

ALASKA LEGISLATURE COMMITTEE FILES 1987-1988 8672

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(2) adopt regulations to carry out the purposes of this chapter, including regulations that establish

(A) schedules for determining the amount an obligor is liable to contribute toward the support of an obligee under this chapter and under 42 U.S.C. 651 — 665 (Title IV-D, Social Security Act);

(B) procedures for hearings conducted under AS 47.23.170; and

(C) subject to AS 47.23.025 and to federal law, a uniform rate of interest on arrearages of support that shall be charged the obligor upon notice if child support payments are 10 or more days overdue or if payment is made by a check backed by insufficient funds;

(3) administer and enforce the Uniform Reciprocal Enforcement of Support Act (AS 25.25);

(4) establish, enforce, and administer child support obligations administratively in accordance with this chapter;

(5) administer the state plan required under 42 U.S.C. 651 — 665 (Title IV-D, Social Security Act) as amended;

(6) disburse support payments collected by the agency to the obligee, together with interest charged under (2)(C) of this subsection;

(7) establish and enforce through the superior courts of the state child support orders from other jurisdictions pertaining to obligors within the state;

(8) enforce and administer spousal support orders if a spousal support obligation has been established with respect to the spouse and if the support obligation established with respect to the child of that spouse is also being administered; and

(9) obtain a medical support order as part of a child support order if health care coverage is available to the obligor at a reasonable cost.

(b) In determining the amount of money an obligor must pay to satisfy the obligor's immediate duty of support, the agency shall consider all payments made by the obligor directly to the obligee or to the obligee's custodian. (§ 1 ch 251 SLA 1976; am § 17 ch 126 SLA 1977; am §§ 3 — 5 ch 118 SLA 1982; am § 4 ch 40 SLA 1985; am § 1 ch 72 SLA 1986)

Effect of amendments. — The 1985 amendment in subsection (a) in paragraph (1) substituted "seek enforcement of" for "obtain, enforce, and administer" and added "in other jurisdictions and shall obtain, enforce, and administer the orders in this state"; in paragraph (2) in the introductory language substituted "that" for "which" and made a minor punctuation change and in subparagraph (C) deleted "schedule of penalties and a" following "uniform"; rewrote paragraph (7); added

paragraphs (8) and (9); and made a related stylistic change.

The 1986 amendment, effective June 5, 1986, in paragraph (6) of subsection (a) deleted "child" preceding "support payments" and inserted a comma following "obligee."

Legislative history reports. — For House letter of intent relating to the 1985 amendment to this section, see 1985 House Journal page 740.

§ 47.23.022 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.23.045

NOTES TO DECISIONS

Cited in *Saask v. Vandell*, Sup. Ct. Op. No. 2951 (File No. S-403), 702 P.2d 1327 (1985).

Sec. 47.23.022. Enforcement requests from other states. (a) The agency may act, under the laws of this state, upon requests from similar state agencies in other state that operate child support enforcement programs under 42 U.S.C. 651 — 665 (Title IV-D Social Security Act) to establish and enforce against obligors within this state support obligations determined in other states.

(b) Requests from child support enforcement agencies in other states shall be made by application containing the information that this state's agency requires and including written authorization from the requesting state agency and the obligee for this state's agency to initiate action necessary to establish, enforce, and collect the support obligation on their behalf. (§ 5 ch 40 SLA 1985)

Sec. 47.23.025. Rates of interest. The rate of interest imposed under AS 47.23.020(a)(2)(C) shall equal the rate imposed under AS 43.05.225 or a lesser rate that is the maximum rate of interest permitted to be imposed under federal law. (§ 6 ch 118 SLA 1982; am § 6 ch 40 SLA 1985)

Effect of amendments. — The 1985 amendment deleted "penalty and" in the catchline and the former first sentence of the section, which read: "A penalty imposed under AS 47.23.020(a)(2)(C) may not be at a rate that exceeds the rate of interest imposed on delinquent taxes under AS 43.05.225."

Sec. 47.23.045. Determination of support obligation. The agency may appear in an action seeking an award of support on behalf of a child owed a duty of support, or to enforce a spousal support order if a spousal support obligation has been established and if a support obligation, established with respect to a child of that spouse, is also being administered, and may also appear in an action seeking modification of a support order, decree or judgment already entered. Action under this section may be undertaken upon application of an obligee, or at the agency's own discretion if the obligor is liable to the state under AS 47.23.120(a) or (b). (§ 19 ch 126 SLA 1977; am § 7 ch 40 SLA 1985)

Effect of amendments. — The 1985 amendment in the first sentence substituted "on" for "in" and inserted the language beginning "or to enforce a spousal support order" and ending "also being administered."

Sec. 47.23.060. Order of support. (a) An order of support establishes a relationship by which the custodian of the child is the administrator for the purposes of administering child support on behalf of the child. The court shall carefully consider the need for support, the ability of both parents to meet such support obligations, the extent to which the parents supported the child before divorce, and the economic ability of the parents to pay after separation and divorce. The court shall also consider the effect on the support obligation of a change in custodian. The need of the child for support shall be considered regardless of the sex of the parent awarded custody of the child.

(b) *[Repealed, § 21 ch 126 SLA 1977.]*

(c) In a court proceeding where the support of a minor child is at issue, the court may order either or both parents to pay the amount necessary for support, maintenance, nurture, and education of the child. The court shall issue a medical support order as part of a child support order if health care coverage is available to the obligor at a reasonable cost. Upon a showing of good cause the court may order the parents required to pay support to give reasonable security for payments. An order for prospective child support may be modified or revoked as the court considers necessary. (§ 1 ch 251 SLA 1976; am § 21 ch 126 SLA 1977; am § 8 ch 40 SLA 1985)

Effect of amendments. — The 1985 second sentence and made a minor punctuation change.

Sec. 47.23.062. Income withholding order for support. (a) A judgment, court order, or order of the child support enforcement agency under this chapter providing for support must contain an income withholding order. An income withholding order under this section may not be enforced unless the obligor had notice of the order when it was made or an application for the order was served on the obligor in the manner provided for service of a summons under Rule 4, Alaska Rules of Civil Procedure.

(b) An income withholding order must direct the obligor, the obligor's employer, future employer, and any person, political subdivision, or department of the state to withhold money due or to be due the obligor and pay the money to the agency, in an amount determined under (i) of this section.

(c) If support payments are in arrears in an amount at least equal to support payable for one month, the agency, on behalf of an obligee or person or public agency designated to receive support payments, shall request an income withholding order against the obligor to take effect by filing a sworn statement with the court that alleges that the obligor is in arrears in an amount at least equal to the support payable for one month.

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§ 47.23.062 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.23.062

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(d) If an application is filed with the clerk of court, notice shall be served upon the obligor by the agency in the manner provided by Rule 5, Alaska Rules of Civil Procedure or any other method permitted by law. The notice shall inform the obligor that the income withholding order will take effect 15 days after the date on which the notice is served unless the obligor requests a hearing within the 15 days after the notice is served. If the obligor requests a hearing, an income withholding order may not take effect until the conclusion of the hearing. The court shall hold a hearing requested under this section within 15 days after the date the obligor requests the hearing, to determine if there are any mistakes of fact that make the withholding order improper, if the amount to be withheld is incorrect, or if there are any other legal defenses. The court shall inform the obligor, either at the hearing or within 15 days after the hearing, whether or not the withholding will occur and of the date on which it is to commence. It is not a defense under this section that less than one full month's payment is due if at least one full month's payment was due on the date notice was served under this section.

(e) The obligee or person or public agency that requested the income withholding order shall immediately send a copy of the income withholding order, a copy of AS 47.23.260 and this section, and an explanation of the effect of the statutes by certified mail to persons who may owe money to an obligor. An income withholding order made under this section is binding upon a person, employer, political subdivision, or department of the state immediately upon receipt of a copy of the income withholding order. An employer shall begin withholding the specified amount from the employee's wages 14 days after the mailing date on the notice of withholding or on the first day of the next pay period, if earlier. The amount withheld shall be sent to the agency.

(f) An employer may not discharge, discipline, or refuse to employ an obligor on the basis of an income withholding order issued under this section. If an employer discharges, disciplines, or refuses to employ an obligor because of an income withholding obligation, the court, after notice and hearing, may order reinstatement or restitution to the obligor, or both. A person who violates this subsection or a regulation adopted to implement it, is liable for a civil penalty of not more than \$1,000.

