringing).

Also, I think the prohibition on communities imposing the alcohol tax locally helps to reduce the ability of the communities to limit the alcohol consumption and the ability to respond to the costs to the community which is associated with alcohol and abuse.

These costs include treatment in the prevention services. They also include police services, protection and maintenance and repair cost to the community and the other help in doing services (indiscernible) and this has a great impact on the health and well being of the total community. I would also like to comment on the fact that comments were made on the mental health agency being associated with substance abuse. I am certainly in support of the way that COHO works with our alcohol agency and entities. And I think this works very well as Gay (indiscernible) has already testified to and I really encourage that to continue.

I also support the fact that I think the legislature should look at the fact that any alcohol consumption by teenagers is too much. And I really encourage the legislature to look at all these things that are being testified on today and I thank you for allowing me to testify.

CHAIRMAN PORTER: Thank you very much, Sonny. I don't see any questions. So, if I could return here to Ketchikan and ask if Jean Book can come forward?

MS. JEANNE BOOK: Representative Porter, Members of the Task Force and Senator Taylor.

My name is Jeanne Book, I'm the Director of Gateway Center for Human Services here in Ketchikan. Gateway provides a variety of treatment services for adults who abuse alcohol and other drugs and for their families.

I'll limit my remarks to four areas, although there are surely other areas of comment and you've already heard some of them.

The first area is about the laws governing involuntary treatment for alcoholism. To be brief, they don't work. The process is cumbersome and basically it achieves no purpose once it's done.

In many states the process for evaluation for involuntary treatment for alcoholism is (indiscernible) to the mental health statute. In two other states where I worked, that worked there very well.

Currently the mental health statutes are misused for the assessment of people with alcohol problems. What happens then is, if indeed, they go through the process and you get the commitment they go off to API which has no alcohol treatment program. Psychiatric treatment facilities. So, true they're off the street for a few days, sometimes a very few, but they don't get the treatment they need and the resources at API are used inappropriately. So, there's a problem there.

The statute also applies only to alcoholism, not to drug abuse and if revised should apply to both. I'd like to make it clear that I'm not anticipating or advocating that every person abuses alcohol or drugs be forced into treatment. I'm talking about the people who are killing themselves and are potentially killing other people and are the revolving door to hospitals and jails. And they just literally go around through that process, sometimes several times a month and we have nothing that we can do with them.

The second thing that I want to comment on is closely related to the first and that is, if we had adequate commitment laws, we don't have any place to commit them to. There is no locked or secured facility for alcoholism treatment in the state. Once again, API's being used as maybe community respite care at best. And that is inappropriate.

The third area has to do with the absence of appropriate treatment programs for women who have the disease of alcoholism. I would like for you to consider for a moment what it would be like if we had an array of services across the state that were designed for women and along came a man who needed treatment and we said, well, we have a treatment program here, though you be the only man in there you can go in there and it will be a fine treatment program. It isn't a fine treatment program. The needs of men and women in alcohol treatment are very different. And we don't have very many treatment programs for women.

Here in Ketchikan we do have women in our residential program, frequently by court order. It's not appropriate to try to individualize it as much as possible, but it's just simply not recommended.

The fourth thing I'd like to comment on is the Ombudsman report on grant funded programs. While it's quite true that there is very little hard evidence that programs are efficient or effective, the implication that this situation is in omission that can be easily fixed is quite erroneous. I worked for a number of years in the field of program evaluation and the measurement part is fairly easy. Deciding what to measure is a very difficult thing. What are the outcomes that are anticipated from alcohol programs. How do you measure those in terms of

what goes in and all the other things that impact on a, for instance, one of the things that's often used down south for outcome measure is employment.

Well, if you are in a community that has no employment that measure doesn't measure much. What you come out with is, well, this person went through treatment and they're not employed, therefore it's a bad program when in truth other factors are impinging upon that.

We don't have any federal grants now so I don't keep up on that, but at one time required that 15% of the grant budget be used for evaluation. In fact, more years than I care to remember when I first started it was 5%. But, as you know, things change. 15% is a lot of money when you look at the total grant program in Alaska.

So, basically I would like to make four recommendations. One is revise the commitment statutes.

Second is develop regional facilities for substance abusers who are so far into the disease that they're greatly disabled. And I emphasize regional facilities. You need to treat people as close to home and in their families as much as we possibly can.

The third is recognize the need and plan for adequate treatment programs for women.

And the fourth is to fund pilot evaluation programs to look at what works rather than collect a room full of data that is uninterpretable. Either because of the volume of the data. If you collect it on everybody who goes through the system or because the quality of the data is unreliable.

Thank you for your time.

CHAIRMAN PORTER: Thank you for your organized presentation.

When you say program, or pilot evaluation, do you mean selective -- a program, or just a few programs?

MS. BOOK: A program or a community, but something that's contained. Because a program in Ketchikan is different from a program in Nome. And if you use the same model you're assuming the same input in terms of the people who go through the program and they are very, very different. You get garbage when you come out.

CHAIRMAN PORTER: Could you expand on the states that you worked in that had statutes that apparently worked superior to ours? What did they provide? Or what did they allow that we don't?

MS. BOOK: California statute for alcohol and drug abuse is exactly parallel to the mental health statute for involuntary treatment and the Alaska statute, mental health statute is approximately parallel to the California statute. The same thing is true in Illinois. There are some minor variations.

CHAIRMAN PORTER: What did that bring to your ability -- that we don't have here?

MS. BOOK: Well, absent the resources, nothing. But, I don't think the resources really would be that big a problem if we had the ability to do it in the first place. We have people on the street who literally are in the hospital with serious life threatening physical conditions caused by alcohol that come back out and may come through our program for the detox part of it or something or other and are back out on the street.

Again, life threatening situations. We don't have any legal way to force those people into treatment and, as I said, we don't have any secured facilities to send them to. But, we might be able to keep some of them in our program if the law were in place that would allow us to do that.

CHAIRMAN PORTER: Thank you.

Representative Mulder?

REPRESENTATIVE MULDER: Thank you, Mr. Chairman.

Your last point's a real interesting one, Jean, because it forces us, the legislators, to walk a tight rope. Because on one hand, you know, we're all fairly -- most people in this state are fairly conservative and they don't want government to be too big. They don't want big brother looking over their shoulder knowing too much and having too much ability or control over him.

But, on the other hand you -- you know, you recognize the problem of a person out there in the community who is a danger not only to themselves, but to his neighbors. And we've all had experiences in one shape, form or another.

So, any recommendations you can make along those lines about involuntary commitment would be appreciated. I'm not certain exactly where you're focused, but any suggestions or recommendations would be appreciated.

The real question I had related to the success of court mandated treatment, has there ever been any evaluation done? Maybe somebody in Loren's shop listening by teleconference has any kind of summary -- the questions never been asked before and I think it's applicable.

What kind of success rate do we have, if any, or has there been any evaluation in relation to court appointed or mandated treatment?

MS. BOOK: I don't know of any specifically. I suspect that it has more to do with how far along the person is in the disease of alcoholism than it does whether they come from the court or someplace else.

If someone, for instance, is sent to the program because they've been arrested for the first time while driving intoxicated, the chances of success are a whole lot better than somebody who's been through the court system a dozen times. So, it isn't the fact that they're court committed, it's where they are in the disease process.

CHAIRMAN PORTER: Good point.

Senator Taylor?

I have one. You've mentioned the disease process a couple of times and we've had testimony, or I think we've had written testimony, that described our state's treatment generally is based on a disease model as opposed to some other model.

Could you give us an executive summary of what a disease model treatment program is? And what the other one is?

MS. BOOK: Well, the first part's easier. The disease model, whatever you call it, implies that there's a point with alcohol abuse where the alcohol takes over. A person no longer can exercise the choice whether or not to use that drug. Under the influence is the normal state of being and we all want to be at a normal state of being. And that in a nutshell, I expect my colleague to tell me that that wasn't a very scientific explanation, but that's.....

Other treatment models -- there aren't any really well established ones. There was an argument for years about whether alcoholism was a psychiatric illness or, you know, a failure of will, so to speak. Well, I don't know that anybody accepts a failure of will anymore. There certainly are people who use alcohol to give relief to psychiatric problems, but that's not the majority of people we're talking about and even if that is the case, if they use alcohol long enough there's a chance they will be addicted.

And there is an off shoot that says people that are addicted to alcohol can come back and drink moderately. I don't know. If you've ever been on a diet, you lose the weight and the first thing you know, well, I can have a piece of chocolate cake. Then I can have something else. And you know what happens?

CHAIRMAN PORTER: I did that with smoking, yeah.

MS. BOOK: Well, there isn't scientific evidence that I know of in the literature that works any other treatment program (indiscernible)... success rates not good in any treatment program.

CHAIRMAN PORTER: Senator Taylor?

SENATOR TAYLOR: Yes. Thank you, Mr. Chairman.

Doctor, I would appreciate it if you would be willing to work with Joy Ambrose (ph) on my staff. She'll be back from vacation here in a couple of days. We'd be happy to sit down with you and start drafting some changes, because I too have been concerned a long time about the commitment laws. They are archaic and they do not work. And they take a horrible amount of energy and time.

God Bless on behalf of the people who do go through it. Public Advocacy programs are the only ones really doing it and it's a very, very torturous process (indiscernible) and it really doesn't' have to be.

I know there are more expedited procedures in other states and I would like.....

MS. BOOK: I had talked to Loren Jones about this and it is something that I understand the alcohol advisory board is interested in as well.

SENATOR TAYLOR: I just think their plate gets kind of full and I would be willing to do that. We may not get it accomplished this session, but at least we ought to get it off the ground and have it up for discussion this year in the Judiciary (indiscernible).

The other thing I'd like your comments on and maybe you can't do that today, but if you can't get back to the committee at least get back to me on it, if you could. I know it sounds (indiscernible), but it's something that I found worked as a judge and that's (indiscernible).

And everybody seems to run away from it like it's something fearful thing up there when we have people a threat to themselves or others and often times finding themselves in a life threatening situation. I usually used that as my criteria as a judge as to whether or not I would order it. But, if I found the individual had placed themselves in a life threatening situation I'd stick 90 days over their heads and give them (indiscernible) abuse treatment program for a year and you know, they were out of jail and they stayed sober and they held their job down and they didn't beat up on their wife or burn down a house for a whole year.

The day after the program went off that's when they went out and did the same things again.

MS. BOOK: Didn't know (indiscernible) prevented all of those things.

SENATOR TAYLOR: If you keep them sober it does.

But, the reason I'm asking is because I know now they have a time release antiabuse (ph) that can be inserted surgically and it's good for six months. The only reason we didn't do it before was because it was horribly time consuming and very difficult to monitor.

You had to have this person show up off of a construction job every day at the alcohol center to take his pill. Yeah. It just takes forever, somebody's got to be babysitting them constantly, where this time release stuff is good for at least six months.

I keep thinking of the fetal alcohol syndrome babies that wouldn't be in that problem right now if we'd have gone in with public health and said, lady, you've got a major problem here. Either get inserted with antiabuse or we're going to literally lock you up and make sure you get good prenatal care, because we ain't going to spend 2 million bucks on your kid.

You know one lady (indiscernible) over a million. But, maybe you could respond back to that. A little now, if you can, and if you can't.....

MS. BOOK: I can't, but I certainly will see if I can find the information.

SENATOR TAYLOR: I would appreciate it.

CHAIRMAN PORTER: Thank you.

I'm sure glad Senator Taylor came in today. I was one I was thinking that we might have to take on and here he's going to do it.

Now, if we could check back in with Craig and see if David Fisher is available?

MR. DAVID FISHER: Yes, sir, I am. And I just have a couple of comments that I'd like to make.

One of the things talked about is the success rate for (indiscernible) same success rate of those who have come in voluntarily

and we've found that to be true with COHO and I think typically that's (indiscernible).

The second thing that I would like to say is -- let me expand on chemical dependency treatment (indiscernible) -- money in the long run in terms of what it cost the legal system and (indiscernible)...

Thirdly, it's been my experience that politicians seem to cut out a lot of (indiscernible)..... Alaska has a sincere problem with alcohol and drug abuse (indiscernible) important. I believe that those people who have the ability to make those decision (indiscernible)....

CHAIRMAN PORTER: Okay. Thank you very much.

Is Daryl Campbell still available? In Sitka?

(Long pause)

Looking for Daryl Campbell in Sitka.

(Pause)

Okay. I'm looking for Sitka. Are you on line?

(Pause)

Well, we'll give it another shot.

I have an indication that there is a Tom Stock in Wrangell that would like to testify.

Can you hear us, Tom?

MR. TOM STOCK: Yes, I can.

CHAIRMAN PORTER: Well, great. Let's hear from you.

MR. STOCK: I don't have too much more to add to what's already been presented by Dick and some of the other treatment presenters in the other communities.

I am in favor of change for minors in consumption. Someone brought up the idea of reducing the BAL to .08. That's not a bad idea.

Mr. Elkins talked about his line of business and I think that should be considered, you know, since most of the people we do see are arrested for DWI, usually coming home from some establishment where they've definitely consumed more than the law allows.

And just to throw this out there, in that line of business educating bartenders, bar owners, about consumption, about amount, perhaps an alcohol information course before they're hired. I don't know if that would change anything or not, but it would make them more aware, because eventually a client is going to get around to suing some business. There's one going on right now in this community blaming places that sell -- overstiffing drinks and letting them drink too much, knowing that he was fully intoxicated when he left their agency. That's just something that I would throw out there.

(Phone ringing)

CHAIRMAN PORTER: Okay. Tom, thank you. Just for your information and those listening. The alcohol server education course bill did pass this last -- this year. I think Senator Kelly sponsored the bill and it requires the course or the one similar to the one you're describing for alcohol servers be required to obtained within the first few months, I believe, of employment. And hopefully that will have the results that you

indicate. Instead of as I recall -- having been a law enforcement, quote, good old days when drunken public was a crime, you do have to have other people who recognize the problems, or at least the symptoms and recognize when impairment or intoxication is approaching.

Senator Taylor?

SENATOR TAYLOR: Yeah, just one further note. As the gentleman had mentioned, one of the reasons Mr. Elkins was talking about was he sponsored that movement here in the community of Ketchikan some years ago. They've been involved with their (indiscernible) organization down here for a long time. He was then successful in getting the CHAR organization to sponsor it and bring the legislation forward. Senator Kelly introduced it and the organization very strongly supported it.

(Off record)

(Tape Change)

TAPE II - SIDE A

(On record)

CHAIRMAN PORTER: I see Cecilia's back.

(Laughter)

If we could have Cecelia Bird come forward. Welcome.

MS. CECELIA BIRD: Thanks for the opportunity.

I work for the Alaska Native Health Center as a social service provider. I'm here to express my frustrations with our local substance abuse programs as they no longer offer involuntarily commitment as a service to the clinic. Our clinic utilizes the service.

The service was deleted in January of '93 when I was away attending Seattle University. In June when I went back to work I questioned this move and proceeded to call appropriate agencies involved with involuntary commitments. The answer was, it was too much time and it was -- too much time was being spent and it was useless. Because we don't have quote, closed treatment programs in Alaska.

Although I agree with this move I state strongly it was premature move. We would have like to have time to obtain our own attorney as right now we have five to six involuntaries that need to be committed but are having to suffer while we blunder around trying to get our own paperwork done so we can get our own attorney.

I testify here because the attorney we are utilizing is the city attorney.

So, I would like to testify on behalf of getting closed treatment programs in Alaska and Dr. Book did elaborate on that for you.

And also, Representative Taylor, I have developed a great antiabuse protocol at Alaska Native Health Center which I use and utilize and I think it's a wonderful program and if anybody's interested they can come and see me and I'll show it to them. And I like that time released antiabuse. I think it's great.

Thank you.

CHAIRMAN PORTER: Thank you.

Let me try one more time to see if there's anyone in Sitka. Sitka's off line? Those of you in Sitka, you're not hearing me?
(Laughter).

UNIDENTIFIED SPEAKER: Sitka is off line.

CHAIRMAN PORTER: Okay. I understand that there are a couple of people in Juneau that would like to talk to the Task Force. Could I ask if Barbara Craver is available?

MS. BARBARA CRAVER: I am. I'm here.
Sounds like a marine radio. My name is Barbara Craver and I am here on behalf of the National Council and Alcoholism of Juneau. I'm the president of their board and have been a member of their board for approximately six years.
My personal background is that I am an attorney licensed in Alaska for ten years and the past three years I have been employed by and still employed by the City and Borough of Juneau Law Department as assistant city attorney. Prior to that I was in private practice.
So, I have some background in my profession dealing with some of the topics that I've been hearing here today. But, first if I could do my little spiel on behalf of NCAJ.
The NCAJ, which is National Council of Alcoholism here in Juneau, a local non-profit agency here in Juneau that receives funding from a variety of sources including from the Department of Health and Social Services Division of Alcoholism and Drug Abuse in grant and aid process.
NCAJ has been in business here in Juneau since August of 1965 and our mission is a prevention agency. It's to increase public awareness of all facets of alcohol and other drug abuse, alcoholism and other drug dependents, via programs of community information education intervention. No treatment at all.
I am testifying today on behalf of NCAJ in order to share information on two public policy issues that the legislature might consider in view of your alcohol Task Force.
And those are, we are asking for revisions in the statute regarding minor consuming and revisions in the statute regarding involuntary commitment. And these are two ends of the continuum. Minor consumers of the very beginning of age and involuntary commitment being (indiscernible) age and also continuum in the abuse of alcohol. And thus when all else is failed.
Here in Juneau three years ago the Juneau Assembly established a minor consuming task force which worked on the issue of minor consuming for 10 months and then issued a report containing a series of recommendations including mandatory assessment and referral services for minor consuming offenders under the age of 18.
And there already has been mandatory assessment and referral through the ASAP program for those 18 to 21. And it also included mandatory community service.
The City and Borough of Juneau two years ago in part through state funds contracted with our agency, ACAJ, to provide the assessment referral in monitoring of community work service. 124 adolescents were screened and referred during the first two years.

The majority of those successfully completed their education or treatment assignment and the ACAJ is in the process of doing follow up study and early results indicate a small recidivism rate.

Regarding minor consuming, I'm sure that the committee has been informed that because of district court decisions herein Southeast Alaska the state law on minor consuming is not considered enforceable.

I assume the committee is familiar with that?

(Pause).

May I assume the committee is familiar with that?

UNIDENTIFIED SPEAKER: Yes.

MS. CRAVER: Great. And the city and borough did take the step of creating their own minor consumer ordinance which was adopted by the Assembly on September 1st of '93 and should become effective October 1st, '93. That attempts to establish statutory grounds for officers to take minors in custody without having to actually to see them with a can of alcohol in their hand or actually drinking it.

But that's not a good long term solution to have a patchwork number of municipal statutes and ordinances across the state trying to enforce this problem. And the MCAJ believes that the state law should be amended and I would say I personally, as an attorney who has to occasionally enforce these ordinances, also believe that it should be amended.

And it is a statewide policy issue and thus would be suitable for that (indiscernible) statute.

In regards to the involuntary commitment procedure one of the objectives of the Task Force apparently is to find ways to become more efficient. And as one of the assistant city attorneys here in Juneau for the past three years I work closely with the city agency, Juneau recovery unit that petitions for involuntary commitment of alcoholics. And I'm the attorney that has taken the cases to court.

And apparently we are one of the few communities and programs in the state that regularly takes these commitments to the courts. So, I guess you would say that we are successful. We've even gotten orders after jury trials for persons to be committed and that's no easy feat.

My comment though on the current statutory framework is that we currently, because of the way the statute is, potentially have to go through three separate jury trials in order to get someone committed to treatment for a total of 210 days.

And most of the people that I have seen, the treatment professionals, they would benefit from two years or more of in patient treatment. And the cost to the system, the court system, not counting the costs to the city attorney's office is large. Jury trials are a big deal. They need to be set on very quickly. The court system is not familiar with them and I think that perhaps it would be valuable to do some research and gathering of evidence from other states to find out how they deal with this issue and what kind of statutes should they use.

It seems to me that although the statute that we have now can be used they require fairly sophisticated users. Such as the city attorney who's done this several times. I know from my part the only reason I can do these cases is because the petitioner is Juneau Recovery Unit which is a sophisticated petitioner. The statute allows for a guardian, a

relative, a parent of a person to come in, but I don't see how a lay person could actually put these papers through court. The courts themselves are not very familiar with the papers and they can provide no assistance.

So, it takes a pretty specialized practitioner with experience to do the paperwork to get the case before the court and then I'm saying after you get the case before the court and say you have a jury trial and you're successful, the person is committed for 30 days. And that's not what a person who qualifies for involuntary commitment needs. These are chronic alcoholics. That 30 day program has failed consistently in the past.

So, MCAJ says that their position is that it needs more research and it would be very helpful to re-evaluate this procedure and see if we can make some needed changes. And this population who needs these longer term care are utilizing increasing proportions of local and state resources and that changes in the law could increase the possibility for their success and treatment.

My personal experience in prosecuting those cases is that it could be improved.

And that's all I have unless there's any questions.

CHAIRMAN PORTER: One comment. We've already identified you as a potential source for a little bit of assistance in taking a look at that commitment statute. Senator Taylor's people will probably be dropping a dime on you as they say in the profession.

I really appreciate your testimony.

I would like to ask one thing. It has been mentioned that if you go through this horrendous process and actually get a commitment, and you have, where do you commit them to?

MS. CRAVER: We have -- Steve Hamilton is actually in the room listening, but the places I'm familiar with is we have -- we've tried places around the state. We've had Nugent's Ranch, have sent people to Nugent's Ranch. Sent people to Akeela House or attempted to send them there.

And Greg Pease is in the room, also, and he says Craig Human Services is taking long term care of people now. I haven't done that particular place, yet.

But we don't seem to have a problem down here in Juneau with the idea of a closed treatment program. What we do is if a person leaves the treatment program, at least if they leave jail in Juneau, we then file a motion for contempt of court, a motion to show cause why that person violated the court order and ask for a penalty of civil contempt which could be indefinitely.

Basically they say the keys to the jailhouse are in your own hands. As soon as you're saying you're going to go treatment you can go. But until then you're going to stay in jail.

So, we use any treatment program that our professionals think is available and we haven't had the problem with having to find a closed facility, yet.

CHAIRMAN PORTER: Okay. Thank you very much.

MS. CRAVER: Thank you.

CHAIRMAN PORTER: We'll follow up by Senator Taylor.

SENATOR TAYLOR: Yeah. Barbara, before you leave, thank you very much for taking the time to sit around today and give us your testimony. I really appreciate it.

Jean Books is going to give us a little help down here through my staff, Joe Ambrose (ph) and we're going to start work on that commitment, expediting it a bit. And if you could help on that we would really appreciate it.

And you'd also -- I've asked my secretary, Mary Hoyt, to send up to you a copy of the bill that we've already filed, prefiled so to speak. It hasn't been assigned a number, yet, it won't be read across the floor of the Senate until the first morning there in January when we meet. But, I'll send you a copy of that up. If you could review it also and give me some of your good thoughts on how we might improve this legislation on minor in possession by consumption. I'd appreciate that help, too.

MS. CRAVER: Be happy to look at it. Thank you.

SENATOR TAYLOR: Yeah. Thank you, very much.

CHAIRMAN PORTER: Thanks again, Barbara. And you mentioned Greg. Is he available to testify?

Greg Pease?

MS. CRAVER: Yes.

CHAIRMAN PORTER: Welcome, Greg.

MR. GREG PEASE: Thank you. And thank you for giving me the opportunity to speak today. Can you all hear me?

CHAIRMAN PORTER: Just fine.

