

ALASKA LEGISLATURE SPECIAL COMMITTEE/SUBJECT FILES 8672

2259 SCOMM 89 HOUSE TASK FORCE ON... ALCOHOL ABUSE, 1993-94

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

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

Thank you, very much.

MS. STALEY: Thank you.

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

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

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

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

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

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

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

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

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

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

Thank you very much.

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

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

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

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

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

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

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

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

Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

(Tape dragging)

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

This year 1992 to 1993.....

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(Tape Change)
(Tape II, Side B)

0550

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Questions.

REP. PORTER: Thank you very much.

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

(Pause).

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

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

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

REP. MULDER: Thank you, Mr. Chairman.

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

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

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

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

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

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

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

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

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

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

REP. PORTER: Thank you, very much.

MS. DUCHARME: Thank you.

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

Is Susan Pickerel ready to testify?

SUSAN PICKEREL: Yes, I'm here. My name is Susan Pickerel and I am the (indiscernible) Alcohol Program Coordinator for Ketchikan Indian Corporation. I am also a member of ARNADAP (ph), which is the Alaska Rural Native Alcohol and Drug Abuse Program.

I am the counselor for the (indiscernible) program and we have an adult counselor. Our funding comes through the Indian Health Service.

And the reason for my testimony today is two-fold. As an Alaska Native I guess I'd like to have some input on what is currently being done and what I think needs to be done for the future for the Native people of Alaska.

And I recognize that the problem just doesn't involve Native people, but I think looking at the annual report from the Department of Health and Social Services where the statistics were suicide, infant mortality, fetal alcohol syndrome, alcoholism, shooting. All of those relating to the high statistics sometimes even number one in the nation for Alaska Natives and the problems that are there.

I feel like my input today is going to be addressing a problem for Alaska Natives.

Unlike Mr. Gold's associates, I am not a recovering alcoholic. Both my parents were alcoholics and I came from an alcoholic family. The (indiscernible) six kids, four of us are not practicing alcoholics. I've never been drunk. Two of my brothers are alcoholics.

But, I think the saving grace more than anything else was that my parents recognized the importance of education for their children as Natives. They moved away from (indiscernible) from a small village because they felt it was important that in order to get ahead education came first and they wanted to raise their children as a family as opposed to the normal model which was sending your children to boarding school up at Sitka or now to Oregon.

I am real grateful for that. And even though my parents were alcoholics that didn't happen until later on in my teenage years. So, in my formative years they were hard working people who provided well for their family. And I think that was the positive role model that I saw that helped me.

I think what disturbs me today about the testimony given by Mr. Gold and his associates was in regard to Alaska Natives. Mr. Gold made reference to drunken (indiscernible) in Kotzebue and he didn't happen to see it. Well, if Mr. Gold -- when I was growing up my parents didn't go out and stumble down on the streets, but there was alcoholism in our home and I think if you would look at the number of people who have alcoholism in the family, the majority of the people are not drinking out on the streets and yet it affects generationally many, many, people.

And so I guess my response to that was that there aren't accurate statistics and there won't be. And the programs that are now being run by the State as well as from nonprofit organizations and other people, are necessary and vital. We can't give up on it and I don't believe that we should go into programs such as Mr. Gold is promoting with responsible use.

I think that would set us back 50 years. The Alaska Native has been drinking for 50 to 60 years and I think, you know, just based on that time period, it's going to take a long time before we can begin as a people on that road to recovery.

My father who is 80 died last year and was an alcoholic and the last ten years of his life he no longer drank. But when I was asking him as to why he felt there was a problem, he said that when he was growing up there were no positive role models for him. The people that he saw were white people who were drinking and other people his own age that were drinking and that was the way you proved your manhood, was to go out and get drunk.

And, so he said what he felt was the real important and the most for Native people was the education, making something of yourself, being a positive role model for other people, which is culturally (indiscernible). And I think for Alaska Natives that's what's going to

be the difference.

And for myself, I'm 36 years old and in the last five years I have rediscovered my culture. I think I lived it in the common sense, tradition of hard work, you know, being proud of who you are, being proud that you were Native, honesty. All of those things that are basically common sense and I don't necessarily think it's Native specifics, but those helped me. But more than anything, rediscovering my culture with the subsistence issue and the art and finding out how we live, how we survive and being proud of who I am. That has helped me the most and helped me want to give back to the other generation that's coming up.

Today I would like to talk about some suggestions that I have. How we can help Alaska Native's specifically with regard to alcohol and some other substance abuse.

I think Native specific culture in a specific program are going to help. And I say that for two reasons. One, I think that the Alaska Natives can become involved in programs like that. Like myself. I have a real heart for helping Native people, because I am Native. It's not just something that I collected data for. It means something to me. I want to see the Native people be healthy and not to have alcoholism as a part of their tradition. I want to change that.

And for a lot of people today I think alcoholism is a tradition in a family. Whether it's behavior, whether we're talking about addictions or alcoholism, it's there and it's a problem and I want to change that.

So, I think the culture and specific programs will be more effective.

And I also think that the other programs that are -- you know, with the treatment programs that's necessary, too. You have to have someone dried out and off the drug before you can deal with the other issue.

I attended a round up meeting just recently in Fairbanks and one of the representatives from ANRC (ph), a Native cultural specific program, said they had been doing some studies with regard to outcome -- the people that attended their program and their statistics were (indiscernible) that they had contacted that had been through program within the last three years had significant improvement in the quality of life and with regard to whether or not -- I'm sorry, (indiscernible).

I guess the other thing that I want to say with regard to specific programs for Natives I think more prevention needs to be done. We need to put more money into prevention because I think we have to start with the other generation.

My generation right now is dealing with the alcoholism. You

heard Mr. Jackson, you'll hear Claudia Boyd (ph) speaking here from Ketchikan later. We are dealing with the effects of alcoholism. It's not in our own life and the effects from our parents.

My children, I'm hoping that my children won't have to deal with alcohol. In our home. And that's what I think the prevention will make a big difference.

One of the things that I'm doing in my alcohol program for the adolescent is culturally specific programs. We put on a cultural camp once a year. Send kids out to a retreat setting and for a whole week -- they're emerged in a culture that's real positive. Some of those kids, even though they come from Native homes, they've never had that. They've never experienced fishing. They've never experienced berry picking or canning or smoking salmon or any of those things. They've not experienced that and I think that cultural specific programs, again, are important.

We are also doing a training for parents bringing in nationally recognized speakers who work with Native families and training the counselors of those working here and how to work culturally or specific culturally with Native families and what is most effective and what (indiscernible).

So, the other thing we're going to be dealing with is a Native Youth Conference in March or April of this year here in Ketchikan and our Native youth group with Ketchikan Indian Corporation and some other kids (indiscernible) as well, will be participating in that as leaders giving back to their community what they have learned. Sharing what they've learned about the culture and helping other kids. And being a positive Native role model. These are the things I think are going to work.

And if at all possible, if you're looking at where to put your money at, it takes (indiscernible) real important part of that and supporting the treatment programs that are going on right now. Helping those people get out of that addiction cycle and working with programs that treat the whole family, not just the individual who's going through that program.

I appreciate this chance to talk to you. Again, I've not spoken from a prepared statement, but from my heart, and I hope that you take that as opposed to all the statistics and whatnot that's been presented here today at volume.

I think it's important that you listen to the people, because people is what you're dealing with. You're not dealing with statistics. You're dealing with people that are effected and I think people are going to solve this problem.

Thank you very much.

REP. PORTER: Susan, thank you. Representative Mulder has a question.

REP. MULDER: Thank you, Mr. Chairman.

Thank you, Susan.

Just in a real quick response, you emphasize prevention. And it is something that is discussed in length with the chairman and you'll be hearing much more about the future program that's going to be running through the National Guard which Governor Hickel will be outlining. It's called the Youth Corp and it's an exciting program that's going to be implemented within our state within the next year.

And it's going to be taking children who are children at risk throughout the state who perhaps have fallen through the cracks and the seams and trying to bring them back into society and teach them some skills, valuable skills for life, and also to teach some structure and some order and discipline. So, we are addressing some of the problems.

I've got to agree with you. That is the greatest hope for the future. But, you can't just drain the swamp. You also have to look at the alligators tipping at your behind right now.

And along those lines, Susan, what program or what device do you use to employ for your screening within your program. In other words, how do you screen your participants and what type of process is it?

MS. PICKEREL: Well, basically it's a screening process that has been developed in cooperation with Gateway Human Services as well as -- we don't have an inpatient treatment program. So, ours is the pre-training process, pre-treatment process and then we refer to, for instance, if it's an in treatment program the other portion of that as well as dealing with the family we try and address this problem as a whole. Not just necessarily the individual involved and working with the family.

(Indiscernible). Our adult counselor works with anywhere between 40 to 50 people at a time, and again that's the screening process that was developed with Gateway Human Services.

REP. MULDER: Susan, along those lines, what are the potential outcomes of the screening? In other words, you take a person -- and I'm sorry to ask you these questions, but these are just thoughts that keep going through my mind the last several weeks (indiscernible) your testimony.

A person comes in off the street. They go through the screening. What are the potential outcomes that you would see for that person or that you would recommend?

MS. PICKEREL: I come up with regard to statistics of how many

make it and how many don't.

REP. MULDER: No, no. If a person comes in off the street what are the potential outcomes of you doing the screening? What options do you present that person? A, you do this, B, C, E... whatever?

MS. PICKEREL: Well, because the people that we see are either tribal members or Alaska Natives that receive benefits through Ketchikan Indian Corporation. And with the alcohol program that we have we see them locally if it's deemed that the person can work, for instance, in a 12 step program or we also have -- our adult counselor also does the talking circle. Which is the culturally specific group setting where he works on a weekly basis with those folks.

Unfortunately, the majority of the people that are seen in our adult program are from the ASAP (ph) Program, referrals from the court system. And so, very often there is a (indiscernible) right there, because they have to go, they're forced to go through this -- it's a court order. And so we do see those people time and time again.

I don't have statistics for you with regard to how many repeated -- centers we have.

REP. MULDER: No, and I really wasn't looking in that direction, Susan. I'm just trying to gain information as much as possible, you know, in terms of what the options are when each person comes in. What and where that person may go.

Do you have an element of your program, Susan, that deals with people, adults, who simply have not learned any type of control? In other words, do you teach responsible drinking at all?

MS. PICKEREL: No, we don't. By the time, almost always by the time people come to our agency for help they are in a crisis or they are referred from the Court System. And so at that point to teach responsible drinking is just ludicrous and it's not something that's even an option for us.

We try and counsel them and if we can't take care of it in our office then we refer them to Native specific programs because we felt that that is the one that has had the most success as far as referrals and success for the person attending those programs.

But, responsible drinking is just not an option. And I wouldn't recommend it.

REP. MULDER: So, you would say, Susan, that most of the people that you have and most -- if I understand correctly, most of the people you see are court ordered, is that correct?

MS. PICKEREL: For the adults, that's correct. I would say probably 70% of them are court ordered. That comes through the court

system.

And even though, you know, they come through the court system, some of them do not necessarily go and get in trouble again, but because they've been connected with our program, if they fall, they'll come back. And they'll come back into, you know, in to see the counselor, again.

With regard to the youth that's usually, as I say, a crisis situation where they're in trouble at school, we get a referral, in fact, I go up to the high school three times a week. Probably 20% of my time has been up at the high school trying to be real proactive with the alcohol problem in getting involved -- gets to a problem where they're not attending school.

REP. MULDER: Do you, Susan, and I'm sorry to continue on, but your comments raise more questions in my mind. Do you try and distinguish between those individuals who are addicted to alcohol as opposed to those who simply are abusing alcohol? And is there a distinction in your mind?

MS. PICKEREL: There is a distinction with regard to the seriousness of their youth. With the screening process we try and determine ~~##~~ for myself I'm speaking, the safety of the child, what's real imminent, how many times they used, whether or not they've gone -- they've had blackouts and all the other things involved. If it's more serious then I would refer probably to a treatment center or to an outpatient counseling situation.

Yes, we do try and we do make those distinctions. But, again, if you're talking about a solution I would not recommend responsible drinking. Especially, -- as far as I'm concerned with adolescent there is no responsible drinking. They shouldn't be drinking until they're 21. And studies have shown that people shouldn't be drinking until the age of 23, because their bodies are still growing and the brain is still developing. And alcohol obviously kills the brain cells.

REP. MULDER: I appreciate those comments. And I appreciate you taking the time to answer all my questions. I wish we could solve the problem of the fact that kids shouldn't be drinking, but I think that's a bigger problem that I'm not sure we'll be able to master.

REP. PORTER: Representative James.

REP. JAMES: Thank you.

Susan, I want to compliment you on your ability and your quest. And I think we're very lucky to have people like you involved in (indiscernible).

I just have a few comments that I would like to make about things we've been speaking about and have your response on it.

For just -- just to use a term I'm going to call -- I'm going to put people in two classes. Native and white, which is not necessarily (indiscernible), but (indiscernible) difference between the people that have the culture next to the land of (indiscernible) the rest of us who have been away from Alaska too long.

And I see that the Native population is a real advantage over the whites because they're closer to their roots and culture and I think that we as a white society might find a lot of answers to some of these problems by being able to put ourselves into the hands of culture and how they believe and how they live.

Being that the Native culture has a direct relationship between the land or nature and the people and the rest of us, the white coming in and talking about for so many years from our hunting and gathering ancestors that we have totally forgotten and can't relate that experience.

And so I'm saying that there is something in the Native culture and the basic living of these people that we may be able to pick out of there. It does not necessarily relate to the land, but it's really a belief and a way of life. And it's basically self-esteem and being accepted by the others because we are a social animal.

I'm just wanting to ask you, do you believe that there is something by us trying to gear ourselves into that situation, that feeling of the Native community before they were infiltrated some 50 years ago by alcohol, and is there something that we, as a society can get out of that?

MS. PICKEREL: Well, I definitely would agree with you. In fact, the difference for me was even just in this last year seeing what happened to the children that I took out and to myself being in that, it was real different.

And to be real honest, probably before the last five years my need of culture didn't mean that much to me. And even though today I'm not an alcoholic, the difference for me in learning about my culture and getting back to what it means to be a Native and all the values that are a part of that, it's made all the difference for me. Life has a lot more meaning and I feel like I can give more.

Now, because of that, as I said before, I think what's important it's not just Native, but the hard work and honesty and, you know, all the traditional values that we recognize as being Native, that's just common sense.

But, I think, us getting back to the land and recognizing that there's something bigger than us out there and to quit being so selfish about -- I guess, self-centered is part of that. And I think being a part of the land is not some mystic idea. It's something that should be incorporated whether you're white, black, yellow, red, whatever and you

using some common sense and figuring out your spirituality whether it's Native or what it is.

REP. JAMES: Thank you, Susan, and of course, I have to admit that this makes no sense when it comes to dealing with what the reality is. And like Representative Holmes (ph) said, they do have to take care of (indiscernible) strong, we also have to take care of the alligators.

So, I'm just looking at the prevention side of this and there's two complete sides you have to deal with.

Thank you.

REP. PORTER: Thank you and thank you, Susan.

Here in Fairbanks there's David Sam.

DAVID SAM: I guess I need to do this a couple of different ways. While I am (indiscernible) Tlingit.

I must take exception to a couple of comments that were made earlier. The comments are relating to the myth of the drunken Indian, although I did read the article long before it came into the Anchorage Daily News. But, people sort of agree with some of the issues involved in that.

I take exception to a white person raising this issue when it had no connection at all to his life, to his experiences other than visiting in an area for two years. And I must take real offense to racism at it's very best, it's very cleanest. And I just needed to say that.

I am David Sam. I work with the Rural Alaska Health Education Center. The reason I'm here today is in support of the University of Alaska Fairbanks presentations and presenters. The issues involved, as you heard, (indiscernible) talk about is very disturbing and some of you are aware of the dynamics that take place in young people. They were expressed very well.

I think the extreme nature of dealing with this issue is very apparent. We have very young minds. Very young away-from-home, if you will, away from authority figures as was mentioned. But there is such a need to deal with these people because of the -- it's a very opportune time. The prevention aspects are very important. We need to address these issues not only here at the university, and again, there's such a need for programs, treatment facilities available for these young people. Not necessarily in-patient because of where some of these people may come from.