(g) An income withholding order under this section has priority over all other attachments, executions, garnishments, or other legal process brought under state law against the same money unless otherwise ordered by the court. An income withholding order is not limited to the wages of an obligor but may include all money owed to the obligor not otherwise exempt by law. Exemptions under AS 09.38 do not apply to income withholdings under this section.

(h) The court may order payment of all court costs that resulted from an income withholding proceeding under this section.

(i) An employer shall, to the extent permitted under 15 U.S.C. 1673(b), withhold the current support obligation from an obligor's wages. An employer shall withhold additional income, to the extent permitted under 15 U.S.C. 1673(b), from an obligor's wages for any support arrearage.

(j) An employer may combine into a single payment to the agency amounts withheld from more than one obligor if the employer specifies the portion of the payment attributable to each obligor.

(k) At the time an obligor terminates employment with an employer then in receipt of an unsatisfied income withholding order regarding the obligor, the employer shall immediately inform the agency of the obligor's name and last known address and the name and address of all other known employers of the obligor.

(l) A petition by the obligor to the court to terminate or reduce the withholding of income may be granted upon good cause shown. Payment of arrears alone does not constitute good cause. (§ 1 ch 96 SLA 1981; am §§ 16, 17 ch 59 SLA 1982; am § 1 ch 118 SLA 1982; am § 39 ch 6 SLA 1984; am § 2 ch 144 SLA 1984; am §§ 1, 2 ch 40 SLA 1985; am §§ 2 — 5 ch 72 SLA 1986)

Revisor's notes. — Formerly AS 09.65.132. Renumbered in 1985.

Effect of amendments. — The first 1984 amendment substituted "Exemptions under AS 09.38" for "The exemptions from execution by judgment debtors under AS 09.35.080(a) and the restrictions from execution by judgment debtors under AS 09.35.080(b)(1)" in the last sentence in subsection (g).

The second 1984 amendment in subsection (g), substituted "obligor's net disposable earnings" for "gross wages of the obligor or \$100 a week, whichever is less" in the present next-to-last sentence and added the last sentence.

The 1985 amendment rewrote subsections (a) through (h) and added subsections (i) through (l).

The 1986 amendment, effective June 5, 1986, in subsection (a) in the first sentence deleted "the" preceding "support" and deleted "of a minor child" following "support"; in subsection (b) substituted "(i)" for "(h)" near the end of the subsection; in subsection (g) in the last sentence substituted "assignments" for "withholdings"; and in subsection (l) added the second sentence.

Legislative history reports. — For House letter of intent relating to the 1985 amendment to this section, see 1985 House Journal page 740.

Legislative history reports. — For House letter of intent relating to the 1985 amendment to this section, see 1985 House Journal page 740.

NOTES TO DECISIONS

Cited in *Rubalcava v. Hall*, Sup. Ct. Op. No. 2755 (File No. 6910), 674 P.2d 767 (1983).

§ 47.23.075 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.23.140

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Sec. 47.23.075. Employment information. (a) An employer of an obligor or a labor union of which an obligor is a member shall provide to the agency information requested regarding the obligor's employment, wages or salary, and location.

(b) An employer of an obligor or a labor union of which an obligor is a member that knowingly violates this section is liable for a civil penalty of not more than \$1,000. (§ 9 ch 40 SLA 1985)

Sec. 47.23.125. Accounting and disposition of federal receipts and agency collections. (a) Federal incentive payments received by the state under 42 U.S.C. 658 shall be deposited in the general fund and the commissioner of administration shall separately account for the payments. The annual estimated balance in the account may be used by the legislature to make appropriations to the Department of Revenue to carry out the purposes of AS 47.23.020.

(b) The commissioner of administration shall separately account for the state share of payments made by obligors under AS 47.23.120 that the agency collects and deposits in the general fund. The annual estimated balance in the account may be used by the legislature to make appropriations to the Department of Health and Social Services to carry out the purposes of AS 47.10.230 — 47.10.260 and AS 47.25.10 — 47.25.420. (§ 93 ch 138 SLA 1986)

Effective dates. — Section 104, ch. 138, SLA 1986, makes this section effective July 1, 1986.

Sec. 47.23.140. Power of agency to administratively establish and enforce support obligation; procedures to be utilized. (a) If no support order has been entered, the agency may establish a duty of support utilizing the procedures prescribed in AS 47.23.160 — 47.23.220 and may enforce a duty of support utilizing the procedure prescribed in AS 47.23.230 — 47.23.270. Action under this subsection may be undertaken upon application of an obligee, or at the agency's own discretion if the obligor is liable to the state under AS 47.23.120(a) or (b).

(b) If a support order has been entered, the agency may enforce the support order utilizing the procedures prescribed in AS 47.23.150 and 47.23.230 — 47.23.270.

(c) A decision of the agency determining a duty of support shall include an income assignment order as provided under AS 47.23.062. (§ 29 ch 126 SLA 1977; am § 6 ch 96 SLA 1981)

Editor's notes. — This section is set out above to change the internal reference in subsection (c).

Sec. 47.23.150. Required notice in administrative enforcement of support orders. (a) Action to enforce a support order administratively under AS 47.23.230 — 47.23.270 is initiated by the agency serving a notice on the obligor of the obligor's liability under the support order.

(b) Notice served under (a) of this section shall state the amount of the obligor's liability under the support order and that the property of the obligor is subject to execution in that amount in accordance with the procedures prescribed in AS 47.23.230 — 47.23.270 at the expiration of 30 days from the date of service of the notice. (§ 29 ch 126 SLA 1977; am § 10 ch 40 SLA 1985)

Effect of amendments. — The 1985 sentence of subsection (a), concerning amendment deleted the former second sentence of notice.

Sec. 47.23.170. Administrative establishment of support obligations; hearing. (a) A person served with a notice and finding of financial responsibility is entitled to a hearing if a request in writing for a hearing is served on the agency by registered mail, return receipt requested, within 30 days of the date of service of the notice of financial responsibility.

(b) If a request under (a) of this section is made, the execution under AS 47.23.230 — 47.23.270 shall be stayed pending the decision on the hearing, or the decision of a court, if appealed. If no request for a hearing is made, the finding of responsibility is final at the expiration of the 30-day period.

(c) If a hearing is requested, it shall be held within 30 days of the date of service of the request for hearing on the agency.

(d) The hearing officer shall determine the amount of periodic payments necessary to satisfy the past, present, and future liability of the alleged obligor under AS 47.23.130, if any, and under any duty of support imposable under the law. The amount of periodic payments determined under this subsection is not limited by the amount of any public assistance payment made to or for the benefit of the child.

(e) The hearing officer shall consider the following in making a determination under (d) of this section:

(1) the needs of the alleged obligee, disregarding the income or assets of the custodian of the alleged obligee;

(2) the amount of the alleged obligor's liability to the state under AS 47.23.120 if any;

(3) the intent of the legislature that children be supported as much as possible by their natural parents;

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§ 47.23.225 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.23.226

(4) the ability of the alleged obligor to pay.

(f) If the alleged obligor requesting the hearing fails to appear at the hearing, the hearing officer shall enter a decision declaring the property of the alleged obligor subject to execution in accordance with AS 47.23.230 — 47.23.270 in the amounts stated in the notice and finding of financial responsibility. (§ 29 ch 126 SLA 1977; am § 7 ch 96 SLA 1981; am § 6 ch 72 SLA 1986)

Effect of amendments. — The 1986 amendment, effective June 5, 1986, substituted "47.23.120" for "47.23.125" in paragraph (2) of subsection (e).

Sec. 47.23.225. Support payment obligations as judgments. A support order ordering a noncustodial parent obligor to make periodic support payments to the custodian of a child is a judgment that becomes vested when each payment becomes due and unpaid. The custodian of the child, or the agency on behalf of that person, may take legal action under AS 47.23.226 to establish a judgment for support payments ordered by a court of this state that are delinquent. (§ 9 ch 144 SLA 1984; am § 7 ch 72 SLA 1986)

Effect of amendments. — The 1986 amendment, effective June 5, 1986, in the first sentence substituted "support" for "court" preceding "order" and deleted "child" following "periodic" and in the second sentence deleted "child" preceding "support payments."