MR. PEASE: All right. I'm the executive director of (indiscernible) Human Services here in Juneau. We were on (indiscernible) Manor, which is the oldest halfway house and treatment program in the state of Alaska. Glacier Manor which is a CRC, funded through the Department of Corrections, also the oldest CRC community residential center with the department. We run the City Misdemeanor Center, predominantly misdemeanor cases, DWI offenders, which serve their sentence with us and work community work service while they serve their sentences as a sentencing option in really giving something back to the community.

We run the city and borough as of about the first of the month. Their long term program -- and you've been talking about the commitments, long term commitments, involuntary commitments this afternoon. We run the inmate substance abuse treatment program over at Lemon Creek Correctional Center.

And I want to talk... in addition to being the executive director, I sit on the board for the Alaska Coalition on Housing and Homelessness,

which is a statewide organization dealing with housing and with the homeless and this issue. I want to talk -- I want to make one brief comment about the need for increased treatment services and treatment options within the correctional system. Not only inside but outside of the institutions.

I think that with the number of people that are incarcerated and serving time for -- especially alcohol related offenses that the Department of Corrections and the state really needs to increase the options that are available inside of our correctional system.

Because we run residential programs, these next comments are going to be about the type of people within programs. A recent survey of residential recovery centers has pointed out that the majority of the participants in recovery home programs nationwide and including Alaska suffer from serious housing problems. There's a group that are in substantial danger of returning to a homeless status when they leave our programs.

The data supports the understanding that without an adequate supply of housing, alcohol agencies continue to be exploited mostly for a provision of shelter.

The studies re-enforce, and there are a number of them that concern progress accomplished in alcohol and other drug treatment programs will be undermined at the point of graduation for those lacking in secure and supportive living environment into which they can move.

To meet the specific needs of the homeless individuals with alcohol and other drug problems, I believe policy makers must in the near and in the future integrate the work of alcohol and other drug treatment programs with that of housing developers and housing agencies. Like AHFC.

Combined in doing departmental planning. Specific attention must be given to the post recovery and aftercare needs as well as capital funding needs. What the future holds in terms of services is going to have to be not simply the issue of bricks and mortar and where we put the buildings, but the issue of what kind of support services we're willing to fund. Many of you are HUD and national housing organizations now referring to even low income housing projects as in enhanced housing whereby you may even cite a satellite police precinct in a low income housing development as well as support of case workers in alcohol and other drug counselors.

Whether homelessness is a cause or effect of alcohol or other drug related problems our response must acknowledge the complexity of the different factors and integrate services and approaches that will change the systems involved rather than focusing the majority of efforts on individual behavioral changes.

Communities must be made aware of the fact that substance abuse problems and homelessness are interdependent. This abuse (indiscernible) barriers to housing and shelter and places an additional burden on low income people already having difficulties with housing.

Conversely, the absence of housing increases the problems of abuse by leaving the abusers vulnerable to maltreatment, illness and criminal activity. I believe we need to combine what we know about treatment, what we know about housing and create a community partnership that supports recovery and self-sufficiency by providing alcohol and drug free living

environments for any individual who needs that support to live independently.

The models exist from Boston to Portland. The Federal Oxford Model revolving loan fund is in place in Alaska right now and warrants support and increased use by the Division of Alcohol and Drug Abuse.

Comprehensive programs for the homeless start with aggressive, sometimes long term, outreach and intervention. They should provide short term detox, longer inpatient care, halfway house settings and long term alcohol and drug free residential settings.

Addiction treatment programs that are modeled on the 28 day inpatient program assume a strong home environment after treatment. Treatment for more seriously impaired homeless people must be offered for longer periods of time and must be followed by aftercare and facilities that support sustained recovery. Such as halfway houses and long term sober living environments.

Out patient treatment not only fails to provide sufficient structure, but also fails to address the most salient factor in relapse. That is, continuing to live in an environment that strongly encourages alcohol and drug abuse.

According to the national coalition for the homeless report that was conducted recently, the single most significant impediment to recovery among homeless alcoholics and addicts was the absence of recovery housing. Alcohol and drug free residential settings are an essential step at the end of an active treatment program and must be incorporated into a long term recovery and aftercare process.

These so called, and we can call them such, sober hotels prevent the revolving door syndrome whereby addicted homeless people return to neighborhoods or as we read in the Juneau paper recently down on the streets in Juneau and constantly complained about because they caused tourist flaws, so to speak in our community as such, they revolve through this syndrome. And when addicted homeless people return to their neighborhoods with permissive drinking and drug abusing cultures, the cycle of addictions and homelessness once again then repeats itself.

So, basically, as someone who has worked in this program for six years and chaired the Juneau Municipal Mental Health and Social Service Advisory Board for about the same amount of time, I have seen people come back through the system. Not only through our recovery program system, but through the criminal justice system. And it's because they are once again forced in a number of respects to associate with, once again, abusing relatives, peer group, friends and become victimized and not offered a safe and sober place to live that we once again see them come back through the system.

And so I'll end my comments on that note and ask if there are any questions. And once again, I want to applaud the efforts of the Task Force for your work and look forward to working with you at any time in the future.

CHAIRMAN PORTER: Greg, thank you very much. Representative Mulder has a question.

REPRESENTATIVE MULDER: All right, Greg. This year, as you know, we passed the HB 136, which is related to alternative sentencing for those convicted of DWI's.

MR. PEASE: Bless your heart.

REPRESENTATIVE MULDER: Well, it certainly should make a little more business for you.

MR. PEASE: It's what we should have been doing a long time ago and I applaud the legislation. It makes a heck of lot more sense. Especially in the fact that a number of people that are incarcerated in a correctional facility are subsequently victimized by the perpetrators who live in the correctional facilities. And those people who can come out into the community now and spend their time at a CRC or halfway house and pay their fair share, it makes so much more sense as an alternative to have them, as I said, giving something back.

There are a number of community work service programs that I hope that the judges and the judiciary of this state will look at alternatives sanctions as pointed out in the sentencing commissioner report, which make a lot more sense when looking at the criminal justice system and the over burdened court system in it's present form.

REPRESENTATIVE MULDER: Well, I appreciate the -- I was just curious, has Public Safety operationalized the bill already?

MR. PEASE: October 1st.

REPRESENTATIVE MULDER: Has your facility been accredited? And if so, how many beds have been accredited?

MR. PEASE: Accredited....

REPRESENTATIVE MULDER: Certified I mean.

MR. PEASE: .....through the DOC?

REPRESENTATIVE MULDER: Yes.

MR. PEASE: We're already an accredited facility with the DOC. So, we probably will see -- we'll be bringing on four more beds October 1st and four more January 1st.

REPRESENTATIVE MULDER: Well, I would sure consider it a personal favor, Greg, if you keep me posted in terms of the progress of the program and also the relative effectiveness of it.

MR. PEASE: Oh, I will and I think that the other facilities up in the Anchorage area and Fairbanks are also going to be, you know, implementing that. And I see it as a real plus and you know only positive things coming from it.

Right now we basically do the same thing in Juneau for the City and Borough of Juneau and have for the last two years. Juneau used to send all of it's DWI's to Lemon Creek Correctional Center where they spent their sentence. Now, we opened up, as I mentioned, a misdemeanor center and part of the design of that was to allow the city and borough to -- and the judges to remand them into our custody and they would serve their sentence immediately so you would have immediate punishment.

And in addition to that, rather than sitting around and doing whatever they do in the institutions, they do all the paper recycling now in Juneau. The state paper, office paper. They pick it up, they sort it, and they get down to the docks and ship it out. This is in conjunction with one of the nonprofit organizations. It's a joint venture with the Flying Lion's Club here.

But this can be expanded. I have even made proposals to Penwire (ph), if you're familiar with that. It's Pacific Northwest economic region incorporating the Canadian Providences of British Columbia and Alberta with Alaska, Washington, Oregon, Idaho and Montana to offer really a labor intensive industry, that of recycling to be handled just in this fashion, by having those individuals remanded into a program and the community work service system structured to take care of community problems.

Like litter. We pick up 700 pounds of litter on the weekend here on the roadsides in Juneau with community work service people. We also do approximately, I think, last year alone around 30 to 50,000 hours of community work service not only with city agencies but other government agencies and nonprofit agencies for everything from snow removal to ADA wheelchair ramp construction.

This has saved the city and borough in the last three years since the program began approximately $200,000.00 a year just in prisoner bed care daily costs per year, not to mention the costs of the community work service. So, it just took some foresight on that of the city police department and instantly we cut down on the wait list of people who were waiting to serve their sentence for driving under the influence.

And so once again, I think that -- because we've been doing it for quite some time anyway -- that we're gong to see the same kind of results with the legislation that comes on line with public safety October 1st.

Working in community corrections, I also serve as the chair of the internationcal organization called IACRA, International Association of Community Residential Alternative Programs and nationwide we're seeing much more use of community work services as sanction reporting centers and a number of other sanctions that were talked about in this commission report and the Task Force that were held prior to the publishing of the final commission's report.

CHAIRMAN PORTER: Okay, Greg, thank you very much for your testimony.

I have no more indications of people available to testify or desirous of it.

Let me go through our sites and make sure that that is correct?

Is there anyone still available that wants to testify in Sitka? (No response)

In Juneau?

MS. CRAVER: No.

CHAIRMAN PORTER: Could you give us you name and your testimony, please.

MS. CRAVER: No. We have nobody here left to testify. Just observers.

CHAIRMAN PORTER: Okay. Thank you.
How about in Craig? (No response)
And Fairbanks? (No response)
Anchorage? (No response).
Petersburg? (No response).
Okay. We have concluded the reception of testimony for this afternoon. There is no one left here in Ketchikan that's desirous to testify.
I thank you all very much for your input and we will be checking in tomorrow to see if there's any further need in Southeastern for further input.
With that we'll sign off and say thank you, again.
(Off record)

END OF PROCEEDINGS

FAIRBANKS

10-4-93

HOUSE TASK FORCE ON ALCOHOL
AND ALCOHOL ABUSE
Fairbanks, Alaska
October 4, 1993
9:00 a.m.

MEMBERS PRESENT

Representative Brian Porter, Chairman
Representative Eldon Mulder
Representative Joe Sitton

MEMBERS ABSENT

Representative Richard Foster
Representative Jim Nordlund

OTHER LEGISLATORS PRESENT

Representative Jeannette James
Representative Tom Brice

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(The following minutes were transcribed by Paralegal Plus in Anchorage.)

LEGISLATIVE TELECONFERENCE

H. TASK FORCE ON ALCOHOL & ALCOHOL ABUSE

REGIONAL MEETING

FAIRBANKS, ALASKA

PUBLIC HEARING ON ALCOHOL ABUSE

OCTOBER 4, 1993

9:00 A.M.

MEMBERS PRESENT

REPRESENTATIVE PORTER
REPRESENTATIVE SITTON
REPRESENTATIVE MULDER
REPRESENTATIVE BRICE

Tape I, Side A
0003
(On Record -- 9:13 a.m.)

PUBLIC HEARING

(Transcriber's Note: Tape I, Sides A & B are completely indiscernible -- bad tape).

44.00
(Tape change)
(Tape II, Side A)
0012

DR. STANFIELD (PH): I want to focus on what Frank just had to say because being third generation Native American alcoholic I don't understand much of what the gentleman just had to say.

But being in recovery and also being the director of the alcohol or substance abuse division here at Gateway Center in Ketchikan, as you know, Dr. (indiscernible) testified earlier that we provide a lot of services for alcohol abuse and addiction to not only the individuals, but to their families here in town.

I want to limit my remarks to four specific areas that I think she also expounded on -- just to reiterate to you, Mr. Porter, and the committee the importance of some items that are coming up here in our area.

One of those that of the involuntary commitments in the treatment of alcoholism debrief -- you know, they don't work. The processes that we have right now are cumbersome. And they basically have no purpose once they're done. Because we have a social program here and they can walk out whenever they choose to do so.

In many states the process for evaluation for a recommendation for involuntary treatment for alcoholism is parallel to the laws governing the involuntary treatment for mental health issues or illnesses. The statutes are now -- the mental health statutes are being misused and to detain and assess people who basically have a problem of alcoholism. There should be some separateness there.

Through this process they do not get the treatment that they need really. And that is the treatment for their addiction. The disease of addiction that we really should be talking about here today. And whether it be pills or alcohol or grass or whatever, they may use that day to get through that day, there's something a lot of us who are in recovery use when we couldn't get something else we used it. We see a lot of youngsters now dipping anchor chips in the gasoline barrels at

the villages to sniff and do that, because that's what they can get. And (indiscernible) abuse is such a terrible issue. And, I know you gentleman and folks have heard about that before.

I'd also like to talk about a second issue related to the purse, which is adequate commitment statutes. There is no place to be committed to treatment involuntarily. API, which is the psychiatric treatment facility as you know, not a substance abuse treatment facility. You know, that needs to be made real clear. I'm sure you understand that. It is an inappropriate place to send people who are substance abusers.

A third area that I would like to comment on is about the absence of programs for gender's specific treatment, ie women. I'm just new in the state coming up from Washington where we have gender specific treatment facilities, such as Residence 12 for women only. And these residencies and treatment facilities for these women have very profound effects and are very helpful in their recovery. And I think we need to look at that as a possibility and a way of means of increasing our ability to treat this disease.

The programs, let's face it, have focused on men. We see a lot of women now that are coming to grips with the fact that they, too, have the disease of addiction.

The fourth thing I'd like to comment on is the Ombudsmen's report for grant funded alcohol programs. Well, it's quite true that there is little or no hard evidence that programs are efficient or effective. The implication that this situation is an admission, that it's easily fixed or that there are easy answers to these questions are glaringly erroneous.

As Dr. (indiscernible) I've worked for a number of years in the field of program evaluation in the Lower 48 and around. Measurement is fairly easy. The difficult parts are reaching any agreement on what satisfactory outcomes are. And to measure them and how to understand with an acceptable degree of accuracy, you know, which ones and how to interpret the data that's gathered. They cannot be achieved without an investment of resources.

At this time the federal government requires 50% as you know of any grant we set aside for outcome research for grant funded programs.

And so I want to conclude, I guess, with four things in a postscript, if I might. If I might make these recommendations to the committee is that one, we revise the commitment statutes as we look at separating the commitment of the mentally ill and the addicted individual -- (indiscernible) develop regional facilities for substance abusers who are so far into the disease that they are greatly disabled. And being a specialist in traumatic brain injury, both closed and open and alcohol affects the brain, it kills brain cells and once one of those cells die they do not regenerate, they do not recuperate, they are

dead. And that's just a fact.

And some of these folks who have drank for such a long time or have drank maybe not for a long time, but very hard and used other drugs to have definitely effected their cognitive skills and abilities and so we need to focus on that.

Number three, we need to recognize a needed plan for adequate treatment for programs for women and other, you know, specific populations.

Four, we need to fund specific pilot evaluation programs rather than collect a room full of data. I think as Dr. (indiscernible) said in her presentation to you that is interpretable either because the volume or because of the unreliability and quality of the data. And I think before you --just for your information, having just come up here in the last six months from Washington, they have an ADIS or an Alcohol Driver's Information School, if you will, that after your first DWI you're required to attend or after your first alcohol related arrest and of these individuals that do go to that 95% of those in the 18 months that I worked as Clinical Supervisor for Northwest Alternatives, in which we saw 300 of these people, 95% of them returned for a second conviction on DWI and entered our two year inpatient -- not inpatient, but intensive out-patient program. Some of which went to inpatient because they had progressed with the disease so far that they needed that time.

And so, I know that's another state and those are other statistics, but, you know, after listening to some of the other things and other testimony I just felt it was important to know that as we take a look at outcome studies from those 95% who came back after their 2nd DWI, 50% of those people who successfully completed their two treatment program and intensive out-patient went to the inpatient portion and then an aftercare or a continued care program following that up, that lasted maybe anywhere from a year to 18 months.

You know, we saw those individuals having greater success and this included a lot of different types of treatment plans that were specific to the individual.

And so, I thank you for your time in allowing me to speak to you today.

REP. PORTER: Thank you, Dr. Stanfield (ph). That 95% statistic is amazing.

DR. STANFIELD: Yes, sir.

REP. PORTER: It's amazing to me that 95% of them stayed in (indiscernible).

But in any event I would suggest, if you haven't already, confer

with Dr. (indiscernible). She and Senator Taylor's staff are taking a look at a redo of the involuntary commitment statute and his staff is also working on getting a statute that would overcome the (indiscernible).

Again, thank you, very much for your testimony.

DR. STANFIELD (ph): Yes, sir, I am aware of that and am involved in it. As Chair of the mayor's task force here in town, definitely I'm involved with Senator Taylor's office and the folks involved in those issues.

REP. PORTER: Well, great. It would be helpful, I think, to have many voices with your experience backgrounds involved in that process.

If we could then return to Fairbanks and I'll ask if B.J. Staley has....?

BARBARA STALEY: I'm Barbara Staley. What do I do with the mic here?

REP. PORTER: Push that little switch forward and you're on.

MS. STALEY: I'm Barbara Staley, the program director for the Alaska Center for Alcohol Control, for eight years. I now have my own business called Alternatives doing this same thing.

Dr. Gold called me and I was dubious about his proposal because I was just like everybody else. I was brainwashed with alcoholic -- either you are or you aren't -- syndrome. And having been a fairly good Fairbanks drinker and have moderated my habits after I woke up one morning and said, I don't like me too much anymore, I became a very moderate drinker.

Dr. Gold called me and said I've got something I want you to look at. And so I did. And first and foremost I am a social scientist. I'm also a social psychologist in graduate training.

One of the first things I'm going to look at when I look at any study, any piece of literature that presented as a empirical study. I look for definitions.

The things that I was working with, the research that was presented to me by Dr. Gold, all of those articles had definitions. I've been working in this field for eight years. I have yet to go to one meeting anywhere with anyone in the field that anybody ever presented a definition for what are we treating.

We have sent that information that comes out in the National Institute of Medicine, the (Indiscernible) Aid, National Institute on Alcoholism and Alcohol Abuse and you notice they had the characteristics in their title. I went over to a meeting over at the hospital just last week. We have had people working for months to formulate goals and

objectives. No definitions for alcoholism. How did we define it? How did we treat it?

Sure. We're not making any headway in this state. On page 22 of the Ombudsmen report you will find that Loren acknowledges the fact that the only programs that are certified in the State of Alaska are medical disease model programs. Medical disease model programs are quite appropriate for, one, people who have a deep spiritual belief, and number two, people who are honestly addicted to the chemical and need that kind of support. It works. Nobody's saying that it doesn't.

But what we are saying here is let's define what we're going after. Contrary to popular opinion most -- and Dr. Gold got to talk to you about justice. The crime file article that we have. I don't know if you have that or not, which simply states that only about 5% of the people that law enforcement has to deal with are alcoholics. What do we do with the other population? 40 to 50% of the American population who may be considered problem drinkers.

85% of the American population drinks. 40% of those people may at one time in their life or the other be considered a problem drinker. Does it mean that they are an alcoholic? No, it does not. It means society teaches us to drink in the response to social cues, it does not teach us how to teach. The chemical is just that and people constantly overdose from the chemical. It's that simple.

I finally left Keela, I'll be quite honest with you. I finally left Keela. Because it has been a completely losing battle over 8 years. So much of my energy went into collecting research to try to reach just one person.

Then we show up at meetings like this. We have asked the Division of Alcoholism and Drug Abuse time and time again to please provide people who are in the position to make policy, please provide them with (indiscernible) the base of treatment. Please provide them with the (indiscernible) report to Congress. Please provide them with the research, the empirical research. Not methodology. Not conditional wisdom, but empirical research, based in science with verified (indiscernible).

Neither one of you have that here. Frank Gold has spent more money than you poke a stick at making copies of huge documents, the center, the commission, to dole out to the Commissioner, to you folks, yet you never seem to have it. Does either one of you have the Altan Study done here in 1972?

I just heard Mr. Jones say there was only one study done in this state. Do either of you have access to the Altan Study? I see surprise on your face. What is the Altan Study?

The Altan Study is a study commissioned by the Division of Alcoholism and Drug Abuse paid for with big dollars who came up with

some conclusions that they didn't want to hear. Now, I'm just being honest. Because, believe me, folks, I don't depend on the government for money. I'm just a treatment provider and now I happen to be a private provider. Okay?

My program pays for itself and I teach people responsible drinking. And that is what I've been doing for his program all these years.

But, I want to ask you people, and I'm disturbed as I said, I'm a social scientist. When you say something to me and -- I didn't even have to become a social scientist. I was born asking why and how. And that's just the way my mind works. But evidently there's not a lot of people who work in this field who put together the policies and then hand them over to the bureaucrats to make their own definitions.

Please, before you attack this problem, please define what you're going after. I hear a lot of talk about the villages. And I know that their problems are unique. But, I worked with Alaska Natives and I (indiscernible) the myth of the drunken Indian. If you take 125 pound white male and 125 pound Native male and they both drink exactly the same amount of alcohol, they are both going to have the same damn blood alcohol (indiscernible).

You take a man white who goes north. Is there any difference in the white man who goes north and works for six weeks and doesn't drink a drop and then comes back into town on R&R and stays drunk for two weeks? Is this any different from the villager who goes back to his home, doesn't drink a drop for months, comes into town and binges?

Hey, we taught these folks how to drink. We're good Northern European extraction people. What is the name of North European extraction? Drink as much as you can when you can and fall down and puke. And it's just that simple. Okay?

We taught American Native people how to drink, but we left out a part. We left out the part that says that when a Caucasian is out on their job, they do not drink. But when we come into your village we gonna take the top off the bottle and throw it away and we're gonna drink until we fall down and puke, again. This is how our American Native people were taught to drink.

The same thing -- you asked, why has nothing changed? Because in this entire country, the entire field is overwhelmed with recovering alcoholics.

Now, I have total respect for people who are in recovery. I have a lot of respect for AA. I send clients to AA. By the way, I've been in Chapter of (indiscernible) recovery, which is the opposite side of the coin for me although, it follows the same rules.

You asked why nothing's working? It's because the entire 40 to

50 years the medical disease model has been assumed to be the honest to God's truth and nobody ever bothered to investigate. To be quite honest with you, medicine backed out of it. Treating addictive behavior's is one of the hardest things in the world to do.

Dr. Gold wasn't lying when he says that we put a shot of Jack Daniels in our mouth even though it taste like -- and you can fill in the word, and that's why we shoot it. Okay? People don't drink it because it taste that bad. They drink it because the human animal has a craving for pleasure and immediate gratification.

Until we get beyond this simplistic explanation if you are an alcoholic you do just exactly this or otherwise you're going to die an alcoholic and get back to the point that we can look at the spectrum of drinkers, begin to intervene, that's when they get that first DWI.

And I'm rather surprised. Dr. Stanfield, with all due respect, sir, would you please contact Dr. Allen G. Marleft (ph), at the University of Washington in Seattle. He has some research you might be interested in.

What is our mission? What is our mission. Define the mission. I like this (indiscernible) year of 2000 we're going to have prohibition in the State of Alaska, maybe. Well, (indiscernible) up here because they're bootleggers back home and they sure come up here and make more money bootlegging. Okay?

Prohibition doesn't work. Teaching people that they're powerless and helpless does not work for the vast majority of people. Because the vast majority of people are not addicted to the chemical. And when talking to a non-addict, you're talking to a different animal.

Now, we throw AA programs into the jail and this is going to fix our people. If you don't even believe in God or that what you're doing is wrong, you just got caught. Is it going to do you a whole lot of good to say I'm helpless and I've got to turn it over to God?