The importance as was mentioned a few times here on evaluation tools. Again, for me it's not a matter of how much a person drinks, it's not a matter of when they drink, but what happens when they drink.

A comment made earlier about teaching responsible drinking. I would like to know if individuals that express this as a treatment would say the same -- would say this to somebody who maybe had one drink, maybe had ten drinks, and engaged in something that may put their life in jeopardy, such as HIV infection.

I would like to know if they would say let's teach responsible drinking if they have one drink or ten drinks and get in an accident. I see this as being very irresponsible, very detrimental to society as a whole. And I feel that we need to take a more positive approach and let's talk about the positive things.

Some of the things mentioned by some of the people who belong to some of the people here. I mentioned that I'm Tlingit, very proud to be Tlingit, very cognizant of some of the attributes or some of the approaches.

We are one people. Many different tribes, many different cultural aspects, we respond very differently to whatever their -- whatever our will is. And I need to say that because there are some treatment programs that may work in interior Alaska for some of the (indiscernible) nation people which may not work, if you apply that same program up to Point Hope (ph) or down in Sitka. We need to be very aware that a lot of these issues need to be dealt with and responded to by the people involved, which means local response.

In Alaska I'm seeing a very good response from various kinds of programs. A few years ago we, with the Alaska Native Health Board, we took a look at these service delivery system with alcohol programs. One of the things that we looked at was not any particular program, but programs period. We know, for instance, that different people respond at different times of life with different treatment programs. Whether that's a prevention program, whether that's an in-patient program, whether that's an out-patient program. Somewhere along the lines something clicks. Somewhere along the line people listen and are very aware that maybe we shouldn't be doing this. Maybe I shouldn't be drinking. Maybe I shouldn't be sniffing. Maybe I shouldn't be whatever it is. Whatever that issue is in their life.

I just want to say that we need to take a look at what's going on across the state. Somebody turned a sobriety movement. That sobriety movement has been in place for years. That sobriety movement has been here as long as the people have been here.

We've had people back with the introduction of alcohol back in the late 1800's stay sober, recognize that alcohol is going to bring devastation to our people. And it has done that. The People in Peril Series (ph) did a lot of damage, but it raised a lot of awareness. A lot of those issues that People in Peril, for instance, did, those were in proposals, those were in treatment programs, that awareness that that brought, brought it to the white people. These issues were well known amongst Native American people across the nation.

But, again, it did some good. It raised awareness, although it was very damaging because it opened up generational movements. The alcoholism in society as a whole is pretty phenomenal.

And so I just wanted to say those things. Just want to say we need treatment programs, we need home grown approaches to dealing with this and that can only come from people's homes, people's communities.

So, I would hope that you would take a look at the need for locally responsive treatment programs whether they're prevention, whether they're in-patient or out-patient.

REP. PORTER: Representative Mulder?

REP. MULDER: Thank you, Mr. Chairman. Thank you, David.

You mentioned that your organization employs counseling at the university, correct?

MR. SAM: No.

REP. MULDER: No?

MR. SAM: I work with the Rural Alaska Health Education Center which in the few years that we've been in existence we've been providing continuing education for medical providers from health aids on up to doctors. And we're just recently going into taking a look at behavioral health counselors particularly with training issues in rural Alaska.

REP. MULDER: Okay. So, your individuals that you help -- basically you teach counselors and people who do provide the service in rural Alaska, correct?

MR. SAM: We are looking at coordinating, training and gathering information on what is turning about in rural Alaska, such as behavioral help training.

REP. MULDER: What type of problem do you see in Alaska? I mean, is there a spectrum or is it just a narrow scope of abuse, misuse? What's the perimeters that you look at?

I noticed before you were talking about there is a level that it clicks in each person's life and I agree with that. (Indiscernible).

What is the scope of the problem that you folks are looking at? Do you look just at those who abuse? Or do you look at those who are chemically dependent? What's the scope of the problem that you address?

MR. SAM: Well, the use of the alcohol usually by -- this is more on a personal level. The use of alcohol in my life would probably tear me apart. The use and abuse of alcohol is throughout society as a whole. I don't believe that there is such a thing as responsible use.

The chemical that has taken the lives of so many people.

Our approach is to assist people working in rural Alaska to help take a look at -- you may call it community assessment or community development. How can they deal with issues in their villages? How can they deal with issues in their regions?

REP. MULDER: So, it's safe to say that you're involved in the sobriety group as well?

MR. SAM: Well, I guess my being from a tribe in Alaska and addressing issues that have hurt our people, such as the use and abuse of alcohol and those that bring it into our people, yes, I am involved.

REP. MULDER: Thank you. I really appreciate your testimony.

REP. PORTER: Let me ask you a question that I can't imagine that I've been in this state over 40 years and never asked.

Any cultures other (indiscernible) in their background, Indian cultures outside, some form of substance (indiscernible)... prior to the introduction of alcohol in Alaska, was there any such substance here?

MR. SAM: I can't really get into too many specifics because there is a lot of question and for me it has a lot to do with the intent. The use of alcohol, I don't see any intent besides altering your state of mind and as it is now it has definitely altered and ripped apart individuals.

The intent behind some of the other -- it's probably a little too long to get into such a discussion. There have been substances that have been used and abused and it has a lot to do with the intent behind these particular things.

Things like you mentioned (indiscernible) had a specific intent behind it, which has changed for a number of people. That intent has changed, so it has opened up the doors for abuse.

REP. PORTER: But, was there any chemical, that you know of, in this state of that type prior to alcohol?

MR. SAM: Well, I know there were a lot of different things. If not prepared right, if not used appropriately -- were used. Such as the ways of preparing (indiscernible) substance.

REP. PORTER: Thank you, very much.

Okay. We return to the last person we have on the list at least. And let me know if that is incorrect.

In Ketchikan, Claudia Boyd.

CLAUDIA BOYD: Thank you. That's correct. And I'm here.

REP. PORTER: Please give us your testimony.

MS. BOYD: Thank you for allowing me my few comments this morning on alcohol and substance abuse.

I am Claudia Boyd, Tlingit. I'm on (indiscernible) City Council, (indiscernible) Volunteer Fire Fighters and Indian (indiscernible) Corporation, Tribal Council Member and I have been employed (indiscernible) Corporation for 7 years. I'm (indiscernible) Resources Manager. I work with people.

No one wants to admit he has an alcohol and substance problem, but that is the characteristic of addiction. No one wants to hear about it, but that still is a characteristic of addiction. It's all part of a process called denial. So, how does one approach the problem?

I believe the core of education lies within the school system, especially the younger levels. (Indiscernible) substance abuse is not limited to a minority group. It knows no color, sex, creed, race, religion, etc., and it should be labelled what it is. A drug.

It's a problem that must be targeted to reach any proportion of meeting a goal in education community wise. However, one should have economic proportions I believe before the message is heard.

One primary element is role models for the young kids, teeny boppers, teenagers or young adults. I must even say adults enjoy having a role model. So, this is another element to education. Role models.

If the state could put together a mechanism for these two community wide education with role models people might be on the road to recovery. Like the economy substance and alcohol abuse is a long steady fast road and no one notices the problem until it hits the person sideways.

I am a firm believer of role models and community acceptance. Why? I have first hand experience of going through Lakeside (ph) Recovery Center 29 (indiscernible) ago with key coming from self-worth, support groups only helps provide one, the entity or (indiscernible) mentorship to get things done.

How did I turn around? One backbone was the education in the present school system to my son. As he made a linkage to me to get his goal of a healthy environment. (Indiscernible) This could indicate that one out of 10 are addicted and yet one must realize that statistics only show those that would admit to a survey.

My last point I would like to turn to the City of Saxton (ph). Saxton took a stand. Those that are on the City Council are sober, are recovering alcoholics. Saxton also voted down (indiscernible) alcohol

to help protect the young. We believe in cultivating the young, but the problem is still there of alcohol and substance abuse.

4500

(Tape change)

(Tape III, Side A)

0135

REP. PORTER: Looking at the clock and our schedule and how many people are left, I believe we have no one else on the teleconference network that is scheduled to testify at least.

We have several people here and I'll refer to those here. I believe (indiscernible) and Bill (indiscernible) and Dolores McAda and (indiscernible).

Would you all prefer to go to lunch or would you prefer.....

UNIDENTIFIED SPEAKER: Lunch.

REP. PORTER: Lunch?

UNIDENTIFIED SPEAKER: Push on.

REP. PORTER: Push on? Yes, sir?

GUY PATTERSON: Was my name not on the list? Guy Patterson?

REP. PORTER: Yes, I'm sorry. You're next as a matter of fact. And I guess you're in a vote to push on.

REP. JAMES: Is there any (indiscernible - tape dragging) push on?

REP. PORTER: I think that that might be a very good idea.
(On and off record)

It's 12:30 and we've had a little break.

Put the little switch forward.

MR. PATTERSON: My name is Guy Patterson. And I'm from Fairbanks. And I've approached this from many different angles. I have worked over at the Family Recovery Center which is at the Fairbanks Memorial Hospital and it's a unit. And I am a counselor in the Patient Care Coordinator for (indiscernible) program. And also (indiscernible) Advisory Board and I'm a volunteer (indiscernible).

I was interested in your opening when you mentioned the two assumptions. Assumption number one, there is a problem, and assumption number two, which always seems to go along with that was the resources and the funding cuts you'd expect.

And my comment on that is that when we start making the funding cuts for the programs I'd like you to consider each dollar spent in treatment is really an investment and it's going to be dollars saved later on down the road as we've heard. Only one side, one small side, the legal issues involved, but that's just a part of the overall problems. And as we were talking there's other social problems (indiscernible) health problems which cost a great deal of money and probably more than the legal issues (indiscernible) spending.

Last month was the National Treatment (indiscernible) Month and (indiscernible) I was wearing my button all month long and should have worn it today, but wasn't thinking I was going to be testifying in this direction. Treatment does work. And I have heard testimony today saying things like drug treatment does not work and we're having a lot of problems.

We heard today that there was no definition of alcoholism, so I'd like to just throw out that alcoholism is a chronic, progressive, incurable disease characterized by (indiscernible) substance, alcohol. That is not my definition. That's the definition (indiscernible).... it was also characterized as behavioral and social abnormalities and (indiscernible). Those are all parts (indiscernible) for the definition for the disease of alcoholism which has been in existence for many, many years. It has been updated just recently. I don't have that update (indiscernible) I'll be glad to send over (indiscernible).

There's a lot of disagreement on alcoholism and where it begins, but that's not untrue of many other diseases. Now, we've heard the concept (indiscernible) and I believe -- I think that the best way we have (indiscernible) and certainly even if it is a small majority or a small minority (indiscernible) makes no difference. It's out there.

And I think there's a lot of information on that and I certainly would be willing to pass it on to this group. I know that Loren has much of that information on the disease concept. It needs to be listened to (indiscernible). Other more appealing information is given. (Indiscernible) have to deal with that, yet we have done that for years and years.

Also, and it got us into this mess, I believe a lot of our problems now are as a result of not dealing with alcoholism, drug addictions as we go along.

I, too, don't like the term (indiscernible), but we see that as changing over a period of time as it does with other diseases. We now have Alzheimer's disease (indiscernible)... that's a common thing. I'm here to argue terms, I'm not here to (indiscernible)... it is changing.

There is, you know, -- research is out there. I have seen research out to prove cocaine is not addictive. I've seen research out there that proves that inhalants are not addictive. And they probably are according to the definition of addiction. I've also seen a lot of

research which states (indiscernible) marijuana is not addictive. It's out there. (Indiscernible) nicotine is not addictive. Research efforts put out research saying nicotine was not addictive and yet, research (indiscernible).

So, we have these conflicts and I believe that's all part of (indiscernible) we debated. I wonder how much of this goes on in other states (indiscernible)... make sure (indiscernible).

Some of the things I would like to see this group address... financial (indiscernible). We heard recently that the whole addiction - the whole side of that not being addressed (indiscernible)... We also talked just at our last board meeting -- passed a resolution (indiscernible) American Society (indiscernible) definitions... (indiscernible).

We've heard things about alcoholism today, but other addictions are out there, also. (Indiscernible). I would hope that, speaking from a provider point of view, I would hope that this group would consider the differences between the private sector and the public sector. There are a lot of public programs out there. I think that the private programs are making (indiscernible).... doing a lot of research that we were talking about earlier and providing much of the information that we need (indiscernible).... the overall care for the state and I'm very concerned that as the financial issues do get more and more air time that they'll be a tendency to demand that the public sector programs compete unfairly (indiscernible).

I'm afraid what's going to happen is the private sector is going to go under because of unfair competition and you will lose a lot (indiscernible)... treatment that's available. So, as this discussion goes on that is one of the items that's (indiscernible).

I also would like to put in a word of support for this group to develop or get involved in developing strong professional standards. There's a certification training is a big issue in this state. I think we (indiscernible) -- we will (indiscernible - tape fading).

I would like to thank you (indiscernible)... this issue (indiscernible).

REP. PORTER: Thank you. Question from Representative Sitton?

REP. SITTON: Yeah. Thank you for coming.

I have a question. You'll think I'm dumb probably, but is alcoholism typically covered by the average health care plan, for example, or is it the -- you were talking about competition, public health sector and the private sector that made me think well maybe insurance companies don't cover this or something and some people resort to the public side.

MR. PATTERSON: That is a big question. And many insurance companies do provide benefits to recovery alcoholics to one degree or another. You know, many of them say that they will cover 80% of treatment. Many of them -- as health care changes, many of them are starting to determine what (indiscernible) it is and it involves psychiatric treatment -- every five or six visits to a psychiatrist, whatever it might be.

REP. SITTON: Hard thing for them to get ahold of, isn't it?

MR. PATTERSON: (Indiscernible). There are different ways of covering them for the insurance companies. Also many times we'll see that in organizations (indiscernible) programs they will have high option (indiscernible) and almost everybody that's given the choice of \$25.00 extra dollars a year, whatever, and -- so often times people (indiscernible) alcoholic and spend that \$25.00 elsewhere. And no one wants to say that they are going to need mental health coverage. So, when we make that offer to the individual -- (indiscernible) popping out -- so those insurance don't cover.

Also, you have a much, much larger issue (indiscernible) disease itself. There are people who are suffering from the disease, by the time they get into treatment they're a chronic alcoholics who have no means of support. No visible means of support. Those people are in need of fairly extensive treatment by that time and have no insurance, no jobs, nothing.

REP. SITTON: For example, now assuming that a person was excluded in the coverage, but they had problems related to it like sclerosis or something like that, you think in most instances the insurance wouldn't cover that, too? Or is that typical?

I know you're not an insurance person and I'm not either, but I was just wondering.

MR. PATTERSON: Generally they will cover some disease (indiscernible)... of course, sclerosis -- by the time they get it, often times (indiscernible).

REP. PORTER: Representative Mulder?

REP. MULDER: Thank you, Mr. Chairman.

Guy, thank you for coming today. The Family Recovery Center. Is it public or private?

MR. PATTERSON: It's the chemical dependency unit of the hospital, so kind of in between.

REP. MULDER: In between, okay. And the people you treat are those who are addicted? Is that correct?

MR. PATTERSON: We do treat chemical (indiscernible), which is the step before addiction.

REP. MULDER: The abuse as well as addiction?

MR. PATTERSON: Well, not necessarily abuse. People can abuse alcohol (indiscernible). We don't treat people who (indiscernible).

REP. MULDER: Okay. I'm just trying to figure out what kind of people you did -- who are the people you get in this Center? Are they all court appointed? Some walk-in?

MR. PATTERSON: Most of the people we have in our program are not court appointed. There's a big issue there whenever they come in from the courts -- referred several times, it brings up an issue that is very difficult to deal with. Whether or not the person is chemically dependent. I think a larger issue, too, (indiscernible) programs are testing for cocaine. A lot of people have come to our program after having proven positive urinalysis for cocaine and they are told by the agency that they work for, by their union, by their whatever, that they have to get treatment prior to getting back into the work force.

And we have a real significant number of those coming through and we look at those and say, did they just use cocaine stupidly or are they addicted or do they have chemical use disorder. Just because they used cocaine does not mean they are addicted or fall within the criteria (indiscernible).

