

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILES 8672

2258 SCOMM 89: HOUSE TASK FORCE ON . . . ALCOHOL ABUSE, 1993-94

cf 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's 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 extent 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 while 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 ideation 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 an alcohol 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)

TAPE TWO, SIDE B
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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?

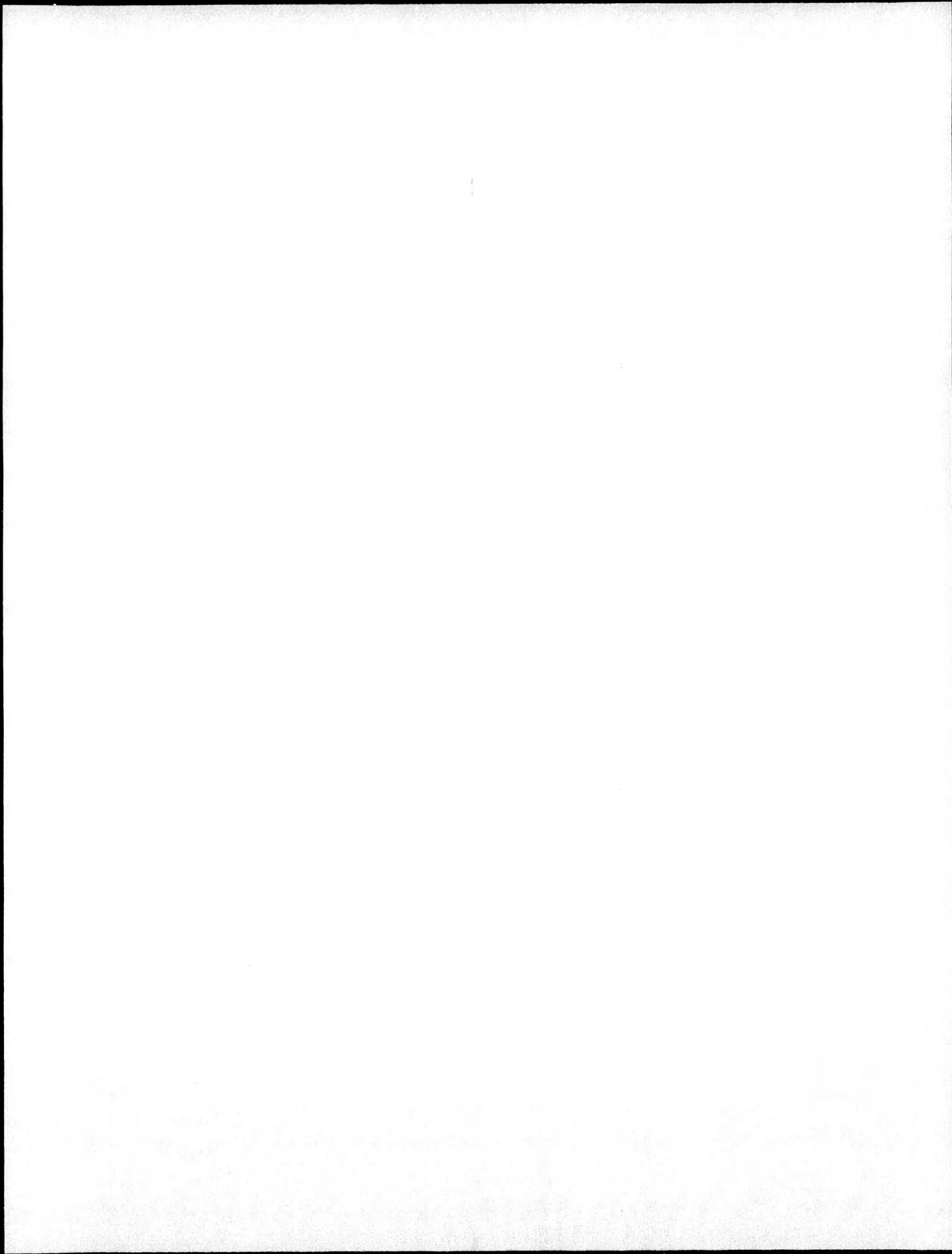
DIANA FREEMAN: We have two bills by Corrections that we initiated negotiations in January, me and the former director of the program, and now we have in place since July two pay beds: one is for furloughs and one is for probationary people. Throughout I had noted that we would get a lot of furloughs 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

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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

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 compile 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, Fairban's 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.

CSSB 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 ciphared 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 doing right, what are we doing 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 -- overstuffing 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 obtain 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. Sicka'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 overburdened 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 Provinces 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 going 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 international 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 your 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 addicts.

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