This is a religious program, folks. And those that it works for, fine. And I'm a religious woman. Deep beliefs. We've got to start differentiating between clients' needs. And the only way that you can do that is number one, multidimensional evaluation. Not a 15 or 20 minute check off.

Have you ever had a blackout? I bet either one of you at this table and in this audience cringe when I say that word. What's a blackout? Well, yeah, I've had nights that I couldn't remember everything I did. Is that a blackout? Well, you're damn straight it is. (Indiscernible).

Have you ever had a hangover? Naw. No. Have you ever had a drink in the morning? No. Not this good audience. Things like that is too simplistic. Number one, and these are my positive suggestions,

define the problem, the different types of drinkers. That includes cultural environment, across the spectrum, severity and quantities and frequency of the use. (Indiscernible) and for God sakes look for underlined psychological problems.

Depressed people are one of the first people in the world to grab alcohol, let me tell you. Because you'll do anything to change.

All I have to say is, number one, define the problem, differentiate between your client populations and provide a variety of treatments so that we may match clients to appropriate treatment. And this is coming straight out of the powers that be that control the purse strings.

Let's face it. All this boils down to is who holds the purse strings? Not the client that's out there. Not the client that's out there.

So, those are the three things that I would advise you to do and I would ask you before you make any decisions or propose any legislation that you obtain, which we have asked Mr. Jones to do over and over and over is to write all of you. The commission. The commissioner. The Altan Report done in 1982 in this state. A-L-T-A-N.

You can't even find a copy of it anymore, I will tell you that.

UNIDENTIFIED SPEAKER: We've got a copy here I think.

MS. STALEY: Oh, have you got a copy, Joe.

UNIDENTIFIED SPEAKER: Of the Kelso.

MS. STALEY: The Kelso Report, yes. Okay, good. It's called the Altan.

Okay. Outcomes. I don't know what my program does. We look at our stats and I did do the survey of 50 states. Nobody uses (indiscernible) anymore. Because it's obvious to everybody that in depth most conventional evaluation (indiscernible). We don't know why we're (indiscernible) as well as we are with our people, because we're never given the chance.

Yeah, it takes some money to do some (indiscernible). I designed outcome oriented instrument which we've been presenting to the state as far as our proposal that not only follows the client six months, it follows the client for 36 months and is easily computerized and easy to use.

I have nothing further to say unless you've got questions you want to ask me. And I'll tell you straight out.

REP. PORTER: Ms. Spatey, thank you very much. (Indiscernible).

MS. STALEY: Oh, you've got that right.

REP. PORTER: Representative Mulder.

REP. MULDER: Thank you, BJ. I've enjoyed your testimony. Let me ask you your question back. Define the problem.

MS. STALEY: Define the problem. Irresponsible use of a legal substance. Irresponsible use of a legal substance. Now we're into the area of you, you and you. You drink one way, he drinks another and he drinks another. And, I'm sorry, I don't mean to impugn you if you don't have a drink occasionally.

You drink for one reason, he drinks for one reason, he drinks for one reason. You're one size, he's one size, he's one size. Joe tried to drink with you and you were drinking drink for drink. Joe would be the one to go to jail, do not pass Go. Point 1-0 -- limit is arbitrary and it really doesn't mean a whole lot depending on tolerance.

My suggestion is that you get (indiscernible) the base of treatment at least in the 7th Annual Report to Congress and your definitions for the different types of drinkers. Like (indiscernible)... I walked out of the meeting last week and I realized that all these people had been working all of these months coming up with all of these issues and goals and objectives without a clear definition.

REP. MULDER: What would you consider to be a traditional definition today?

MS. STALEY: Alcoholic. Now, you define that for me.

REP. MULDER: How would you determine they define it today?

MS. STALEY: Number one, I do not use it. It is either alcohol abuse, misuse, abuse or chemical addiction. And all of us are addicted to a variety of chemicals. Alcohol happens to be one that no, you're not born an alcoholic. But, if you drink long enough, steady enough, and hard enough you will become addicted to that chemical, just as we're addicted to coffee that we're drinking.

REP. PORTER: Being a social scientist, BJ, what does your empirical study -- and I'm sure you've evaluated your own program.....

MS. STALEY: No, I cannot call it empirical study, because in order to do empirical study, number one, you've got to have a control group.

REP. MULDER: I understand.

MS. STALEY: And you've gotta have a staff.

REP. MULDER: Right.

MS. STALEY: Okay. In order to do (indiscernible) base study you've got to have a little bit of money to do that. I'd love to do it.

REP. MULDER: Have you evaluated your own program in relation to (indiscernible)?

MS. STALEY: Oh, absolutely.

REP. MULDER: What is your.....

MS. STALEY: Less than 1%.

REP. MULDER: For first timers?

MS. STALEY: I don't know why.

REP. MULDER: Well, certainly while you don't have a control group, you certainly have a contrast or compare group in the sense of the program that's currently being administered by the State.

MS. STALEY: And from what we can understand to the best of our ability from the document that is published by the alcohol safety action program, Mrs. McKenzie in Anchorage, drawing from the data that she presents, to the best of our ability it looks like the State has a (indiscernible) all 50%, 47 to 50% rate for first time addictors.

REP. MULDER: (Indiscernible) -- do you have any estimation of what your numbers are for first time?

MR. JONES: No, we do not and we do not publish (indiscernible)....

REP. MULDER: Have you done any research in relation to (indiscernible).....

MR. JONES: The last research that was done was in '82 or '83, two years of study. Currently there is a replication of that study going on now and we hope to have those results by January.

REP. MULDER: The answer to the question is that there isn't any current data (indiscernible)... being updated.

Somebody else probably has question, I should take all the time.

REP. PORTER: I have a question that I would like to pose. I'd like an answer now if you'd be so kind. I think maybe your answer might be a little bit lengthy and we do have other people we want to get to here.

But, at some point in time before the end of the day, it seems to

me that maybe I'm jumping way ahead, but (indiscernible) what's the adverse response to this question. So, I'm saying to myself what's the adverse response to, if it is that we should teach people how to get in trouble with alcohol (indiscernible).... how do we overcome (indiscernible)?

Don't answer now, but I will be asking later.

Thank you, very much.

MS. STALEY: Thank you.

REP. PORTER: If we can now we'll go back to Ketchikan and see if Will Jackson (ph) is there?

WILL JACKSON: Yes. I'm Will Jackson and I've been in recovery for three years doing my (indiscernible). I have to go to a 20-day program over up (indiscernible) I'm 45 years old. And I drink and drug for (indiscernible).... To get back to the treatment center, they sobered me up. That's all they could do. (Indiscernible) how to live one day at a time and that's what I'm doing right now. I'm Alaska Native and you couldn't get me to say that three years ago. I live entirely in my traditions today. I couldn't do that three years ago. (Indiscernible).

Someone was talking earlier back about the villages and the family -- that's what it took for me to get where I'm at today. (Indiscernible) -- Ketchikan. I'm vice president of the (Indiscernible) Health Board. I'm secretary to (Indiscernible) school board. I didn't have any of them titles three years. I was a fallen down alcoholic drunk -- I was unfit to walk the streets. I decided (indiscernible) and in doing that I was sent to a treatment center.

And like I said a moment ago, what they told me there was they taught me how to sober up. And coming back -- (indiscernible) program as I understand them (indiscernible) and I'd do it today. I take it out in the streets, I preach it to the kids every Friday night and I truly do have my freewill.

By going to jail -- that's where I came out. I was 25 years in and out, probation. I haven't been in jail in three years because I chose to work a program of recovery. Alcohol is a disease and it's an addiction. And in order to work that program I have to go in and out those swinging doors -- a revolving door. I have to go in and out of those daily. I have to be an example to my children, which I have four of them. Three in recovery.

I came from a very dysfunctional family of 14 and in that family there's (indiscernible)....

I'm very comfortable where I'm at today in the recovery program. (Indiscernible)..... revolving door.

I look at the villages that I go to and I say, why? Why is this happening to my people? And what I see is, I see grief, abuse and use as our generation is accused.....

(Indiscernible) alcohol and drugs was killing me and was killing my family.

I'm very pleased to be here just to share my testimony with you.

Thank you very much.

REP. PORTER: I want to thank you, very much. I appreciate you very much for coming to this hearing and also thank you very much for your choice now. Your story is not, as you are well aware, unusual. The one that we're hearing is (indiscernible) task force.

Let me ask you a question that I asked a couple of other people that had similar experiences. The thing that mentioned, I think, was that one of the situations that you experienced was a lost of (indiscernible) values and culture and self-esteem. We have heard that before and it seems like there's an awful lot of work in the Native communities to try to rebuild those things.

With that in mind, was the alcohol problem that you had a symptom of those problems or the problem because of the loss of those things?

MR. JACKSON: Because of the loss of my values was (indiscernible).... everyday I look at life (indiscernible)... My father -- we came up in a family of 14. There were five of us with my Dad. At the end of our last 17 years of living with him, lifestyle with my Dad was (indiscernible) and I practice it daily in my home with my children. I have a daughter that's 16 and a son that just turned 15. My 15 year old son has been dancing in a group for ten years and when I walked back into my culture three years ago she was one of my teachers. I was raised and born in the Ketchikan area. And many times and many trips I made to the village where my grandmother lives I was taught tradition daily, daily. Tradition was taught by my mother daily.

When I was in that treatment center for 28 days my mother and my brothers came in in Washington and once they came in for the healing process and (indiscernible) my family came in to dance and sing for me. And when they did that, you know, I told my mother at that time, you know, I can't do this. I forgot it. No, you haven't. You haven't forgot a thing. You're born into it.

So, looking back at that, you know, I look at my two brothers and when my brother went to the treatment center, my younger brother's an artist. And when he lived here he left me with a screen he just made and we put on the screen, To My Brother Willard. He says, it reminds you of who you are and where you came from. And one time in my lifetime I wasn't proud of being an Alaska Native.

I am a Tlingit. My Native name is (indiscernible). I'm very proud of that name. We dance here in Alaska (indiscernible) tradition for Alaska Native veterans. The (indiscernible).... And I'm doing a healing process in Sitka. (Indiscernible).

I have today my values and those are my traditions and I'm very grateful for that.

Thank you.

REP. PORTER: I want to thank you, again.

Probably not the only person, but the only person that has yet told us -- we have someone here in Fairbanks that needs to get to work and would like to testify.

He had to leave? Oh, I'm sorry.

So, the next person down on the list is Jo Ann -- I'll mess up the last name, so I'll let her tell us when she gets here.

JO ANN DUCHARME: My name is Joann Ducharme and I'm the Director of Rural Student Services at the University of Alaska and Fairbanks.

What I've just handed you is information sheet that I, along with some other people who will be speaking, representing different departments, different units. We sat down to try and put some of these figures, numbers on paper.

My purpose for being here today is to draw attention to something that I think is very critical at the university. My concern for being here is as a UAF -- someone who has worked in many capacities at the University of Alaska Fairbanks from a student employee to my current position as director that I've held since last year.

Because I represent Rural Student Services I would like to emphasize I am not drawing attention to the fact that I believe this is a Native or rural problem, but that it's a university wide concern.

The statistics -- the numbers I've given you here, the first little box I failed to include. These were statistics that were given to me by the admissions and records office and they represent this Fall of 1993.

The 4,334 students are UAF full time students that utilize services on the campus. That does not include any of the branch campuses. Of that 4,000 number, 1450 live in the dormitories on campus. 85% of the university students are Alaska residents.

The next number is the year there is in error. 1991 to 1992. I have teamed these numbers from the director of Residents Halls at the University of Alaska. He told me that of 270 incident reports at the

university from the dormitories are residents. 250 of those involved alcohol. These are the only ones that were reported.

We emphasize that there were many incidents that happened within the resident's halls that are not reported or taken care of either (indiscernible)....

(Tape dragging)

The next little box there underneath the minor consuming arrests, all of this information was obtained from the university campus security. In the position that I hold and the department that I work with, because we are very student oriented I work with a number of departments have direct access to these numbers that they are public information. And because we are in contact with so many students that's another reason for my concern, because I hear of many of these concerns coming from different departments.

This year 1992 to 1993.....

4438

(Tape Change)
(Tape II, Side B)

0550

.....is in comparison to the '91/92 year. There were 59 minor consuming arrest. So, you can see in the span of one year there's been a double -- increase of twice as many arrests for minor consuming in one academic year.

In '91 and '92 academic year there were 16 alcohol arrests. The '92 and '93 years (indiscernible).

I do have other figures from the campus security, but I didn't put those down. One of the other figures were the sexual assault figures that were directly related to alcohol consumption or alcohol related incidents on campus.

The box in the upper right hand corner was our attempt to -- and there are other people here that will address this position directly. We tried to indicate what the university as to address these concerns.

Currently there is one 3/4 physician that is directly hired to address these issues. That is to serve -- he might have some more clarification on this, but my assumption is that he serves the 4,334 students that are full time. And I'm thinking that probably more that are part-time students in this number, also.

There are, of course, there's the Center for Health (ph) and Counseling and I'm sure Dr. O'Connor (ph) will be speaking and my

department Rural Student Services. But, I would like to emphasize, again, that we are two departments where our primary functions are not to deal directly with students and these concerns related to alcohol and drug abuse.

The University Hall Staff, Resident Hall Staff, have held over the past year voluntary tenants programs within the dorms to address concerns such as alcohol and drug abuse. The emphasis there is that these programs are voluntary and they are not mandatory. They're held on campus. And as I'm talking about on campus I'm not meaning to exclude the students who reside off campus, because this, as I said, is a university wide concern.

This information we thought was important to let you know that we -- I have not presented this, but I know some more information has been presented to the university's board of (indiscernible) in the past years, 1988 and 1990, and there was also a grant proposal submitted by the Center for Health and Counseling in 1991 and '92. And recently given testimony to the State Advisory Board for Alcohol and Drug Abuse just last week end.

Some of the suggested solutions that we were thinking possible that the hall staff, because we are a very large residential campus, if they were to have increased alcohol, drug prevention training program they would hopefully be able to bring this information to a large population of the students (indiscernible). And information travels very quickly.

Hopefully there will be someday increase funding to hire more positions other than the one 3/4 time position that is currently on staff at the university to concern themselves with these kinds of issues.

And finally some kind of financial assistance for off campus student referrals. I believe one of the major steps that the university has made is in recognizing and acknowledging that there is a serious alcohol and drug problem on campus. The problem is that we realize many of the students that we see they need treatment of some kind.

For many of the students, they have no insurance or very limited insurance and so they need to go to an off campus treatment program, such as the one the (indiscernible) Native Association offers.

Small things such as getting there on the bus. But it might be hard to believe, but there are some students who in getting bus tokens and getting there on the bus really poses a problem. Their finances just don't include that kind of thing. Even if they do receive free treatment.

So, those were some suggested solutions and I'm sure that the other people from the university will have much more details than this. But, as I said, my concern stems from the great numbers -- the increase

in the past year and the limited resources that the university has to address these problems.

Questions.

REP. PORTER: Thank you very much.

Do you have any hypothesis of your own why these alcohol problems (indiscernible)?

(Pause).

Sometimes reporting gets better, is that perhaps a.....

MS. DUCHARME: Reporting and I think the university's awareness... As I've said, I think the university now is acknowledging, perhaps not publicly, but to some extent the hard fact that these problems do exist. (Indiscernible).

REP. PORTER: Before I go any further, please let me apologize for not recognizing Representative Jeannette James joining us at the tables. Welcome.

REP. MULDER: Thank you, Mr. Chairman.

You indicated during testimony that there is a sizable problem on campus. And a number of students need help.

In your estimation, what's the scope of the problem? And I (indiscernible) with respect to their own background. I came from a community where there was zero tolerance when you were growing up and a lot of us kids went out to school (indiscernible). You know. And you went to school, you sowed your wild oats and you really didn't know your bounds or your limits and you had none. You had no parents.

What is the problem in putting that back to this problem here of a lot of students coming in from rural Alaska to a big town? No perimeters, no parents, minimal number of authority figures. What's the scope of the problem? How many of these kids have a serious drinking problem, how many of these kids have a problem with knowing how much is too much and knowing what to say when?

MS. DUCHARME: I think there is someone here that can relay some of that information in the survey that was done on the campus a few years ago.

The other -- one of the other things that I wish we had access to was to more of a comprehensive screening program. But because we don't have the financial resources to do any type of in depth screening or the personnel to do it, the extent to where the students are coming to us from, not just only Alaska, but the different parts throughout the United States I have no idea what their drinking habits are.

What I do know is that, as the arrest records show at the university, arrests have more than doubled on campus. And again, I don't know if that's attributed to better reporting methods or just actually seeing an increase.

REP. MULDER: What type of screening program do you utilize at UAF?

MS. DUCHARME: I'm not involved with any type of screening program. The department that I work with is Rural Student Services. And we are part of student services within the university and our primary function is to offer academic and personal counseling, which includes referrals for Alaska Native students and rural students coming to the university.

I think that the staff that's here from the Center for Health and Counseling can better address that issue.

REP. MULDER: Your point is a very good one. What I'm trying to identify (indiscernible).

REP. PORTER: Thank you, very much.

MS. DUCHARME: Thank you.

REP. PORTER: I'd like to go back to Ketchikan where we had at least two of you (indiscernible) testified.

Is susan Pickerel ready to testify?

SUSAN PICKEREL: Yes, I'm here. My name is Susan Pickerel and I am the (indiscernible) Alcohol Program Coordinator for Ketchikan Indian Corporation. I am also a member of ARNADAP (ph), which is the Alaska Rural Native Alcohol and Drug Abuse Program.

I am the counselor for the (indiscernible) program and we have an adult counselor. Our funding comes through the Indian Health Service.

And the reason for my testimony today is two-fold. As an Alaska Native I guess I'd like to have some input on what is currently being done and what I think needs to be done for the future for the Native people of Alaska.

And I recognize that the problem just doesn't involve Native people, but I think looking at the annual report from the Department of Health and Social Services where the statistics were suicide, infant mortality, fetal alcohol syndrome, alcoholism, shooting. All of those relating to the high statistics sometimes even number one in the nation for Alaska Natives and the problems that are there.

I feel like my input today is going to be addressing a problem for Alaska Natives.

Unlike Mr. Gold's associates, I am not a recovering alcoholic. Both my parents were alcoholics and I came from an alcoholic family. The (indiscernible) six kids, four of us are not practicing alcoholics. I've never been drunk. Two of my brothers are alcoholics.

But, I think the saving grace more than anything else was that my parents recognized the importance of education for their children as Natives. They moved away from (indiscernible) from a small village because they felt it was important that in order to get ahead education came first and they wanted to raise their children as a family as opposed to the normal model which was sending your children to boarding school up at Sitka or now to Oregon.

I am real grateful for that. And even though my parents were alcoholics that didn't happen until later on in my teenage years. So, in my formative years they were hard working people who provided well for their family. And I think that was the positive role model that I saw that helped me.

I think what disturbs me today about the testimony given by Mr. Gold and his associates was in regard to Alaska Natives. Mr. Gold made reference to drunken (indiscernible) in Kotzebue and he didn't happen to see it. Well, if Mr. Gold -- when I was growing up my parents didn't go out and stumble down on the streets, but there was alcoholism in our home and I think if you would look at the number of people who have alcoholism in the family, the majority of the people are not drinking out on the streets and yet it affects generationally many, many, people.

And so I guess my response to that was that there aren't accurate statistics and there won't be. And the programs that are now being run by the State as well as from nonprofit organizations and other people, are necessary and vital. We can't give up on it and I don't believe that we should go into programs such as Mr. Gold is promoting with responsible use.

I think that would set us back 50 years. The Alaska Native has been drinking for 50 to 60 years and I think, you know, just based on that time period, it's going to take a long time before we can begin as a people on that road to recovery.

My father who is 80 died last year and was an alcoholic and the last ten years of his life he no longer drank. But when I was asking him as to why he felt there was a problem, he said that when he was growing up there were no positive role models for him. The people that he saw were white people who were drinking and other people his own age that were drinking and that was the way you proved your manhood, was to go out and get drunk.

And, so he said what he felt was the real important and the most for Native people was the education, making something of yourself, being a positive role model for other people, which is culturally (indiscernible). And I think for Alaska Natives that's what's going to

be the difference.

And for myself, I'm 36 years old and in the last five years I have rediscovered my culture. I think I lived it in the common sense, tradition of hard work, you know, being proud of who you are, being proud that you were Native, honesty. All of those things that are basically common sense and I don't necessarily think it's Native specifics, but those helped me. But more than anything, rediscovering my culture with the subsistence issue and the art and finding out how we live, how we survive and being proud of who I am. That has helped me the most and helped me want to give back to the other generation that's coming up.

Today I would like to talk about some suggestions that I have. How we can help Alaska Native's specifically with regard to alcohol and some other substance abuse.

I think Native specific culture in a specific program are going to help. And I say that for two reasons. One, I think that the Alaska Natives can become involved in programs like that. Like myself. I have a real heart for helping Native people, because I am Native. It's not just something that I collected data for. It means something to me. I want to see the Native people be healthy and not to have alcoholism as a part of their tradition. I want to change that.

And for a lot of people today I think alcoholism is a tradition in a family. Whether it's behavior, whether we're talking about addictions or alcoholism, it's there and it's a problem and I want to change that.

So, I think the culture and specific programs will be more effective.

And I also think that the other programs that are -- you know, with the treatment programs that's necessary, too. You have to have someone dried out and off the drug before you can deal with the other issue.

I attended a round up meeting just recently in Fairbanks and one of the representatives from ANRC (ph), a Native cultural specific program, said they had been doing some studies with regard to outcome -- the people that attended their program and their statistics were (indiscernible) that they had contacted that had been through program within the last three years had significant improvement in the quality of life and with regard to whether or not -- I'm sorry, (indiscernible).

I guess the other thing that I want to say with regard to specific programs for Natives I think more prevention needs to be done. We need to put more money into prevention because I think we have to start with the other generation.

My generation right now is dealing with the alcoholism. You

heard Mr. Jackson, you'll hear Claudia Boyd (ph) speaking here from Ketchikan later. We are dealing with the effects of alcoholism. It's not in our own life and the effects from our parents.

My children, I'm hoping that my children won't have to deal with alcohol. In our home. And that's what I think the prevention will make a big difference.

One of the things that I'm doing in my alcohol program for the adolescent is culturally specific programs. We put on a cultural camp once a year. Send kids out to a retreat setting and for a whole week -- they're emerged in a culture that's real positive. Some of those kids, even though they come from Native homes, they've never had that. They've never experienced fishing. They've never experienced berry picking or canning or smoking salmon or any of those things. They've not experienced that and I think that cultural specific programs, again, are important.

We are also doing a training for parents bringing in nationally recognized speakers who work with Native families and training the counselors of those working here and how to work culturally or specific culturally with Native families and what is most effective and what (indiscernible).

So, the other thing we're going to be dealing with is a Native Youth Conference in March or April of this year here in Ketchikan and our Native youth group with Ketchikan Indian Corporation and some other kids (indiscernible) as well, will be participating in that as leaders giving back to their community what they have learned. Sharing what they've learned about the culture and helping other kids. And being a positive Native role model. These are the things I think are going to work.

And if at all possible, if you're looking at where to put your money at, it takes (indiscernible) real important part of that and supporting the treatment programs that are going on right now. Helping those people get out of that addiction cycle and working with programs that treat the whole family, not just the individual who's going through that program.

I appreciate this chance to talk to you. Again, I've not spoken from a prepared statement, but from my heart, and I hope that you take that as opposed to all the statistics and whatnot that's been presented here today at volume.

I think it's important that you listen to the people, because people is what you're dealing with. You're not dealing with statistics. You're dealing with people that are effected and I think people are going to solve this problem.