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

MR. PATTERSON: We use diagnostic (indiscernible) under the American Society (indiscernible), diagnostic criteria available (indiscernible)....

We have our own diagnostic (indiscernible). We also use a substance use diagnostic (indiscernible) package program for people who are coming through the court (indiscernible)....

One of our diagnostic tools that we probably use most often a person could lie through (indiscernible).

REP. MULDER: How do people get to your program?

MR. PATTERSON: Most of them are advised to be there from their employers or their family members. They just have problems with chemical and repeated problems with chemicals and they can't seem to beat it. Many of them come in through their physicians (indiscernible) who suggested they speak with us. The referral service. Any number of things.

REP. MULDER: Do you base your statistics on (indiscernible).

MR. PATTERSON: We do.

REP. MULDER: What type (indiscernible) introduction to your center?

MR. PATTERSON: I really don't know what the numbers are. I don't pay much attention to it.

Some of the problems with (indiscernible) as the criteria for the success of the program are that (indiscernible) not too long ago we had a person come into the program referred to us through the (indiscernible). This person was an alcoholic, he had a tendency to become violent and abuse his wife and children. He went through our program and was sober for a very short period of time. A couple of months after he left he ended up getting drunk again. We treated the entire family and we talked with everyone as far what the relapse (indiscernible) she decided at that point to leave him and get a divorce and she moved out of state with the children. And I look at it as four people who actually benefited from what we had even though the primary person did relapse.

I can say our program is as good as any other program (indiscernible).....

By the way, this gentleman also went on to be treated elsewhere which often happens and I believe this gentleman is now sober. Many times we see people come in who have been in treated 3, 4, 5, 6 times and that's not unusual.

And as David Sam testified to earlier, for some reason it clicks (indiscernible)....

REP. MULDER: As an appointed to the Governor's Advisory Board is there a feeling on the board? What is the feeling on the board? Is there a socially acceptable level of drinking in society?

MR. PATTERSON: Partly so, yes. I don't think anyone there has ever thought or seriously proposed any type of prohibition that I have ever heard of. We do support the efforts in the communities to (indiscernible) -- the board is made up of people to include, at least one person on the board has a liquor license, (indiscernible). We also have the president of our board (indiscernible)....

REP. PORTER: We appreciate you taking the time to provide testimony.

REP. MULDER: Yeah, thank you.

REP. PORTER: Uh -- if a person came into your program referred by his family, (indiscernible), and if I understand your approach to it (indiscernible) convince this person not to drink anymore?

MR. PATTERSON: If the drinking has gotten to a point where it is causing problems and the person continues to use alcohol that is a clear indication to me that maybe this person can learn how to drink. At that point, I don't care. I know that this person doesn't drink at all, that the problem will (indiscernible) or at least he will be able to work on his other problems that are there.

I see that proven over and over again. A lot of time, even though I did mention that the chair person of our Governor's Advisory Board spoke in favor of (indiscernible) I believe (indiscernible).....

REP. PORTER: Let me take this one step back and -- how do you teach prevention? Just by teaching (indiscernible)?

MR. PATTERSON: Oh, no. Prevention takes on -- that's an entirely different way -- there's treatment and then there's prevention. When I'm dealing with a person in treatment I'm dealing with a much different way than how I would deal with them in a prevention mode.

A person going through treatment I am actually working on prevention only to the effect that I think that I can work the family system to change the attitudes about alcohol and drug use so that the children will have more success (indiscernible).....

REP. PORTER: I'm really not coming from (indiscernible) I'm just coming from an observation made since I've walked in this room.

It seems to me that that was the problem. Treatment isn't in tune with prevention. And it should be. If trying to make you have to recognize, I guess maybe this isn't a fair, basic assumption, but it sure seems in my lifetime (indiscernible) alcohol is here and it's going to (indiscernible) so -- from your point of view would you never, in terms of prevention -- I don't like the term responsibility -- how about teach irresponsible drinking? Which assumes (indiscernible) drinking?

MR. PATTERSON: I also work at the (indiscernible) and other programs. I believe that the treatment and alcohol and drug addictions is (indiscernible) form of prevention. It prevents a lot of legal problems and it prevents abuse of the family....

REP. MULDER: I recognize that, but you recognize the problems perhaps through intervention (indiscernible) treating alcoholics.

MR. PATTERSON: We need to deal with the problems in it's entirety. I also believe that the community standards, the availability of alcohol -- our attitudes, the attitudes of this commission right now, discussing it, your own drinking behavior, your own drug use behavior.

I believe all of that plays a role in it. Your determinations are going to (indiscernible) largely on what your attitudes are at this time. I know that this attitude -- my education is in education. I'm an early child educator and I know that to teach children anything about

attitudes, anything that's going to be attitudinal must be done prior to the age of 12 or so where you're not going to be successful. So, I know that those attitudes are developed by that time. Prevention efforts need to be gauged for specifically what age the child is as to what you're going to do.

When we do the smoking group for the peer counselors in the high school program, that's prevention, that's a prevention strategy. However, it deals with you who smoke. But hopefully it will change the attitudes of the teenagers as to the approach that they're going to take for smoking which will be seen in (indiscernible) and the attitude change will actually occur (indiscernible).

So, I believe to say that treatment is out of tune with prevention is probably a policy we talk about it in the field as two separate things simply to keep it clear in our own minds. But, I also know that there's a strong treatment effort and the kids seeing a strong treatment, the children are looking at strong treatment efforts, looking at people recovering and knowing that it's talked about, knowing that groups such as this exist and the Governor's Advisory Board exist and that hospitals exist with these problems and when they see that they are more than likely getting that prevention message.

REP. PORTER: Okay. Thanks.

Let me clear one thing in terms of our recent surveys. One was yes, it was recognized that there was a problem. And second wasn't (indiscernible)... available resources (indiscernible).....

Next is Ron Smith.

RON SMITH: My name is Ron Smith. I'm the (indiscernible) coordinator at the university's (indiscernible). That position means that I am the prevention educator for alcohol and drug abuse at the university.

I am 75% (indiscernible).

I wanted to do a few things here today. I wanted to as best I could briefly describe what the problem is at UAF for alcohol and drug abuse to let you know what we're currently doing, let you know what more we could be doing and address briefly why we're not doing it.

I'll start with a model that I use that works for me in terms of describing what prevention is and how I see my role.

I look at the issue of substance abuse as being a river that students have a potential of falling into. A part of prevention is to keep them from falling into the river in the first place. Another part is to try and retrieve them from the river as early after they've fallen as possible so that you're not having to drag people who are out in swift, deep currents and being carried down stream.

A lot of what I do is (indiscernible) that image (indiscernible).

REP. PORTER: Let me ask in terms of that analogy, (indiscernible) consuming alcohol and drug out of that river?

MR. SMITH: No, my concern is that they're not harming themselves or other people, is how I would phrase it.

(Indiscernible) dangerous to self or others the use of any substance.

Let me start by describing to you the nature of the problem as we have learned from the (indiscernible) themselves.

There were three consecutive years of surveys (indiscernible) based on federally funded survey instrument that was developed to randomly survey a cross section of students in thousands of universities nationwide. We (indiscernible).

I'll just describe to you three (indiscernible) information that we got.

Under the most recent, which is the (indiscernible) that I gave you, 24% of the students described themselves as having serious personal problems as a direct consequence of their alcohol and drug abuse. 24%. About a quarter of the students. Serious personal problem. (Indiscernible).

Serious personal problems include, thinking about or attempting suicide, being taken advantage of sexually, trying to stop using (indiscernible), thinking they had a problem or having poor academic performance.

In addition 31%, one-third, said about themselves that they had acted in a way that which meant the condition (indiscernible).

The last one which is significant....

UNIDENTIFIED SPEAKER: Excuse me, are there others?

MR. SMITH: Well, there are other specific forms of public misconduct (indiscernible).... arguing....

UNIDENTIFIED SPEAKER: That's quite a range.

MR. SMITH: Excuse me?

UNIDENTIFIED SPEAKER: That's quite a range of conduct.

MR. SMITH: Yes it is. That's right.

The last number that I will give you is the 26% of the students

have (indiscernible) drinking (indiscernible). There is a very strong correlation...(indiscernible)... personal problems.

So, the numbers hang together pretty well between the 31, 24 and 26%. There is a body of students who are within the previous year, reporting these problems. So, if you roll over year by year you're having maybe some repeats.

REP. PORTER: Is there any reason to believe that those statistics are any different than what's in your survey -- general population?

MR. SMITH: There is a national research on student use of alcohol which shows that college students use alcohol more than their noncollege peers. (Indiscernible) -- I gave you excerpts of that. But college students seem to know better (indiscernible) about every drug except alcohol. And their use of alcohol is (indiscernible) who are not attending college.

Now, I should remark on this survey, this is properly (indiscernible) 22 year olds. This last one was sampled (indiscernible) whole range (indiscernible).

What students have told us is consistent with what we're seeing. Students who come into the health center, a percentage (indiscernible) alcohol and drug abuse problems. The high correlation between alcohol and drug abuse -- well, I'll just say alcohol for the moment and vandalism on campus --- two years ago the police officer who does the stats told me that all the cases of vandalism was alcohol related.

So, an enormous (indiscernible) alcohol related. Virtually all the people who work with students who are aware of the alcohol (indiscernible) college students have identified alcohol as being the cause of relationships that have major problems (indiscernible) individual students (indiscernible).

So, what the students say and what we see is very consistent.

Here's what's currently being done. There are considered to be three legs of the stool at the table, if you will, to deal with problems on campus. One is certainly enforcement. Having policies and enforcing them and the other is providing alternatives. (Indiscernible). Things to do besides drink. That's one of the excuses. (Indiscernible).

Enforcement, of course, is (indiscernible) generally speaking. Alternatives (indiscernible). Education is (indiscernible) health center, medical staff... Anyone who comes into contact with these students are aware of these issues I think sooner or later turns out to be an educator in some form.

All the students who violate campus policies regarding the use of alcohol, in the residence halls (indiscernible) one hour interaction

depends upon the evaluation (indiscernible). From those places, if I'm satisfied, (indiscernible) I can leave it at that or I can refer those students to additional services. One hour to my own three hour. I can also refer them to the alcohol screening that's conducted at the health center (indiscernible) and he also brings.....

UNIDENTIFIED SPEAKER: Are you the 3/4 person that he.....

MR. SMITH: Yes, I am.

The infractions vary enormously. They go from students who have clearly already done themselves or other students harm. Have been intoxicated enough to be (indiscernible)....

To anticipate any questions you might ask (indiscernible) that my emphasis is on (indiscernible)....

Other things that I'm able to do are go into classes and I have rearranged my schedule now to (indiscernible)... I also work (indiscernible) and stuff like that. (Indiscernible).

(Indiscernible) has come up and I took a look at my list of students who have been referred to me. Very few have been re-referred. I'd like to think and from some of my information that that's because (indiscernible) positive effect on them. (Indiscernible).... Anchorage (indiscernible)....

So, I would like to be able to do more than what we're doing in terms of (indiscernible). Last year we were told there was a \$300,000.00 short (indiscernible) forthcoming. What we could do is (indiscernible) computer programming is very successful on campus. Students seem to learn very well. We have -- there has been a stop and go effort (indiscernible) it'll be nice to have that.

Also, on the campus is (indiscernible) of these concerns throughout the campus community -- a very valuable element involving staff outside (indiscernible) and also faculty. There are campus' where the faculty are very involved. Even small ones and modeling behavior (indiscernible)... a whole range of classes (indiscernible).

New student program (indiscernible - speaker speaks softly and fades)... specifically coming from the university Campus students are aware that problems are going on there -- videos --- (indiscernible).

More treatment programs. It would be nice (indiscernible) sexual assault. It would be nice to look to the courts (indiscernible)....

It would be nice to do another one of these surveys. These surveys have been very helpful to us in terms of our education in what the problems are.

So, I think I'll come to a conclusion here. I think there are

lots of people who are in a position to help us with the limiting factors in terms of what we're able to (indiscernible) insofar as financial (indiscernible).

Prevention activities are valuable - (indiscernible)....

So, that's why I came down to talk to you (indiscernible).....
equally powerful (indiscernible).

REP. SITTON: Can you buy it here on campus?

MR. SMITH: Legal aid you can. Yes.

REP. SITTON: Well, isn't the university sending sort of mixed signals on the one hand trying to prevent the problem and on the other hand making it readily available? Also, cigarettes?

MR. SMITH: I don't know if it's a significant contribution to mixed messages there. (Indiscernible) beer commercials by the time you're 18...(indiscernible)...

REP. SITTON: How do you feel about it personally?

MR. SMITH: Uh (pause). I haven't thought about it a great deal. But as an establishment (indiscernible).....

REP. PORTER: I have a personal observation (indiscernible).... I used to smoke.

MR. SMITH: Cigarettes?

REP. PORTER: Yes.

MR. SMITH: I can't make those assumptions.

REP. PORTER: That's true. I have three kids and none of them smoke. It's my belief they grew up in a period of time when there was a whole lot of negative information and attitude developed about smoking.

(Indiscernible - moving of the mic)

(Off record)

(Tape Change)

(Tape III, Side B)

(On Record)

(TRANSCRIBERS NOTE: First part of Side B to Count 200 blank.)

REP. MULDER: That's what I was getting at. I mean, it's time consuming, but it does seem to be more (indiscernible) and important.

MR. SMITH: Right.

REP. PORTER: Is Bill O'Connor here?

BILL O'CONNOR: My name is Bill O'Connor. I'm the director of the Student Health Center at the university.

I first want to thank you for the opportunity to talk with you about the problem with alcohol (indiscernible) we see on campus.

I guess what I'd like to do is having been on campus for ten years and in several different roles (indiscernible) psychologist and now director of the Health Center I want to speak to the problem of alcohol on our campus (indiscernible).

The Health and Counseling Center, I think, sees some of the (indiscernible) of the alcohol abuse on campus. (indiscernible) Medical staff and counseling staff and see some of the results of the alcohol abuse. The injuries, the unplanned pregnancies, the transmission of (indiscernible) HIV, concerns of HIV, suicide attempts, the (indiscernible) domestic assaults and other (indiscernible) that students do to themselves or perpetrate on another student.

What I'd like to talk about is what I see as a need for expanded prevention education. I believe (indiscernible) I don't think we are nearly where we need to be in terms of comprehensive treatment on campus.

Joanne Ducharme when she talked about the 4200 or 4300 university students that are full time, I guess I'd like to expand that some, too, the fact that there are around 7,000 students who come through our doors daily. Half (indiscernible) part time students and there are around 9 or 10,000 students who attend the university (indiscernible). So, it's a significant (indiscernible) that we deal with (indiscernible).

85% of the students who (indiscernible) are from Alaska. Most of them come from Alaskan (indiscernible) or homes on the rural system and many of them will go back to the state and be contributing members of the state. I believe, again, we have the opportunity to have an impact on these people (indiscernible) state.

Many of the students come to us already with alcohol problems, not uncommon (indiscernible) begin drinking at age 12 or age 14. Some do not have any problems or have not even experienced alcohol (indiscernible), but develop problems in relation to peers (indiscernible).

There has been a great deal of talk today about what's alcoholism and what's alcohol abuse and what is addiction. I guess for me there is a continual (indiscernible)... my concerns have to do with the student who is chemically dependent or all the way through to the student who maybe has one drink and gets in a car accident and hurts himself or someone else. And I think all that still needs to be addressed.

I guess one of the things I'd like to point out is that the campus itself is a community -- it's a community within a large community. Fairbanks and then state community. And then I think therefore we have a responsibility to do some of the things that Ron has already mentioned. The enforcement of prevention.

I think it's also a community in transition. And what I mean by that, as what was mentioned before, 800 to 1000 new people come to campus every year. Many of them who are walking in and are leaving behind the old controls and old peers and family they're helping to keep control and they're walking (indiscernible)... and therefore are at high risk just (indiscernible).

And so I think we, again, have some responsibility to them in this community.

The other thing about this group is that it's an easily targeted group. We can get to them in classrooms, we can get to them (indiscernible) -- it's a ripe (ph) group to be working with and I hate to see (indiscernible)....