Sec. 47.23.226. Collection of support. To collect the payment due, the custodian of a child, or the agency on behalf of that person, shall file with the court (1) a motion requesting establishment of a judgment; (2) an affidavit that states that one or more payments of support are 30 or more days past due and that specifies the amounts past due and the dates they became past due; and (3) notice of the obligor's right to respond. Service on the obligor must be in the manner provided in AS 47.23.265. The child's custodian, or the agency on behalf of the custodian, shall file with the court proof of service of the petition, affidavit, and notice. The obligor shall respond no later than 15 days after service by filing an affidavit with the court. If the obligor's affidavit states that the obligor has paid any of the amounts claimed to be delinquent, describes in detail the method of payment or offers any other defense to the petition, then the obligor is entitled to a hearing. After the hearing, if any, the court shall enter a judgment for the amount of money owed. If the obligor does not file an affidavit under this section, the court shall enter a default judgment against the obligor. (§ 9 ch 144 SLA 1984; am § 11 ch 40 SLA 1985; am § 8 ch 72 SLA 1986)

Effect of amendments. — The 1985 amendment substituted "Collection of" for "Action to collect" in the catchline, in the first sentence deleted "commence an action to" preceding "collect the payment" and substituted "motion" for "petition," and in the second sentence substituted "in AS 47.23.265" for "by the rule of civil pro-

cedure for service of summons in a civil action."

The 1986 amendment, effective June 5, 1986, deleted "child" preceding "support" in the catchline, in the first sentence deleted "child" following "payments of" and in the second sentence substituted "must" for "shall."

Sec. 47.23.250. Order to withhold and deliver. (a) At the expiration of 30 days from the date of service of notice under AS 47.23.150, or from the date of service of a notice and finding of financial responsibility under AS 47.23.160, the agency may issue to any person, political subdivision, or department of the state an order to withhold and deliver property.

(b) All real or personal property belonging to the obligor is subject to an order to withhold and deliver, including, but not limited to, earnings which are due, owing, or belonging to the debtor.

(c) The agency may issue an order to withhold and deliver when it has reason to believe that there is in the possession of a person, political subdivision, or department of the state property which is due, owing, or belonging to the obligor.

(d) The order to withhold and deliver shall be served upon the person, political subdivision, or department of the state possessing the property in the manner provided for service of liens under AS 47.23.240. The order shall state the amount of the obligor's liability and shall state in summary the terms of AS 47.23.260 and 47.23.270.

(e) Any person, political subdivision, or department of the state served with an order to withhold and deliver is required to make true answers to inquiries contained in the order under oath and in writing within 30 days of service of the order and is further required to answer all inquiries subsequently put.

(f) If any person, political subdivision, or department of the state upon whom service of an order to withhold and deliver has been made possesses property due, owing, or belonging to the obligor, that person, subdivision, or department shall withhold the property immediately upon receipt of the order and shall deliver the property to the agency upon demand after the expiration of the 30-day period from the date of service of the order. The agency shall hold property delivered under this subsection in trust for application against the liability of the obligor under AS 47.23.130 or for return, without interest, depending on final determination of liability or nonliability under this chapter. The agency may accept a good and sufficient bond conditioned upon final determination of liability in lieu of requiring delivering of property under this subsection.

(g) Delivery to the agency of the money or other property due, owing, or belonging to the obligor shall satisfy the requirement of the

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§ 47.23.255 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.23.260

order to withhold and deliver. Delivery of money due and owing to the obligor under any contract of employment, express or implied, or held by any person, political subdivision, or department of the state, and subject to withdrawal by the obligor, shall be delivered by remittance payable to the order of the agency.

(h) The agency shall defend and hold harmless for such actions people withholding or delivering money or property to the agency in accordance with this section.

(i) Exemptions under AS 09.38 do not apply to proceedings to enforce the payment of child support under AS 47.23.230 — 47.23.270; however, net disposable earnings are exempt from execution as provided in 15 U.S.C. 1673(b). In this subsection, "net disposable earnings" has the meaning given in 15 U.S.C. 1672. (§ 29 ch 126 SLA 1977; am § 8 ch 96 SLA 1981; am § 134 ch 6 SLA 1984; am § 10 ch 144 SLA 1984; am § 12 ch 40 SLA 1985)

Effect of amendments. — The 1985 amendment in subsection (i) in the first sentence deleted "50 percent of the obligor's" preceding "net disposable" and substituted "are" for "is" preceding "exempt" and "as provided in 15 U.S.C. 1673(b)" for "under AS 47.23.230 — 47.23.270."

Sec. 47.23.255. Income withholding orders. (a) The agency shall pay to the obligee all money recovered by the agency from the obligor under an income withholding order except for court costs and money assigned to the agency under AS 47.23.120 — 47.23.130.

(b) Notwithstanding AS 47.23.250, an income withholding order contained in a decision of the agency that has not been set aside by the superior court under AS 47.23.220 shall be enforced under the procedure established in AS 47.23.062. (§ 9 ch 96 SLA 1981; am § 13 ch 40 SLA 1985)

Effect of amendments. — The 1985 amendment substituted "withholding" for "assignment" in the catchline, in subsection (a) inserted "to" preceding "the obligee," "from the obligor," and "court" preceding "costs," and substituted "withhold- ing" for "assignment" and "and money assigned to the agency under AS 47.23.120 — 47.23.130" for "that are recovered from the obligor," and substituted "withhold- ing" for "assignment" in subsection (b).

Sec. 47.23.260. Civil liability upon failure to comply with an order or lien. If any person, political subdivision, or department of the state (1) fails to make an answer to an order to withhold and deliver within the time prescribed in AS 47.23.250; (2) fails or refuses to deliver property in accordance with an order issued under AS 47.23.250; (3) pays over, releases, sells, transfers, or conveys real property subject to a lien filed under AS 47.23.230 to or for the benefit of the obligor or any other person; (4) fails or refuses to surrender upon demand property attached; (5) fails or refuses to honor an assignment

of wages or an income withholding order under AS 47.23.062 presented by the agency, the person, political subdivision, or department of the state is liable to the agency in an amount equal to 100 percent of the amount constituting the basis of the lien, order to withhold and deliver, attachment, or withholding of wages or income, together with costs, interest, and reasonable attorney fees. (§ 29 ch 126 SLA 1977; am § 10 ch 96 SLA 1981; am § 14 ch 40 SLA 1985)

Effect of amendments. — The 1985 amendment inserted "an" preceding "answer to an order" and substituted "withholding" for "assignment" in two places.

Sec. 47.23.265. Service; notification of change of address. (a) Except as otherwise provided under this chapter, when a notice, paper, or other document is required by this chapter to be given or served upon a person by the agency, the notice, paper, or other document may be served as required by Rule 5, Alaska Rules of Civil Procedure or any other method permitted by law.

(b) A person required by court order to make support payments through the agency shall keep the agency informed of the person's current address. (§ 11 ch 144 SLA 1984; am § 15 ch 40 SLA 1985; am § 9 ch 72 SLA 1986)

Effect of amendments. — The 1985 amendment in subsection (a) substituted "served as required by Rule 5, Alaska Rules of Civil Procedure or any other method permitted by law" for "sent by registered or certified mail to the last known address of that person" and deleted the former second sentence concerning service by mail. The 1986 amendment, effective June 5, 1986, deleted "child" preceding "support payments" in subsection (b).

Sec. 47.23.273. Reporting of payment information concerning delinquent obligors. (a) The agency may provide to credit bureaus or lending institutions of any kind information about delinquent support owed by obligors. The information provided must consist solely of the payment history of the obligor for a period not to exceed 10 years before the date the information is provided.

(b) Upon a obligor's payment of delinquent support, the agency shall immediately notify all credit bureaus and lending institutions that were furnished information about the obligor under (a) of this section that the obligor is no longer delinquent. (§ 12 ch 144 SLA 1984; am § 10 ch 72 SLA 1986)

Effect of amendments. — The 1986 amendment, effective June 5, 1986, in subsection (a) in the first sentence deleted "child" following "delinquent" and in the second sentence deleted "so" following "information" and in subsection (b) deleted "child" following "delinquent."