Thank you very much.

REP. PORTER: Susan, thank you. Representative Mulder has a question.

REP. MULDER: Thank you, Mr. Chairman.

Thank you, Susan.

Just in a real quick response, you emphasize prevention. And it is something that is discussed in length with the chairman and you'll be hearing much more about the future program that's going to be running through the National Guard which Governor Hickel will be outlining. It's called the Youth Corp and it's an exciting program that's going to be implemented within our state within the next year.

And it's going to be taking children who are children at risk throughout the state who perhaps have fallen through the cracks and the seams and trying to bring them back into society and teach them some skills, valuable skills for life, and also to teach some structure and some order and discipline. So, we are addressing some of the problems.

I've got to agree with you. That is the greatest hope for the future. But, you can't just drain the swamp. You also have to look at the alligators tipping at your behind right now.

And along those lines, Susan, what program or what device do you use to employ for your screening within your program. In other words, how do you screen your participants and what type of process is it?

MS. PICKEREL: Well, basically it's a screening process that has been developed in cooperation with Gateway Human Services as well as -- we don't have an inpatient treatment program. So, ours is the pre-training process, pre-treatment process and then we refer to, for instance, if it's an in treatment program the other portion of that as well as dealing with the family we try and address this problem as a whole. Not just necessarily the individual involved and working with the family.

(Indiscernible). Our adult counselor works with anywhere between 40 to 50 people at a time, and again that's the screening process that was developed with Gateway Human Services.

REP. MULDER: Susan, along those lines, what are the potential outcomes of the screening? In other words, you take a person -- and I'm sorry to ask you these questions, but these are just thoughts that keep going through my mind the last several weeks (indiscernible) your testimony.

A person comes in off the street. They go through the screening. What are the potential outcomes that you would see for that person or that you would recommend?

MS. PICKEREL: I come up with regard to statistics of how many

make it and how many don't.

REP. MULDER: No, no. If a person comes in off the street what are the potential outcomes of you doing the screening? What options do you present that person? A, you do this, B, C, E... whatever?

MS. PICKEREL: Well, because the people that we see are either tribal members or Alaska Natives that receive benefits through Ketchikan Indian Corporation. And with the alcohol program that we have we see them locally if it's deemed that the person can work, for instance, in a 12 step program or we also have -- our adult counselor also does the talking circle. Which is the culturally specific group setting where he works on a weekly basis with those folks.

Unfortunately, the majority of the people that are seen in our adult program are from the ASAP (ph) Program, referrals from the court system. And so, very often there is a (indiscernible) right there, because they have to go, they're forced to go through this -- it's a court order. And so we do see those people time and time again.

I don't have statistics for you with regard to how many repeated -- centers we have.

REP. MULDER: No, and I really wasn't looking in that direction, Susan. I'm just trying to gain information as much as possible, you know, in terms of what the options are when each person comes in. What and where that person may go.

Do you have an element of your program, Susan, that deals with people, adults, who simply have not learned any type of control? In other words, do you teach responsible drinking at all?

MS. PICKEREL: No, we don't. By the time, almost always by the time people come to our agency for help they are in a crisis or they are referred from the Court System. And so at that point to teach responsible drinking is just ludicrous and it's not something that's even an option for us.

We try and counsel them and if we can't take care of it in our office then we refer them to Native specific programs because we felt that that is the one that has had the most success as far as referrals and success for the person attending those programs.

But, responsible drinking is just not an option. And I wouldn't recommend it.

REP. MULDER: So, you would say, Susan, that most of the people that you have and most -- if I understand correctly, most of the people you see are court ordered, is that correct?

MS. PICKEREL: For the adults, that's correct. I would say probably 70% of them are court ordered. That comes through the court

system.

And even though, you know, they come through the court system, some of them do not necessarily go and get in trouble again, but because they've been connected with our program, if they fall, they'll come back. And they'll come back into, you know, in to see the counselor, again.

With regard to the youth that's usually, as I say, a crisis situation where they're in trouble at school, we get a referral, in fact, I go up to the high school three times a week. Probably 20% of my time has been up at the high school trying to be real proactive with the alcohol problem in getting involved -- gets to a problem where they're not attending school.

REP. MULDER: Do you, Susan, and I'm sorry to continue on, but your comments raise more questions in my mind. Do you try and distinguish between those individuals who are addicted to alcohol as opposed to those who simply are abusing alcohol? And is there a distinction in your mind?

MS. PICKEREL: There is a distinction with regard to the seriousness of their youth. With the screening process we try and determine ## for myself I'm speaking, the safety of the child, what's real imminent, how many times they used, whether or not they've gone -- they've had blackouts and all the other things involved. If it's more serious then I would refer probably to a treatment center or to an out-patient counseling situation.

Yes, we do try and we do make those distinctions. But, again, if you're talking about a solution I would not recommend responsible drinking. Especially, -- as far as I'm concerned with adolescent there is no responsible drinking. They shouldn't be drinking until they're 21. And studies have shown that people shouldn't be drinking until the age of 23, because their bodies are still growing and the brain is still developing. And alcohol obviously kills the brain cells.

REP. MULDER: I appreciate those comments. And I appreciate you taking the time to answer all my questions. I wish we could solve the problem of the fact that kids shouldn't be drinking, but I think that's a bigger problem that I'm not sure we'll be able to master.

REP. PORTER: Representative James.

REP. JAMES: Thank you.

Susan, I want to compliment you on your ability and your quest. And I think we're very lucky to have people like you involved in (indiscernible).

I just have a few comments that I would like to make about things we've been speaking about and have your response on it.

For just -- just to use a term I'm going to call -- I'm going to put people in two classes. Native and white, which is not necessarily (indiscernible), but (indiscernible) difference between the people that have the culture next to the land of (indiscernible) the rest of us who have been away from Alaska too long.

And I see that the Native population is a real advantage over the whites because they're closer to their roots and culture and I think that we as a white society might find a lot of answers to some of these problems by being able to put ourselves into the hands of culture and how they believe and how they live.

Being that the Native culture has a direct relationship between the land or nature and the people and the rest of us, the white coming in and talking about for so many years from our hunting and gathering ancestors that we have totally forgotten and can't relate that experience.

And so I'm saying that there is something in the Native culture and the basic living of these people that we may be able to pick out of there. It does not necessarily relate to the land, but it's really a belief and a way of life. And it's basically self-esteem and being accepted by the others because we are a social animal.

I'm just wanting to ask you, do you believe that there is something by us trying to gear ourselves into that situation, that feeling of the Native community before they were infiltrated some 50 years ago by alcohol, and is there something that we, as a society can get out of that?

MS. PICKEREL: Well, I definitely would agree with you. In fact, the difference for me was even just in this last year seeing what happened to the children that I took out and to myself being in that, it was real different.

And to be real honest, probably before the last five years my need of culture didn't mean that much to me. And even though today I'm not an alcoholic, the difference for me in learning about my culture and getting back to what it means to be a Native and all the values that are a part of that, it's made all the difference for me. Life has a lot more meaning and I feel like I can give more.

Now, because of that, as I said before, I think what's important it's not just Native, but the hard work and honesty and, you know, all the traditional values that we recognize as being Native, that's just common sense.

But, I think, us getting back to the land and recognizing that there's something bigger than us out there and to quit being so selfish about -- I guess, self-centered is part of that. And I think being a part of the land is not some mystic idea. It's something that should be incorporated whether you're white, black, yellow, red, whatever and you

using some common sense and figuring out your spirituality whether it's Native or what it is.

REP. JAMES: Thank you, Susan, and of course, I have to admit that this makes no sense when it comes to dealing with what the reality is. And like Representative Holmes (ph) said, they do have to take care of (indiscernible) strong, we also have to take care of the alligators.

So, I'm just looking at the prevention side of this and there's two complete sides you have to deal with.

Thank you.

REP. PORTER: Thank you and thank you, Susan.

Here in Fairbanks there's David Sam.

DAVID SAM: I guess I need to do this a couple of different ways. While I am (indiscernible) Tlingit.

I must take exception to a couple of comments that were made earlier. The comments are relating to the myth of the drunken Indian, although I did read the article long before it came into the Anchorage Daily News. But, people sort of agree with some of the issues involved in that.

I take exception to a white person raising this issue when it had no connection at all to his life, to his experiences other than visiting in an area for two years. And I must take real offense to racism at it's very best, it's very cleanest. And I just needed to say that.

I am David Sam. I work with the Rural Alaska Health Education Center. The reason I'm here today is in support of the University of Alaska Fairbanks presentations and presenters. The issues involved, as you heard, (indiscernible) talk about is very disturbing and some of you are aware of the dynamics that take place in young people. They were expressed very well.

I think the extreme nature of dealing with this issue is very apparent. We have very young minds. Very young away-from-home, if you will, away from authority figures as was mentioned. But there is such a need to deal with these people because of the -- it's a very opportune time. The prevention aspects are very important. We need to address these issues not only here at the university, and again, there's such a need for programs, treatment facilities available for these young people. Not necessarily in-patient because of where some of these people may come from.

The importance as was mentioned a few times here on evaluation tools. Again, for me it's not a matter of how much a person drinks, it's not a matter of when they drink, but what happens when they drink.

A comment made earlier about teaching responsible drinking. I would like to know if individuals that express this as a treatment would say the same -- would say this to somebody who maybe had one drink, maybe had ten drinks, and engaged in something that may put their life in jeopardy, such as HIV infection.

I would like to know if they would say let's teach responsible drinking if they have one drink or ten drinks and get in an accident. I see this as being very irresponsible, very detrimental to society as a whole. And I feel that we need to take a more positive approach and let's talk about the positive things.

Some of the things mentioned by some of the people who belong to some of the people here. I mentioned that I'm Tlingit, very proud to be Tlingit, very cognizant of some of the attributes or some of the approaches.

We are one people. Many different tribes, many different cultural aspects, we respond very differently to whatever their -- whatever our will is. And I need to say that because there are some treatment programs that may work in interior Alaska for some of the (indiscernible) nation people which may not work, if you apply that same program up to Point Hope (ph) or down in Sitka. We need to be very aware that a lot of these issues need to be dealt with and responded to by the people involved, which means local response.

In Alaska I'm seeing a very good response from various kinds of programs. A few years ago we, with the Alaska Native Health Board, we took a look at these service delivery system with alcohol programs. One of the things that we looked at was not any particular program, but programs period. We know, for instance, that different people respond at different times of life with different treatment programs. Whether that's a prevention program, whether that's an in-patient program, whether that's an out-patient program. Somewhere along the lines something clicks. Somewhere along the line people listen and are very aware that maybe we shouldn't be doing this. Maybe I shouldn't be drinking. Maybe I shouldn't be sniffing. Maybe I shouldn't be whatever it is. Whatever that issue is in their life.

I just want to say that we need to take a look at what's going on across the state. Somebody turned a sobriety movement. That sobriety movement has been in place for years. That sobriety movement has been here as long as the people have been here.

We've had people back with the introduction of alcohol back in the late 1800's stay sober, recognize that alcohol is going to bring devastation to our people. And it has done that. The People in Peril Series (ph) did a lot of damage, but it raised a lot of awareness. A lot of those issues that People in Peril, for instance, did, those were in proposals, those were in treatment programs, that awareness that that brought, brought it to the white people. These issues were well known amongst Native American people across the nation.

But, again, it did some good. It raised awareness, although it was very damaging because it opened up generational movements. The alcoholism in society as a whole is pretty phenomenal.

And so I just wanted to say those things. Just want to say we need treatment programs, we need home grown approaches to dealing with this and that can only come from people's homes, people's communities.

So, I would hope that you would take a look at the need for locally responsive treatment programs whether they're prevention, whether they're in-patient or out-patient.

REP. PORTER: Representative Mulder?

REP. MULDER: Thank you, Mr. Chairman. Thank you, David.

You mentioned that your organization employs counseling at the university, correct?

MR. SAM: No.

REP. MULDER: No?

MR. SAM: I work with the Rural Alaska Health Education Center which in the few years that we've been in existence we've been providing continuing education for medical providers from health aids on up to doctors. And we're just recently going into taking a look at behavioral health counselors particularly with training issues in rural Alaska.

REP. MULDER: Okay. So, your individuals that you help -- basically you teach counselors and people who do provide the service in rural Alaska, correct?

MR. SAM: We are looking at coordinating, training and gathering information on what is turning about in rural Alaska, such as behavioral help training.

REP. MULDER: What type of problem do you see in Alaska? I mean, is there a spectrum or is it just a narrow scope of abuse, misuse? What's the perimeters that you look at?

I noticed before you were talking about there is a level that it clicks in each person's life and I agree with that. (Indiscernible).

What is the scope of the problem that you folks are looking at? Do you look just at those who abuse? Or do you look at those who are chemically dependent? What's the scope of the problem that you address?

MR. SAM: Well, the use of the alcohol usually by -- this is more on a personal level. The use of alcohol in my life would probably tear me apart. The use and abuse of alcohol is throughout society as a whole. I don't believe that there is such a thing as responsible use.

The chemical that has taken the lives of so many people.

Our approach is to assist people working in rural Alaska to help take a look at -- you may call it community assessment or community development. How can they deal with issues in their villages? How can they deal with issues in their regions?

REP. MULDER: So, it's safe to say that you're involved in the sobriety group as well?

MR. SAM: Well, I guess my being from a tribe in Alaska and addressing issues that have hurt our people, such as the use and abuse of alcohol and those that bring it into our people, yes, I am involved.

REP. MULDER: Thank you. I really appreciate your testimony.

REP. PORTER: Let me ask you a question that I can't imagine that I've been in this state over 40 years and never asked.

Any cultures other (indiscernible) in their background, Indian cultures outside, some form of substance (indiscernible)... prior to the introduction of alcohol in Alaska, was there any such substance here?

MR. SAM: I can't really get into too many specifics because there is a lot of question and for me it has a lot to do with the intent. The use of alcohol, I don't see any intent besides altering your state of mind and as it is now it has definitely altered and ripped apart individuals.

The intent behind some of the other -- it's probably a little too long to get into such a discussion. There have been substances that have been used and abused and it has a lot to do with the intent behind these particular things.

Things like you mentioned (indiscernible) had a specific intent behind it, which has changed for a number of people. That intent has changed, so it has opened up the doors for abuse.

REP. PORTER: But, was there any chemical, that you know of, in this state of that type prior to alcohol?

MR. SAM: Well, I know there were a lot of different things. If not prepared right, if not used appropriately -- were used. Such as the ways of preparing (indiscernible) substance.

REP. PORTER: Thank you, very much.

Okay. We return to the last person we have on the list at least. And let me know if that is incorrect.

In Ketchikan, Claudia Boyd.

CLAUDIA BOYD: Thank you. That's correct. And I'm here.

REP. PORTER: Please give us your testimony.

MS. BOYD: Thank you for allowing me my few comments this morning on alcohol and substance abuse.

I am Claudia Boyd, Tlingit. I'm on (indiscernible) City Council, (indiscernible) Volunteer Fire Fighters and Indian (indiscernible) Corporation, Tribal Council Member and I have been employed (indiscernible) Corporation for 7 years. I'm (indiscernible) Resources Manager. I work with people.

No one wants to admit he has an alcohol and substance problem, but that is the characteristic of addiction. No one wants to hear about it, but that still is a characteristic of addiction. It's all part of a process called denial. So, how does one approach the problem?

I believe the core of education lies within the school system, especially the younger levels. (Indiscernible) substance abuse is not limited to a minority group. It knows no color, sex, creed, race, religion, etc., and it should be labelled what it is. A drug.

It's a problem that must be targeted to reach any proportion of meeting a goal in education community wise. However, one should have economic proportions I believe before the message is heard.

One primary element is role models for the young kids, teeny boppers, teenagers or young adults. I must even say adults enjoy having a role model. So, this is another element to education. Role models.

If the state could put together a mechanism for these two community wide education with role models people might be on the road to recovery. Like the economy substance and alcohol abuse is a long steady fast road and no one notices the problem until it hits the person sideways.

I am a firm believer of role models and community acceptance. Why? I have first hand experience of going through Lakeside (ph) Recovery Center 29 (indiscernible) ago with key coming from self-worth, support groups only helps provide one, the entity or (indiscernible) mentorship to get things done.

How did I turn around? One backbone was the education in the present school system to my son. As he made a linkage to me to get his goal of a healthy environment. (Indiscernible) This could indicate that one out of 10 are addicted and yet one must realize that statistics only show those that would admit to a survey.

My last point I would like to turn to the City of Saxton (ph). Saxton took a stand. Those that are on the City Council are sober, are recovering alcoholics. Saxton also voted down (indiscernible) alcohol

to help protect the young. We believe in cultivating the young, but the problem is still there of alcohol and substance abuse.

4500
(Tape change)
(Tape III, Side A)
0135

REP. PORTER: Looking at the clock and our schedule and how many people are left, I believe we have no one else on the teleconference network that is scheduled to testify at least.

We have several people here and I'll refer to those here. I believe (indiscernible) and Bill (indiscernible) and Dolores McAda and (indiscernible).

Would you all prefer to go to lunch or would you prefer.....

UNIDENTIFIED SPEAKER: Lunch.

REP. PORTER: Lunch?

UNIDENTIFIED SPEAKER: Push on.

REP. PORTER: Push on? Yes, sir?

GUY PATTERSON: Was my name not on the list? Guy Patterson?

REP. PORTER: Yes, I'm sorry. You're next as a matter of fact. And I guess you're in a vote to push on.

REP. JAMES: Is there any (indiscernible - tape dragging) push on?

REP. PORTER: I think that that might be a very good idea. (On and off record)

It's 12:30 and we've had a little break.

Put the little switch forward.

MR. PATTERSON: My name is Guy Patterson. And I'm from Fairbanks. And I've approached this from many different angles. I have worked over at the Family Recovery Center which is at the Fairbanks Memorial Hospital and it's a unit. And I am a counselor in the Patient Care Coordinator for (indiscernible) program. And also (indiscernible) Advisory Board and I'm a volunteer (indiscernible).

I was interested in your opening when you mentioned the two assumptions. Assumption number one, there is a problem, and assumption number two, which always seems to go along with that was the resources and the funding cuts you'd expect.

And my comment on that is that when we start making the funding cuts for the programs I'd like you to consider each dollar spent in treatment is really an investment and it's going to be dollars saved later on down the road as we've heard. Only one side, one small side, the legal issues involved, but that's just a part of the overall problems. And as we were talking there's other social problems (indiscernible) health problems which cost a great deal of money and probably more than the legal issues (indiscernible) spending.

Last month was the National Treatment (indiscernible) Month and (indiscernible) I was wearing my button all month long and should have worn it today, but wasn't thinking I was going to be testifying in this direction. Treatment does work. And I have heard testimony today saying things like drug treatment does not work and we're having a lot of problems.

We heard today that there was no definition of alcoholism, so I'd like to just throw out that alcoholism is a chronic, progressive, incurable disease characterized by (indiscernible) substance, alcohol. That is not my definition. That's the definition (indiscernible).... it was also characterized as behavioral and social abnormalities and (indiscernible). Those are all parts (indiscernible) for the definition for the disease of alcoholism which has been in existence for many, many years. It has been updated just recently. I don't have that update (indiscernible) I'll be glad to send over (indiscernible).

There's a lot of disagreement on alcoholism and where it begins, but that's not untrue of many other diseases. Now, we've heard the concept (indiscernible) and I believe -- I think that the best way we have (indiscernible) and certainly even if it is a small majority or a small minority (indiscernible) makes no difference. It's out there.

And I think there's a lot of information on that and I certainly would be willing to pass it on to this group. I know that Loren has much of that information on the disease concept. It needs to be listened to (indiscernible). Other more appealing information is given. (Indiscernible) have to deal with that, yet we have done that for years and years.

Also, and it got us into this mess, I believe a lot of our problems now are as a result of not dealing with alcoholism, drug addictions as we go along.

I, too, don't like the term (indiscernible), but we see that as changing over a period of time as it does with other diseases. We now have Alzheimer's disease (indiscernible)... that's a common thing. I'm here to argue terms, I'm not here to (indiscernible)... it is changing.

There is, you know, -- research is out there. I have seen research out to prove cocaine is not addictive. I've seen research out there that proves that inhalants are not addictive. And they probably are according to the definition of addiction. I've also seen a lot of

research which states (indiscernible) marijuana is not addictive. It's out there. (Indiscernible) nicotine is not addictive. Research efforts put out research saying nicotine was not addictive and yet, research (indiscernible).

So, we have these conflicts and I believe that's all part of (indiscernible) we debated. I wonder how much of this goes on in other states (indiscernible)... make sure (indiscernible).

Some of the things I would like to see this group address... financial (indiscernible). We heard recently that the whole addiction -- the whole side of that not being addressed (indiscernible)... We also talked just at our last board meeting -- passed a resolution (indiscernible) American Society (indiscernible) definitions... (indiscernible).

We've heard things about alcoholism today, but other addictions are out there, also. (Indiscernible). I would hope that, speaking from a provider point of view, I would hope that this group would consider the differences between the private sector and the public sector. There are a lot of public programs out there. I think that the private programs are making (indiscernible).... doing a lot of research that we were talking about earlier and providing much of the information that we need (indiscernible).... the overall care for the state and I'm very concerned that as the financial issues do get more and more air time that they'll be a tendency to demand that the public sector programs compete unfairly (indiscernible).

I'm afraid what's going to happen is the private sector is going to go under because of unfair competition and you will lose a lot (indiscernible)... treatment that's available. So, as this discussion goes on that is one of the items that's (indiscernible).

I also would like to put in a word of support for this group to develop or get involved in developing strong progressional standards. There's a certification training is a big issue in this state. I think we (indiscernible) -- we will (indiscernible - tape fading).

I would like to thank you (indiscernible)... this issue (indiscernible).

REP. PORTER: Thank you. Question from Representative Sitton?

REP. SITTON: Yeah. Thank you for coming.

I have a question. You'll think I'm dumb probably, but is alcoholism typically covered by the average health care plan, for example, or is it the -- you were talking about competition, public heath sector and the private sector that made me think well maybe insurance companies don't cover this or something and some people resort to the public side.

MR. PATTERSON: That is a big question. And many insurance companies do provide benefits to recovery alcoholics to one degree or another. You know, many of them say that they will cover 80% of treatment. Many of them -- as health care changes, many of them are starting to determine what (indiscernible) it is and it involves psychiatric treatment -- every five or six visits to a psychiatrist, whatever it might be.

REP. SITTON: Hard thing for them to get ahold of, isn't it?

MR. PATTERSON: (Indiscernible). There are different ways of covering them for the insurance companies. Also many times we'll see that in organizations (indiscernible) programs they will have high option (indiscernible) and almost everybody that's given the choice of $25.00 extra dollars a year, whatever, and -- so often times people (indiscernible) alcoholic and spend that $25.00 elsewhere. And no one wants to say that they are going to need mental health coverage. So, when we make that offer to the individual -- (indiscernible) popping out -- so those insurance don't cover.

Also, you have a much, much larger issue (indiscernible) disease itself. There are people who are suffering from the disease, by the time they get into treatment they're a chronic alcoholics who have no means of support. No visible means of support. Those people are in need of fairly extensive treatment by that time and have no insurance, no jobs, nothing.

REP. SITTON: For example, now assuming that a person was excluded in the coverage, but they had problems related to it like sclerosis or something like that, you think in most instances the insurance wouldn't cover that, too? Or is that typical?

I know you're not an insurance person and I'm not either, but I was just wondering.

MR. PATTERSON: Generally they will cover some disease (indiscernible)... of course, sclerosis -- by the time they get it, often times (indiscernible).

REP. PORTER: Representative Mulder?