On the other hand I think it's a population in some ways in terms of education and prevention is falling between the cracks. I think we're doing a good job as a state at addressing prevention in the secondary and elementary schools. There're extensive networks of programs within the (indiscernible) Fairbanks that I think are doing a good job on educating and preventing. I don't think we're doing the same thing (indiscernible).

REP. MULDER: (Indiscernible). Is the primary and secondary prevention (indiscernible)....

MR. O'CONNOR: I don't know the entire answer to that. I can (indiscernible) as people move from high schools and family into an environment that they've never experienced before it's something that (indiscernible).

REP. MULDER: (Indiscernible).

MR. O'CONNOR: The other piece of this population is that we are not talking about adults who are drawing attention to themselves and (indiscernible). So, this is -- it's not the elementary and secondary group, but it's also not the adults that are being referred to in depth patient or out-patient treatment programs.

So, we only have the middle group here that needs prevention work. It's not being addressed through other means.

The states invested a great deal of money in the lines and the thinking of this 9000 students. (Indiscernible) I don't think we're investing as much in the lives of these students. I know we're not investing as much in the lives of these students in terms of what is a

critical issue in that (indiscernible)... how they use alcohol and (indiscernible).

As the university, and Ron touched on some of this just a few minutes ago, we've taken some steps, including writing a federal grant, getting money for two years to get -- which was really seed money to develop the prevention program. That money was given to us with the idea that they could not be reapplied for, but (indiscernible).

We've gone to the position (indiscernible) drug abuse and partly because of limits and funding and partly because I think they believe it's the university's responsibility to address this issue having gotten the funding (indiscernible).

Again, due to project trimmings and (indiscernible) much of a priority as some other points (indiscernible) negotiations.

We do have a modest proposal, F195, that would include some updating or some improving of the prevention program. And I guess part of what I'm asking for is for consideration of that (indiscernible)... addressed.

As Ron mentioned there are things going on on other campuses that we have not been able to do because of lack of staff and lack of time. Ron mentioned a number of those and I'll just highlight a couple of others.

Other campuses have extensive DWI prevention programs. (Indiscernible). Other campuses have more assistance in the enforcement and disciplinary process than we have. Other campuses have been able to develop intervention programs. In other words, peers addressing -- peers recognizing when a roommate or a friend is having trouble with alcohol and doing something to intervene (indiscernible).

And finally, other campuses have been able to develop more extensive effectiveness evaluation programs.

There are lots of ideas for what we could be doing. I think we've done a good start. As Ron mentioned what we're trying to do through this is to talk with other parts of the decision making bodies that (indiscernible) for these students.

REP. MULDER: Thank you, Mr. Chairman.

Bill, how does Ron program (indiscernible) into your programs?

MR. O'CONNOR: Their program is (indiscernible) students. The student health center was to provide treatment for medical and for people coming in for counseling. (Indiscernible). Outreach.

REP. MULDER: What percentage of your health care needs relate to alcohol?

MR. O'CONNOR: I don't have that on the medical side. On the counseling side we -- the figure that we counted last year was about a third of the students we see in counseling have some alcohol related issue. Now, it may not be their only (indiscernible)... it may be their mother or father.

REP. MULDER: How many people are there on your Health Center Staff?

MR. O'CONNOR: There are four counselors and four medical providers.

REP. MULDER: What type of counselor?

MR. O'CONNOR: Psychological counseling. My training is a (indiscernible) psychologist. I'm a licensed psychologist in the state. We work the students anywhere from adjustment to college, home (indiscernible) to depression, suicidal.

REP. MULDER: Are most of those people trained in alcoholism (indiscernible) evaluation.

MR. O'CONNOR: Most of them have as part of any doctor program there is usually some training in substance abuse (indiscernible) work with students (indiscernible).

REP. MULDER: The obvious thought is with Ron being the 3/4 person and you've eight people in -- just the allocations in resources (indiscernible) appropriate (indiscernible) needs that you're meeting.

Just curious of what allocation you had.

MR. O'CONNOR: And that allocation really has been in response to demands (indiscernible) making for the other types of care. We have a waiting list on the counseling side (indiscernible) and medical staff are in (indiscernible).

REP. MULDER: One last question, Bill. Do you charge for the services provided at the Student Health Center?

MR. O'CONNOR: The students -- the full time students all pay (indiscernible) and so most of the budget -- and then we also charge for medications (indiscernible) those sorts of things. Minimal charge for counseling. The Health Center in terms of finances we supply through the Health Center (indiscernible) about 75% of our own budget. So, 25% (indiscernible).

Did that answer?

REP. MULDER: Yeah. (Indiscernible) wanted to know or through some screening or felt like he needed some help, would it cost him to go through this evaluation if he's a full time student?

MR. O'CONNOR: No. Not for the evaluation. Evaluation and six counseling sessions would be free or paid for by the Health Center. Beyond that they pay a minimum fee of \$10.00 a session.

REP. MULDER: Thanks.

REP. PORTER: Thanks.

Okay, is Larry Hackenmiller...?

LARRY HACKENMILLER: Yes.

My name is Larry Hackenmiller. I am a member of the Cameron (ph) Hotel Restaurant (indiscernible) Association and (indiscernible) board member. Have a bar down here on South Cushman.

I'm here today thanking you for having this task force and getting information. I was forewarned by everybody in the industry that you've got the biggest set of ears of any task force that's ever been around, so that's a good point.

I thought I would give you some information and statistics for 1991 on the traffic accident reports in Alaska. And we don't have the 1992 figures. They won't be out until October. They have a (indiscernible) problem. So, when they come out hopefully we'll have an opportunity to present them to you.

Basically my concern is misinformation here. I'm running for political office in town. I've had the opportunity to meet with different groups of people, special interest groups. I want to point out warnings that I had with the Fairbanks Educational Association. I met with the board of those people, about 17 of them, and we discussed - they discussed their issues and their concerns with me as a candidate, and when it was all over with they asked if I had any questions and I said, yes.

Could any of you tell me how many accidents were alcohol related in 1991 in the State of Alaska? And they kind of looked shocked. Now, these are our educators that I'm talking to. And I said come to a consensus if you want or just throw something out -- throw something at me.

So, the lowest was 45%, I believe and the highest was 68%. And there was only about five responses out of 17 people. And when I told them that the 1991 report indicated 8.8% of all the accidents in Alaska were alcohol related in 1991 -- these are the latest figures. They were astonished, astounded, dumfounded. It's a typical example, though -- and this was asked in different forms. Now just the educators, but other (indiscernible) and so on and no one really had an idea of what it was all about.

To go one step further about misinformation or not getting

information, if you go ahead and take a drivers test today, we ask that questions, how many accidents are alcohol related or how many deaths are alcohol related in the State of Alaska. I don't know what the answer is. They won't tell me. Maybe you could get that information.

But, if you look at the figures -- and again, these charts were made up by me (indiscernible), but the tables are there right in front of the book if there are any questions there as far as what the data on the table is accurate.

But, I believe one student indicated, that was taking the test, indicated that it was 50%, or just under 50%. And I wouldn't call 27.3% just under 50% as far as deaths are concerned. So, there's misinformation being applied here.

The newspapers, also, the (indiscernible) that's going out with regards to -- we're going to be talking strictly about the .08 here the .10. I read an article in the paper there was a stabbing at one of the hotels in town here. And right at the very end of the newspaper article they indicated that the person was twice the legal limit of drunkenness. Now, I don't know what the legal limit of drunkenness is for stabbing someone. I do know in a motor vehicle it is .10. But the implication there is obvious. The press is obvious. They're wishing to extend a problem we have in society by getting it out of proportion. And this is commonplace.

In most of your articles whenever there's an accident a vehicle accident, you'll see an article -- a notation in that article about the traffic accident. It is not known whether the person was drinking or alcohol is not suspected. You know, they're giving a lot of attention to that.

As a bar owner, obviously, I do not support someone getting out in the road and killing someone. It's my business that's at stake here. And I've been an avid support of MADD. We've crossed lines a few times, but when it comes to getting that drunken person off the road, I'm just as available as they are and I do what I can as a responsible businessman.

The problem we have here with regard to education as brought out before is that they had (indiscernible) programs. And anyone will tell you when the economics of the situation is brought out, no economy, no jobs, crime picks up.

One of the other problems we have in our system is the school system itself. Fairbanks right now has got 10,000 illiterate adults. And those didn't come from someplace else. We've got 10,000 adults who can't read a book at the 8th grade level. We've got 80% of the juveniles in our correction system are illiterate. There's the product of our school system.

Now, I don't hope that the task force has to take on the

Department of Education, but we have a school system that is basically producing 25 to 30% illiterate students and they are getting a diploma. These are the people that cannot get a job. These are the people that will go to your counseling and have problems because they aren't working and they will chose to use a substance to alleviate their problems, whatever substance that be. Substance abuse. And they're always going to be there. And right now those illiterate adults are becoming parents. And it's most likely that their children may have the same problem as well because of the school system itself.

I think that if you go back to the root of the problem and find out that the students that we are graduating from our schools aren't getting the proper tools to succeed in society chose their own mannerisms as far as which role in life they want to play. 30% of them.

(Indiscernible). They can't read a book. They can't read the warning label on a bottle of aspirin. Or some of the regulations that are required if they want to continue in some specific (indiscernible) regarding hazardous waste and so on. It's very difficult. And I think one of the roots of this problem here with our alcohol screening is we are dealing with many of the illiterate public. And if you don't have the tools to succeed then you're going to be a problem. You're going to be dependent upon society for a longer period of time.

And I think a lot of the abuse that we had was dealing with that group of people. That is produced by our public school system at this time. So, the problem is far reaching. It's not just a matter of are we doing a proper alcohol screening and so on.

How did that person get there to begin with? If we do have the abuse problems or programs in our grade schools, elementary schools, what effect is it having? Will it have an effect on the two-thirds of people that do or are able to read above a tenth grade level when they graduate? Or the ones that are falling below that? Below the 8th grade level in reading? Will they ever have a chance to understand what is happening? So, we go back one step --

Hopefully I'll have an opportunity to bring out the new statistics on our highways as far as accidents and so on. But, the .10 system (indiscernible) trying to develop a drug abuse system and motor vehicle drivers and they don't know if that's going to be effective or not. I haven't heard that much about it. But, I understand it is taking place in some of the southern states.

So, using the Breathalyzer, and we're all assuming that that's an accurate device, that's been proven in court and I'll provide some of this data later where they say if you hyperventilate that'll decrease and if you hold your breath it'll increase. So, there's all kinds of things. We're assuming that that machine is accurate beyond any doubt and that is the only device and the only piece of evidence that you're using to convict someone.

And this is recorded that say that if that's your only piece of evidence then you have to give that individual the benefit of the doubt as far as any inaccuracies. And the methods used to -- you know, the hour and the times between when you get -- I'm not trying to defend the drunk driver here.

I want to point out, I want that man off the road. A repeat offender, I want him in jail. I don't want him out. You know, a third time offender who has no regard whatsoever for anyone else I don't want to see that man in my bar and I don't want to see him on the streets. The first offender needs the education, he needs to be aware of what his responsibilities are. And we go through training right now in my bar every time we see a 21 year old, we spend about an hour with him, give him every attention we can while he's at my location to let him know that, here's the rules now. Okay? You're not going to be allowed to do this and all this stuff. So, it's a discipline they're not used to. And they've probably been drinking for quite a while. So....

But, anyway, again, I hope to provide you with some more information later on with regards to the new report once they're out. They're normally out this time of year, but because of funding, they're late. And to give you a better idea of what is actually going on on our highways out there so that you'll be properly informed and not misinformed.

Thank you.

REP. PORTER: I want to make sure that (indiscernible) -- Is Dolores here?

UNIDENTIFIED SPEAKER: No, no, she isn't.

REP. PORTER: She didn't show? Okay.

Bob Keller, I believe?

Did he just leave?

John Regitano?

(Pause)

JOHN REGITANO: I'm the executive director of the Fairbanks Native Association. (Indiscernible).

As executive director I do not have all the detail knowledge of the program that we do, but I do have a very good general knowledge of it and all the (indiscernible) which is very broad (indiscernible) treatment or people with alcohol/drug related problems. It includes the detoxication units, the only one in the interior here.

So, I just wanted to make a general observation here and I hope

you'll be able to digest somehow in your gatherings here.

One of the general observations I have is regarding funding for alcohol and drug rehabilitation programs in this state as a whole. The state needs to be commended on (indiscernible) they do (indiscernible) for alcohol and drug programs. I think it's very important that I point out it's really not enough funds to deal with the problem.

We have a lot of people who are in preventive work as well as treatment work who are spread very thin right now.

I would like (indiscernible) with time I think you would see the need for funding alcohol (indiscernible), but I think it's fair to say that unless we, at some point, stick more (indiscernible) sources into alcohol programs that isn't going to occur. I think you made a good point regarding the prevention. That's very -- prevention is very important and I think prevention is the way ultimately to eliminate it. And I think prevention does, in fact, need to be addressed very early and needs to be addressed in the first and sixth grade essentially.

And reenforcement -- in the cases where it's not being re-enforced in the home, at least if it's addressed at that age in public schools on a fairly intensive program -- release some sort of organized programs statewide maybe the end results will be to see less people, adults, young adults, having problems later down the road.

It's -- to me trying to stick more resources in a time like this. I know what I'm saying here. I'm saying something that's very hard to do. Especially with the State budget. But I also know that somebody -- at some point is going to have to look at this as a route to go. And the reason being is it makes sense economically. If in fact we can put the dollar in here I think we can avoid a lot of other problems which the state ultimately has to pick the ticket up on later on.

Some of them education, a lot of them are education. When you're talking about (indiscernible) with a FAS (ph) you're talking about a real expensive teaching, education system for those children to try to get them to some potential.

Also, medical problems that are related to people who have substance abuse problems long term. And have had substance problems long term. The medical cause ultimately filter down to the state again and the state has to deal with those. And unfortunately, when you get to that point most of those problems don't go away quickly, if they ever go away. They basically get to be maintenance.

Also, mental health. I think there's people that could make a fairly good case that the mental health population or people receiving mental health services, that population could actually be reduced through preventives services offered in alcohol and drug.

And then one that I think everybody is well aware of is the

criminal system ultimately has a lot -- regardless of statistics you may hear or not hear, I don't have any handy -- but it's real clear that a lot of the costs -- at least in this city for incarceration, (indiscernible) and everything related to it is the result of alcohol and drug problems.

So, those are costs which the state has to bear later and maybe treating alcohol through prevention and then treatment is the way to go on those. It's more -- you know, the economic....

The other point that I wanted to make was -- it's regarding prohibition in this state. Fairbanks Native Association and me personally have a strong point here. We would not support prohibition mandated by the government, because it doesn't work and I think that's pretty clear it doesn't work.

I think prohibition still needs to be looked at very seriously through other methods. Maybe some of the other methods are by -- which in fact, I think are occurring when in the communities in particular role areas do get control of their destiny and are allowed to work with alcohol plans they do have available.

The community can mandate prohibition and it's accepted in the community. That's something that's set down there and it's not coming down from Juneau not Washington, D.C., and seems to work. You know, at least it's certainly a good attempt.

Also, I think prohibition, where the state can possibly help to promote these is, I look to what AFN is doing, the Alaska Federation of Natives. They pretty much over the course of the last five years started to shift their position to alcohol -- is not welcome. Alcohol awareness is always there now. Everybody doesn't have a problem and that's absolutely true, but it's rarely appropriate -- it's function (indiscernible) organization to have alcohol at all. AFN through (indiscernible) clearly initiated by individuals and individual groups which remembers (indiscernible) very vocal on that. I think those sorts of things can work. You know, it's a self-imposed prohibition.

The (indiscernible) where they may in fact help in that process and keep it moving along would be through advertising or strongly encouraging those who are receiving grants or contracts with the state to (indiscernible) which is really geared toward educating children. It's just that simply.

So, that's what I would like to comment on prohibition.

Also, on the funding. How do you come up with more money? Well, I think that needs to be -- there's a lot of ideas on how to do that. But to not take it out of -- to take it out of somebody else's programs, that's one way obviously and that's one I don't encourage, because I'm not knowledgeable on everything that the state funds and the value of it. But I can tell you that Fairbanks Native Association will not be

opposed to increasing alcohol taxes (indiscernible). It's a very simply logic -- that if there is a cost associated with alcohol drinking and alcohol purchases then in fact that should be borne by the people who in fact purchase the alcohol. Real simple.