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§ 47.23.278 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.23.900

Sec. 47.23.278. Payments not disbursed. Support payments collected and held by the agency for seven years without disbursement shall be returned to the obligor. (§ 16 ch 40 SLA 1985)

Sec. 47.23.900. Definitions. In this chapter

(1) "agency" means the child support enforcement agency;

(2) "department" means the Department of Revenue;

(3) "duty of support" includes a duty of support imposed or imposed by law, by a court order, decree or judgment, or by a finding or decision rendered under this chapter whether interlocutory or final, whether incidental to a proceeding for divorce, legal separation, separate maintenance, or otherwise, and includes the duty to pay arrearages of support past due and unpaid together with penalties and interest on arrearages imposed under AS 47.23.020(a)(2)(C);

(4) "earnings" means compensation paid or payable for personal services, whether denominated as wages, salary, commission, bonus, or other similar description and includes the gain derived from the investment of capital, from labor, or from a combination of investment and labor;

(5) "obligee" means a person to whom a duty of support is owed;

(6) "obligor" means a person owing a duty of support;

(7) "support order" means any judgment, decree, or order of support in favor of an obligee whether temporary or final, or subject to modification, revocation, or remission, regardless of the kind of action or proceeding in which it is entered. (§ 1 ch 251 SLA 1976; am §§ 27, 28 ch 126 SLA 1977; am § 4 ch 96 SLA 1981; am § 9 ch 118 SLA 1982; am § 133 ch 6 SLA 1984; am §§ 11, 12 ch 72 SLA 1986)

Effect of amendments. — The 1986 "support imposed" and in paragraph (7) amendment, effective June 5, 1986, in deleted "child" following "order of." paragraph (3) deleted "child" preceding

Chapter 25. Destitute and Needy Persons.

Article

1. Pioneers' Home (§ 47.25.030)
2. General Relief Assistance (§§ 47.25.130, 47.25.195, 47.25.205, 47.25.230, 47.25.250)
3. Aid to Families with Dependent Children Act (§ 47.25.345)

Article 1. Pioneers' Home.

Section

30. Admission on payment

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

Bill Version: SCR 2
Publish Date: _____

REQUEST: _____
Revision Date: _____
Title: Estabilshing a Children's Law
Task Force
Sponsor: Senator Uehling
Requestor: Senate HESS

Agency Affected: Legislative Affairs Agency
BRU: Legislative Council
Leadership
Components: Session Expenses
Legislative Leadership

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES						
TRAVEL	-0-	23.7	11.9	-0-	-0-	-0-
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	23.7	11.9	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
----------------	-----	-----	-----	-----	-----	-----

REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
----------------	-----	-----	-----	-----	-----	-----

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	23.7	11.9	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

No additional funding is requested for a staff person being hired by the task force. Funding will be provided by existing funding under Session Expense and Legislative Leadership. However, travel funds for public

Prepared by: Pamela A. Stoops, Manager *Pamela Stoops* Phone: 465-3850
Division: Administrative Services Date: 3/2/87
Approved by: Warren W. Endicott, Executive Director *Warren W. Endicott* Date: 3/2/87
Agency: Legislative Affairs Agency

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. SCR 2

members and other legislative task force members is requested - \$23.7.

4 trips @ 352 x 10 members	=	14,080
3 days per diem (\$80) x		
4 trips x 10 members	=	<u>9,600</u>
		23,680

The expiration date of the task force is in the middle of FY 89 on January 10, 1989. One half of the travel funding is requested for FY 89.

It is assumed that contractual services, supplies and equipment funding for the task force will also be provided by existing funding within Session Expenses and Legislative Leadership components.

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

REQUEST: _____

Bill Version: SCR 2

Publish Date: _____

Revision Date: _____

Agency Affected: Administration

Title: "An Act establishing a children's law task force..."

BRU: Office of Public Advocacy

Sponsor: Uehling, Faiks, et.al.

Components: _____

Requestor: Senate Judiciary

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES		0	0	0	0	0
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		0	0	0	0	0

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND		0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL		0	0	0	0	0

POSITIONS:

FULL-TIME		0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Brant McGee, Public Advocate

Phone: 274-1684

Division: Office of Public Advocacy

Date: 2/22/87

Approved by Commissioner: Garrey Peska

Date: 2/27/87

Agency: Department of Administration

Distribution (by preparer):

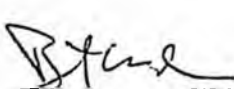
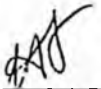
- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

POSITION PAPER
Senate Concurrent Resolution No. 2
"An Act Establishing a
Children's Law Task Force"

This concurrent resolution would mandate the creation of a Children's Law Task Force composed of agency representatives as well as public members to study current Alaska Statutes and agency operations in order to make reform recommendations.

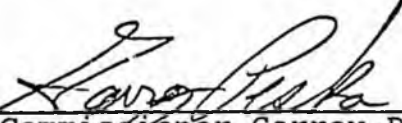
The resolution would have no immediate impact on Office of Public Advocacy or its programs.

The Office of Public Advocacy supports House Concurrent Resolution No. 4 because it would create a needed forum in which a comprehensive study of laws affecting children and agencies' implementation of such laws could be conducted.

Brant McGee, Public Advocate
Office of Public Advocacy

2/22/87
Date



Commissioner Garrey Peska
Department of Administration

2/27/87
Date

BILL NO: SCR 2

DATE: Feb 17, 1987

TITLE: "Establishing a Children's
Law Task Force."

CONTACT: Maj. Walter J. Gilmour
Acting Director

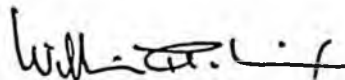
DEPARTMENT OF
PUBLIC SAFETY

This legislation would form a task force that would be charged with reviewing the numerous existing statutes and regulations pertaining to children within the state and issues concerning these children. From this task force, there would result effective and more cohesive state programs, thus better assisting the children in reaching the goals of being safe, healthy and positive members of our society.

The task force created by this piece of legislation would, after review, provide a written report of its findings along with recommendations and proposals such as program and legislation changes that would assist in reaching the above state goals.

There is no specific mention of members of law enforcement being part of the task force. Based on the role of law enforcement in dealing with children in multiple state programs, it is recommended that a proposed amendment include positions on the task force for the Alaska State Troopers and other law enforcement members in the state.

The Division of Alaska State Troopers is neutral on this legislation.



WILLIAM R. NIX
Acting Commissioner

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

Bill Version: SCR 2
Publish Date: _____

REQUEST
Revision Date: _____
Title: "Establishing a Children's Law
Task Force."
Sponsor: Rep. Uehling
Requestor: Senate HFSS

Agency Affected: Public Safety
BRU: Alaska State Troopers
Components: Detachments & CiB

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
OPERATING						
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
---------	---	---	---	---	---	---

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUNDS	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact is anticipated.

JAC
3/2/87 Prepared by: Francis C. Allan
Division: Alaska State Troopers

Phone: 269-5691
Date: 2/17/87

Approved by Commissioner: William R. Nix *[Signature]*
Agency: Public Safety
Distribution (by preparer):

Date: 3/2/87

Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)
Senate Secretary

POSITION PAPER

SENATE CONCURRENT RESOLUTION NO. 2

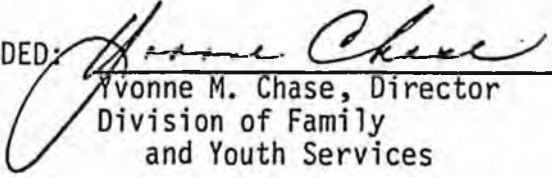
For a Resolution establishing a Children's Law Task Force.

This Resolution would establish a task force to study Alaska statutes and regulations relating to children and the problems of implementing those statutes and regulations. The task force is charged with making recommendations to the Legislature on any changes to the statutes appropriate and necessary to improving the condition of children in the State.

The Department supports the concept of establishing a task force to study the circumstances of Alaska's children. Periodic review and evaluation of statutes, regulations and programs implementing the laws are useful in assessing the effectiveness of policy directions and administrative efforts. A similar task force was an effective mechanism in accomplishing the major revision of Alaska's Children's Code which occurred in 1977.

However, comprehensive and practical evaluations of statutory and administrative effectiveness must include a review of the needs or issues being addressed and of the adequacy of resources devoted to implementing the policies embodied in the laws. For this reason, the Department recommends that the task force also be explicitly charged with assessing the needs of children in the State, the adequacy of current resources available to carry out existing law, and the level of resources necessary to effectively implement any recommended statutory or regulatory changes. With the inclusion of such language, the Department would fully support the resolution.