REP. MULDER: Thank you, Mr. Chairman.

Guy, thank you for coming today. The Family Recovery Center. Is it public or private?

MR. PATTERSON: It's the chemical dependency unit of the hospital, so kind of in between.

REP. MULDER: In between, okay. And the people you treat are those who are addicted? Is that correct?

MR. PATTERSON: We do treat chemical (indiscernible), which is the step before addiction.

REP. MULDER: The abuse as well as addiction?

MR. PATTERSON: Well, not necessarily abuse. People can abuse alcohol (indiscernible). We don't treat people who (indiscernible).

REP. MULDER: Okay. I'm just trying to figure out what kind of people you did -- who are the people you get in this Center? Are they all court appointed? Some walk-in?

MR. PATTERSON: Most of the people we have in our program are not court appointed. There's a big issue there whenever they come in from the courts -- referred several times, it brings up an issue that is very difficult to deal with. Whether or not the person is chemically dependent. I think a larger issue, too, (indiscernible) programs are testing for cocaine. A lot of people have come to our program after having proven positive urinalysis for cocaine and they are told by the agency that they work for, by their union, by their whatever, that they have to get treatment prior to getting back into the work force.

And we have a real significant number of those coming through and we look at those and say, did they just use cocaine stupidly or are they addicted or do they have chemical use disorder. Just because they used cocaine does not mean they are addicted or fall within the criteria (indiscernible).

REP. MULDER: What type of screening program do you utilize?

MR. PATTERSON: We use diagnostic (indiscernible) under the American Society (indiscernible), diagnostic criteria available (indiscernible)....

We have our own diagnostic (indiscernible). We also use a substance use diagnostic (indiscernible) package program for people who are coming through the court (indiscernible)....

One of our diagnostic tools that we probably use most often a person could lie through (indiscernible).

REP. MULDER: How do people get to your program?

MR. PATTERSON: Most of them are advised to be there from their employers or their family members. They just have problems with chemical and repeated problems with chemicals and they can't seem to beat it. Many of them come in through their physicians (indiscernible) who suggested they speak with us. The referral service. Any number of things.

REP. MULDER: Do you base your statistics on (indiscernible).

MR. PATTERSON: We do.

REP. MULDER: What type (indiscernible) introduction to your center?

MR. PATTERSON: I really don't know what the numbers are. I don't pay much attention to it.

Some of the problems with (indiscernible) as the criteria for the success of the program are that (indiscernible) not too long ago we had a person come into the program referred to us through the (indiscernible). This person was an alcoholic, he had a tendency to become violent and abuse his wife and children. He went through our program and was sober for a very short period of time. A couple of months after he left he ended up getting drunk again. We treated the entire family and we talked with everyone as far what the relapse (indiscernible) she decided at that point to leave him and get a divorce and she moved out of state with the children. And I look at it as four people who actually benefited from what we had even though the primary person did relapse.

I can say our program is as good as any other program (indiscernible).....

By the way, this gentleman also went on to be treated elsewhere which often happens and I believe this gentleman is now sober. Many times we see people come in who have been in treated 3, 4, 5, 6 times and that's not unusual.

And as David Sam testified to earlier, for some reason it clicks (indiscernible)....

REP. MULDER: As an appointed to the Governor's Advisory Board is there a feeling on the board? What is the feeling on the board? Is there a socially acceptable level of drinking in society?

MR. PATTERSON: Partly so, yes. I don't think anyone there has ever thought or seriously proposed any type of prohibition that I have ever heard of. We do support the efforts in the communities to (indiscernible) -- the board is made up of people to include, at least one person on the board has a liquor license, (indiscernible). We also have the president of our board (indiscernible)....

REP. PORTER: We appreciate you taking the time to provide testimony.

REP. MULDER: Yeah, thank you.

REP. PORTER: Uh -- if a person came into your program referred by his family, (indiscernible), and if I understand your approach to it (indiscernible) convince this person not to drink anymore?

MR. PATTERSON: If the drinking has gotten to a point where it is causing problems and the person continues to use alcohol that is a clear indication to me that maybe this person can learn how to drink. At that point, I don't care. I know that this person doesn't drink at all, that the problem will (indiscernible) or at least he will be able to work on his other problems that are there.

I see that proven over and over again. A lot of time, even though I did mention that the chair person of our Governor's Advisory Board spoke in favor of (indiscernible) I believe (indiscernible).....

REP. PORTER: Let me take this one step back and -- how do you teach prevention? Just by teaching (indiscernible)?

MR. PATTERSON: Oh, no. Prevention takes on -- that's an entirely different way -- there's treatment and then there's prevention. When I'm dealing with a person in treatment I'm dealing with a much different way than how I would deal with them in a prevention mode.

A person going through treatment I am actually working on prevention only to the effect that I think that I can work the family system to change the attitudes about alcohol and drug use so that the children will have more success (indiscernible).....

REP. PORTER: I'm really not coming from (indiscernible) I'm just coming from an observation made since I've walked in this room.

It seems to me that that was the problem. Treatment isn't in tune with prevention. And it should be. If trying to make you have to recognize, I guess maybe this isn't a fair, basic assumption, but it sure seems in my lifetime (indiscernible) alcohol is here and it's going to (indiscernible) so -- from your point of view would you never, in terms of prevention -- I don't like the term responsibility -- how about teach irresponsible drinking? Which assumes (indiscernible) drinking?

MR. PATTERSON: I also work at the (indiscernible) and other programs. I believe that the treatment and alcohol and drug addictions is (indiscernible) form of prevention. It prevents a lot of legal problems and it prevents abuse of the family....

REP. MULDER: I recognize that, but you recognize the problems perhaps through intervention (indiscernible) treating alcoholics.

MR. PATTERSON: We need to deal with the problems in it's entirety. I also believe that the community standards, the availability of alcohol -- our attitudes, the attitudes of this commission right now, discussing it, your own drinking behavior, your own drug use behavior.

I believe all of that plays a role in it. Your determinations are going to (indiscernible) largely on what your attitudes are at this time. I know that this attitude -- my education is in education. I'm an early child educator and I know that to teach children anything about

attitudes, anything that's going to be attitudinal must be done prior to the age of 12 or so where you're not going to be successful. So, I know that those attitudes are developed by that time. Prevention efforts need to be gauged for specifically what age the child is as to what you're going to do.

When we do the smoking group for the peer counselors in the high school program, that's prevention, that's a prevention strategy. However, it deals with you who smoke. But hopefully it will change the attitudes of the teenagers as to the approach that they're going to take for smoking which will be seen in (indiscernible) and the attitude change will actually occur (indiscernible).

So, I believe to say that treatment is out of tune with prevention is probably a policy we talk about it in the field as two separate things simply to keep it clear in our own minds. But, I also know that there's a strong treatment effort and the kids seeing a strong treatment, the children are looking at strong treatment efforts, looking at people recovering and knowing that it's talked about, knowing that groups such as this exist and the Governor's Advisory Board exist and that hospitals exist with these problems and when they see that they are more than likely getting that prevention message.

REP. PORTER: Okay. Thanks.

Let me clear one thing in terms of our recent surveys. One was yes, it was recogr ized that there was a problem. And second wasn't (indiscernible)... available resources (indiscernible).....

Next is Ron Smith.

RON SMITH: My name is Ron Smith. I'm the (indiscernible) coordinator at the university's (indiscernible). That position means that I am the prevention educator for alcohol and drug abuse at the university.

I am 75% (indiscernible).

I wanted to do a few things here today. I wanted to as best I could briefly describe what the problem is at UAF for alcohol and drug abuse to let you know what we're currently doing, let you know what more we could be doing and address briefly why we're not doing it.

I'll start with a model that I use that works for me in terms of describing what prevention is and how I see my role.

I look at the issue of substance abuse as being a river that students have a potential of falling into. A part of prevention is to keep them from falling into the river in the first place. Another part is to try and retrieve them from the river as early after they've fallen as possible so that you're not having to drag people who are out in swift, deep currents and being carried down stream.

A lot of what I do is (indiscernible) that image (indiscernible).

REP. PORTER: Let me ask in terms of that analogy, (indiscernible) consuming alcohol and drug out of that river?

MR. SMITH: No, my concern is that they're not harming themselves or other people, is how I would phrase it.

(Indiscernible) dangerous to self or others the use of any substance.

Let me start by describing to you the nature of the problem as we have learned from the (indiscernible) themselves.

There were three consecutive years of surveys (indiscernible) based on federally funded survey instrument that was developed to randomly survey a cross section of students in thousands of universities nationwide. We (indiscernible).

I'll just describe to you three (indiscernible) information that we got.

Under the most recent, which is the (indiscernible) that I gave you, 24% of the students described themselves as having serious personal problems as a direct consequence of their alcohol and drug abuse. 24%. About a quarter of the students. Serious personal problem. (Indiscernible).

Serious personal problems include, thinking about or attempting suicide, being taken advantage of sexually, trying to stop using (indiscernible), thinking they had a problem or having poor academic performance.

In addition 31%, one-third, said about themselves that they had acted in a way that which meant the condition (indiscernible).

The last one which is significant....

UNIDENTIFIED SPEAKER: Excuse me, are there others?

MR. SMITH: Well, there are other specific forms of public misconduct (indiscernible).... arguing....

UNIDENTIFIED SPEAKER: That's quite a range.

MR. SMITH: Excuse me?

UNIDENTIFIED SPEAKER: That's quite a range of conduct.

MR. SMITH: Yes it is. That's right.

The last number that I will give you is the 26% of the students

have (indiscernible) drinking (indiscernible). There is a very strong correlation...(indiscernible)... personal problems.

So, the numbers hang together pretty well between the 31, 24 and 26%. There is a body of students who are within the previous year, reporting these problems. So, if you roll over year by year you're having maybe some repeats.

REP. PORTER: Is there any reason to believe that those statistics are any different than what's in your survey -- general population?

MR. SMITH: There is a national research on student use of alcohol which shows that college students use alcohol more than their noncollege peers. (Indiscernible) -- I gave you excerpts of that. But college students seem to know better (indiscernible) about every drug except alcohol. And their use of alcohol is (indiscernible) who are not attending college.

Now, I should remark on this survey, this is properly (indiscernible) 22 year olds. This last one was sampled (indiscernible) whole range (indiscernible).

What students have told us is consistent with what we're seeing. Students who come into the health center, a percentage (indiscernible) alcohol and drug abuse problems. The high correlation between alcohol and drug abuse -- well, I'll just say alcohol for the moment and vandalism on campus --- two years ago the police officer who does the stats told me that all the cases of vandalism was alcohol related.

So, an enormous (indiscernible) alcohol related. Virtually all the people who work with students who are aware of the alcohol (indiscernible) college students have identified alcohol as being the cause of relationships that have major problems (indiscernible) individual students (indiscernible).

So, what the students say and what we see is very consistent.

Here's what's currently being done. There are considered to be three legs of the stool at the table, if you will, to deal with problems on campus. One is certainly enforcement. Having policies and enforcing them and the other is providing alterNatives. (Indiscernible). Things to do besides drink. That's one of the excuses. (Indiscernible).

Enforcement, of course, is (indiscernible) generally speaking. Alternatives (indiscernible). Education is (indiscernible) health center, medical staff...
Anyone who comes into contact with these students are aware of these issues I think sooner or later turns out to be an educator in some form.

All the students who violate campus policies regarding the use of alcohol, in the residence halls (indiscernible) one hour interaction

depends upon the evaluation (indiscernible). From those places, if I'm satisfied, (indiscernible) I can leave it at that or I can refer those students to additional services. One hour to my own three hour. I can also refer them to the alcohol screening that's conducted at the health center (indiscernible) and he also brings.....

UNIDENTIFIED SPEAKER: Are you the 3/4 person that he.....

MR. SMITH: Yes, I am.

The infractions vary enormously. They go from students who have clearly already done themselves or other students harm. Have been intoxicated enough to be (indiscernible)....

To anticipate any questions you might ask (indiscernible) that my emphasis is on (indiscernible)....

Other things that I'm able to do are go into classes and I have rearranged my schedule now to (indiscernible)... I also work (indiscernible) and stuff like that. (Indiscernible).

(Indiscernible) has come up and I took a look at my list of students who have been referred to me. Very few have been re-referred. I'd like to think and from some of my information that that's because (indiscernible) positive effect on them. (Indiscernible).... Anchorage (indiscernible)....

So, I would like to be able to do more than what we're doing in terms of (indiscernible). Last year we were told there was a $300,000.00 short (indiscernible) forthcoming. What we could do is (indiscernible) computer programming is very successful on campus. Students seem to learn very well. We have -- there has been a stop and go effort (indiscernible) it'll be nice to have that.

Also, on the campus is (indiscernible) of these concerns throughout the campus community -- a very valuable element involving staff outside (indiscernible) and also faculty. There are campus' where the faculty are very involved. Even small ones and modeling behavior (indiscernible)... a whole range of classes (indiscernible).

New student program (indiscernible - speaker speaks softly and fades)... specifically coming from the university Campus students are aware that problems are going on there -- videos ---(indiscernible).

More treatment programs. It would be nice (indiscernible) sexual assault. It would be nice to look to the courts (indiscernible)....

It would be nice to do another one of these surveys. These surveys have been very helpful to us in terms of our education in what the problems are.

So, I think I'll come to a conclusion here. I think there are

lots of people who are in a position to help us with the limiting factors in terms of what we're able to (indiscernible) insofar as financial (indiscernible).

Prevention activities are valuable - (indiscernible)....

So, that's why I came down to talk to you (indiscernible)..... equally powerful (indiscernible).

REP. SITTON: Can you buy it here on campus?

MR. SMITH: Legal aid you can. Yes.

REP. SITTON: Well, isn't the university sending sort of mixed signals on the one hand trying to prevent the problem and on the other hand making it readily available? Also, cigarettes?

MR. SMITH: I don't know if it's a significant contribution to mixed messages there. (Indiscernible) beer commercials by the time you're 18...(indiscernible)...

REP. SITTON: How do you feel about it personally?

MR. SMITH: Uh (pause). I haven't thought about it a great deal. But as an establishment (indiscernible).....

REP. PORTER: I have a personal observation (indiscernible).... I used to smoke.

MR. SMITH: Cigarettes?

REP. PORTER: Yes.

MR. SMITH: I can't make those assumptions.

REP. PORTER: That's true. I have three kids and none of them smoke. It's my belief they grew up in a period of time when there was a whole lot of negative information and attitude developed about smoking.

(Indiscernible - moving of the mic)
(Off record)
(Tape Change)
(Tape III, Side B)
(On Record)

(TRANSCRIBERS NOTE: First part of Side B to Count 200 blank.)

REP. MULDER: That's what I was getting at. I mean, it's time consuming, but it does seem to be more (indiscernible) and important.

MR. SMITH: Right.

REP. PORTER: Is Bill O'Connor here?

BILL O'CONNOR: My name is Bill O'Connor. I'm the director of the Student Health Center at the university.

I first want to thank you for the opportunity to talk with you about the problem with alcohol (indiscernible) we see on campus.

I guess what I'd like to do is having been on campus for ten years and in several different roles (indiscernible) psychologist and now director of the Health Center I want to speak to the problem of alcohol on our campus (indiscernible).

The Health and Counseling Center, I think, sees some of the (indiscernible) of the alcohol abuse on campus. (indiscernible) Medical staff and counseling staff and see some of the results of the alcohol abuse. The injuries, the unplanned pregnancies, the transmission of (indiscernible) HIV, concerns of HIV, suicide attempts, the (indiscernible) domestic assaults and other (indiscernible) that students do to themselves or perpetrate on another student.

What I'd like to talk about is what I see as a need for expanded prevention education. I believe (indiscernible) I don't think we are nearly where we need to be in terms of comprehensive treatment on campus.

Joanne Ducharme when she talked about the 4200 or 4300 university students that are full time, I guess I'd like to expand that some, too, the fact that there are around 7,000 students who come through our doors daily. Half (indiscernible) part time students and there are around 9 or 10,000 students who attend the university (indiscernible). So, it's a significant (indiscernible) that we deal with (indiscernible).

85% of the students who (indiscernible) are from Alaska. Most of them come from Alaskan (indiscernible) or homes on the rural system and many of them will go back to the state and be contributing members of the state. I believe, again, we have the opportunity to have an impact on these people (indiscernible) state.

Many of the students come to us already with alcohol problems, not uncommon (indiscernible) begin drinking at age 12 or age 14. Some do not have any problems or have not even experienced alcohol (indiscernible), but develop problems in relation to peers (indiscernible).

There has been a great deal of talk today about what's alcoholism and what's alcohol abuse and what is addiction. I guess for me there is a continual (indiscernible)... my concerns have to do with the student who is chemically dependent or all the way through to the student who maybe has one drink and gets in a car accident and hurts himself or someone else. And I think all that still needs to be addressed.

I guess one of the things I'd like to point out is that the campus itself is a community -- it's a community within a large community. Fairbanks and then state community. And then I think therefore we have a responsibility to do some of the things that Ron has already mentioned. The enforcement of prevention.

I think it's also a community in transition. And what I mean by that, as what was mentioned before, 800 to 1000 new people come to campus every year. Many of them who are walking in and are leaving behind the old controls and old peers and family they're helping to keep control and they're walking (indiscernible)... and therefore are at high risk just (indiscernible).

And so I think we, again, have some responsibility to them in this community.

The other thing about this group is that it's an easily targeted group. We can get to them in classrooms, we can get to them (indiscernible) -- it's a ripe (ph) group to be working with and I hate to see (indiscernible)....

On the other hand I think it's a population in some ways in terms of education and prevention is falling between the cracks. I think we're doing a good job as a state at addressing prevention in the secondary and elementary schools. There're extensive networks of programs within the (indiscernible) Fairbanks that I think are doing a good job on educating and preventing. I don't think we're doing the same thing (indiscernible).

REP. MULDER: (Indiscernible). Is the primary and secondary prevention (indiscernible)....

MR. O'CONNOR: I don't know the entire answer to that. I can (indiscernible) as people move from high schools and family into an environment that they've never experienced before it's something that (indiscernible).

REP. MULDER: (Indiscernible).

MR. O'CONNOR: The other piece of this population is that we are not talking about adults who are drawing attention to themselves and (indiscernible). So, this is -- it's not the elementary and secondary group, but it's also not the adults that are being referred to in depth patient or out-patient treatment programs.

So, we only have the middle group here that needs prevention work. It's not being addressed through other means.

The states invested a great deal of money in the lines and the thinking of this 9000 students. (Indiscernible) I don't think we're investing as much in the lives of these students. I know we're not investing as much in the lives of these students in terms of what is a

critical issue in that (indiscernible)... how they use alcohol and (indiscernible).

As the university, and Ron touched on some of this just a few minutes ago, we've taken some steps, including writing a federal grant, getting money for two years to get -- which was really seed money to develop the prevention program. That money was given to us with the idea that they could not be reapplied for, but (indiscernible).

We've gone to the position (indiscernible) drug abuse and partly because of limits and funding and partly because I think they believe it's the university's responsibility to address this issue having gotten the funding (indiscernible).

Again, due to project trimmings and (indiscernible) much of a priority as some other points (indiscernible) negotiations.

We do have a modest proposal, F195, that would include some updating or some improving of the prevention program. And I guess part of what I'm asking for is for consideration of that (indiscernible)... addressed.

As Ron mentioned there are things going on on other campuses that we have not been able to do because of lack of staff and lack of time. Ron mentioned a number of those and I'll just highlight a couple of others.

Other campuses have extensive DWI prevention programs. (Indiscernible). Other campuses have more assistance in the enforcement and disciplinary process than we have. Other campuses have been able to develop intervention programs. In other words, peers addressing -- peers recognizing when a roommate or a friend is having trouble with alcohol and doing something to intervene (indiscernible).

And finally, other campuses have been able to develop more extensive effectiveness evaluation programs.

There are lots of ideas for what we could be doing. I think we've done a good start. As Ron mentioned what we're trying to do through this is to talk with other parts of the decision making bodies that (indiscernible) for these students.

REP. MULDER: Thank you, Mr. Chairman.

Bill, how does Ron program (indiscernible) into your programs?

MR. O'CONNOR: Their program is (indiscernible) students. The student health center was to provide treatment for medical and for people coming in for counseling. (Indiscernible). Outreach.

REP. MULDER: What percentage of your health care needs relate to alcohol?

MR. O'CONNOR: I don't have that on the medical side. On the counseling side we -- the figure that we counted last year was about a third of the students we see in counseling have some alcohol related issue. Now, it may not be their only (indiscernible)... it may be their mother or father.

REP. MULDER: How many people are there on your Health Center Staff?

MR. O'CONNOR: There are four counselors and four medical providers.

REP. MULDER: What type of counselor?

MR. O'CONNOR: Psychological counseling. My training is a (indiscernible) psychologist. I'm a licensed psychologist in the state. We work the students anywhere from adjustment to college, home (indiscernible) to depression, suicidal.

REP. MULDER: Are most of those people trained in alcoholism (indiscernible) evaluation.

MR. O'CONNOR: Most of them have as part of any doctor program there is usually some training in substance abuse (indiscernible) work with students (indiscernible).

REP. MULDER: The obvious thought is with Ron being the 3/4 person and you've eight people in -- just the allocations in resources (indiscernible) appropriate (indiscernible) needs that you're meeting.

Just curious of what allocation you had.

MR. O'CONNOR: And that allocation really has been in response to demands (indiscernible) making for the other types of care. We have a waiting list on the counseling side (indiscernible) and medical staff are in (indiscernible).

REP. MULDER: One last question, Bill. Do you charge for the services provided at the Student Heath Center?

MR. O'CONNOR: The students -- the full time students all pay (indiscernible) and so most of the budget -- and then we also charge for medications (indiscernible) those sorts of things. Minimal charge for counseling. The Health Center in terms of finances we supply through the Health Center (indiscernible) about 75% of our own budget. So, 25% (indiscernible).

Did that answer?

REP. MULDER: Yeah. (Indiscernible) wanted to know or through some screening or felt like he needed some help, would it cost him to go through this evaluation if he's a full time student?

MR. O'CONNOR: No. Not for the evaluation. Evaluation and six counseling sessions would be free or paid for by the Health Center. Beyond that they pay a minimum fee of $10.00 a session.

REP. MULDER: Thanks.

REP. PORTER: Thanks.

Okay, is Larry Hackenmiller...?

LARRY HACKENMILLER: Yes.

My name is Larry Hackenmiller. I am a member of the Cameron (ph) Hotel Restaurant (indiscernible) Association and (indiscernible) board member. Have a bar down here on South Cushman.

I'm here today thanking you for having this task force and getting information. I was forewarned by everybody in the industry that you've got the biggest set of ears of any task force that's ever been around, so that's a good point.

I thought I would give you some information and statistics for 1991 on the traffic accident reports in Alaska. And we don't have the 1992 figures. They won't be out until October. They have a (indiscernible) problem. So, when they come out hopefully we'll have an opportunity to present them to you.

Basically my concern is misinformation here. I'm running for political office in town. I've had the opportunity to meet with different groups of people, special interest groups. I want to point out warnings that I had with the Fairbanks Educational Association. I met with the board of those people, about 17 of them, and we discussed -- they discussed their issues and their concerns with me as a candidate, and when it was all over with they asked if I had any questions and I said, yes.

Could any of you tell me how many accidents were alcohol related in 1991 in the State of Alaska? And they kind of looked shocked. Now, these are our educators that I'm talking to. And I said come to a consensus if you want or just throw something out -- throw something at me.