You know, ultimately the people who are making the profits, which are the companies that sell the alcohol, they may not see reduced profits, which I'm sure they won't, because when you increase the tax, they'll just increase the profit margin or raise the price so the profit margin stays the same. That's fine.

Still the tax is a viable option. I know it's not one that's politically very easy to sell, but I just want to let you know that there are groups like ours that are not opposed to these things.

And I think that the cost needs to be borne by that group, it's just that simple.

Another comment I had was regarding the Governor's Advisory Council on Alcohol. Just to let you know that the feelings that I have had with them have been very positive. The group has been very professional and it's a group that -- it's a voluntary group that really does not receive a lot -- I think they receive as much support as they (indiscernible) -- I mean they don't receive a lot of support when I look at the Mental Health Board -- support where they have paid staff and they have more resources available to them.

I think that you may want to look at doing that more formally -- the Governor's Advisory Board on Alcohol. Because what I've seen you've got very devoted people that come down from wherever they live. Some of them in very remote areas. And they try and digest everything that is presented to them and it doesn't have the annual funding meetings.

I think it's fair to say that they hear everybody and they try to make an allocation. And it's very clear (indiscernible). So, I would just encourage you to support them where you can in possibly giving them some staff support. That, I think, if you see that you have access to the funds to do that that may be something you'd want to consider.

But, I think the pay back will be that -- that group will be more able to support (indiscernible) they'll be more the experts they need to be and use legislators. (Indiscernible) and feel very comfortable with decisions they are making, been thought out well and they had everything (indiscernible).

That's all the comments I had.

REP. PORTER: Thank you very much.
Next on the list I have Banarsi Lal.

UNIDENTIFIED SPEAKER: He just stepped out, Representative Porter. Here he is. Mr. Lal?

BANARSI LAL: Good afternoon. Thank you.

In trying to prepare for my testimony this afternoon, I tried to figure out what are some of the things that you were interested in as you relay information about the task forces. And I have several members of the staff that I hear that would be qualified to speak on the treatment issues and what effects and what screening tools we use. And I understand you've had some questions on that, so I'll skip that part.

And I'll start out speaking a little bit to the grant (ph) (indiscernible) process. I think that's one of the concerns that you had. And the other was that (indiscernible) substance abuse and that was a (indiscernible).

And as a program only (indiscernible) 1976, so it certainly had a lot of experience with the grant process. The general perception of our (indiscernible).... program. So, again, you don't expect too much and as your expectation gets lower and lower it's get much (indiscernible).

The other is that there's a lack of (indiscernible) among those who see (indiscernible). And that's (indiscernible) not typical for us (indiscernible)....

Now, contrary to what you (indiscernible) the program that I'm familiar with and I've been (indiscernible) about 25 - 30 years, I do believe that that's a very cost effective way of providing services. Think for a minute that if the government was able to (indiscernible) in the program, do you think (indiscernible)... And the reason for that.....

(Off record)
(Tape Change)
(Tape IV, Side A)
(On record)

There was a report done by the legislative research office, oh, about three or four years ago. It just compared two segments that (indiscernible) and came up with findings that the (indiscernible) programs were almost like 50% of what the salary was in (indiscernible). And you are looking at people with graduate degrees (indiscernible) substance abuse counselor... (indiscernible) at a much lesser salary.

So, that's just on aspect of how nonprofits operate to provide you with the best possible (indiscernible).

In terms of accountability, there are some systems that are already in place. For example, the (indiscernible)... all nonprofit organizations are required to provide -- to respond to a single audit. And Fairbanks Native Association certainly has -- they have CPA firms that come and audit every single year and provide copies of the audit. And you can in the public domain get copies of all of those and see if they are accountable or not.

Sitting here and working for them for about 18 years I can tell you they probably have one of the cleanest audit trails of nonprofit organizations in this state. If that's a question mark, because it's a grant you oughta be rest assured that that is one area (indiscernible) program should be looking at with a division -- very watchful (indiscernible) documents and some of them have become available.

Our 1992 August -- begin, the '93 is just being completed.

In terms of program, the program itself is (indiscernible). We have a (indiscernible) well, the community doesn't do that. But in order for the nonprofit organization to survive in this climate and in this (indiscernible)... it has to be (indiscernible) we cannot just take in money day in and day out and say, you know, we do what we can. So, that's not happening.

And if somebody tells you that that's happening, that's not. And I don't think that you should go away with the feeling that the program is taking money and not being able to produce a result.

One unfortunate fact in substance abuse cases is (indiscernible)... not very forthcoming. He doesn't want to come to you and tell you (indiscernible) or I am (indiscernible) look at me. That's the drawback in the system.

Now, it's not (indiscernible) how many people are in there, how many got out and how many (indiscernible). It's a substance abuse program and people are very shy in coming forth and telling you (indiscernible) report or not. They come and they tell you I've been sober six years or six months, look at me, I went through school and I trained myself to be this and that and that's the part I think is the weakness in the (indiscernible) system.

We have been trying to (indiscernible) question out to people saying please fill it out, please send it back to us, you know. And the returns have been very poor. But those who have taken time to return have reported that they are doing very well.

I think it has to be a system that we can tract people down and I think this state with our support and our feedback should be able to produce this system. And a lot of information is available. For example, a single person entering the system has got a number assigned. (Indiscernible) shows up anywhere within the system you can find out if the person has treatment anywhere in the State of Alaska. This system can tell you how many admissions for the same person. So, there are systems in place.

Now, you go to federal aid and you start to receive federal grants. 30% of the program is required to be invested in some kind of (indiscernible)... methodology. And it's a fact and we have received grants in the past from federal government and from agency (indiscernible) 20% of the budget has to go toward program evaluation.

The State of Alaska doesn't have the kind of source (indiscernible).

Now, can you imagine somebody, you know, who receives \$100,000.00 being able to (indiscernible)? It's a fact of life. It's just that the sources are not there to do it. But in order to (indiscernible) you would have to find money somewhere to have that system in place. Otherwise, you know, you're probably falling behind what everybody else is doing.

There are two major initiatives on the federal side. One through the Center for Substance Abuse Prevention, the other is through the Center for Substance Abuse Treatment. (Indiscernible)... Public Health Service. And both have extensive evaluation methodologies in place for prevention programs and treatment programs. And are requiring that you invest at least 30% of your resources in an evaluation program that you submit along with the grant application.

And we have been asked to do the same. And they also do not say that an evaluation should be in-house -- they demand that it should be an (indiscernible) -- hire someone third party independent (indiscernible) or would report that as a result of the evaluation directly for the funding agency.

Now this is the kind of system that is in place and it's coming into place (indiscernible) State of Alaska, so it's something that's very timely, it's happening elsewhere, it's happening here, including (indiscernible) receiving federal dollars.

So, I think you go back (indiscernible) evaluation will be in place whether you do or somebody does it. The federal government is demanding and most of the grantees are (indiscernible) either funded by the state or jointly funded by state and federal dollars or by some other private funding source (indiscernible) report.

REP. PORTER: I don't want to interrupt you, but let me ask you before you leave this morning -- are the (indiscernible) requiring a certain (indiscernible) evaluation or just an evaluation. (Indiscernible) hearing is that many of the evaluations that exist are based on how many people are touched as opposed to people's behavior actually changing (indiscernible).

MR. LAL: No, (indiscernible) evaluation (indiscernible) process evaluation. How many people you serve and did everybody have the benefit of the assessment? Did everybody have a treatment plan completed? Did everybody receive one on one counseling or did everybody receive -- I think they have gone beyond that. They are more into (indiscernible)...

And tell me what happened to the person after completion of treatment three months, six months, twelve months. That's the kind of (indiscernible) they are looking for.

REP. PORTER: How then are you gathering this information? It seems to be one of the problems.

MR. LAL: That's what we're doing now. We got our federal grant last year so that's what we're in the process of doing now.

We have sent out letters to people who have completed three months of treatments, six months of treatment, nine months of treatment and we are receiving some information. It's very difficult because the clients move around so much and most of the ones don't leave a forwarding address or give you one, when their mail is not received and it comes back. So.... you're looking at the same, just you know trying to go to them (indiscernible) and hopefully, you know, we'll find them.

REP. PORTER: It seems to me that we've heard enough information -- at some point in time if we're really serious about this type of evaluation, this system, that a bunch of systems would have to come together so that we can get this straightened out. Criminal justice, health, other treatment programs and those kinds of things.

If, we're not necessarily looking for a response right now, but if, when you're attempting to do this you come across any obvious areas that you can include in this, let us know..

MR. LAL: Yeah. I think, you know, the most natural coordination can certainly be formed with these substance abuse programs and mental health programs and other programs and the DHSS and special programs. They are unfortunate, recipients of a large number of alcohol abuse using clients and those who have (indiscernible). And so I think that would be the most natural probation.

I think that, you get copies of all of your stats and see how many.... and I think one agency that could take the lead in coordinating all of that information is (indiscernible) -- it shouldn't be that difficult, I think, and maybe part of the task force activity would be to find any system whereby all this information can be somehow analyzed to produce that outcome.

REP. PORTER: One of the issues that has to be dealt with is the requirement that each one of these systems has to work out (indiscernible).

MR. LAL: I think.....

REP. PORTER: Even though we have the same names (indiscernible).....

MR. LAL: Well, I think if you have -- I don't know, maybe Loren can speak to this, a long time ago we had this interdepartmental coordinating council and that included a number of departments, and I don't know how often they meet now, but I have heard somewhere that

there was a body that was called an interdepartmental coordinating council, called committee or something, and you know, an x-number of departments and their commissioners who were listed as people who would be meeting periodically to review such information. I think that list is not comprehensive enough and can certainly be enlarged to include some other departments that would fulfill the needs of this this commission as well as the legislature.

In terms of community driven programming I think there are several pluses that we have. I don't know if you would want to be in a position where you make the decisions and say that this community gets this and that community (indiscernible)... I think you would be better off to have the people in the region to come up with a grant application or a proposal to address the needs. I think in giving them the ownership in dealing with their own problems and making them accountable, I think you can probably achieve the best result.

It's one of the weaknesses in the system in that there are no fall back resources in smaller communities. For example, in Fairbanks, we see, oh, about 25 to 35% (indiscernible) from the Bush, small villages, like south regional units -- they do not have even a house, for example. So, any person who stays here, goes through detox, a short term 30 day treatment and a longer term treatment, has to go back to the village and somehow extend sobriety -- goes back to the same environment where there are no support. And I think you may want to look at, you know, you may want to take -- revisit the system where the Alaskan communities (indiscernible) levels 1, 2, 3 and 4 and take a look at what's available at level 1, 2, 3, and 4 and what's not available and try to find out, you know, what are the gaps in those services that we need to fill in order to provide the best outcome for somebody who is leaving Fairbanks, to Nome, Anchorage, Nome and Kotzebue, and into the village. And I think that's some weakness in the support system.

The one thing that you may want to do regardless of what system you agree to, what's most beneficial, you need to keep in mind that there's another system in place in the State of Alaska that's driven by the (indiscernible). And that's a fairly substantial chunk of dollars that's available.

Now, Indian Health Center has it's own requirements for programming, programs standards for certification of counselors, for certification of of program administrators, reporting requirements, and I think we, in the (indiscernible) have worked very closely with (indiscernible) duplication, that could be a hardship on the programs, those who serve on the programs, those who work in the programs and those who monitor the programs.

So, we have the need for two MIS (ph) systems. We have somehow worked for years and years and now we have one reporting system that acceptable to the Feds.

Most recently the director's association and the division staff

worked together with IHS (ph) to see that the counseling certification requirements were pretty much the same. So, we have now after over a year of effort have been able to come up with some consensus on what should be the counseling credentials and what should be the requirements of process to be certified under both the systems so that we have only one system in place.

Now, in order to have the similar kind of cooperation, you know, you need to look at what else we can coordinate our resources to come up with an evaluation methodology and an outcome methodology and an outcome. You know, that's acceptable to both. Otherwise you'd be asking the program people to (indiscernible) and I think that's something that maybe Loren can help with in initiating some kind of meeting (indiscernible) in service people.

So, you may need to keep that in mind, because these are some key players in this system that have an equal (indiscernible) sustained (indiscernible) time. And I think that's something that I believe would be very beneficial.

I'll stop here and if you have any questions I'll be happy to answer them.

REP. PORTER: No. Thank you very much.

MR. LAL: Thank you.

REP. PORTER: The next I have is Larry -- and I'll let him tell us what his last name is, because I'll probably botch it up.

LARRY CAGNINA: Larry Cagnina.

REP. PORTER: Okay.

MR. CAGNINA: Like I said, my name is Larry Cagnina and I'm the Out-patient Coordinator for Youth and (indiscernible) Association and I also do the (indiscernible) residential treatments.

I'm not going to go into a long dialogue. You know the admission criteria and all that.

The one thing that I would sort of like to give testimony to is the fact that working with adolescents I really feel the state and being a nonprofit organization, the state and some other levels are not funding enough for the adolescence in our section. I believe that the school system is doing a good job in policing alcohol and drug problems in the school level and referring out to agencies here in town to do intake assessments to see if there is a problem with alcohol or drugs.

And I would like to say that about 90% of our assessments and request for assessments come from the school district. And then the other 10% come from the Fairbanks Youth Facility. And a couple (indiscernible) referral.

And I really feel that besides the prevention end of it that more money should be put in the out-patient for adolescence. I think that's where the problem starts. What you're seeing at the other spectrum is the adultery (indiscernible).

It's real simple to just say no, but to do that in reality is a whole different range. The other area that I feel and this is partially in-house, but it could be looked at at the state level, too, is the use of peer counselors throughout the system. Since I've been the adolescent out-patient supervisor in the last year and a half I've seen close to a dozen clients who have brought on to the university and started off at 12, 13 years old. (Indiscernible) family problems and gone on to the university and had their education (indiscernible).

And I think that those individuals are the ones that really should be sitting here today. If I could (indiscernible), but that's my concern.

And the other concern for me is the getting the involved. One of the big issues (indiscernible) come into the money concerning (indiscernible) and then of course adding more counselors on to do the jobs. The funding is just not there. It's just not feasible.

REP. PORTER: Is Michael Daku?

MICHAEL DAKU: Yes. Hi. My name is Mike Daku. I'm the manager of the Adult Services for (indiscernible) for Alcohol, which is under the (indiscernible) Fairbanks Association.

I have often been, let's say, (indiscernible) for talking too much. I'll try to keep this as short as possible and I'll just outline and you'll probably say, thank God, but I'll address a few issues that you may be wondering about in terms of what's going on in our field.

I think we have to understand in terms of how we measure success. Number one, we really have to come to a definition of what success is. And that we've had a problem with. And lots of people have had a problem with how are you going to (indiscernible) a success. And this is not a field in which we have dealt with absolutes a lot. I mean, I often use this with students in terms of -- you know, when you look at the field of mathematics, I know that 2 and 2 equals 4 and nothing much is going to change that, right? I mean, that's the way it goes.

In terms of how can we say that somebody has recovered from an alcohol and/or drug problem, how do we measure that?

One of the traps I think we have fallen into, and again a lot of this is just coming from my viewpoint and from my experience, is the trap of abstinence or non-use. What I mean by abstinence, of course, is no use at all of any alcohol and drugs, let's say post-treatment if we're looking at outcome.

Mr. Lal mentioned process versus outcome. Sure there's a big push now to say what are you doing with this money? Give us some tangible results now that we can run with, that we can put up there on the board.

I think the trap is with abstinence is that we're looking at an illness, if we want to call it a disease or illness, that relapse is almost (indiscernible) in it. Am I saying that it's very predictable that it's going to happen? A lot of cases, yes, it is very predictable.

Give an example of cigarette smoking. Okay? I'm not going to pick on you necessarily, but I'm using this just as an analogy, okay? You went ahead and you quit smoking, right? Which was a very good healthful thing that you could do. We all know that, correct?

You probably had some health benefits as a result of the fact that you quit smoking. Let's say for instance at some point in time in your attempt to quit smoking you had a cigarette. Okay. Let's say that was even within the first 10 days or two weeks or one month of trying to necessarily abstain from cigarette smoking.