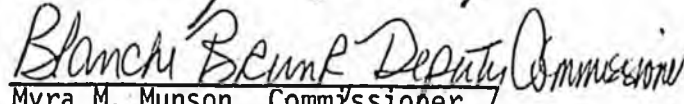
RECOMMENDED:


Yvonne M. Chase, Director
Division of Family
and Youth Services

DATE:

February 27, 1987

APPROVED:


Myra M. Munson, Commissioner
Department of Health
and Social Services

DATE:

March 2, 1987

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

REQUEST: _____
 Revision Date: _____
 Title: A Resolution Establishing a
Children's Law Task Force.
 Sponsor: Uehling, et al.
 Requestor: _____

Bill Version: SCR No. 2
 Publish Date: _____

Agency Affected: Health & Social Services
 BRU: Social Services
Youth Services
 Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Legislative staff have indicated that travel funds will be provided by the Legislature for task force participants as necessary.

Prepared by: Yvonne M. Chase, Director *YMC* Phone: 465-3170
 Division: Division of Family and Youth Services Date: 2/27/87
 Approved by Commissioner: Mura M. Munson, Commissioner *MM* Date: 3/2/87
 Agency: Department of Health and Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

SCR

16



STATE OF ALASKA
OFFICE OF THE GOVERNOR
BILL ANALYSIS

DEPARTMENT Health & Social Services	DIVISION Public Health	BILL NUMBER SCR 16	SPONSOR Binkely, Coghill, Josephson, Szymanski & Faiks
DEPARTMENT POSITION Supporting			
PREPARED BY Elizabeth Ward, M.N.	DATE 2/26/87	COMMISSIONER'S SIGNATURE <i>Mega M. Munson</i>	DATE 3/5/87

SUMMARY

OTHER AGENCIES AFFECTED BY BILL	CONSTITUENT GROUP(S) AFFECTED BY BILL
ORGANIZATIONAL SUPPORT FOR BILL	ORGANIZATIONAL OPPOSITION TO BILL

FISCAL IMPACT: NONE FISCAL NOTE ATTACHED

BACKGROUND/LEGISLATIVE INTENT

ANALYSIS OF BILL/PROGRAM EFFECTS

The Division of Public Health, Department of Health and Social Services, endorses and supports Senate Concurrent Resolution No. 16, Relating to Fetal Alcohol Syndrome Awareness Week. The bill is consistent with the educational and program objectives of the Division of Public Health; signature and enactment of the bill is recommended.

AMENDMENTS PROPOSED

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS.

STEVE COWPER, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

POUCH HOUSE
JUNEAU, ALASKA 99811
PHONE: 586-6201

OFFICE OF ALCOHOLISM AND DRUG ABUSE

1987

Dear Pediatrician:

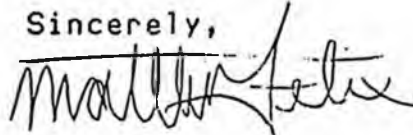
Nationwide, the rise in Alcohol-Related Birth Defects, Fetal Alcohol Syndrome (FAS) in particular, has spurred the development of both prevention and intervention programs to combat this totally preventable birth defect.

The incidence of FAS for all populations in Alaska is not completely known, but it is expected to be high. Recent research clinics examined suspected cases in 12 locations throughout Alaska. The results confirmed our worst suspicions. We knew our FAS incidence had to be high because of our high per-capita consumption of alcohol. As one of the leading consuming states, we drink almost four gallons of absolute (pure) alcohol per person. In Alaska, the birth incidence rate of 4.2/1000 live births is the highest reported rate for any population thus far studied. For comparison, the rate in Seattle is 1.7/1000, in France 1.6/1000, in Sweden 1.7/1000, and 2.0/1000 on the Navajo Reservation.

The Alaska FAS incidence makes FAS the most common etiologically identifiable congenital cause of mental retardation in this population. The incidence of Down Syndrome, usually regarded as the most common cause of mental retardation, is 1.8/1000 in Alaska Natives.

I have taken the liberty of enclosing articles on FAS that I thought you might find interesting. If you would like more information, please feel free to contact me.

Sincerely,



Matthew C. Felix
Coordinator

Enclosures

FACT SHEET: FETAL ALCOHOL SYNDROME (FAS)

compiled by Marcia Michel

FACTS

Twelve years of research have conclusively established that alcohol use during pregnancy poses a threat to the health of the child.

Fetal Alcohol Syndrome is a pattern of mental, physical and behavioral defects that may develop in the unborn child when its mother drinks alcohol during pregnancy. FAS is characterized by a cluster of congenital birth defects that include the following:

- Prenatal and postnatal growth deficiency, meaning low birth weight and failure to catch up
- A pattern of facial malformations, including small head size, misshapen eyes and midportion of the face
- Central nervous system dysfunction which can include mental retardation; brain damage resulting in difficulty with balance, coordination, learning or memory; alcohol withdrawal symptoms at birth; a poor sucking response and sleep disturbances during early infancy, restlessness and irritability; developmental delays; hyperactivity, short attention span and/or behavioral problems
- Varying degrees of malformations, particularly of the heart, joints, kidneys and genitalia.

Fetal Alcohol Effects (FAE)—less severe alcohol-related birth defects—have shown up in babies whose mothers drank smaller amounts.

According to current research, there is no safe drinking level for pregnant women.

In many cases, high levels of consumption will produce the full expression of FAS; but in some cases, moderate consumption is enough to produce FAS.

Researchers estimate that nationally FAS occurs in about 1 to 3 per 1,000 live births.

In Alaska, preliminary results indicate that FAS occurs in at least 3 per 1,000 live births among the Native population.

FAS has been found in virtually every ethnic and cultural group and in every social class.

For every child with FAS, as many as 10 other children may be born with FAE.

The severity of FAS seems to rise with each succeeding affected child born to a woman drinking alcohol.

FAS is the third leading cause of birth defects with accompanying mental retardation, and is the only preventable one among the top three.

Research shows there is no safe time to drink during pregnancy. The first trimester appears to be the interval when developing organs are vulnerable to damage.

Evidence supports an association between alcohol consumption and an increased incidence of spontaneous abortions found during the second trimester.

Alcohol exposure during the third trimester may interfere with the rapid growth that occurs during this time, including the growth of the brain.

The major effects of alcohol on developing tissues are slowing of growth and interference with cell migration.

Alcohol itself is the toxic agent, but other factors (nutrition, smoking, use of other drugs and other "unknowns") may enhance the effect of alcohol and influence the actual risk for FAS.

Cost of institutionalization for an FAS child in Alaska averages \$90,000 per year. Travel and surgery on birth defects would be additional costs depending on amount and severity.

While all of the defects caused by drinking have not yet been identified, we do know:

- alcohol interferes with normal pregnancy
- effects on the fetus are permanent
- whether they occur or not is a matter of the basic metabolism of both the pregnant woman and the fetus

There is no treatment for FAS.

It is totally preventable.

In the absence of research establishing a safe drinking level, the U.S. Surgeon General advises women who are pregnant (or nursing or considering pregnancy) to refrain from drinking alcohol during pregnancy.

This information was compiled from several sources. For a complete listing of these sources, please contact Marcia at the Alaska Council.



ALASKA COUNCIL ON PREVENTION
OF ALCOHOL AND DRUG ABUSE, INC

7521 OLD SEWARD HWY, SUITE A • ANCHORAGE ALASKA 99518

NATIONAL FETAL ALCOHOL
SYNDROME AWARENESS WEEK

The joint resolution (S.J. Res. 373) designating the week beginning May 19, 1987, as "National Fetal Alcohol Syndrome Awareness Week," was considered, ordered to be engrossed for a third reading, read the third time and passed.

The preamble was agreed to.