So, the lowest was 45%, I believe and the highest was 68%. And there was only about five responses out of 17 people. And when I told them that the 1991 report indicated 8.8% of all the accidents in Alaska were alcohol related in 1991 -- these are the latest figures. They were astonished, astounded, dumfounded. It's a typical example, though -- and this was asked in different forms. Now just the educators, but other (indiscernible) and so on and no one really had an idea of what it was all about.

To go one step further about misinformation or not getting

information, if you go ahead and take a drivers test today, we ask that questions, how many accidents are alcohol related or how many deaths are alcohol related in the State of Alaska. I don't know what the answer is. They won't tell me. Maybe you could get that information.

But, if you look at the figures -- and again, these charts were made up by me (indiscernible), but the tables are there right in front of the book if there are any questions there as far as what the data on the table is accurate.

But, I believe one student indicated, that was taking the test, indicated that it was 50%, or just under 50%. And I wouldn't call 27.3% just under 50% as far as deaths are concerned. So, there's misinformation being applied here.

The newspapers, also, the (indiscernible) that's going out with regards to -- we're going to be talking strictly about the .08 here the .10. I read an article in the paper there was a stabbing at one of the hotels in town here. And right at the very end of the newspaper article they indicated that the person was twice the legal limit of drunkenness. Now, I don't know what the legal limit of drunkenness is for stabbing someone. I do know in a motor vehicle it is .10. But the implication there is obvious. The press is obvious. They're wishing to extend a problem we have in society by getting it out of proportion. And this is commonplace.

In most of your articles whenever there's an accident a vehicle accident, you'll see an article -- a notation in that article about the traffic accident. It is not known whether the person was drinking or alcohol is not suspected. You know, they're giving a lot of attention to that.

As a bar owner, obviously, I do not support someone getting out in the road and killing someone. It's my business that's at stake here. And I've been an avid support of MADD. We've crossed lines a few times, but when it comes to getting that drunken person off the road, I'm just as available as they are and I do what I can as a responsible businessman.

The problem we have here with regard to education as brought out before is that they had (indiscernible) programs. And anyone will tell you when the economics of the situation is brought out, no economy, no jobs, crime picks up.

One of the other problems we have in our system is the school system itself. Fairbanks right now has got 10,000 illiterate adults. And those didn't come from someplace else. We've got 10,000 adults who can't read a book at the 8th grade level. We've got 80% of the juveniles in our correction system are illiterate. There's the product of our school system.

Now, I don't hope that the task force has to take on the

Department of Education, but we have a school system that is basically producing 25 to 30% illiterate students and they are getting a diploma. These are the people that cannot get a job. These are the people that will go to your counseling and have problems because they aren't working and they will chose to use a substance to alleviate their problems, whatever substance that be. Substance abuse. And they're always going to be there. And right now those illiterate adults are becoming parents. And it's most likely that their children may have the same problem as well because of the school system itself.

I think that if you go back to the root of the problem and find out that the students that we are graduating from our schools aren't getting the proper tools to succeed in society chose their own mannerisms as far as which role in life they want to play. 30% of them.

(Indiscernible). They can't read a book. They can't read the warning label on a bottle of aspirin. Or some of the regulations that are required if they want to continue in some specific (indiscernible) regarding hazardous waste and so on. It's very difficult. And I think one of the roots of this problem here with our alcohol screening is we are dealing with many of the illiterate public. And if you don't have the tools to succeed then you're going to be a problem. You're going to be dependent upon society for a longer period of time.

And I think a lot of the abuse that we had was dealing with that group of people. That is produced by our public school system at this time. So, the problem is far reaching. It's not just a matter of are we doing a proper alcohol screening and so on.

How did that person get there to begin with? If we do have the abuse problems or programs in our grade schools, elementary schools, what effect is it having? Will it have an effect on the two-thirds of people that do or are able to read above a tenth grade level when they graduate? Or the ones that are falling below that? Below the 8th grade level in reading? Will they ever have a chance to understand what is happening? So, we go back one step --

Hopefully I'll have an opportunity to bring out the new statistics on our highways as far as accidents and so on. But, the .10 system (indiscernible) trying to develop a drug abuse system and motor vehicle drivers and they don't know if that's going to be effective or not. I haven't heard that much about it. But, I understand it is taking place in some of the southern states.

So, using the Breathalizer, and we're all assuming that that's an accurate device, that's been proven in court and I'll provide some of this data later where they say if you hyperventilate that'll decrease and if you hold your breath it'll increase. So, there's all kinds of things. We're assuming that that machine is accurate beyond any doubt and that is the only device and the only piece of evidence that you're using to convict someone.

And this is recorded that say that if that's your only piece of evidence then you have to give that individual the benefit of the doubt as far as any inaccuracies. And the methods used to --you know, the hour and the times between when you get -- I'm not trying to defend the drunk driver here.

I want to point out, I want that man off the road. A repeat offender, I want him in jail. I don't want him out. You know, a third time offender who has no regard whatsoever for anyone else I don't want to see that man in my bar and I don't want to see him on the streets. The first offender needs the education, he needs to be aware of what his responsibilities are. And we go through training right now in my bar every time we see a 21 year old, we spend about an hour with him, give him every attention we can while he's at my location to let him know that, here's the rules now. Okay? You're not going to be allowed to do this and all this stuff. So, it's a discipline they're not used to. And they've probably been drinking for quite a while. So....

But, anyway, again, I hope to provide you with some more information later on with regards to the new report once they're out. They're normally out this time of year, but because of funding, they're late. And to give you a better idea of what is actually going on on our highways out there so that you'll be properly informed and not misinformed.

Thank you.

REP. PORTER: I want to make sure that (indiscernible) -- Is Dolores here?

UNIDENTIFIED SPEAKER: No, no, she isn't.

REP. PORTER: She didn't show? Okay.

Bob Keller, I believe?

Did he just leave?

John Regitano?

(Pause)

JOHN REGITANO: I'm the executive director of the Fairbanks Native Association. (Indiscernible).

As executive director I do not have all the detail knowledge of the program that we do, but I do have a very good general knowledge of it and all the (indiscernible) which is very broad (indiscernible) treatment or people with alcohol/drug related problems. It includes the detoxication units, the only one in the interior here.

So, I just wanted to make a general observation here and I hope

you'll be able to digest somehow in your gatherings here.

One of the general observations I have is regarding funding for alcohol and drug rehabilitation programs in this state as a whole. The state needs to be commended on (indiscernible) they do (indiscernible) for alcohol and drug programs. I think it's very important that I point out it's really not enough funds to deal with the problem.

We have a lot of people who are in preventive work as well as treatment work who are spread very thin right now.

I would like (indiscernible) with time I think you would see the need for funding alcohol (indiscernible), but I think it's fair to say that unless we, at some point, stick more (indiscernible) sources into alcohol programs that isn't going to occur. I think you made a good point regarding the prevention. That's very -- prevention is very important and I think prevention is the way ultimately to eliminate it. And I think prevention does, in fact, need to be addressed very early and needs to be addressed in the first and sixth grade essentially.

And reenforcement -- in the cases where it's not being re-enforced in the home, at least if it's addressed at that age in public schools on a fairly intensive program -- release some sort of organized programs statewide maybe the end results will be to see less people, adults, young adults, having problems later down the road.

It's -- to me trying to stick more resources in a time like this. I know what I'm saying here. I'm saying something that's very hard to do. Especially with the State budget. But I also know that somebody -- at some point is going to have to look at this as a route to go. And the reason being is it makes sense economically. If in fact we can put the dollar in here I think we can avoid a lot of other problems which the state ultimately has to pick the ticket up on later on.

Some of them education, a lot of them are education. When you're talking about (indiscernible) with a FAS (ph) you're talking about a real expensive teaching, education system for those children to try to get them to some potential.

Also, medical problems that are related to people who have substance abuse problems long term. And have had substance problems long term. The medical cause ultimately filter down to the state again and the state has to deal with those. And unfortunately, when you get to that point most of those problems don't go away quickly, if they ever go away. They basically get to be maintenance.

Also, mental health. I think there's people that could make a fairly good case that the mental health population or people receiving mental health services, that population could actually be reduced through preventives services offered in alcohol and drug.

And then one that I think everybody is well aware of is the

criminal system ultimately has a lot -- regardless of statistics you may hear or not hear, I don't have any handy -- but it's real clear that a lot of the costs -- at least in this city for incarceration, (indiscernible) and everything related to it is the result of alcohol and drug problems.

So, those are costs which the state has to bear later and maybe treating alcohol through prevention and then treatment is the way to go on those. It's more -- you know, the economic....

The other point that I wanted to make was -- it's regarding prohibition in this state. Fairbanks Native Association and me personally have a strong point here. We would not support prohibition mandated by the government, because it doesn't work and I think that's pretty clear it doesn't work.

I think prohibition still needs to be looked at very seriously through other methods. Maybe some of the other methods are by -- which in fact, I think are occurring when in the communities in particular role areas do get control of their destiny and are allowed to work with alcohol plans they do have available.

The community can mandate prohibition and it's accepted in the community. That's something that's set down there and it's not coming down from Juneau not Washington, D.C., and seems to work. You know, at least it's certainly a good attempt.

Also, I think prohibition, where the state can possibly help to promote these is, I look to what AFN is doing, the Alaska Federation of Natives. They pretty much over the course of the last five years started to shift their position to alcohol -- is not welcome. Alcohol awareness is always there now. Everybody doesn't have a problem and that's absolutely true, but it's rarely appropriate -- it's function (indiscernible) organization to have alcohol at all. AFN through (indiscernible) clearly initiated by individuals and individual groups which remembers (indiscernible) very vocal on that. I think those sorts of things can work. You know, it's a self-imposed prohibition.

The (indiscernible) where they may in fact help in that process and keep it moving along would be through advertising or strongly encouraging those who are receiving grants or contracts with the state to (indiscernible) which is really geared toward educating children. It's just that simply.

So, that's what I would like to comment on prohibition.

Also, on the funding. How do you come up with more money? Well, I think that needs to be -- there's a lot of ideas on how to do that. But to not take it out of -- to take it out of somebody else's programs, that's one way obviously and that's one I don't encourage, because I'm not knowledgeable on everything that the state funds and the value of it. But I can tell you that Fairbanks Native Association will not be

opposed to increasing alcohol taxes (indiscernible). It's a very simply logic -- that if there is a cost associated with alcohol drinking and alcohol purchases then in fact that should be borne by the people who in fact purchase the alcohol. Real simple.

You know, ultimately the people who are making the profits, which are the companies that sell the alcohol, they may not see reduced profits, which I'm sure they won't, because when you increase the tax, they'll just increase the profit margin or raise the price so the profit margin stays the same. That's fine.

Still the tax is a viable option. I know it's not one that's politically very easy to sell, but I just want to let you know that there are groups like ours that are not opposed to these things.
And I think that the cost needs to be borne by that group, it's just that simple.

Another comment I had was regarding the Governor's Advisory Council on Alcohol. Just to let you know that the feelings that I have had with them have been very positive. The group has been very professional and it's a group that -- it's a voluntary group that really does not receive a lot -- I think they receive as much support as they (indiscernible) -- I mean they don't receive a lot of support when I look at the Mental Health Board -- support where they have paid staff and they have more resources available to them.

I think that you may want to look at doing that more formally -- the Governor's Advisory Board on Alcohol. Because what I've seen you've got very devoted people that come down from wherever they live. Some of them in very remote areas. And they try and digest everything that is presented to them and it doesn't have the annual funding meetings.

I think it's fair to say that they hear everybody and they try to make an allocation. And it's very clear (indiscernible). So, I would just encourage you to support them where you can in possibly giving them some staff support. That, I think, if you see that you have access to the funds to do that that may be something you'd want to consider.

But, I think the pay back will be that -- that group will be more able to support (indiscernible) they'll be more the experts they need to be and use legislators. (Indiscernible) and feel very comfortable with decisions they are making, been thought out well and they had everything (indiscernible).

That's all the comments I had.

REP. PORTER: Thank you very much.
Next on the list I have Banarsi Lal.

UNIDENTIFIED SPEAKER: He just stepped out, Representative Porter. Here he is. Mr. Lal?

BANARSI LAL: Good afternoon. Thank you.

In trying to prepare for my testimony this afternoon, I tried to figure out what are some of the things that you were interested in as you relay information about the task forces. And I have several members of the staff that I hear that would be qualified to speak on the treatment issues and what effects and what screening tools we use. And I understand you've had some questions on that, so I'll skip that part.

And I'll start out speaking a little bit to the grant (ph) (indiscernible) process. I think that's one of the concerns that you had. And the other was that (indiscernible) substance abuse and that was a (indiscernible).

And as a program only (indiscernible) 1976, so it certainly had a lot of experience with the grant process. The general perception of our (indiscernible).... program. So, again, you don't expect too much and as your expectation gets lower and lower it's get much (indiscernible).

The other is that there's a lack of (indiscernible) among those who see (indiscernible). And that's (indiscernible) not typical for us (indiscernible)....

Now, contrary to what you (indiscernible) the program that I'm familiar with and I've been (indiscernible) about 25 - 30 years, I do believe that that's a very cost effective way of providing services. Think for a minute that if the government was able to (indiscernible) in the program, do you think (indiscernible)... And the reason for that.....

(Off record)
(Tape Change)
(Tape IV, Side A)
(On record)

There was a report done by the legislative research office, oh, about three or four years ago. It just compared two segments that (indiscernible) and came up with findings that the (indiscernible) programs were almost like 50% of what the salary was in (indiscernible). And you are looking at people with graduate degrees (indiscernible) substance abuse counselor... (indiscernible) at a much lesser salary.

So, that's just on aspect of how nonprofits operate to provide you with the best possible (indiscernible).

In terms of accountability, there are some systems that are already in place. For example, the (indiscernible)... all nonprofit organizations are required to provide -- to respond to a single audit. And Fairbanks Native Association certainly has -- they have CPA firms that come and audit every single year and provide copies of the audit. And you can in the public domain get copies of all of those and see if they are accountable or not.

Sitting here and working for them for about 18 years I can tell you they probably have one of the cleanest audit trails of nonprofit organizations in this state. If that's a question mark, because it's a grant you oughta be rest assured that that is one area (indiscernible) program should be looking at with a division -- very watchful (indiscernible) documents and some of them have become available.

Our 1992 August -- begin, the '93 is just being completed.

In terms of program, the program itself is (indiscernible). We have a (indiscernible) well, the community doesn't do that. But in order for the nonprofit organization to survive in this climate and in this (indiscernible)... it has to be (indiscernible) we cannot just take in money day in and day out and say, you know, we do what we can. So, that's not happening.

And if somebody tells you that that's happening, that's not. And I don't think that you should go away with the feeling that the program is taking money and not being able to produce a result.

One unfortunate fact in substance abuse cases is (indiscernible)... not very forthcoming. He doesn't want to come to you and tell you (indiscernible) or I am (indiscernible) look at me. That's the drawback in the system.

Now, it's not (indiscernible) how many people are in there, how many got out and how many (indiscernible). It's a substance abuse program and people are very shy in coming forth and telling you (indiscernible) report or not. They come and they tell you I've been sober six years or six months, look at me, I went through school and I trained myself to be this and that and that's the part I think is the weakness in the (indiscernible) system.

We have been trying to (indiscernible) question out to people saying please fill it out, please send it back to us, you know. And the returns have been very poor. But those who have taken time to return have reported that they are doing very well.

I think it has to be a system that we can tract people down and I think this state with our support and our feedback should be able to produce this system. And a lot of information is available. For example, a single person entering the system has got a number assigned. (Indiscernible) shows up anywhere within the system you can find out if the person has treatment anywhere in the State of Alaska. This system can tell you how many admissions for the same person. So, there are systems in place.

Now, you go to federal aid and you start to receive federal grants. 30% of the program is required to be invested in some kind of (indiscernible)... methodology. And it's a fact and we have received grants in the past from federal government and from agency (indiscernible) 20% of the budget has to go toward program evaluation.

The State of Alaska doesn't have the kind of source (indiscernible).

Now, can you imagine somebody, you know, who receives $100,000.00 being able to (indiscernible)? It's a fact of life. It's just that the sources are not there to do it. But in order to (indiscernible) you would have to find money somewhere to have that system in place. Otherwise, you know, you're probably falling behind what everybody else is doing.

There are two major initiatives on the federal side. One through the Center for Substance Abuse Prevention, the other is through the Center for Substance Abuse Treatment. (Indiscernible)... Public Health Service. And both have extensive evaluation methodologies in place for prevention programs and treatment programs. And are requiring that you invest at least 30% of your resources in an evaluation program that you submit along with the grant application.

And we have been asked to do the same. And they also do not say that an evaluation should be in-house -- they demand that it should be an (indiscernible) -- hire someone third party independent (indiscernible) or would report that as a result of the evaluation directly for the funding agency.

Now this is the kind of system that is in place and it's coming into place (indiscernible) State of Alaska, so it's something that's very timely, it's happening elsewhere, it's happening here, including (indiscernible) receiving federal dollars.

So, I think you go back (indiscernible) evaluation will be in place whether you do or somebody does it. The federal government is demanding and most of the grantees are (indiscernible) either funded by the state or jointly funded by state and federal dollars or by some other private funding source (indiscernible) report.

REP. PORTER: I don't want to interrupt you, but let me ask you before you leave this morning -- are the (indiscernible) requiring a certain (indiscernible) evaluation or just an evaluation. (Indiscernible) hearing is that many of the evaluations that exist are based on how many people are touched as opposed to people's behavior actually changing (indiscernible).

MR. LAL: No, (indiscernible) evaluation (indiscernible) process evaluation. How many people you serve and did everybody have the benefit of the assessment? Did everybody have a treatment plan completed? Did everybody receive one on one counseling or did everybody receive -- I think they have gone beyond that. They are more into (indiscernible)...

And tell me what happened to the person after completion of treatment three months, six months, twelve months. That's the kind of (indiscernible) they are looking for.

REP. PORTER: How then are you gathering this information? It seems to be one of the problems.

MR. LAL: That's what we're doing now. We got our federal grant last year so that's what we're in the process of doing now.

We have sent out letters to people who have completed three months of treatments, six months of treatment, nine months of treatment and we are receiving some information. It's very difficult because the clients move around so much and most of the ones don't leave a forwarding address or give you one, when their mail is not received and it comes back. So.... you're looking at the same, just you know trying to go to them (indiscernible) and hopefully, you know, we'll find them.

REP. PORTER: It seems to me that we've heard enough information -- at some point in time if we're really serious about this type of evaluation, this system, that a bunch of systems would have to come together so that we can get this straightened out. Criminal justice, health, other treatment programs and those kinds of things.

If, we're not necessarily looking for a response right now, but if, when you're attempting to do this you come across any obvious areas that you can include in this, let us know..

MR. LAL: Yeah. I think, you know, the most natural coordination can certainly be formed with these substance abuse programs and mental health programs and other programs and the DHSS and special programs. They are unfortunate, recipients of a large number of alcohol abuse using clients and those who have (indiscernible). And so I think that would be the most natural probation.

I think that, you get copies of all of your stats and see how many.... and I think one agency that could take the lead in coordinating all of that information is (indiscernible) -- it shouldn't be that difficult, I think, and maybe part of the task force activity would be to find any system
whereby all this information can be somehow analyzed to produce that outcome.

REP. PORTER: One of the issues that has to be dealt with is the requirement that each one of these systems has to work out (indiscernible).

MR. LAL: I think.....

REP. PORTER: Even though we have the same names (indiscernible).....

MR. LAL: Well, I think if you have -- I don't know, maybe Loren can speak to this, a long time ago we had this interdepartmental coordinating council and that included a number of departments, and I don't know how often they meet now, but I have heard somewhere that

there was a body that was called an interdepartmental coordinating council, called committee or something, and you know, an x-number of departments and their commissioners who were listed as people who would be meeting periodically to review such information. I think that list is not comprehensive enough and can certainly be enlarged to include some other departments that would fulfill the needs of this this commission as well as the legislature.

In terms of community driven programming I think there are several pluses that we have. I don't know if you would want to be in a position where you make the decisions and say that this community gets this and that community (indiscernible)... I think you would be better off to have the people in the region to come up with a grant application or a proposal to address the needs. I think in giving them the ownership in dealing with their own problems and making them accountable, I think you can probably achieve the best result.

It's one of the weaknesses in the system in that there are no fall back resources in smaller communities. For example, in Fairbanks, we see, oh, about 25 to 35% (indiscernible) from the Bush, small villages, like south regional units -- they do not have even a house, for example. So, any person who stays here, goes through detox, a short term 30 day treatment and a longer term treatment, has to go back to the village and somehow extend sobriety -- goes back to the same environment where there are no support. And I think you may want to look at, you know, you may want to take -- revisit the system where the Alaskan communities (indiscernible) levels 1, 2, 3 and 4 and take a look at what's available at level 1, 2, 3, and 4 and what's not available and try to find out, you know, what are the gaps in those services that we need to fill in order to provide the best outcome for somebody who is leaving Fairbanks, to Nome, Anchorage, Nome and Kotzebue, and into the village. And I think that's some weakness in the support system.

The one thing that you may want to do regardless of what system you agree to, what's most beneficial, you need to keep in mind that there's another system in place in the State of Alaska that's driven by the (indiscernible). And that's a fairly substantial chunk of dollars that's available.

Now, Indian Health Center has it's own requirements for programming, programs standards for certification of counselors, for certification of of program administrators, reporting requirements, and I think we, in the (indiscernible) have worked very closely with (indiscernible) duplication, that could be a hardship on the programs, those who serve on the programs, those who work in the programs and those who monitor the programs.

So, we have the need for two MIS (ph) systems. We have somehow worked for years and years and now we have one reporting system that acceptable to the Feds.

Most recently the director's association and the division staff

worked together with IHS (ph) to see that the counseling certification requirements were pretty much the same. So, we have now after over a year of effort have been able to come up with some consensus on what should be the counseling credentials and what should be the requirements of process to be certified under both the systems so that we have only one system in place.

Now, in order to have the similar kind of cooperation, you know, you need to look at what else we can coordinate our resources to come up with an evaluation methodology and an outcome methodology and an outcome. You know, that's acceptable to both. Otherwise you'd be asking the program people to (indiscernible) and I think that's something that maybe Loren can help with in initiating some kind of meeting (indiscernible) in service people.

So, you may need to keep that in mind, because these are some key players in this system that have an equal (indiscernible) sustained (indiscernible) time. And I think that's something that I believe would be very beneficial.

I'll stop here and if you have any questions I'll be happy to answer them.

REP. PORTER: No. Thank you very much.

MR. LAL: Thank you.

REP. PORTER: The next I have is Larry -- and I'll let him tell us what his last name is, because I'll probably botch it up.

LARRY CAGNINA: Larry Cagnina.

REP. PORTER: Okay.

MR. CAGNINA: Like I said, my name is Larry Cagnina and I'm the Out-patient Coordinator for Youth and (indiscernible) Association and I also do the (indiscernible) residential treatments.

I'm not going to go into a long dialogue. You know the admission criteria and all that.

The one thing that I would sort of like to give testimony to is the fact that working with adolescents I really feel the state and being a nonprofit organization, the state and some other levels are not funding enough for the adolescence in our section. I believe that the school system is doing a good job in policing alcohol and drug problems in the school level and referring out to agencies here in town to do intake assessments to see if there is a problem with alcohol or drugs.

And I would like to say that about 90% of our assessments and request for assessments come from the school district. And then the other 10% come from the Fairbanks Youth Facility. And a couple (indiscernible) referral.

And I really feel that besides the prevention end of it that more money should be put in the out-patient for adolescence. I think that's where the problem starts. What you're seeing at the other spectrum is the adultery (indiscernible).