Now we know basically you're addicted to nicotine -- you're addicted to a drug, correct? If you say you're going to make the decision to quit smoking -- let's say you even went to a smoking clinic or a nicotine treatment of some sort, right? Let's say after one week you went through this program and after one weeks time, let's say within seven days, you went ahead and had a relapse. You went ahead and smoked, okay? From that point on you did not smoke, you got obvious health benefits and la-de-da you went on with your life.

Now, if I want to speak in absolute terms, are you a success or are you a failure?

REP. BITTON: Which one do you report?

MR. DAKU: You see, in absolute terms, you're a failure. Because you used a week later.

REP. PORTER: My impression of the difference between the two evaluation -- using your cigarettes -- to my way of looking at it the appropriate measure would be the reduction, goals (indiscernible) as opposed to how many times after I entered the program (indiscernible). Okay?

So, if I went another week, that's great. That's (indiscernible) success (indiscernible). If I continue to smoke two packs a day every day after entering your program, that's failure.

MR. DAKU: Okay. But the point I'm trying to make is it's very difficult and I don't think we want to put it in terms of absolute terms. I think in terms of folks we have seen in alcohol treatment in

terms of where the money's going and what's happening is lifestyle improvements view of her. Okay? Even if somebody, as I say, using the cigarette, even if somebody does have a minor slip, let's say they go back to drinking or momentary drug use and it's minor slip, they basically get back on their horse, so to speak, and they get on with their life and they go from there, in all areas of their life they make progress. I see that as progress, I don't see that necessarily as failure.

In terms of the extent of the problem in the State of Alaska, you were handed out some information regarding incidents of alcohol related crashes and motor vehicle accidents. What percentage was alcohol related? He claims 8%? 8 something? Which I was sitting here, it hit me, geez, that's low. We don't have a problem with alcohol or drugs in Alaska. Why is everybody getting so worked up about it?

The problem is that even for those folks who were involved in the alcohol related crash, let's get -- let's go beyond the surface a little bit and look at those folks who are involved in those crashes. How many times do you think those individuals have driven under the influence of alcohol and not gotten involved in a crash and did not in fact get arrested for DWI, etc, etc.

If we knew that, there's been some wild estimates, I can give you one estimate that for every time somebody drove drunk or under the influence and was arrested, there's probably 400 other times they did not get stopped or arrested for DWI. So, we go underneath that, what do we attribute it to? Do we attribute to just dumb luck? I don't know. I don't know how to answer it.

If you look at the population we run a program through the Fairbanks Correctional Center, if you look at the program there and the population there, approximately 80 to 90% of the people who reside, if you will, in Fairbanks Correctional Center, are there in one way connected to alcohol or drug use. Either through misconduct of uncontrolled substance, through DWI, through assault under the influence, you name it. Right across the board.

So, in terms of the scope of our problem, it's enormous. In terms of the allocation of resources -- I'm not saying that the State has not been -- the division has not been kind to us, they have. But for an allocation of 13 plus million dollars total with this population, it's actually very little. If you look at what the number one social problem in the State of Alaska, it's alcohol and drug use.

I think there's one caution, however, is that it's the idea -- Larry and a couple of other folks have mentioned, the Just Say No program and things of this nature, I think after we hear about it so much we start to turn off. And it's kind of like, Oh God, here we go again. Alcohol and drug use. Yeah, just say no, blah, blah. It really becomes a cliché and it makes no impact. It doesn't make an impact until it's literally turned off the personal side.

And when you're involved in an accident that involves a drunk driver and those sorts of things, those drunk drivings and those incidents are just symptoms, if you will, of the underlying alcohol and drug problem. That's the way they're shown. Just like if you had a cold and your nose was -- I wouldn't have to be, like Ralph Segal (ph) says, a rocket scientist to know whether or not you've got a cold. I would know that.

So, these things are just basically the symptomatology of the symptoms of the illness of the real problem. And in this state in particular it's enormous.

I don't know if you folks have any questions regarding our evaluation procedures or you know, standards that we use in terms of admission? I know a lot of programs now, you know, in the Lower 48, are really under the guns for the whole health care system to provide that kind of accountability in terms of where you're placing somebody.

I mean, if you skinned your knee you're not going to be placed in the hospital, right? Obviously you're going to put a bandaid on it or if you need a few stitches, perhaps it could be done on an out-patient basis. That's the same thing as we're faced with, too. So, we've implemented our own system which is an adoption of really a national criteria to go ahead and look at, where are we going to place people and what level of care and not in fact over treating somebody. They don't need to be overtreated.

I can answer any questions.

REP. MULDER: How long does that evaluation (indiscernible) how extensive is it?

MR. DAKU: The one on one evaluation to determine if someone has a problem? In most cases approximately two hours in length. Then once, in terms of evaluation procedures, once we have that information the whole cycle, social history, (indiscernible) information from perhaps a referral source, that referral source may be probation and may be part of the court system and be part of social service system, once we have all that and we take that information to what we call our Admission Review Committee then we institute and use what is referred to as the ASM, Americana Society Medicine criteria to determine what level of care actually that person's going to be placed in.

So, in other words, it's using actually national criteria to make sure in fact that you're not overtreating someone. Because the way we look at it, we put ourselves in the framework or in the shoes of you're paying this person's bill. Now they need to get the biggest bang for the buck and what level of care are they going to in fact get that bang through the buck. And it's your money, where are you going to place 'em?

REP. PORTER: Unless this person tells you or the person who

referred he or she knows, you would not know how many previous times (indiscernible) health problems (indiscernible).....

MR. DAKU: The way we did know is if they've been in the State of Alaska system, they've been in the management information system before we would have that information. We could go ahead and provide that.

REP. PORTER: Which system is that?

MR. DAKU: That's the management information system that we have with the alcohol and drug abuse area. It's our own, all staff and all programs are under the management information system in terms of looking at clients that are taking into programs, what components they're put in, etc., and that information can in fact, and that was -- (indiscernible) mentioning.

That information could be from there, it could be from any other collateral resource we may have. We may actually have a file in effect on that person as long as they've been within the system with the past seven years. We would also have additional information.

There's two diagnostic rules that we really go by and they're not necessarily set in stone. But, number one is to gather as much collateral information as you possibly can. Just like if you were a physician or doing some work, you'd want to know background information, prior history, so on and so forth in terms of to better treat that person. So, we gather as much information, number one. And number two, you're always going to assume deception, because that's the nature of the thing.

Deception finds itself or shows itself in many areas. You go back to the guy who's been stopped for his first DWI or has his first alcohol related accident. You asked them, have you driven under the influence before or have you had any previous DWI's or legal ramifications due to your drinking? No, not really. Of course, you may have from the Alcohol Safety Action program, you may have the spread sheet in front of you that says, "Well, let's see. You have three prior DWI's, gee, that's interesting. But, you've never been arrested before?" "Oh no, I haven't."

We have to understand that when folks get involved with alcohol and drugs, I'm not necessarily talking about the guy who every once and a while has a beer or glass of wine with dinner, they have a very, very significant relationship to protect. And you are going to do whatever you need to do in fact to protect that relationship.

Are you going to commit acts of omission and commission if you will? Of course you're going to. You need to protect the relationship. The evaluator and the evaluation process, what literally is doing besides the fact that it's kind of an investigative and diagnostic process, is that process is really designed to poke holes in that relationship with alcohol and drugs. And to ultimately through

treatment show that person here's a snapshot of here's what's going on for you. These are the consequences or continued consequences as a result of your alcohol and drug use, here's what, in fact, you can do about it.

And just like going to the doctor, here's your treatment plan or prescription. We'll help you write it out. You fill it. Ultimately if you fill it, the chances of you doing well are pretty good.

REP. MULDER: Is responsible drinking a part of your treatment in evaluating?

MR. DAKU: No.

REP. SITTON: Sometimes I despair because of it's magnitude and it seems to me that we put billions and billions of dollars into various programs, including public education and we still have the problem. So, in order not to be battling (indiscernible), so I'll know who the enemy is, (indiscernible) DWI.

What would you do about a DWI problem (indiscernible)? It's something I can get my hands on. I don't think we're going to ever, ever win. I mean it's just.....

MR. DAKU: Yeah, there's so many DWI symptoms, if you will, (indiscernible). It's just like all the other so called symptoms that we've looked at.

In terms of DWI, (indiscernible) what you often hear from folks is, well, if you made the penalty more severe then you would impact people. Now, that has some validity. It doesn't have validity in some other areas. It has some validity in the fact that I think in terms of public awareness, people have become more publicly aware and are perhaps a little bit more careful of getting in a car and driving. Okay?

I'm not saying that their drinking behavior per say has changed at all. I'm saying what they're not doing is, they're not drinking, stepping in the automobile and taking off and getting busted for DWI. So, what you have to do is consistently, coming from the treatment view point, is you have to consistently deal with the drinking behavior itself. People may not in fact drink and drive.

If they continue to drink and they continue with the drinking behavior, I will guarantee you you will see it sprout, if you will, in other areas that are alike. They're not going to get a DWI. Because oftentimes if you ask these folks what are you going to do differently now and they're still in denial about the problem, which is their drinking? What they're going to say is, I'm not gong to drink and drive. I'm not going to get in the car. The drinking and driving, the getting in the car and driving is not the problem. It's the drinking behavior itself that we have to consistently center on.

On the other side in terms of the punishment, look at states who have the death penalty. You want to look at the ultimate punishment, capital punishment and the old murder belt through the South. Those are also the states that have the highest incidents of murder, yet they have the most severe penalty.

REP. SITTON: Let me ask you something else, then. What's producing these kinds of people? That's the question we have to ask, isn't it? What's producing the kind of people who are in the state, the feds, and United Nations and has to micromanage their personal lives. Is something wrong with our civilization that produce people like this? Are the numbers growing? What's the deal here?

MR. DAKU: Well, that's probably a million dollars question.

REP. SITTON: Well, I know that.

MR. DAKU: I think the numbers have grown. You know, if you look at the (indiscernible) in terms of where does this all come from, I mean, is there a genetic phase. Sure. Very possibly. Is there a sociological (indiscernible), very possibly. Is there a belief or value system that's incorporated in these folks? Sure, very possibly. Are there personality traits even that can possibly predispose an individual? Sure, very possibly.

It's the same question that we're looking at in terms of where does this cancer come from?

Boy, I don't know. Is it genetic, is it environmental? Where exactly is it coming from?

UNIDENTIFIED SPEAKER: For example, Mr. Chairman, we have a good bit of debate about whether we should teach responsible drinking or not. We look at the French (indiscernible - phone ringing) children from a wee-age on have two glasses of wine a day with their meals and they don't have alcoholism problems we have in this country.

So, were they taught responsibly, should be teach responsibly? I know this is something we'll get into more and more. But, it's my own personal view, not for the record or any official proceedings, but I happen to think the entire western civilization is indicted because of the kind of people we're producing.

That's my view.

REP. PORTER: Thank you.

Mike?

MIKE (?): Millions and millions of dollars later we've invested into the research, development programs. Are we making any headway?

MR. DAKU: I think we're making headway in terms of changes in individuals lives in terms of, is the lifestyle improving?

Yes. I think in terms of folks have gone through treatment.

On the prevention end, I'm not so sure. I'm not so sure, because as Joe says, more and more of these individuals, they have to come from somewhere. It starts somewhere. More and more being produced. So, on that end, I'm not so sure.

I think that one flaw that we've made or one mistake that we've made is historically speaking and you see the same thing true with the programs right now, prevention has been over here -- it's been basically a separate pocket, a separate entity and then treatment is over here and they kind of go on like this, but they never come together in a sense.

When you're dealing treatment are you not also doing prevention? In a since you are. And I don't think those worlds and I don't think the State of Alaska, I don't think in the Lower 48 and nationally -- I don't think those worlds have blended as best they can.

So, in terms of the prevention end, I would say, no. On the treatment end, I would say, yes. The thing we're still grabbling with, of course, is the why's and the where's. Where does this come from? If you could put your finger on it and say this is why this happens, it would be such an easy problem in the sense to deal with. It goes back to mathematics. We know two and two is four. There are no absolutes here. That's -- you know, we're kind of banging our head against the wall and trying to come up with absolutes where I'm not so sure there are absolutes.

Now, punishment doesn't work. Folks are talking about work and somebody being gainfully employed and also literacy skills. Let's go back to pipeline days in Fairbanks. There's a lot of employed people here. There's a lot of people with a lot of money and whoever wanted a job could have a job whether it's a laborer's job or whatever it was. Everybody had a job and there was a lot of money.

What happened to the alcohol and drug rate? Sky high. Everybody was employed.

Let's talk about the literacy end of things. There are a lot of impaired professionals, doctors lawyers, nurses, accountants, right here in this state. Right here in the City of Fairbanks. Are these very literate people? Absolutely. Are these people that, quote, should know better? These are smart guys, smart women. You know, they should know better.

Gee, isn't it interesting, though, that they've been impacted by the disease of chemical dependency. Whether it's alcohol or drugs.

So, it has no real bearing on how smart you are, how literate you are in the sense -- it really doesn't. It again, goes to absolute. If

you had a PhD, that must mean that you're absolute immune to chemical dependency, right? But, if you did not graduate from high school, boom, you're going to have it? It doesn't happen that way.

REP. MULDER (?): Yeah, just in the role of a friendly Devil's Advocacy, let's take issue about what you said about punishment not working.

I'm not sure I'm convinced of that. I'm not advocating this, but for example, if upon conviction of your first DWI, if your automobile were seized, you don't think that would be a deterrent?

If your automobile were taken from you and you lost your \$12,000.00 car?

MR. DAKU: No.

UNIDENTIFIED SPEAKER: I want to take a stab at that having had a bit of experience in this particular area.

The program started in Anchorage (indiscernible) showed various (indiscernible) reduction (indiscernible) was concluded that it wasn't a level of punishment (indiscernible).... You can increase that substantially.

There is a point in which (indiscernible) unless you have the other (indiscernible).

MR. DAKU: You still have to go back to the behavior. Somebody gets a DWI, you've lost your license, right? First offense, 90 days, second offense six months, third offense up to 10 years, maybe forever. Guess what?

If you looked at the incidents of both driving without a license, even those folks who are driving DWSOL, Driving with Suspended Operator's License, it's enormous. It hasn't changed anything. I don't have a car. Well, to hell with the car, I've got a motorcycle. I've got somebody else's car. I've got my neighbor's car. I need to drive, it's my right. I'm going to go ahead and do it.

Does the behavior necessarily change? No. Can someone go ahead and let's say in fact somebody doesn't drive at all, then? Right? They get their car taken away or they have a first offense or however many offenses and they can't drive for an x-number of days, right?

Maybe it's through fear, like you say, fear of apprehension can be very strong, a very powerful thing, so they don't do it.

REP. SITTON: In jail?

MR. DAKU: Yeah, or maybe they're incarcerated for a period of time or whatnot. The point is, in terms of their attitude and their

behavior you really have to take a close look at it. Because folks what they'll do is, they'll say, fine and dandy, I'm not going to drive for the next 90 days.

If the drinking behavior has not changed, you've changed nothing. Because that 90 days is just an artificial framework to work with him. And then once that 90 days is over, boom, it's almost like saying to you, you quit smoking, right? If your family got on your case about quitting smoking, you may go to them and say, okay, I know you've got my best interest at heart and all that, but I'll tell you what. I'm going to show you that I don't have a problem with smoking. And what I'm going to do is, for the next 90 days, I'm not going to have a single cigarette. And guess what? You're able to do it.

After 90 days is over, you go right back to it. Guess what? You've got a problem with cigarettes. Mark Twain said it good. He said, I'm great at quitting smoking. I've done it a thousand times. Right?

REP. PORTER: Before I ask (indiscernible) information system you're talking about. Is it a division system where treatment programs have the availability as required? It is not coordinated I'm presuming with (indiscernible)....

(Tape Change)
(Tape IV, Side B)

Kathleen...

KATHLEEN DOVE: Dove.

That's all right. My name is Kathleen Dove (indiscernible) card if you'd like.