The joint resolution, and the preamble, are as follows:

S.J. Res. 373

Whereas fetal alcohol syndrome is one of the three major known causes of birth defects with accompanying mental retardation in the United States, and the only preventable one;

Whereas fetal alcohol syndrome can result in such serious health problems as: deficiencies in prenatal and postnatal growth that are associated with mental retardation; developmental disabilities that may cause an infant to experience delays in learning to walk and speak; and heart defects, including defects in the wall between the pumping chambers of the heart;

Whereas in cases in which fetal alcohol syndrome is avoided, infants may still experience alcohol-related birth effects, known as fetal alcohol effects, which are a series of health problems that include increased irritability during the newborn period and hyperactivity;

Whereas the discovery of fetal alcohol syndrome as a major health problem is a recent occurrence, and many questions regarding the illness remain unanswered;

Whereas there has never been an infant born with fetal alcohol syndrome whose mother did not consume alcohol during pregnancy;

Whereas fetal alcohol syndrome can be prevented if pregnant women and women considering pregnancy abstain from alcohol consumption; and

Whereas the Surgeon General of the Public Health Service has issued an advisory stating that pregnant women and women considering pregnancy should not consume alcohol: Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the week beginning May 10, 1987, hereby is designated "National Fetal Alcohol Syndrome Awareness Week", and the President of the United States is authorized and requested to issue a proclamation calling upon the people of the United States to observe such week with appropriate activities.

Mr. DOLE, Mr. President, I move to reconsider the vote by which the joint resolution was passed.

Mr. BYRD, I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Reprinted from:

Alcohol Health & Research World

Fall 1985
Volume 10
Number 1

National Institute on
Alcohol Abuse and
Alcoholism



“My Baby . . .
Strong and Healthy”

U.S. Department of
Health and Human
Services

Public Health
Service

Alcohol, Drug Abuse,
and Mental Health
Administration



National Clearinghouse
for Alcohol Information

PO Box 2345
Rockville MD 20852
301 468 2600

RPO 557

Reprint from:
Alcohol Health & Research World

State Strategies for Prevention of Alcohol-Related Birth Defects

Laura Ronan, M.P.H.

Since the late 1970s, many States have sponsored prevention programs geared specifically to preventing problems associated with drinking alcohol during pregnancy. Evidence that heavy drinking may result in substantial fetal damage and that moderate drinking may also be associated with elevated risk has provided the impetus for such efforts. Many researchers investigating this risk factor suggest that it receive the highest priority possible in the formulation and implementation of information programs, preventive counseling, and followup. They also urge that preventive counseling be initiated before conception and directed toward the adolescent female before alcohol becomes a problem (Elliott and Johnson 1983).

Intensive prevention efforts are vital because there is no known way to reverse or reduce many of the effects of alcohol on the fetus once they have occurred. The New York State Division of Health estimates that infants born with alcohol-related birth defects in a single year cost the State's economy \$155 million in lifetime care (Rey 1985). (For additional information on the economic cost of alcohol-related birth defects see article, page 38.)

Many programs implemented at the State level have drawn on the findings of programs previously supported by NIAAA and others. For example, the Fetal Alcohol Demonstration Program that was funded by NIAAA in 1978 and conducted at the University of Washington combined a mass media campaign aimed at the general public with telephone messages, distribution of brochures to populations of women who were pregnant or contemplating pregnancy, counseling sessions for

pregnant women, and a training program on drinking and pregnancy for appropriate professionals. Referral services were also provided for pregnant women and mothers with alcohol problems (see article, page 44). A forerunner to the Washington program was a secondary prevention program conducted at the prenatal clinic of Boston City Hospital between 1974 and 1979 (see article, page 32).

In addition, the 1982 NIAAA nationwide public education campaign included a component on alcohol-related birth defects that generated considerable public information activity at State and community levels. Some related campaigns were the direct responsibility of States or of organizations under contract to the State. They undertook public education activities statewide, regionally, and at the local level. In other States, the campaigns were led by either a group of volunteers or a combination of volunteers and contract staff. Many States continue to make available campaign materials such as brochures, public service announcements, and posters.

A Comprehensive Approach

Prevention efforts aimed at reducing alcohol consumption by pregnant women have increased significantly in recent years, but additional efforts are needed to increase awareness and to change attitudes and practices. It is generally agreed that comprehensive programs implemented at the community level are the most successful for educating prospective mothers. The experience of several States demonstrates that such programs may be effectively developed and sponsored by State agencies. Furthermore, State involvement may as-

sure program visibility and the integration of programs delivering maternal and child health services.

Based on the experiences of several States, this article describes the major components of a FAS/FAE prevention program. It is intended to stimulate new programs and innovative ideas, not to prescribe one course of action. The ultimate aim of an FAS/FAE prevention program should be to reduce the number of new cases. In order to do this, it must enhance awareness and foster acceptance of the evidence that consumption of alcohol during pregnancy can have deleterious effects on the fetus. Becky Beardsley, Program Coordinator of the Lincoln Council on Alcoholism & Drugs (LCAD), Fetal Alcohol Syndrome Prevention Program in Lincoln, NE, underscores the importance of bringing assistance to the alcohol-abusing woman rather than concentrating narrowly on the severe consequences to the fetus. In fact, some observers attribute the relative proliferation of programs focused on this particular period in a woman's life—pregnancy—to the view that maternal drinking is a public health program (Little and Ervin 1984).

A prevention program with a comprehensive approach to reducing the incidence of alcohol-related birth defects considers all females of childbearing age or younger, the general public, and helping professionals. The goals of the Pennsylvania Project for Prevention of Fetal Alcohol and Drug Effects, which operated from 1982 to 1983 as an outgrowth of a local two-county project conducted by the Washington-Greene Prevention Corporation from 1980-1982, involved all of these groups. The commitments of this



This infant is a low birth weight baby. State programs aim to increase awareness that maternal alcohol use can result in low birth weight and deleterious fetal effects.

project were to encourage women of childbearing age to avoid alcohol and unnecessary drugs during pregnancy; to urge women with drinking problems to seek and accept treatment; to influence health, social service, and education professionals to provide education on alcohol and drug effects to all patients, clients, and students prior to and during pregnancy; and to intervene with high-risk women (Yancosek 1982).

Target Groups

The education of women is vital regardless of the intensity of their drinking, to permit them the opportunity to make informed decisions about alcohol consumption during pregnancy. Becky Beardsley of the Nebraska LCAD Fetal Alcohol Syndrome Prevention Project has distinguished three subgroups of women as target audiences for information and inter-

vention: high-risk, moderate, and low-risk (Table 1). Each of the cells in Table 1 describes a level of risk based on the drinking and/or pregnancy status of the individual. The low-risk cell, for example, describes the person neither currently drinking nor pregnant. Reinforcing the decision not to consume alcohol if pregnant is the thrust of prevention for the low-risk group. Public information efforts, school health education, and health professions curricula are also strategies for reaching women considered at low risk (Beardsley et al. 1985).

Program Structure

The Nebraska LCAD Fetal Alcohol Syndrome Prevention Project utilizes a program framework based on primary, secondary, and tertiary prevention modalities for each stage of the maternal-child health continuum (i.e., preconception, prenatal, intrapartum, and postnatal) (Table 2). Primary prevention encompasses activities that target low- and moderate-risk women. These efforts can include teacher training for junior and senior high school teachers, public information and education, and professional education for health and human service workers. Pri-

mary prevention may also entail curriculum development and consultation with curriculum developers associated with educational institutions.

Secondary prevention consists of professional training and consultation with health and human service workers. Training includes information and individual consultation on the identification of high-risk (alcohol- and drug-abusing) women, especially pregnant women, and intervention counseling techniques. Trained personnel may directly assist physicians and other health professionals in directing intervention efforts. Tertiary prevention consists of providing referral information and guidance for alcohol-abusing women and affected children. It might also include a support group for women with FAS/FAE children as well as legislative activities (Beardsley et al. 1985). The program components just identified will be discussed further in the article.