It's real simple to just say no, but to do that in reality is a whole different range. The other area that I feel and this is partially in-house, but it could be looked at at the state level, too, is the use of peer counselors throughout the system. Since I've been the adolescent out-patient supervisor in the last year and a half I've seen close to a dozen clients who have brought on to the university and started off at 12, 13 years old. (Indiscernible) family problems and gone on to the university and had their education (indiscernible).

And I think that those individuals are the ones that really should be sitting here today. If I could (indiscernible), but that's my concern.

And the other concern for me is the getting the involved. One of the big issues (indiscernible) come into the money concerning (indiscernible) and then of course adding more counselors on to do the jobs. The funding is just not there. It's just not feasible.

REP. PORTER: Is Michael Daku?

MICHAEL DAKU: Yes. Hi. My name is Mike Daku. I'm the manager of the Adult Services for (indiscernible) for Alcohol, which is under the (indiscernible) Fairbanks Association.

I have often been, let's say, (indiscernible) for talking too much. I'll try to keep this as short as possible and I'll just outline and you'll probably say, thank God, but I'll address a few issues that you may be wondering about in terms of what's going on in our field.

I think we have to understand in terms of how we measure success. Number one, we really have to come to a definition of what success is. And that we've had a problem with. And lots of people have had a problem with how are you going to (indiscernible) a success. And this is not a field in which we have dealt with absolutes a lot. I mean, I often use this with students in terms of -- you know, when you look at the field of mathematics, I know that 2 and 2 equals 4 and nothing much is gong to change that, right? I mean, that's the way it goes.

In terms of how can we say that somebody has recovered from an alcohol and/or drug problem, how do we measure that?

One of the traps I think we have fallen into, and again a lot of this is just coming from my viewpoint and from my experience, is the trap of abstinence or non-use. What I mean by abstinence, of course, is no use at all of any alcohol and drugs, let's say post-treatment if we're looking at outcome.

Mr. Lal mentioned process versus outcome. Sure there's a big push now to say what are you doing with this money? Give us some tangible results now that we can run with, that we can put up there on the board.

I think the trap is with abstinence is that we're looking at an illness, if we want to call it a disease or illness, that relapse is almost (indiscernible) in it. Am I saying that it's very predictable that it's going to happen? A lot of cases, yes, it is very predictable.

Give an example of cigarette smoking. Okay? I'm not going to pick on you necessarily, but I'm using this just as an analogy, okay? You went ahead and you quit smoking, right? Which was a very good healthful thing that you could do. We all know that, correct?

You probably had some health benefits as a result of the fact that you quit smoking. Let's say for instance at some point in time in your attempt to quit smoking you had a cigarette. Okay. Let's say that was even within the first 10 days or two weeks or one month of trying to necessarily abstain from cigarette smoking.

Now we know basically you're addicted to nicotine -- you're addicted to a drug, correct? If you say you're going to make the decision to quit smoking -- let's say you even went to a smoking clinic or a nicotine treatment of some sort, right? Let's say after one week you went through this program and after one weeks time, let's say within seven days, you went ahead and had a relapse. You went ahead and smoked, okay? From that point on you did not smoke, you got obvious health benefits and la-de-da you went on with your life.

Now, if I want to speak in absolute terms, are you a success or are you a failure?

REP. SITTON: Which one do you report?

MR. DAKU: You see, in absolute terms, you're a failure. Because you used a week later.

REP. PORTER: My impression of the difference between the two evaluation -- using your cigarettes -- to my way of looking at it the appropriate measure would be the reduction, goals (indiscernible) as opposed to how many times after I entered the program (indiscernible). Okay?

So, if I went another week, that's great. That's (indiscernible) success (indiscernible). If I continue to smoke two packs a day every day after entering your program, that's failure.

MR. DAKU: Okay. But the point I'm trying to make is it's very difficult and I don't think we want to put it in terms of absolute terms. I think in terms of folks we have seen in alcohol treatment in

terms of where the money's going and what's happening is lifestyle improvements view of her. Okay? Even if somebody, as I say, using the cigarette, even if somebody does have a minor slip, let's say they go back to drinking or momentary drug use and it's minor slip, they basically get back on their horse, so to speak, and they get on with their life and they go from there, in all areas of their life they make progress. I see that as progress, I don't see that necessarily as failure.

In terms of the extent of the problem in the State of Alaska, you were handed out some information regarding incidents of alcohol related crashes and motor vehicle accidents. What percentage was alcohol related? He claims 8%? 8 something? Which I was sitting here, it hit me, geez, that's low. We don't have a problem with alcohol or drugs in Alaska. Why is everybody getting so worked up about it?

The problem is that even for those folks who were involved in the alcohol related crash, let's get -- let's go beyond the surface a little bit and look at those folks who are involved in those crashes. How many times do you think those individuals have driven under the influence of alcohol and not gotten involved in a crash and did not in fact get arrested for DWI, etc, etc.

If we knew that, there's been some wild estimates, I can give you one estimate that for every time somebody drove drunk or under the influence and was arrested, there's probably 400 other times they did not get stopped or arrested for DWI. So, we go underneath that, what do we attribute it to? Do we attribute to just dumb luck? I don't know. I don't know how to answer it.

If you look at the population we run a program through the Fairbanks Correctional Center, if you look at the program there and the population there, approximately 80 to 90% of the people who reside, if you will, in Fairbanks Correctional Center, are there in one way connected to alcohol or drug use. Either through misconduct of uncontrolled substance, through DWI, through assault under the influence, you name it. Right across the board.

So, in terms of the scope of our problem, it's enormous. In terms of the allocation of resources -- I'm not saying that the State has not been -- the division has not been kind to us, they have. But for an allocation of 13 plus million dollars total with this population, it's actually very little. If you look at what the number one social problem in the State of Alaska, it's alcohol and drug use.

I think there's one caution, however, is that it's the idea -- Larry and a couple of other folks have mentioned, the Just Say No program and things of this nature, I think after we hear about it so much we start to turn off. And it's kind of like, Oh God, here we go again. Alcohol and drug use. Yeah, just say no, blah, blah. It really becomes a cliche and it makes no impact. It doesn't make an impact until it's literally turned off the personal side.

And when you're involved in an accident that involves a drunk driver and those sorts of things, those drunk drivings and those incidents are just symptoms, if you will, of the underlying alcohol and drug problem. That's the way they're shown. Just like if you had a cold and your nose was -- I wouldn't have to be, like Ralph Segan (ph) says, a rocket scientist to know whether or not you've got a cold. I would know that.

So, these things are just basically the symptamology of the symptoms of the illness of the real problem. And in this state in particular it's enormous.

I don't know if you folks have any questions regarding our evaluation procedures or you know, standards that we use in terms of admission? I know a lot of programs now, you know, in the Lower 48, are really under the guns for the whole health care system to provide that kind of accountability in terms of where you're placing somebody.

I mean, if you skinned your knee you're not going to be placed in the hospital, right? Obviously you're going to put a bandaid on it or if you need a few stitches, perhaps it could be done on an out-patient basis. That's the same thing as we're faced with, too. So, we've implemented our own system which is an adoption of really a national criteria to go ahead and look at, where are we going to place people and what level of care and not in fact over treating somebody. They don't need to be overtreated.

I can answer any questions.

REP. MULDER: How long does that evaluation (indiscernible) how extensive is it?

MR. DAKU: The one on one evaluation to determine if someone has a problem? In most cases approximately two hours in length. Then once, in terms of evaluation procedures, once we have that information the whole cycle, social history, (indiscernible) information from perhaps a referral source, that referral source may be probation and may be part of the court system and be part of social service system, once we have all that and we take that information to what we call our Admission Review Committee then we institute and use what is referred to as the ASM, Americana Society Medicine criteria to determine what level of care actually that person's going to be placed in.

So, in other words, it's using actually national criteria to make sure in fact that you're not overtreating someone. Because the way we look at is, we put ourselves in the framework or in the shoes of you're paying this person's bill. Now they need to get the biggest bang for the buck and what level of care are they going to in fact get that bang through the buck. And it's your money, where are you going to place 'em?

REP. PORTER: Unless this person tells you or the person who

referred he or she knows, you would not know how many previous times (indiscernible) health problems (indiscernible).....

MR. DAKU: The way we did know is if they've been in the State of Alaska system, they've been in the management information system before we would have that information. We could go ahead and provide that.

REP. PORTER: Which system is that?

MR. DAKU: That's the management information system that we have with the alcohol and drug abuse area. It's our own, all staff and all programs are under the management information system in terms of looking at clients that are taking into programs, what components they're put in, etc., and that information can in fact, and that was -- (indiscernible) mentioning.

That information could be from there, it could be from any other collateral resource we may have. We may actually have a file in effect on that person as long as they've been within the system with the past seven years. We would also have additional information.

There's two diagnostic rules that we really go by and they're not necessarily set in stone. But, number one is to gather as much collateral information as you possibly can. Just like if you were a physician or doing some work, you'd want to know background information, prior history, so on and so forth in terms of to better treat that person. So, we gather as much information, number one. And number two, you're always going to assume deception, because that's the nature of the thing.

Deception finds itself or shows itself in many areas. You go back to the guy who's been stopped for his first DWI or has his first alcohol related accident. You asked them, have you driven under the influence before or have you had any previous DWI's or legal ramifications due to your drinking? No, not really. Of course, you may have from the Alcohol Safety Action program, you may have the spread sheet in front of you that says, "Well, let's see. You have three prior DWI's, gee, that's interesting. But, you've never been arrested before?" "Oh no, I haven't."

We have to understand that when folks get involved with alcohol and drugs, I'm not necessarily talking about the guy who every once and a while has a beer or glass of wine with dinner, they have a very, very significant relationship to protect. And you are going to do whatever you need to do in fact to protect that relationship.

Are you going to commit acts of omission and commission if you will? Of course you're going to. You need to protect the relationship. The evaluator and the evaluation process, what literally is doing besides the fact that it's kind of an investigative and diagnostic process, is that process is really designed to poke holes in that relationship with alcohol and drugs. And to ultimately through

treatment show that person here's a snapshot of here's what's going on for you. These are the consequences or continued consequences as a result of your alcohol and drug use, here's what, in fact, you can do about it.

And just like going to the doctor, here's your treatment plan or prescription. We'll help you write it out. You fill it. Ultimately if you fill it, the chances of you doing well are pretty good.

REP. MULDER: Is responsible drinking a part of your treatment in evaluating?

MR. DAKU: No.

REP. SITTON: Sometimes I despair because of it's magnitude and it seems to me that we put billions and billions of dollars into various programs, including public education and we still have the problem. So, in order not to be battling (indiscernible), so I'll know who the enemy is, (indiscernible) DWI.

What would you do about a DWI problem (indiscernible)? It's something I can get my hands on. I don't think we're going to ever, ever win. I mean it's just.....

MR. DAKU: Yeah, there's so many DWI symptoms, if you will, (indiscernible). It's just like all the other so called symptoms that we've looked at.

In terms of DWI, (indiscernible) what you often hear from folks is, well, if you made the penalty more severe then you would impact people. Now, that has some validity. It doesn't have validity in some other areas. It has some validity in the fact that I think in terms of public awareness, people have become more publicly aware and are perhaps a little bit more careful of getting in a car and driving. Okay?

I'm not saying that their drinking behavior per say has changed at all. I'm saying what they're not doing is, they're not drinking, stepping in the automobile and taking off and getting busted for DWI. So, what you have to do is consistently, coming from the treatment view point, is you have to consistently deal with the drinking behavior itself. People may not in fact drink and drive.

If they continue to drink and they continue with the drinking behavior, I will guarantee you you will see it sprout, if you will, in other areas that are alike. They're not going to get a DWI. Because oftentimes if you ask these folks what are you going to do differently now and they're still in denial about the problem, which is their drinking? What they're going to say is, I'm not gong to drink and drive. I'm not going to get in the car. The drinking and driving, the getting in the car and driving is not the problem. It's the drinking behavior itself that we have to consistently center on.

On the other side in terms of the punishment, look at states who have the death penalty. You want to look at the ultimate punishment, capital punishment and the old murder belt through the South. Those are also the states that have the highest incidents of murder, yet they have the most severe penalty.

REP. SITTON: Let me ask you something else, then. What's producing these kinds of people? That's the question we have to ask, isn't it? What's producing the kind of people who are in the state, the feds, and United Nations and has to micromanage their personal lives. Is something wrong with our civilization that produce people like this? Are the numbers growing? What's the deal here?

MR. DAKU: Well, that's probably a million dollars question.

REP. SITTON: Well, I know that.

MR. DAKU: I think the numbers have grown. You know, if you look at the (indiscernible) in terms of where does this all come from, I mean, is there a genetic phase. Sure. Very possibly. Is there a sociological (indiscernible), very possibly. Is there a belief or value system that's incorporated in these folks? Sure, very possibly. Are there personality traits even that can possibly predispose an individual? Sure, very possibly.

It's the same question that we're looking at in terms of where does this cancer come from?

Boy, I don't know. Is it genetic, is it environmental? Where exactly is it coming from?

UNIDENTIFIED SPEAKER: For example, Mr. Chairman, we have a good bit of debate about whether we should teach responsible drinking or not. We look at the French (indiscernible - phone ringing) children from a wee-age on have two glasses of wine a day with their meals and they don't have alcoholism problems we have in this country.

So, were they taught responsibly, should be teach responsibly? I know this is something we'll get into more and more. But, it's my own personal view, not for the record or any official proceedings, but I happen to think the entire western civilization is indicted because of the kind of people we're producing.

That's my view.

REP. PORTER: Thank you.

Mike?

MIKE (?): Millions and millions of dollars later we've invested into the research, development programs. Are we making any headway?

MR. DAKU: I think we're making headway in terms of changes in individuals lives in terms of, is the lifestyle improving?

Yes. I think in terms of folks have gone through treatment. On the prevention end, I'm not so sure. I'm not so sure, because as Joe says, more and more of these individuals, they have to come from somewhere. It starts somewhere. More and more being produced. So, on that end, I'm not so sure.

I think that one flaw that we've made or one mistake that we've made is historically speaking and you see the same thing true with the programs right now, prevention has been over here -- it's been basically a separate pocket, a separate entity and then treatment is over here and they kind of go on like this, but they never come together in a sense.

When you're dealing treatment are you not also doing prevention? In a since you are. And I don't think those worlds and I don't think the State of Alaska, I don't think in the Lower 48 and nationally -- I don't think those worlds have blended as best they can.

So, in terms of the prevention end, I would say, no. On the treatment end, I would say, yes. The thing we're still grabbling with, of course, is the why's and the where's. Where does this come from? If you could put your finger on it and say this is why this happens, it would be such an easy problem in the sense to deal with. It goes back to mathematics. We know two and two is four. There are no absolutes here. That's -- you know, we're kind of banging our head against the wall and trying to come up with absolutes where I'm not so sure there are absolutes.

Now, punishment doesn't work. Folks are talking about work and somebody being gainfully employed and also literacy skills. Let's go back to pipeline days in Fairbanks. There's a lot of employed people here. There's a lot of people with a lot of money and whoever wanted a job could have a job whether it's a laborer's job or whatever it was. Everybody had a job and there was a lot of money.

What happened to the alcohol and drug rate? Sky high. Everybody was employed.

Let's talk about the literacy end of things. There are a lot of impaired professionals, doctors lawyers, nurses, accountants, right here in this state. Right here in the City of Fairbanks. Are these very literate people? Absolutely. Are these people that, quote, should know better? These are smart guys, smart women. You know, they should know better.

Gee, isn't it interesting, though, that they've been impacted by the disease of chemical dependency. Whether it's alcohol or drugs.

So, it has no real bearing on how smart you are, how literate you are in the sense -- it really doesn't. It again, goes to absolute. If

you had a PhD, that must mean that you're absolute immune to chemical dependency, right? But, if you did not graduate from high school, boom, you're going to have it? It doesn't happen that way.

REP. MULDER (?): Yeah, just in the role of a friendly Devil's Advocacy, let's take issue about what you said about punishment not working.

I'm not sure I'm convinced of that. I'm not advocating this, but for example, if upon conviction of your first DWI, if your automobile were seized, you don't think that would be a deterrent?

If your automobile were taken from you and you lost your $12,000.00 car?

MR. DAKU: No.

UNIDENTIFIED SPEAKER: I want to take a stab at that having had a bit of experience in this particular area.

The program started in Anchorage (indiscernible) showed various (indiscernible) reduction (indiscernible) was concluded that it wasn't a level of punishment (indiscernible).... You can increase that substantially.

There is a point in which (indiscernible) unless you have the other (indiscernible).

MR. DAKU: You still have to go back to the behavior. Somebody gets a DWI, you've lost your license, right? First offense, 90 days, second offense six months, third offense up to 10 years, maybe forever. Guess what?

If you looked at the incidents of both driving without a license, even those folks who are driving DWSOL, Driving with Suspended Operator's License, it's enormous. It hasn't changed anything. I don't have a car. Well, to hell with the car, I've got a motorcycle. I've got somebody else's car. I've got my neighbor's car. I need to drive, it's my right. I'm going to go ahead and do it.

Does the behavior necessarily change? No. Can someone go ahead and let's say in fact somebody doesn't drive at all, then? Right? They get their car taken away or they have a first offense or however many offenses and they can't drive for an x-number of days, right?

Maybe it's through fear, like you say, fear of apprehension can be very strong, a very powerful thing, so they don't do it.

REP. SITTON: In jail?

MR. DAKU; Yeah, or maybe they're incarcerated for a period of time or whatnot. The point is, in terms of their attitude and their

behavior you really have to take a close look at it. Because folks what they'll do is, they'll say, fine and dandy, I'm not going to drive for the next 90 days.

If the drinking behavior has not changed, you've changed nothing. Because that 90 days is just an artificial framework to work with him. And then once that 90 days is over, boom, it's almost like saying to you, you quit smoking, right? If your family got on your case about quitting smoking, you may go to them and say, okay, I know you've got my best interest at heart and all that, but I'll tell you what. I'm going to show you that I don't have a problem with smoking. And what I'm going to do is, for the next 90 days, I'm not going to have a single cigarette. And guess what? You're able to do it.

After 90 days is over, you go right back to it. Guess what? You've got a problem with cigarettes. Mark Twain said it good. He said, I'm great at quitting smoking. I've done it a thousand times. Right?

REP. PORTER: Before I ask (indiscernible) information system you're talking about. Is it a division system where treatment programs have the availability as required? It is not coordinated I'm presuming with (indiscernible)....

(Tape Change)
(Tape IV, Side B)

Kathleen...

KATHLEEN DOVE: Dove.

That's all right. My name is Kathleen Dove (indiscernible) card if you'd like.

I work for an organization called the Cultural Heritage and Education Institute and we are a nonprofit organization founded in the late 1980's. We work exclusively and primarily with the village (indiscernible). And I should clarify that and maybe I should call it (indiscernible) community just under 300, 135 miles north of (indiscernible).

And I've been listening practically all day long and I have a couple of comments that I thought might just give you some general information that might help.

I'm not here to ask for money. We've had your money for three years and it's done great things for us and I would like to let you know that we do a lot of work primarily on the end of prevention. We do not do any treatment work.

I'd like to let you know that we have had two grants through the state. One of which is a Community Action Against Substance Abuse, CASA

grant, which we used in (indiscernible) school based prevention program. Now, we've had wonderful cooperation with the village leaders in the community, of course, because these represent our board of directors and we've also had a great deal of cooperation and support from the school staff.

And in 1993 for the first time we had two young people graduate from high school in (indiscernible). Now that may not sound like a remarkable record, but I'd like to -- I stand before you to let you know that those young people accomplish that task amidst a lot of peer pressure and for the past five years there have been students who were old enough to graduate and have been in the school system long enough to graduate. But we're not either academically eligible or did not meet attendance requirements.

And we feel that part of the reason they were able to graduate two young people was in fact because of CASA program. It did support and finance the (indiscernible) troop for the last three years and that has been a great (indiscernible) to put together people, elders together (indiscernible).

And we even have children who are (indiscernible). It is a wonderful program and we are very grateful to have the opportunity to get in it. We'll probably be coming back to you for more requests in the future.

We've also been the recipient of a high risk (indiscernible) grant which is federal money, but has been funneled through the state as well. And it is one of the things I thought perhaps I should call your attention to that you might be able to help us with, I don't know if you can do anything about this or not, but what we do with our high risk youth camp is every summer in Old Mintow we invite very much high risk, not at risk, but high risk (indiscernible) to come to Old Mintow to spend three weeks solidly with our elders learning the traditional skills practices and beliefs and lifestyles that help give them a strong identity (indiscernible)....

Now, this program has been very successful. This past summer we had 18 people who were young people in the program. You know, usually we had 12 or 14 people. And we do a lot with a very small budget. You know, anywhere from $25 - 35,000.00 depending on what we can finance that year. And you can imagine how large the grocery bill is feeding basically 20 young people (indiscernible) six to seven people.

One of the problems we have encountered recently is when -- we have a very small window in which to hire our staff to run this camp, because we always bring in temporary employees. We usually have to employ a camp cook, a camp manager, and one female counselor for the girls, and one male counselor for the boys.

And we have been always (indiscernible) background checks done on these individuals. We have a very short window time to hire these

people and get them into camp. Typically about two to three weeks.

When we go to get background checks on these individuals we're told that through the Department of Public Safety it takes four to six weeks once we've submitted the fingerprint card to get that information back to us. Also, the charge is $50.00 per card.

Now, for those of us who are doing prevention, we are working primarily with children. I don't know if there's anyway to expedite that process, but by the time I submit the cards and get the information back, our camp is over with.

Now, this makes us feel uncomfortable. It makes our board feel uncomfortable and we're putting our children in a very detrimental situation.

Now, we can try to expedite things with our hiring process, but when we employ primarily, for obvious reasons Native people, there are other job opportunities out there for a lot of these people, including fighting forrest fires and this sort of thing. So, we have a very small window of opportunities.

If this could be looked into, I don't know if other prevention specialists are running into this problem, but we would like to bring that to your attention. That's one area that we think you can think help us.

I must say, too, $50.00 a card for a nonprofit organization is pretty expensive. It's gone up substantially in the last year. It used to be $35.00 a card, now it's 50. I don't know if there's a possibility of getting a reduced fee for the nonprofits, but certainly I believe expediting that process for those of us working there would really help us.

We are also the recipient of (indiscernible)... community partnership grant. You've probably heard about community partnership grants. I certainly hope you have. There are 262 of these grants, federal grants across the nation. Alaska has been a recipient of five. (Indiscernible - someone moving microphone around).

We're doing great things with our C-Staff (ph) grant. We're in the third year of our fifth year. Now, this is basically prevention planning. One of the things that we're doing is some kind of innovative work. We're trying to give our young people some alternative choices with what we do.

So, for instance, this summer we funded a summer youth (indiscernible). We took the kids camping. We opened up the arts and crafts center in (indiscernible) and teaching them skills. We had reading hour for the very young children. We took them camping down at Denali Park and down in McKinley area. So, we're just giving them alternative opportunities so that they can make wise choices.

Sometimes there's a lack of activity. You know, you're just going to hang with your friends and do what, you know, your parents and your elders don't want you to do.

So, we've done some innovative things and we think they're working. I would point again to the two young people that graduated from high school just recently and certainly the credit for that accomplishment goes primarily to them. But, these kinds of efforts that center around prevention are working and I want to really re-enforce that, because as I've listened to the testimony today, I think there's an emphasis on treatment and I've seen some questions coming up -- is prevention working?

Well, I'm here to tell you that according to our staff and to our evaluations that it is working. And that leads me into my next point that I would like to make.