I work for an organization called the Cultural Heritage and Education Institute and we are a nonprofit organization founded in the late 1980's. We work exclusively and primarily with the village (indiscernible). And I should clarify that and maybe I should call it (indiscernible) community just under 300, 135 miles north of (indiscernible).

And I've been listening practically all day long and I have a couple of comments that I thought might just give you some general information that might help.

I'm not here to ask for money. We've had your money for three years and it's done great things for us and I would like to let you know that we do a lot of work primarily on the end of prevention. We do not do any treatment work.

I'd like to let you know that we have had two grants through the state. One of which is a Community Action Against Substance Abuse, CASA

grant, which we used in (indiscernible) school based prevention program. Now, we've had wonderful cooperation with the village leaders in the community, of course, because these represent our board of directors and we've also had a great deal of cooperation and support from the school staff.

And in 1993 for the first time we had two young people graduate from high school in (indiscernible). Now that may not sound like a remarkable record, but I'd like to -- I stand before you to let you know that those young people accomplish that task amidst a lot of peer pressure and for the past five years there have been students who were old enough to graduate and have been in the school system long enough to graduate. But we're not either academically eligible or did not meet attendance requirements.

And we feel that part of the reason they were able to graduate two young people was in fact because of CASA program. It did support and finance the (indiscernible) troop for the last three years and that has been a great (indiscernible) to put together people, elders together (indiscernible).

And we even have children who are (indiscernible). It is a wonderful program and we are very grateful to have the opportunity to get in it. We'll probably be coming back to you for more requests in the future.

We've also been the recipient of a high risk (indiscernible) grant which is federal money, but has been funneled through the state as well. And it is one of the things I thought perhaps I should call your attention to that you might be able to help us with, I don't know if you can do anything about this or not, but what we do with our high risk youth camp is every summer in Old Mintow we invite very much high risk, not at risk, but high risk (indiscernible) to come to Old Mintow to spend three weeks solidly with our elders learning the traditional skills practices and beliefs and lifestyles that help give them a strong identity (indiscernible)....

Now, this program has been very successful. This past summer we had 18 people who were young people in the program. You know, usually we had 12 or 14 people. And we do a lot with a very small budget. You know, anywhere from \$25 - 35,000.00 depending on what we can finance that year. And you can imagine how large the grocery bill is feeding basically 20 young people (indiscernible) six to seven people.

One of the problems we have encountered recently is when -- we have a very small window in which to hire our staff to run this camp, because we always bring in temporary employees. We usually have to employ a camp cook, a camp manager, and one female counselor for the girls, and one male counselor for the boys.

And we have been always (indiscernible) background checks done on these individuals. We have a very short window time to hire these

people and get them into camp. Typically about two to three weeks.

When we go to get background checks on these individuals we're told that through the Department of Public Safety it takes four to six weeks once we've submitted the fingerprint card to get that information back to us. Also, the charge is \$50.00 per card.

Now, for those of us who are doing prevention, we are working primarily with children. I don't know if there's anyway to expedite that process, but by the time I submit the cards and get the information back, our camp is over with.

Now, this makes us feel uncomfortable. It makes our board feel uncomfortable and we're putting our children in a very detrimental situation.

Now, we can try to expedite things with our hiring process, but when we employ primarily, for obvious reasons Native people, there are other job opportunities out there for a lot of these people, including fighting forest fires and this sort of thing. So, we have a very small window of opportunities.

If this could be looked into, I don't know if other prevention specialists are running into this problem, but we would like to bring that to your attention. That's one area that we think you can think help us.

I must say, too, \$50.00 a card for a nonprofit organization is pretty expensive. It's gone up substantially in the last year. It used to be \$35.00 a card, now it's 50. I don't know if there's a possibility of getting a reduced fee for the nonprofits, but certainly I believe expediting that process for those of us working there would really help us.

We are also the recipient of (indiscernible)... community partnership grant. You've probably heard about community partnership grants. I certainly hope you have. There are 262 of these grants, federal grants across the nation. Alaska has been a recipient of five. (Indiscernible - someone moving microphone around).

We're doing great things with our C-Staff (ph) grant. We're in the third year of our fifth year. Now, this is basically prevention planning. One of the things that we're doing is some kind of innovative work. We're trying to give our young people some alternative choices with what we do.

So, for instance, this summer we funded a summer youth (indiscernible). We took the kids camping. We opened up the arts and crafts center in (indiscernible) and teaching them skills. We had reading hour for the very young children. We took them camping down at Denali Park and down in McKinley area. So, we're just giving them alternative opportunities so that they can make wise choices.

Sometimes there's a lack of activity. You know, you're just going to hang with your friends and do what, you know, your parents and your elders don't want you to do.

So, we've done some innovative things and we think they're working. I would point again to the two young people that graduated from high school just recently and certainly the credit for that accomplishment goes primarily to them. But, these kinds of efforts that center around prevention are working and I want to really re-enforce that, because as I've listened to the testimony today, I think there's an emphasis on treatment and I've seen some questions coming up -- is prevention working?

Well, I'm here to tell you that according to our staff and to our evaluations that it is working. And that leads me into my next point that I would like to make.

And that is talking about evaluation. I would just like to echo and even confirm what (indiscernible) how important evaluation is. Now, I'm not talking about evaluating a client when they come in for treatment. I'm talking about (indiscernible) evaluation. Meeting goals and objectives.

When we have a grant or a notice grant award that comes to our office for a proposal that we have sent in, we have to think of that as a contract. And we have to realize that this is an agreement just between (indiscernible) sorts of measurable outcome.

Now, prevention is -- it's different to measure prevention than it is to measure treatment. Because in treatment you have clients and you have numbers and you can tract some of these things.

It's a little bit different with prevention. So, if you are going to look at changing, reinstating, somehow, realigning the evaluation process for your prevention grantees, here is what I think is one of the primary keys. And that is, to have an evaluation process does not evaluate at the end of the program, but evaluates as the program progresses. And what you need in order to do that is baseline data. And here's the important catch.

With those of us who are working in small world communities, there is not always baseline data available. You might hear this term (indiscernible). One of the things we were required to do the first year of our (indiscernible) grant was to do an (indiscernible) for the village. And believe me we got some real extensive documentation. It took us months to get it. And in some pieces we could not get documentation, because when we phoned different resource agencies located in Fairbanks who are performing services for the village population (indiscernible)... they're not keeping records in the same way.

There's no consistent forms being used. This is a problem with

regards to collecting data. Also, you've obviously been faced, you know, some hesitation about getting information just in a village setting, not just because everybody knows everybody, but oftentimes people are (indiscernible). And this is a real primary factor that we need to deal with.

So, poor evaluation, I would say evaluate as you go when you're doing prevention. Look at measurements that will give you a baseline data of the self-esteem of the kids in the school. Okay? So, this is the important thing that I would like to emphasize. And then collecting that baseline data.

Now, you can't obviously make a plan where you're going to -- initial needs (indiscernible) for every town, community or village in the state. We can't afford that. But, people can be in looking at data (indiscernible). United Way needs these assessments. Even agencies have their own gut feeling about what's out there. And those feelings aren't hard data, but they give you a place to start looking for the data. That's real, real important.

And I just want to thank you again. Those of us at (indiscernible) are really proud of what we're doing. We think we are having success. We are the recipient this year of the Governor's '94 Prevention grant through the Department of Education. A very small grant. We are going to keep plugging along, we're going to come back to you with request, but on behalf of my boss, Robert Charlie (ph), the founding director of this organization, our board of directors who (indiscernible) leaders and (indiscernible) we are very grateful.

We think prevention is working in (indiscernible) and we hope that you will have the continuing dialogue because we certainly enjoy the relationship we've had with you all and certainly with the staff.

Thank you.

REP. PORTER: Thank you. And let me just say that we've heard about your program (indiscernible).

Would you say that the program that you are running in terms of (indiscernible).... is the relationship (indiscernible) all of the state or this (indiscernible) one of the problems of the other programs that you have (indiscernible) two staff people for every client, hundreds of thousands of dollars available... Do you think you fall into that category or do you fall into a category of (indiscernible).....?

MS. DOVE: Well, that's a good question and I appreciate the opportunity to answer that.

Let me tell you again. The major source of income for our program is the (indiscernible) money, but that has a very narrow and specific purpose and it is a little bit broader (indiscernible) prevention grants we have received through the division. I mean, these

monies have to (indiscernible) small in my mind. (Indiscernible) less than \$30,000.00.

The children -- the number of children who are participating that first year was basically the total school population and that was 70 children. Three or four years have gone by, we have a very, very substantial number of 3, 4, and 5 years old. (Indiscernible) same kind of opportunities of prevention from the (indiscernible).

So, the need grows among the number of children you have and the resource is available in the village. Some villages have reached a point in their political level ---

(Indiscernible - alarm ringing).....
(Laughter).

It depends on the village and the resources in the village. Some villages have more economy than others. In those villages that are still struggling politically (indiscernible) it's different village by village.

But, I think you know, you're looking at basically \$30,000.00 over a three year period, so \$90,000.00 for this prevention program. And you might say, what have they got? They've only got two kids (indiscernible).....

REP. PORTER: Excuse me. Now this is the total money that you've allotted or is this just the state money?

MS. DOVE: This is the state -- this is the CASA program, which is the school based prevention program.

REP. SITTON: What's the total cost of your program?

REP. PORTER: Between all the federal, state, private, monies together, I'm going to assume are all ingredients and necessary for the (indiscernible)... how much is that?

MS. DOVE: That's between 350 and \$450,000.00 per year. The first year we got our grant (indiscernible).

Now, it is a large sum of money, but (indiscernible) Anchorage gets a billion dollars a year in the partnership grant. Nome gets a fairly size, because they're dealing with 11, 12 maybe 13 villages over in Nome.

Yes. It takes large sums of money to go and do this and do this right. But it's going to cost you more down the way. A lot more.

REP. PORTER: The total size of the population in Minto is 300?

MS. DOVE: That's correct.

REP. PORTER: And your budget's \$350 - 450,000.00 a year?

MS. DOVE: Well, that's what it was in our largest year. This year it's substantially less because we don't have the same grants. So this year it will be about \$200,000.00.

It just depends on what areas we are working on. Now, we do more than just prevention, too. But when you talk about prevention, that includes development of Native language, that includes providing some sort of economic development that is culturally sensitive to the area.

This organization that I'm talking about, Cultural Heritage and Education, it's not specifically and primarily for prevention. It is to preserve the culture.

REP. PORTER: Don't get me wrong. I'm not saying it's necessarily a bad deal. We spend that, it roughs out at \$1,000.00 a head and we spend that much every year for permanent program funds. So, it's no big deal.

Okay. Thank you very much.

MS. DOVE: Thank you.

REP. PORTER: Kathleen was the last person that I had signed up. Is there anyone else here.... okay.

Please come forward and give me your name.

TERRY STRLE: My name is Terry Strle and I'm here.

REP. PORTER: Oh.

MS. STRLE: You got me?

REP. PORTER: You were here, but we missed you.

MS. STRLE: I'm here representing the local chapter of Mother's Against Drunk Driving. I'm the former president of the local chapter. I'm just here to encourage the legislature to pass that .08 legislation, HB 61.

It's a good bill, got plenty of (indiscernible) that shows you're impaired at .08 and it's just like being a little bit pregnant, you're not a little bit drunk. If you're impaired, you're impaired. And we fear that what's going to happen is, there's going to be a crash in the state where someone's going to be killed and they're going to be .08 and that's what it's going to take for the legislature to move.

It happened in New Mexico last year. The legislature was sitting on the bill and three people were killed on Christmas Eve and the next year they had the bill and we don't want that to happen here. We have a

law (indiscernible).

And I'm sure you both know that we had a particularly bloody year, summer, on the highways here. Some of them were alcohol related, some of them weren't, but we need to send a strong message to these drivers that we're not going to tolerate (indiscernible) behind the wheel when you're drunk.

From a victim's point of view, my brother was hit by a drunk driver three years ago in Southern Illinois where he was riding his bike and he was hit by a truck. So, if you're talking about degrees of impairment, and that's what everybody gets into, you know, everybody knows you can (indiscernible) anyway you want to do it.

But he was on the shoulder of the road when he was hit from the rear by a pick up truck. So, if you're a little bit drunk that's not a very big margin to get hit with.

So, I think that it's a good law and it's an important law and we need to pass it here. And I don't feel like we can afford to (indiscernible).

So, that's where I'm at. And thanks so much for letting us talk with you.

REP. PORTER: You bet.

Representative Jim (indiscernible) on task force, he's a sponsor of (indiscernible)....

Now, is there anyone else that we have... we do have Darlene Brown?

Please come forward.

DARLENE BROWN: Actually I would like to see whatever you call (indiscernible) Fairbanks....

I think it's good to have somebody here. I would also like to see all of the laws that are (indiscernible)... for everybody the same. The law should apply to everybody exactly the same.

I really do think there should be somebody here for a town this size and the amount of liquor established. And I am a bar owner. But I do believe there should be somebody here. (Indiscernible).

REP. PORTER: We were made aware of the fact (indiscernible) foreign investigators for ABC for infractions to do investigations. Do you know if any of those people are located up here in Fairbanks?

MR. BROWN: No. None.

REP. PORTER: None of the investigators....?

MS. BROWN: I do believe that there actually should be for a population this size and as many liquor licenses there are, a lot of people have question. Some people do things because they don't want to call Anchorage or find out what (indiscernible).

REP. PORTER: I was making certain that that was your impression.

Now is there anyone else here?

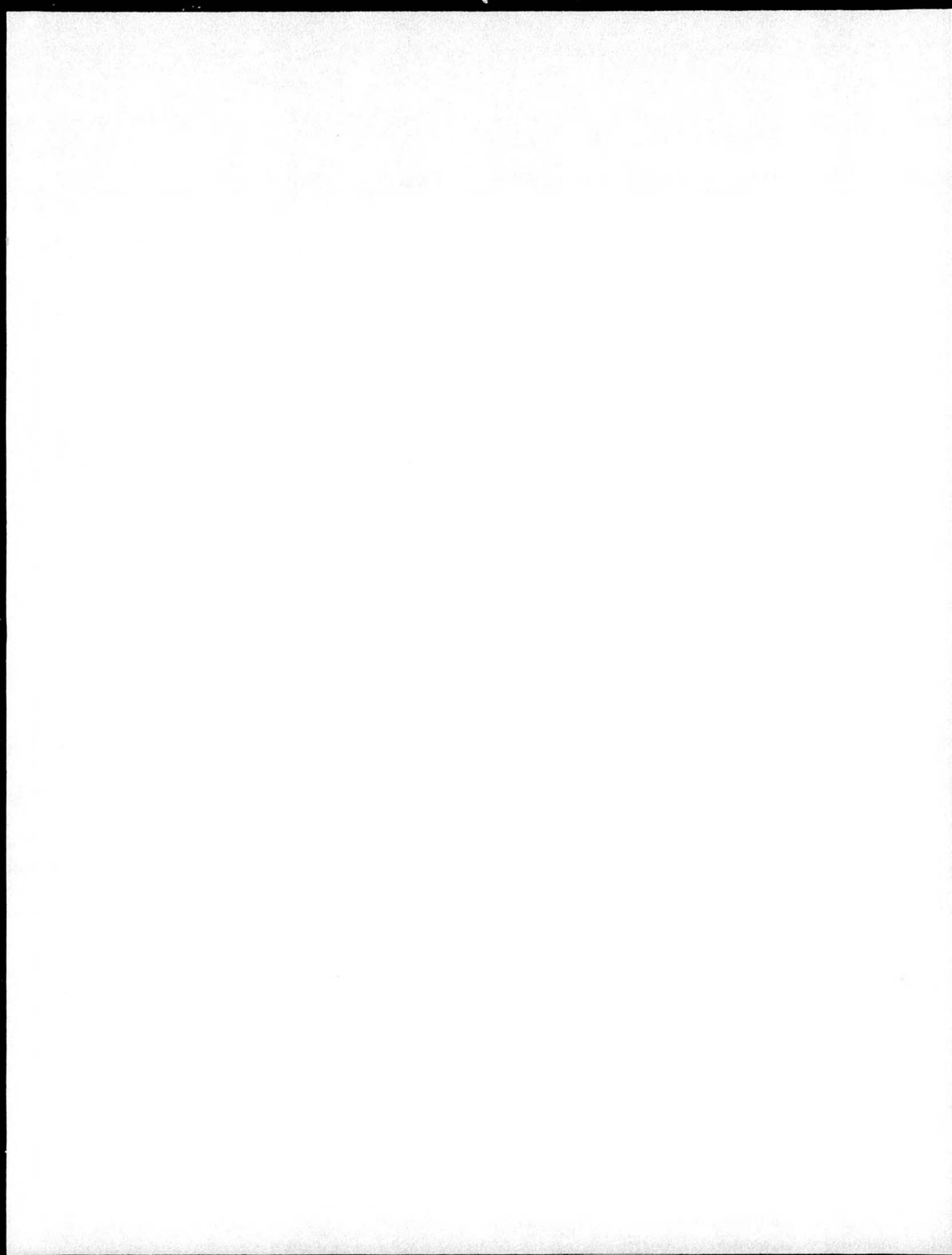
Yes?