Caregivers in the intrapartum and postnatal periods may need to be reminded of secondary and tertiary prevention. Even a woman who has been drinking during pregnancy should stop doing so to protect her baby from further alcohol-related birth risk during the remainder of the pregnancy

Table 1. Maternal Child Health Care Continuum

	Preconception	Prenatal	Intrapartum	Postnatal
Primary	1) General Public Information efforts 2) Jr. & Sr. High (curriculum) 3) Medical/nursing schools curriculum maternal alcoholism & FAS/FAE 4) Education geared to young girls	1) Public Information media directed toward pregnant women 2) Professional education for health professionals re: alcohol effects on fetus 3) Prenatal literature focusing on alcohol's role in pregnancy	1) Professional education for health professionals re: alcohol effects on fetus	1) Data collection of possible affected child 2) Public Information for women in childbearing ages 3) Professional education for postnatal health providers
Secondary	1) Identification & intervention of problem drinking women in childbearing years (esp. adolescent girls)	1) Prof. education to identify & intervene with problem drinking women 2) Physicians to utilize data collection on drinking patterns 3) Documentation of possible alcohol problem for intrapartum & postnatal health care providers' awareness	1) Prof. education to identify & intervene with problem drinking woman 2) Utilization of drinking history to identify possible complications of newborns and problem-drinking woman	1) Prof. education to identify & intervene with problem-drinking woman 2) Utilization of drinking history to identify affected child and problem-drinking woman
Tertiary	1) Referral of women in childbearing years to appropriate alcohol & drug treatment services	1) Referral of problem-drinking woman to alcohol/drug services	1) Referral of problem-drinking woman to alcohol/drug services 2) Prof. education re: referrals for affected child	1) Referral of problem-drinking woman to alcohol/drug services to prevent further affected children of identified mother 2) Referral of affected child to appropriate service 3) Development of support groups for affected families

Source: Beardley, B., Gillespie, T. and Williams, M.J. Prevention of Fetal Alcohol Syndrome/Fetal Alcohol Effects: A Comprehensive Approach. Paper presented at National Council on Alcoholism Conference, Washington, DC, 1985.

(Rosett and Sander 1979).

In some States, the alcohol and drug abuse division, a governor's commission, a local affiliate of the National Council on Alcoholism, or a categorically funded program has sponsored an FAS prevention program. In Vermont, the program was incorporated from its inception into the department of health's health education-risk reduction program as part of a conscious effort to use existing resources and service delivery systems that would be ongoing (Nystrom 1983). In Nebraska, Maine, and North Carolina, the State councils of developmental disabilities funded countywide pilot projects. It is anticipated that these States will expand their efforts statewide and establish FAS/FAE as a permanent component of their prevention programing.

Local FAS/FAE prevention projects should develop comprehensive programs tailored to the specific needs of the locality. In some States, programs have been implemented at the local level by organizations (e.g., prevention resource centers) under contract to the State. In others, county councils on alcoholism or alcohol services of mental health departments

have taken responsibility for implementing programs. Volunteer groups and volunteers working with employed staff have successfully run some program components, such as media efforts and speakers' bureaus. Women with FAS/FAE children have been extremely valuable volunteers.

Advisory Committees

Advisory committees have served as catalysts in some States. In others, they have provided guidance once a prevention program was funded. Networking with other organizations is essential for any prevention program and can be facilitated by an advisory committee with a broad range of representatives. Members can be involved as a group or as individuals in needs assessment, planning, fundraising, program presentation, public relations, and other functions. In addition, the committee can serve the project by providing credibility among the members' specific constituencies. Membership should include representatives from the following groups:

- Health professionals—obstetricians, pediatricians, drug and alcohol treatment

specialists, nurses, obstetrics clinic coordinators, nurses, school nurses, community education specialists, inservice coordinators, hospital and outpatient administrators, and social workers;

- Community groups—women's organizations, March of Dimes, Association for Retarded Citizens, Mental Health Association, PTA, community drug/alcohol prevention task force, Lamaze and other childbirth groups, LaLeche League, self-help groups;
- Schools—junior and senior high schools, colleges, nursing, medical, technical;
- Media—newspapers, radio, TV;
- Political and government leaders; and
- Volunteers—other interested groups.

Needs Assessment

In order to define the program's specific objectives and to enable evaluation of the program's efforts, the existing level of knowledge, attitudes, and practices should be measured. Vermont, for example, surveyed a small percentage of prenatal care providers, including the most sophisticated obstetrics practice in the largest city. The Vermont Department of

Table 2. Target Groups of Women in Childbearing Years

		PREGNANT	
		Yes	No
Drinking	Yes	High Risk <i>Secondary prevention</i> (intervention aimed at alcohol/drug abstinence during course of pregnancy). <i>Tertiary prevention</i> (referral and support group) to minimize adjustment difficulty.	Appropriate referral would be made to existing agency.
	No	Moderate Risk Since these women are currently pregnant, not using alcohol/drugs, <i>primary prevention</i> efforts aimed at reinforcing that as well as skill to maintain.	Low Risk <i>Primary prevention</i> efforts at reinforcing a choice of alcohol/drug-free lifestyle while pregnant if woman chooses to become pregnant

Health also conducted a statewide telephone survey of 300 randomly selected women of childbearing age. Only minimal costs, for computer time, were incurred (Nystrom 1983). The Pennsylvania Project for Prevention of Fetal Alcohol and Drug Effects used questionnaires mailed or directly administered to randomly selected women (Yancosek 1982).

In order to determine the extent and the nature of the problem and to obtain a base of information upon which a prevention program could be developed, Maine commissioned a study. The four objectives of the study were:

- To determine the state-of-the-art of the State and national level;
- To identify effective education and prevention strategies and activities;
- To develop a proposal for a long-term prevention model program; and
- To identify constituencies with the duties, responsibilities, or interest in prevention strategies (Mullen and Anderson 1985).

Existing statistics may also be useful in estimating the extent of the problem, although data about the incidence and prevalence of FAS/FAE are often flawed because of misdiagnoses. Information on demographic factors, births, infant deaths, fetal deaths, rate of alcoholism, number of women admitted for treatment, and other data is generally available through the State's division of statistics or a health planning agency. Such information should assist in understanding the effectiveness of current educational efforts and in identifying sources of information and advice related to the effects of drinking alcohol during pregnancy.

Professional Education

Many State FAS/FAE prevention programs have strongly emphasized professional education of physicians and other health care providers. Education of professionals is most effective when directed at both medical and nonmedical personnel concerned with the health and welfare of women and children. The overall goals of such education efforts are to increase knowledge of alcohol-related birth defects, to stimulate awareness and interest in the problem and prevention efforts, and to activate preventive and therapeutic behaviors such as:

- Patient or client education;
- History taking concerning alcohol and drug use;
- Diagnosis of maternal drinking and other drug problems;
- Intervention and referral for alcoholism and drug treatment; and
- Diagnosis of FAS and other prenatal drug effects in children.

Many State programs have "kicked off" their professional education for physicians and other health professionals with a symposium, a workshop, or a conference. A forum that includes a local pediatrician, an alcohol/drug women's counselor, a family therapist with expertise in the areas of women's alcoholism and FAS/FAE prevention and, if possible, nationally recognized researchers in the field offers a valuable opportunity for introducing the many dimensions of this problem. Typically, physicians prefer to receive information from other physicians in the same specialty.

More extensive training sessions might be held at local hospitals, nursing schools,

medical assistant training programs, and conferences sponsored by related organizations. Inservice sessions can be provided to Women, Infant, and Children (WIC) nutritionists, public school nurses, public school teachers, drug/alcohol counselors, Head Start staff, welfare case-workers, and others concerned with maternal and child health.

As part of the New York State Division of Alcoholism and Alcohol Abuse (NYSDA) campaign in 1980, FAS information packets were mailed to 1,000 obstetricians and gynecologists. The packets contained a reprint from a prestigious medical journal describing FAS, an outline of the criteria for the diagnosis of alcoholism, photographs of FAS cases, patient brochures, posters in English and Spanish on drinking while pregnant, a patient alcohol and health self-test, a referral list for problem drinkers, a referral list for affected children, and patient pamphlets on alcohol abuse. In addition to mailing out the information packets, NYSDAA-sponsored medical conferences and grand rounds around the State on FAS and alcohol-related birth defects. Over three-fourths of the physicians who reported receiving and reading the NYSDAA FAS information packet considered the items useful. However, data on physicians' intervention efforts suggest that additional efforts are needed to motivate and assist many obstetricians and gynecologists with implementing a system for screening their patients routinely for problem drinking and to identify and refer those who are in need of special treatment for alcohol abuse (Russell et al. 1983).

Referral and Support Services

Once health and other professionals have received training about the problem of alcohol-related birth defects, they may need assistance in counseling, referring, and treating women and children. The Nebraska LCAD Fetal Alcohol Syndrome Prevention Program, for example, has responded to requests for assistance with designing screening and risk assessment tools. The services of qualified program staff have also been made available to assist with intervention and with counseling alcohol-abusing pregnant women. Referral information is provided to professionals who have identified either a woman abusing alcohol/drugs or affected children. A resource center providing up-to-date materials and information (e.g., audiovisuals, books) is also a service of inestimable value to persons in the field.