And that is talking about evaluation. I would just like to echo and even confirm what (indiscernible) how important evaluation is. Now, I'm not talking about evaluating a client when they come in for treatment. I'm talking about (indiscernible) evaluation. Meeting goals and objectives.

When we have a grant or a notice grant award that comes to our office for a proposal that we have sent in, we have to think of that as a contract. And we have to realize that this is an agreement just between (indiscernible) sorts of measurable outcome.

Now, prevention is -- it's different to measure prevention than it is to measure treatment. Because in treatment you have clients and you have numbers and you can tract some of these things.

It's a little bit different with prevention. So, if you are going to look at changing, reinstating, somehow, realigning the evaluation process for your prevention grantees, here is what I think is one of the primary keys. And that is, to have an evaluation process does not evaluate at the end of the program, but evaluates as the program progresses. And what you need in order to do that is baseline data. And here's the important catch.

With those of us who are working in small world communities, there is not always baseline data available. You might hear this term (indiscernible). One of the things we were required to do the first year of our (indiscernible) grant was to do an (indiscernible) for the village. And believe me we got some real extensive documentation. It took us months to get it. And in some pieces we could not get documentation, because when we phoned different resource agencies located in Fairbanks who are performing services for the village population (indiscernible)... they're not keeping records in the same way.

There's no consistent forms being used. This is a problem with

regards to collecting data. Also, you've obviously been faced, you know, some hesitation about getting information just in a village setting, not just because everybody knows everybody, but oftentimes people are (indiscernible). And this is a real primary factor that we need to deal with.

So, poor evaluation, I would say evaluate as you go when you're doing prevention. Look at measurements that will give you a baseline data of the self-esteem of the kids in the school. Okay? So, this is the important thing that I would like to emphasize. And then collecting that baseline data.

Now, you can't obviously make a plan where you're going to -- initial needs (indiscernible) for every town, community or village in the state. We can't afford that. But, people can be in looking at data (indiscernible). United Way needs these assessments. Even agencies have their own gut feeling about what's out there. And those feelings aren't hard data, but they give you a place to start looking for the data. That's real, real important.

And I just want to thank you again. Those of us at (indiscernible) are really proud of what we're doing. We think we are having success. We are the recipient this year of the Governor's '94 Prevention grant through the Department of Education. A very small grant. We are going to keep plugging along, we're going to come back to you with request, but on behalf of my boss, Robert Charlie (ph), the founding director of this organization, our board of directors who (indiscernible) leaders and (indiscernible) we are very grateful.

We think prevention is working in (indiscernible) and we hope that you will have the continuing dialogue because we certainly enjoy the relationship we've had with you all and certainly with the staff.

Thank you.

REP. PORTER: Thank you. And let me just say that we've heard about your program (indiscernible).

Would you say that the program that you are running in terms of (indiscernible).... is the relationship (indiscernible) all of the state or this (indiscernible) one of the problems of the other programs that you have (indiscernible) two staff people for every client, hundreds of thousands of dollars available... Do you think you fall into that category or do you fall into a category of (indiscernible).....?

MS. DOVE: Well, that's a good question and I appreciate the opportunity to answer that.

Let me tell you again. The major source of income for our program is the (indiscernible) money, but that has a very narrow and specific purpose and it is a little bit broader (indiscernible) prevention grants we have received through the division. I mean, these

monies have to (indiscernible) small in my mind. (Indiscernible) less than $30,000.00.

The children -- the number of children who are participating that first year was basically the total school population and that was 70 children. Three or four years have gone by, we have a very, very substantial number of 3, 4, and 5 years old. (Indiscernible) same kind of opportunities of prevention from the (indiscernible).

So, the need grows among the number of children you have and the resource is available in the village. Some villages have reached a point in their political level ---

(Indiscernible - alarm ringing).....
(Laughter).

It depends on the village and the resources in the village. Some villages have more economy than others. In those villages that are still struggling politically (indiscernible) it's different village by village.

But, I think you know, you're looking at basically $30,000.00 over a three year period, so $90,000.00 for this prevention program. And you might say, what have they got? They've only got two kids (indiscernible).....

REP. PORTER: Excuse me. Now this is the total money that you've allotted or is this just the state money?

MS. DOVE: This is the state -- this is the CASA program, which is the school based prevention program.

REP. SITTON: What's the total cost of your program?

REP. PORTER: Between all the federal, state, private, monies together, I'm going to assume are all ingredients and necessary for the (indiscernible)... how much is that?

MS. DOVE: That's between 350 and $450,000.00 per year. The first year we got our grant (indiscernible).

Now, it is a large sum of money, but (indiscernible) Anchorage gets a billion dollars a year in the partnership grant. Nome gets a fairly size, because they're dealing with 11, 12 maybe 13 villages over in Nome.

Yes. It takes large sums of money to go and do this and do this right. But it's going to cost you more down the way. A lot more.

REP. PORTER: The total size of the population in Minto is 300?

MS. DOVE: That's correct.

REP. PORTER: And your budget's $350 - 450,000.00 a year?

MS. DOVE: Well, that's what it was in our largest year. This year it's substantially less because we don't have the same grants. So this year it will be about $200,000.00.

It just depends on what areas we are working on. Now, we do more than just prevention, too. But when you talk about prevention, that includes development of Native language, that includes providing some sort of economic development that is culturally sensitive to the area.

This organization that I'm talking about, Cultural Heritage and Education, it's not specifically and primarily for prevention. It is to preserve the culture.

REP. PORTER: Don't get me wrong. I'm not saying it's necessarily a bad deal. We spend that, it roughs out at $1,000.00 a head and we spend that much every year for permanent program funds. So, it's no big deal.

Okay. Thank you very much.

MS. DOVE: Thank you.

REP. PORTER: Kathleen was the last person that I had signed up. Is there anyone else here.... okay.

Please come forward and give me your name.

TERRY STRLE: My name is Terry Strle and I'm here.

REP. PORTER: Oh.

MS. STRLE: You got me?

REP. PORTER: You were here, but we missed you.

MS. STRLE: I'm here representing the local chapter of Mother's Against Drunk Driving. I'm the former president of the local chapter. I'm just here to encourage the legislature to pass that .08 legislation, HB 61.

It's a good bill, got plenty of (indiscernible) that shows you're impaired at .08 and it's just like being a little bit pregnant, you're not a little bit drunk. If you're impaired, you're impaired. And we fear that what's going to happen is, there's going to be a crash in the state where someone's going to be killed and they're going to be .08 and that's what it's going to take for the legislature to move.

It happened in New Mexico last year. The legislature was sitting on the bill and three people were killed on Christmas Eve and the next year they had the bill and we don't want that to happen here. We have a

law (indiscernible).

And I'm sure you both know that we had a particulary bloody year, summer, on the highways here. Some of them were alcohol related, some of then weren't, but we need to send a strong message to these drivers that we're not going to tolerate (indiscernible) behind the wheel when you're drunk.

From a victim's point of view, my brother was hit by a drunk driver three years ago in Southern Illinois where he was riding his bike and he was hit by a truck. So, if you're talking about degrees of impairment, and that's what everybody gets into, you know, everybody knows you can (indiscernible) anyway you want to do it.

But he was on the shoulder of the road when he was hit from the rear by a pick up truck. So, if you're a little bit drunk that's not a very big margin to get hit with.

So, I think that it's a good law and it's an important law and we need to pass it here. And I don't feel like we can afford to (indiscernible).

So, that's where I'm at. And thanks so much for letting us talk with you.

REP. PORTER: You bet.

Representative Jim (indiscernible) on task force, he's a sponsor of (indiscernible)....

Now, is there anyone else that we have... we do have Darlene Brown?

Please come forward.

DARLENE BROWN: Actually I would like to see whatever you call (indiscernible) Fairbanks....

I think it's good to have somebody here. I would also like to see all of the laws that are (indiscernible)... for everybody the same. The law should apply to everybody exactly the same.

I really do think there should be somebody here for a town this size and the amount of liquor established. And I am a bar owner. But I do believe there should be somebody here. (Indiscernible).

REP. PORTER: We were made aware of the fact (indiscernible) foreign investigators for ABC for infractions to do investigations. Do you know if any of those people are located up here in Fairbanks?

MR. BROWN: No. None.

REP. PORTER: None of the investigators....?

MS. BROWN: I do believe that there actually should be for a population this size and as many liquor licenses there are, a lot of people have question. Some people do things because they don't want to call Anchorage or find out what (indiscernible).

REP. PORTER: I was making certain that that was your impression.

Now is there anyone else here?

Yes?

JOHN BAERTSCHY: My name is John Baertschy. I am the director of the Interior and Northern Regional Training Office, which.....

REP. PORTER: Could you spell you name, sir?

MR. BAERTSCHY: Yes. B-A-E-R-T-S-C-H-Y

In this access the staff development and training center for the interior and northern half of the state. I service Fairbanks, Fort Yukon, Tok, Barrow, Kotzebue, Nome and Copper Center.

ANCHORAGE

12-1-93

+

12-2-93

①

12/1/93 Tape 2 Side A

002	Rep Porter
026	Loren Jones
470	Rep Nordlund
490	Loren Jones
552	Rep. Porter
565	Loren Jones
588	Rep Porter
600	Loren Jones
	SIDE B
637	Rep Porter
637	Loren Jones
650	Rep Porter
654	Loren Jones
667	Rep Porter
667	Loren Jones
668	Rep Porter
670	Rep. Willis
672	Loren Jones
693	Rep Porter
695	Complaint
	Rep Porter

②

TAPE 2 SIDE A

002	Rep Porter
007	Ken Winters
040	Rep. Porter
044	Ken Winters
045	Rep. Porter
045	Ken Winters
062	Porter
062	Ken Winters
077	Porter
078	Winters
104	Rep. Porter
167	Col. Fleming
341	Rep. Porter
362	Col Fleming
389	Rep. Nordlund
395	Fleming
398	Porter
400	Fleming
449	Porter
461	Porter

	402e continued 252e Delmond
476	Fleming
478	Patin
479	Recess for lunch @ 11:32
	TAPE 2 SIDE B
480	Wes Hamilton
	TAPE 3 SIDE A
002	WES HAMILTON, CONTINUED
200	NORDLUND
	HAMILTON
278	NORDLUND
292	HAMILTON
296	NORDLUND
298	HAMILTON
299	PORTER
305	HAMILTON
332	PORTER
338	HAMILTON
351	PORTER
351	HAMILTON

	Leg. Appellwood.
356	PORTER
357	HAMILTON
379	Porter
381	HAMILTON
387	NORDLUND
394	LOREN JONES
420	PORTER
422	HELEN BIERNE
	TAPE 3 SIDE B
640	HELEN BIERNE - CONTINUED
646	JEWEL JONES
764	PORTER
766	JEWEL JONES
771	BIERNE
2	JEWEL
2	PORTER
	HAMILTON
724	BIERNE
782	PORTER
782	BIERNE
784	PORTER

(5)

	JEWEL JONES
789	PORTER
792	JEWEL JONES
792	BRENE
801	PORTER
806	SCHENKER
880	PORTER
884	SCHENKER
937	PORTER
940	SCHENKER
948	TOOHEY
952	SCHENKER
967	PORTER
973	SWACKHAMMER
	We are 3rd in nation in alcohol related traffic fatalities
003	REP. FOSTER
004	SWACKHAMMER
031	FOSTER
	SWACKHAMMER
	VIOLENT CRIME, ALCOHOL Related, is greater than 75%

(6)

1 46	PORTER
154	NITA HENSLEY, DMV
172	FOSTER
183	SWACKHAMMER
194	PORTER
200	SWACK
201	NITA HENSLEY
217	TOOHEY HENSLEY
230	PORTER
236	SWACK HAMMER
247	PORTER
	SWACK HENSLEY
294	PORTER
303	GEORGE KELSHNER ENFORCEMENT, BOOTLEGGERS
	PORTER
391	KELSHNER
440	TOOHEY KELSHNER
458	TOOHEY
461	TOOHEY

(7)

473 PORTER
received @ 4:25 P.M.

TAPE 4 CONT'D
12-2-93

508 Rep. Porter
525 C-Joe DeMatteo
833 Rep Tookey
847 C-Joe DeMatteo
Ask on taxing ability. DD
will give it to the city
936 Rep. Tookey
937 C-Joe
978 Porter
979 C-Joe
989 Tookey
990 C-Joe
992 Tookey
002 FOSTER/PORTER
004 NORDLUND
030 Porter
031 C-JOE

(8)

032 - PORTER
035 PALMEO SANTOS
Abatement Alcohol Problem 90%
058 PORTER
058/9 PALMEO

(9)

303 Rep. Porter
TOOHEY
309 PORTER
314 CYNTHIA HARTMAN
PORTER
Kathleen
492 Toohey
False Pass

TAPE 5 12/2/93 SIDE A

001 ANNE DUSHKIN False Pass
050 EMIL GUARDSEN Sand Point
095 TOOHEY
101 EMIL
119 PORTER

313 RICHARD SCHMIDT
360 PORTER
374 BARRY GOLD

(10)

545 Joe Boeteshi
692 REP. PORTER
705 HENRIETTA NUCEN
Rep. PORTER
LOREN JONES - "ECHS"
PORTER
790 HENRIETTA NUCEN
830 TOOHEY
831 1,005 MENTAL HEALTH DOLLARS
832 TOOHEY
838 HENRIETTA
845 Rep. Porter
903 Robert Galea - Alaska House
039 Rep. Porter
056 TOOHEY
059 ROBERT GALEA
075 REP TOOHEY THANKS
076 REP PORTER
090 ROBERT GALEA / REP PORTER

(11)

102	ROBERT SALSA / REP PORTER
109	ERNIE TURNER
	TAPE 6 SIDE A
	ERNIE TURNER CONTINUED
352	PORTER
353	TOOHEY
354	TURNER
356	TOOHEY / TURNER
358	TURNER
362	TOOHEY
363	NORDLUND
364	TURNER
366	NORDLUND
367	TURNER
	NORDLUND
	PLANK
	NORDLUND
	PORTER / TOOHEY
376	TURNER
	PORTER
415	David Hardenbergh

(12)

545	Rose Humili
558	Toohey
559	Rose Humili
581	Porter
582	Rose Humili
585	
609	PORTER
614	ROSE
69	PORTER
621	ROSE
629	PORTER
630	JOHNNY
684	PORTER
704	JUDE HENZLER
731	TOOHEY
732	JUDE HENZLER
736	PORTER / JUDE
907	REP TOOHEY
932	REP. PORTER
948	REP. FOSTER / JUDE HENZLER
951	REP. PORTER

SIDE B

(13)

961 MICHAEL WILSON
989 PORTER
994 J.L. SMITH
139 REP. PORTER
144 FRED ALLEN
170 TOOHEY / FRED ALLEN
171 PORTER
172 FRED ALLEN
176 PORTER
184 DEBORAH BAER
232 PORTER
235 DEBORAH BAER
254 TOOHEY
255 DEBORAH BAER
258 TOOHEY
258 PORTER
270 DR. RAY DEXTER
344 REP PORTER
348 REP NORDLUND
DR. DEXTER / NORDLUND
353 DR. DEXTER

(14)

372 NORDLUND
376 ROBERT GALKA
378 DR. DEXTER
385 NORDLUND / DEXTER / NORDLUND
389 TOOHEY
405 PORTER
408 JAN PITTMAN
470 PORTER
509 _____ ?

TAPE 7 12-2-93 SIDE A
_____ CONTINUED

008 REP. TOOHEY
_____
010 JANO PITTMAN
TOOHEY
JANN PITTMAN
020 TOOHEY
PORTER
030 GREG NOTHSTEIN
174 PORTER
183 MARION BROWN

241	REP. PORTER
242	MARION BROWN
251	CHARLES MCKEE
317	PORTER
318	JAMES CHRISTMAS
319	TOONEY
322	JAMES CHRISTMAS
428	REP. PORTER
435	LIZ HUBER
488	PORTER
492	ANTHONY [redacted] LOTT

TAPE 7 SIDE B

ANTHONY LOTT CONT'D

62	REP PORTER
680	JEFF HALL
708	REP PORTER

ADJOURN 4:02 P.M.

LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

SPONSOR: (H) Alcohol Task Force

SUBJECT:

START/END TIME: 900 **DATE:** 12-1-93

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	CARRIE D. LONGORIA	POBOX 19-6650 / SAFE City Program	99519	343-4876		X	
2.	Jay Dulany / DMV	5700 E. Tudor Rd Anch	99507	269-5559		X	
3.	Diana Schunker / Corrections	2200 E. 42nd. Anch 99508	99508	561-4426	x		
4.	~~Kate~~ O Beirne	825 L St. (MOA-DHHS)	99501	343-6715	X		
5.	JEWEL JONES	P.O. Box 19-6650	99519	343-4667		X	
6.	David Hardenbergh / RurAL CAP	P.O. Box 200908, Anc., AK 99520	99520	279-2511	X		
7.	Portia Babcock	Senator Loren Leman's office		258-8189		X	
8.	Rose M. Hamilie	1501 Elcadore Drive #101	99507	344-0271	X		
9.	Tony Machette				X		
10.							
11.							
12.							
13.							
14.							
15.							

LEGISLATIVE TELECONFERENCE NETWORK

~~30660~~ 30660

SIGN-IN SHEET

SPONSOR: House T F on Alcohol + Alcohol Abuse

SUBJECT: See agenda

START/END TIME: 9:00 **DATE:** 12-1-93

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	BARRY Gold / Kodiak Council on Alcoholism	P.O.Box 497 Kodiak	99615	486-3535	–		
2.	George Kirchner / 4 Rivers Counciling	Box 229 McGrath	99627	524-3867	–		
3.	P. Ann Mitchell / Eastern Aleutian Tribes.	Box 427 Sandpt. AK 99661	99661	383-5421			
4.	Anne Dushkin / " " "	Box 56 False Pass, ~~AK~~	99583	548-2225	✓		
5.	Emil A Gundersen III " " "	Box 345 Sand Point Alk	99661	383-5642	✓	✓	
6.	Robert Lowe PhD AK Human Servs	P.O.Box 230245 Anc. 99523-02	5	561-4535		✓	
7.	Scot Prinz Alaska Area Native Health Servic	250 Gambell St 99501		257-1142	✓	✓	
8.	Karen Degen. Degen Reindeer Ranch	P.O. Box 871545 Wasilla, AK	99687	376-4534			
9.	Robert Galea AKEELA HOUSE	2805 ~~BERING~~ ST ANCHORAGE, AK	99503	561-5229		✓	
10.	JUDE HENZLER	1614 TAMARRA CIRCLE ~~99508-3527~~	99508-3527	337-6550		✓	
11.	KIP KNUDSON / OFC. OF REP. HANLEY						
12.	C-JOE DIMATTEO Alaska Council on Prevention	3333 Denali St.	99503	258-6021	✓	✓	
13.	Karen B. Coody / Municipality of Anchorage	825 L Street	99501	343-6519		✓	
14.	Ernie Turner / Alaska Native Alcoholism Recovery Ctr	670 W. Fireweed Lane, Anch AK ~~99503~~	99503	278-2627	✓		
15.	Kevin Murphy / Family Recovery Ctr	250 HOSPITAL CIRCLE, Soldotna	99669	262-8170	✓		
16.	MAJOR ROBERT ~~R~~ D'DENSON THE SALVATION ARMY	3600 E 20TH ST ANCHORAGE AK	99504	279-0522			

LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

SPONSOR: HOUSE ALCOHOL TASK FORCE

SUBJECT: ALCOHOL

START/END TIME: 9:00 a.m. DATE: 12-2-93

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	Manon Brown	AWRC 111 W. 9th Avenue	99501	276-0528	✓		
2.	Charles E. McKee				✓		
3.	Greg NOTHSTEIN						
4.	James H Thomas	907 E 8th Ave Anch AK	99501	279-9634	✓		
5.	Liz Huber	" "	"	"	✓		
6.	Anthony Lott (Anthony Lott)	" "	"	"	✓		
7.	Jeffrey Hall Salvation Army Booth Memorial	3600 E 20th St Anch AK	99508	279-0522	✓		
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

SPONSOR: HOUSE ALCOHOL TASK FORCE

SUBJECT: ALCOHOL

START/END TIME: 01:00 **DATE:** 12-2-93

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	Allen M. Bailey MADD	310 K St., Ste. 707 Anch. Ak	99501	272-1488	✓		
2.	Dr Ray Dexter/Clitheroe Center	2207 Spenard Anch	99503	276-2898	✓		
3.	~~Joe Bretzke / AA~~				✓		
4.	Cozzetti, Tony	POB 90792 Anch	99509	273 5556	✓		
5.	Randy Klemo	2804 Bering Anch Ak	99503	272-0375	✓		
6.	Scott Saltzman	525 Price Str Anch. AK	99508	2776102	✓		
7.	Philip VOLLAND	211 H. ST.	99501	276-5231	yes.		
8.	Gail R. Oba	10615 Main Tree	99516	263-7281		✓	
9.	Fran Sedovic	1355 Andrein Hills. Wasilla	99654	376-125		✓	
10.	Tracy L. Antonovich	HC32, Box 6501, Wasilla, AK ~~99654-9718~~	99654-9718	745-5288		✓	
11.	Michael Wilson	P O Box 201648 Anch Ak	99520	349-7131	✓		
12.	Rev. O. L. ~~Smith~~, Pastor	Greater Friendship Bapt. Church	99501	272-4346	✓		
13.	Fred Angasan Akeela House	1905 ± 4 Bering St	99501	561-5255			
14.	DEBORAH BEAR Southcentral Foundation	670 W. Fireweed Lane #123	99503	2654912		✓	
15.	~~JANE PITTMAN, VOA~~	~~911 W 5th Ave Anchorage~~	~~99501~~	~~279-9434~~	✓		
16	DAVE BROWN V.O.A.	2300 49th St Ct East-Anch ~~99509~~	99507	561-6081			

LEGISLATIVE TELECONFERENCE NETWORK

30783

SIGN-IN SHEET

SPONSOR: (H) Alcohol Task Force

SUBJECT: Sen Agenda

START/END TIME: 9:00 DATE: 12-2-93

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	Richard Schmidt	PO Box 866, Bethel	99559	543-2128	X		
2.	VICTOR JOSEPH	122 1ST AVE FBKS AK	99701	452-8251 x 315	X		
3.	Berry Gold / Kodiak Council on Alcoholism	P.O. BOX 497 Kodiak, AK	99615	486-3535	X		
4.	C-JOE-DIMATEO			258-6021		X	
5.	Carol Wilson - CHARR	P.O. Box 104939 Anch	99510	272-8433		X	
6.	DAVID L MOUSSEAU JR	P.O. BOX 210266 Anch. AK 995	99521	275-2511		X	
7.	Robert Galea	AKEELA HOUSE 2805 BERING ST ANCHORAGE	99503	561-5225	X		
8.	JANN Pittman / Volunteers of America	911 W. 8TH. Ave. #100 Anch, AK 99501	99501	279-9634	X		
9.	Cynthia Hartman	Nelson Lagoon AK	99571	989-2215	X		
10.	Anne Dushkin	False Pass AK	99583	548-2225	X		
11.	Emil Gundersen Sand Point/Aleutians	Sand Point AK	99661	383-5642	X		
12.	JUDE HENZLER	1614 TAMARRA CIRCLE ANCHORAGE, AK	99501	337-4873	\		
13.	Sand Point Alaska Area Native Health Service	250 Gambell Anchorage AK	99501	257.1147	✓		
14.	HENRIETTA NUGEEN-AARS NUGENS RANCH	P.O. BOX 87-1545 - WASILLA AK	99687	376-4534	X		
15.	JAMES NULE	MUNICIPAL PROSECUTOR	99501	343-4544			

JOE BELOWSKI