JOHN BAERTSCHY: My name is John Baertschy. I am the director of the Interior and Northern Regional Training Office, which.....

REP. PORTER: Could you spell your name, sir?

MR. BAERTSCHY: Yes. B-A-E-R-T-S-C-H-Y

In this access the staff development and training center for the interior and northern half of the state. I service Fairbanks, Fort Yukon, Tok, Barrow, Kotzebue, Nome and Copper Center.



ANCHORAGE

12-1-93

+

12-2-93

①

12/1/93 Tape 2 Side A

002 Rep Paten
 026 Loren Jones
 470 Rep Nordlund
 490 Loren Jones
 552 Rep Porter
 565 LOREN JONES
 589 Rep Porter
 600 LOREN JONES

SIDE B

637 Rep Porter
 637 LOREN JONES
 650 Rep Porter
 654 LOREN JONES
 667 Rep Porter
 667 LOREN JONES
 668 Rep Porter
 670 Rep Willis
 672 LOREN JONES
 693 REP PORTER
 695 COMPLAINT
 REP PORTER

②

TAPE 2 SIDE A

002 Rep Paten
 007 Ken WINTERS
 040 Rep. Paten
 044 Ken WINTERS
 045 Rep. Paten
 045 Ken Winters
 062 Paten
 062 Ken WINTERS
 077 Paten
 078 Winters
 104 Rep. Paten
 167 Col. Fleming
 341 Rep. Foster
 362 Col Fleming
 389 Rep. Nordlund
 395 Fleming
 398 Paten
 400 F. Fleming
 449 Paten
 461 Foster

	40 th convicted 25 th Defensed	③
476	Flaming	
478	Pater	
479	Quess for lunch @ 11:32	
	TAPE 2 SIDE B	
480	gris Hamilton	
	TAPE 3 SIDE A	
002	WES HAMILTON, CONTINUED	
200	NORDLUND	
	HAMILTON	
278	NORDLUND	
292	HAMILTON	
296	NORDLUND	
288	HAMILTON	
299	PORTER	
305	HAMILTON	
332	PORTER	
338	HAMILTON	
351	PORTER	
351	HAMILTON	

	Rep. Apperwood	④
356	PORTER	
357	HAMILTON	
379	Porter	
381	HAMILTON	
387	NORDLUND	
394	LOREN JONES	
420	PORTER	
422	HELEN BIERNE	
	TAPE 3 SIDE B	
640	HELEN BIERNE - CONTINUED	
646	JEWEL JONES	
764	PORTER	
766	JEWEL JONES	
771	BIERNE	
2	JEWEL	
2	PORTER	
3	HAMILTON	
724	BIERNE	
782	PORTER	
782	BIERNE	
784	PORTER	

⑤

	Jewel Jones
789	PORTER
792	Jewel Jones
792	BRENE
801	PORTER
806	SCHENKER
880	PORTER
884	SCHENKER
937	PORTER
940	SCHENKER
948	TOOHEY
952	SCHENKER
967	PORTER
973	SWACKHAMMER
	we are 3rd in nation in alcohol related traffic fatalities
003	REP. FOSTER
004	SWACKHAMMER
031	FOSTER
	SWACKHAMMER
	Violent crime, Alcohol Related, is greater than 75%

⑥

144	PORTER
154	NITA HENSLEY, DMV
172	FOSTER
183	SWACKHAMMER
194	PORTER
200	SWACK
201	NITA HENSLEY
217	TOOHEY HENSLEY
230	PORTER
236	SWACK HAMMER
247	PORTER
	SWACK HENSLEY
294	PORTER
303	GEORGE KERSHNER ENFORCEMENT, BOOTLEGGERS
	PORTER
391	KERSHNER
440	TOOHEY KERSHNER
458	TOOHEY
461	TOOHEY

⑦

4173

PORTER

Received @ 4:25 P.M.

Tape 4 CONT'D

12-2-93

508

Rep. Porter

525

C-Joe DeMatteo

833

Rep. Toohay

847

C-Joe DeMatteo

Check on taxing ability; Dad
is going up to the city

936

Rep. Toohay

937

C-Joe

978

Porter

979

C-Joe

989

Toohay

990

C-Joe

992

Toohay

002

FOSTER/PORTER

004

NORLUND

030

Porter

031

C-Joe

⑧

032 - PORTER

035

PALMCO SANTOS

Adventure Alcohol Bottle: 90¢

058

PORTER

058/9

PALMCO

9

10

303 Rep. Porter
TOONEY
309 PORTER
314 CYNTHIA HARTMAN
PORTER
Gentleman
492 Tooney
False Pass

TAPE 5 12/2/93 SIDE A

601 ANNE DUSHKIN False Pass
050 EMIL GUARDSON Sand Point
095 TOONEY
101 EMIL
119 PORTER

313 RICHARD SCHMIDT
360 PORTER
374 BARRY GOLD

545 Joe Boleshi
692 REP. PORTER
705 HENRIETTA NUGEN
Rep. PORTER
Loren Jones - "2 EGS"
PORTER
790 HENRIETTA NUGEN
830 TOONEY
831 1.05 MENTAL HEALTH DOLLARS
832 TOONEY
838 HENRIETTA
845 Rep. Porter
903 Robert Galea - Akela House
039 Rep. Porter
056 TOONEY
059 ROBERT GALEA
075 REP TOONEY THANKS
076 REP PORTER
090 ROBERT GALEA / REP PORTER

(11)

102	ROBERT SALER / REP PORTER
109	ERNIE TURNER
	TAPE 6 SIDE A
	ERNIE TURNER CONTINUED
352	PORTER
353	TOOHEY
354	TURNER
356	TOOHEY / TURNER
358	TURNER
362	TOOHEY
363	NORDLUND
364	TURNER
366	NORDLUND
367	TURNER
	NORDLUND
	PALM
	NORDLUND
	PORTER / TOOHEY
376	TURNER
	PORTER
415	David Hardenbaugh

(12)

545	Rose Humili
558	Toohy
559	Rose Humili
581	Porter
582	Rose Humili
585	
609	PORTER
614	ROSE
619	PORTER
621	ROSE
629	PORTER
630	<u>TOOHEY</u>
684	PORTER
704	JUDE HENZLER
731	TOOHEY
732	JUDE HENZLER
736	PORTER / JUDE
907	REP TOOHEY
932	REP. PORTER
948	REP. FOSTER / JUDE HENZLER
951	REP. PORTER

SIDE B

353	DE. DEXTER
348	DE. DEXTER / WOODLAND
344	DE. DEXTER
270	DE. DEXTER
258	POSTER
257	TOOTHY
255	DE. DEXTER
254	TOOTHY
235	DE. DEXTER
232	POSTER
184	DE. DEXTER
176	POSTER
172	DE. DEXTER
171	POSTER
170	TOOTHY / DE. DEXTER
144	DE. DEXTER
139	DE. DEXTER
994	J. L. SMITH
989	POSTER
961	WILSON

(13)

372	WILSON
376	POSTER
378	DE. DEXTER
385	WILSON / DE. DEXTER
389	TOOTHY
405	POSTER
408	DE. DEXTER
410	POSTER
509	7
TAP 7 12-2-93 SIDE A	
CONTINUED	
616	DE. DEXTER
610	DE. DEXTER
600	DE. DEXTER
630	DE. DEXTER
174	POSTER
183	WILSON

(14)

(15)

241 REP. PORTER

242 MARION BROWN

251 CHARLES MCKEE

317 PORTER

318 JAMES CHRISTMAS

319 TOONEY

322 JAMES CHRISTMAS

428 REP. PORTER

435 LIZ HUBER

483 PORTER

492 ANTHONY ~~LOTT~~ LOTT

Tape 7 SIDE B

ANTHONY LOTT CONT'D

667 REP. PORTER

680 JEFF HALL

768 REP. PORTER

ADJOURN 4:02 P.M.



LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

SPONSOR: (H) Alcohol Task Force

SUBJECT: _____

START/END TIME: 9:00 DATE: 12-1-93

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	CARRIE D. LONGORIA	PO BOX 19-6650 / SAFE City Program	99519	343-4876		X	
2.	Jay Dulany / DMV	5700 E. Tudor Rd Anch	99507	269-5359		X	
3.	Diane Schunker / Corrections	2200 E. 42nd Anch 99508	99508	561-4426	x		
4.	~~Joe D. B...~~	855 L St. (MOH-DHHS)	99501	343-6718	X		
5.	JEWEL JONES	P.O. Box 19-6650	99519	343-4667		X	
6.	David Hardenbergh / RURAL CAP	P.O. Box 200908, Anch, AK 99520	99520	279-2511	X		
7.	Portia Babcock	Senator Loren Lemman's office		258-8189		X	
8.	Rose M. Hamille	1501 Elcadore Drive #101	99507	344-0221	X		
9.	Tony Machette				X		
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LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

30660

PLEASE PRINT

SPONSOR: House T. F. on Alcohol & Alcohol Abuse

SUBJECT: See agenda

START/END TIME: 9:00 DATE: 12-1-93

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	BARRY GOLD/Kodiak Council on Alcoholism	P.O. Box 497 Kodiak	99615	486-3835	✓		
2.	George Kirchner / RIVERS COUNCILING	Box 229 McGNATH	99627	524-3867	✓		
3.	P. J. Mitchell / Eastern Aleutian Tribes	Box 427, Sand Pt. AK	99661	383-5421			
4.	Anne Dushkin / " " "	Box 56 False Pass, AK	99583	548-2225	✓		
5.	Emilia Gundersen III " " "	Box 345 Sand Point AK	99661	383-5642	✓		
6.	Robert Howe Phila AK Haman Spys	P.O. Box 230215 Anch. 99523-0215		561-4535		✓	
7.	Scott Prinz Alaska Native Health Service	250 Gambel St Anch 99501		257-1146	✓	✓	
8.	Rayn Nigen. Nigen Nigen Ranch	P.O. Box 871545 Wainwright, AK	99687	376-4534			
9.	Robert Galea AKEELA HOUSE	2805 BERING ST ANCHORAGE AK	99503	561-5229		✓	
10.	JUDE HENZLER	1614 TAMARRA CIRCLE 99502-3527	99502-3527	337-6552		✓	
11.	KIP KNUDSON / OFF. OF REP. HANLEY						
12.	C-JOE DIMATTEO Alaska Council on Prevention	3333 DENALI ST.	99503	258-6021	✓	✓	
13.	Karen B. Coody / Municipality of Anchorage	825 L Street	99501	343-6519		✓	
14.	Ernie. Turner / Alaska Native Alcoholism Recovery Ctr	670 W. Fairview Lane, Anch AK 99503	99503	278-2627	✓		
15.	Kevin Murphy / Family Recovery Ctr	250 HOSPITAL CIRCLE, Soldotna	99669	262-8170	✓		
16.	MAJOR ROBERT ANDERSON THE SALVATION ARMY	3600 E 20th St ANCHORAGE AK	99504	279-0522			



LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

SPONSOR: HOUSE ALCOHOL TASK FORCE

SUBJECT: ALCOHOL

START/END TIME: 9:00 am DATE: 12-2-93

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	Marion Brown	AWRC 111 W. 9th Avenue	99501	276-0528	✓		
2.	Charles E. McKee				✓		
3.	Craig NOHNSTEIN						
4.	James Christmas	907 E 8th Ave Anch AK	99501	279-9634	✓		
5.	Liz Huber	" "	"	"	✓		
6.	Anthony Goss (Anthony Lott)	" "	"	"	✓		
7.	Jerry Hall ^{SALVATION Army} Booth Memorial	3600 E 20th St Anch AK	99508	279-0522	✓		
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LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

SPONSOR: HOUSE ALCOHOL TASK FORCE

SUBJECT: ALCOHOL

START/END TIME: 07:00 DATE: 12-2-93

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	Allen M. Bailey MADD	310 K St., Ste. 707 Anch. AK	99501	272-1488	✓		
2.	Dr. Ray Dexter / Clitheroe Center	2207 Spenard Anch	99503	276-2898	✓		
3.	~~Joe Brulawski / AA~~				✓		
4.	Cozzetti, Tony	POB 90792 Anch	99509	273-5556	✓		
5.	Randy Klemo	2804 Bering Anch AK	99503	272-0375	✓		
6.	SCOTT SALTZMAN	525 Price St Anch. AK	99508	277-6102	✓		
7.	Philip VALLANO	211 H. ST.	99501	276-5231	yes.		
8.	Gail R. Oba	10615 Main Tree	99516	263-7281		✓	
9.	Fran Sedovic	1355 Andelin Hills. Wasilla	99654	376-125		✓	
10.	Tracy L. Antonovich	HC32, Box 6501, Wasilla, AK ~~99654-9718~~	99654-9718	745-5288		✓	
11.	Michael Wilson	P O Box 201648 Anch AK	99520	349-7131	✓		
12.	Rev. G. L. Smith, Pastor	Greater Friendship Bapt. Church	99501	272-4346	✓		
13.	Good Hope Akeela House	7805 #4 Berina St	99501	561-5255			
14.	DEBORAH BEAR Southcentral Foundation	670 W. Fairview Lane #123	99503	265-4912		✓	
15.	~~JANET RITTMAN, TIA~~	~~94 W 8th Ave. Anchorage~~	~~99501~~	~~279-8331~~	✓		

16 DAVE BROWN V.O.A.

2300 44th Ct. Crest-Anch 99507 561-6081



LEGISLATIVE TELECONFERENCE NETWORK

SIGN-IN SHEET

30783

PLEASE PRINT

SPONSOR: (H) Alcohol Task Force

SUBJECT: Sen Agenda

START/END TIME: 9:00 DATE: 12-2-93

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	Richard Schmidt	P.O. Box 866, Bethel	99559	543-2128	X		
2.	VICTOR JOSEPH	122 1ST AVE FBKS AK &	99701	452-8251 x 315 x	X		
3.	Benny Gold/Kodiak Council on Alcoholism	P.O. Box 497 Kodiak, AK	99615	486-8535	X		
4.	P-Joe S. DUMAYRO			258-6021		X	
5.	Carol Wilson - CHARR	P.O. Box 104839 Anch	99510	272-8133		X	
6.	DAVID L. MOUSSEAU JR	P.O. Box 210266 Anch. AK 995	99521	272-2511		X	
7.	Robert Galea	AKELLA HOUSE 2805 BERENG ST ANCHORAGE	99503	561-5225	X		
8.	JANN Pittman / Volunteers of America	911 W. 8TH Ave. #100 Anch, AK	99501	279-9634	X		
9.	Cynthia Hartman	Nelson Lagoon AK	99571	989-2215	X		
10.	Anne Dushkin	False Pass AK	99583	548-2225	X		
11.	Emil Gundersen Sand Point/Alutians	Sand Point AK	99661	383-5642	X		
12.	JUDE HENZLER	1614 TAMARRA CIRCLE ANCHORAGE, AK	99503-3527	337-6572	✓		
13.	Sand Point Alaska Area Native Health Service	250 Gambell Anchorage AK	99501	257-1147	✓		
14.	HENRIETTA NUGEN - AARS NUGEN'S RANCH	P.O. Box 87-1545 - WASILLA AK	99687	376-4534	X		
15.	JAMES WULF	MUNICIPAL PROSECUTOR	99501	343-4544			

JOE BELOWSKI