National Coalition Combats Infant Mortality

The principal threats to infant health are birth defects that can lead to life-long handicapping conditions and problems associated with low birth weight. Birth defects are responsible for one-sixth of all infant deaths. Each year approximately 240,000 American babies are born with birth defects. In about one-fourth of these cases, the cause is currently thought to be purely genetic; in one-tenth, purely environmental. In the remaining one-third, the cause is unknown (U.S. Department of Health and Human Services 1979). Although many birth defects cannot be prevented, many more might be avoided by providing prenatal information and care to women at higher risk.

Infants with low birth weights are in particular danger: two-thirds of infants who die weigh less than 5 pounds 7 ounces (2,500 grams) at birth. Today, approximately 7 percent of all babies are of low birth weight (U.S. Department of Health and Human Services 1984). Underweight babies are more vulnerable than normal-weight babies to mental retardation, developmental difficulties such as slowness in walking or talking, growth problems, and central nervous system disorders. Again, many preventable maternal factors are associated with low birth weight: lack of adequate prenatal care, poor nutrition, smoking, alcohol and/or drug abuse, age of the mother (especially immaturity), and social and economic background. In addition, women least likely to receive adequate prenatal care are often those most likely to have other risk factors working against a healthy pregnancy.

In the Fall of 1981, seven national agencies and organizations, including the U.S. Public Health Service, founded the Healthy Mothers, Healthy Babies Coalition to improve the health of pregnant women and the health of their unborn and newborn babies. Today, more than 70 voluntary, professional, and government health agencies

and organizations belong to this national coalition.

In addition, most States have started their own coalitions to expand the effort on the local level. Achievement of the goals of the network depend largely on provision of high-quality prenatal, obstetrical, and neonatal care; preventive services during the first year of life; professional education; and broad public information activities aimed at pregnant women and their families. Some of the specific goals of the Healthy Mothers, Healthy Babies Coalition are the following:

- To supply information that encourages healthy habits for pregnant women and women planning pregnancy;
- To motivate pregnant women to protect their health through regular prenatal care and good nutrition;
- To increase women's understanding of specific health risks and the importance of taking responsibility for healthy childbearing; and
- To increase understanding among men of the supportive role they play in pregnancy and infant care.

Since 1981, the coalition has encouraged low-income women to obtain consistent prenatal care and adopt good health behaviors while pregnant. A series of posters and information materials describing healthy behavior during pregnancy and designed especially to reach low-income women were distributed to clinics nationwide. Low-income and other women have been reached through recorded public service announcements narrated by the Surgeon General, produced by the Public Health Service, and distributed to radio stations across the country by local March of Dimes chapters. Other materials include a curriculum guide on education for responsible childbearing, a directory of educational materials on prenatal and infant care, and a handbook on how to start a community coalition similar to Healthy Mothers, Healthy Babies.

The members of the Healthy Mothers, Healthy Babies Coalition make valuable contributions as participants on committees that address such issues as breastfeeding, substance use, genetics, and motivation of low-income women. The substance use

subcommittee (membership includes representatives of the National Council on Alcoholism and the National Institute on Alcohol Abuse and Alcoholism) has recently been formed to help reduce the number of alcohol-related birth defects and the proportion of women of childbearing age who smoke during pregnancy. Another of their objectives is to increase awareness of the hazards of pharmaceutical products and other drugs during pregnancy and lactation.

This subcommittee's first project is the development of a resource package that includes both professional and client education material in the area of substance use during pregnancy. Contents of the package include policy statements from major health-related organizations; synopses of landmark research papers; an annotated guide to patient education materials; sample exemplary brochures and posters; and a counseling and referral guide for use by providers. The package is directed to influential health professionals and organizational representatives working in the maternal and child health area and is designed to increase information and counseling for patients as well as to improve recognition and referral of substance abuse problems to appropriate treatment centers. The format of this package is similar to an earlier one developed by the coalition to encourage health professionals to promote breastfeeding among their patients.

During the Spring of 1985, the Coalition's subcommittee on low-income women conducted a survey of 20,000 health care providers and others working with pregnant low-income women to determine effective ways to reach the target population and to encourage women to improve their health and that of their babies. The results of the survey will be compiled to provide a compendium of program descriptions and contact persons.

For further information about the Healthy Mothers, Healthy Babies Coalition and its publications, contact: Executive Secretariat, Healthy Mothers, Healthy Babies, 600 Maryland Ave., S.W., Suite 300-E, Washington, D.C. 20024

Offering consultation services to health professions educators interested in updating their curricula to include FAS/FAE prevention information is another support service provided by the Nebraska project. Some schools may want to include presentations by project staff as well (Beardsley et al. 1985). Nursing schools appear especially receptive and play a key role in disseminating current FAS/FAE information to health professionals.

To ensure that information is accessible, the North Carolina project operates a 24-hour telephone information service available to anyone with a question about FAS or about alcohol consumption during pregnancy. An answering machine records messages received when staff is not available to answer the hotline.

Community Education

Reaching the general public, especially women of childbearing age, with information about alcohol-related birth defects is a major thrust of most FAS/FAE prevention programs. Such public education campaigns should not be limited to women of childbearing age; informed mothers, friends, spouses may also serve as informal educators. Print materials, community education programs, and mass media are complementary and reinforcing modes of communication that reach a broad cross-section of the community.

Posters and pamphlets are the most common print materials developed and distributed by FAS/FAE prevention programs. Many States have received permission from existing programs to adapt materials and messages that have proved effective. The article in this issue on disseminating information (see page 54) suggests appropriate messages for women and physicians. Some excellent locations for placing such materials are doctors' offices, pharmacies, laboratories where pregnancy tests and premarital and pregnancy blood tests are taken, marriage license bureaus, social service agencies, church bulletins, maternity clothing stores, children's clothing stores, shopping mall displays, State liquor stores, supermarkets, family planning services, health clubs, WIC nutrition programs, laundromats, prepared childbirth classes, YWCAs, other women's clubs, beauty shops, and many other places frequented by women (Yancosek 1982).

Presentations that provide more detailed information through the use of speakers and audiovisuals are effective mechanisms for increasing awareness. Such programs

can be offered to the membership of existing organizations, clubs, and groups such as childbirth education classes, LaLeche, PTAs, and YWCAs. All presentations should emphasize the positive aspects of healthy pregnancies rather than the negative aspects of birth defects. (Information about films, pamphlets, and other materials may be obtained from the National Clearinghouse for Alcohol Information.) Some communities have established a speaker's bureau composed of experts on various aspects of FAS/FAE who have indicated an interest in making presentations on the subject.

Newspapers, radio, television, and magazines are also useful channels for communicating information about alcohol-related birth defects. In 1982, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) developed radio and TV public service announcements and distributed them nationwide to county drug and alcohol programs and radio and television stations. Newspaper sample articles and detailed talk show interview scripts were also distributed. Some of these materials are still available for distribution by contacting NIAAA. These and similar locally developed materials are the ingredients for a mass media campaign that might be conducted over a 3-month period every year or every other year. The Christmas-Hanukkah season and Mother's Day are particularly appropriate times for such campaigns.

School Programs

Drinking frequency and amount remains at alarmingly high rates among high school women as does the incidence of teenage pregnancy. To ensure that information on alcohol-related birth defects reaches teenagers before alcohol is a problem, it should be incorporated at all levels of education under the heading of preventing developmental disabilities. The Nebraska alcohol-and-drug school curriculum, as well as others in the Nation, includes junior and senior high school units on alcohol, drugs, and pregnancy. Most States, however, do not include such information in the elementary school curriculum. In school systems where alcohol-related birth defects are not addressed, the department of education to develop such a component.

The Maine prevention program worked with four area institutions for higher learning. Activities included 10 FAS/FAE presentations; public service announcements through college radio stations and

newspapers; and visual and narrative materials placed in health centers, dormitories, sororities, and fraternities. All human service programs sponsored by these colleges agreed to integrate information about FAS/FAE into their course materials (Mullen and Anderson 1985).

During the 1985-86 fiscal year, Pennsylvania will implement a comprehensive program aimed at increasing awareness among youth about the harmful effects of alcohol consumption during pregnancy. This initiative will include regional workshops for relevant school personnel, the development of a five-unit curriculum for grades 9-12, and a video training tape on screening and interviewing techniques for obstetricians, gynecologists, and nurses.

Conclusion

This discussion has provided an overview of the core activities of an FAS/FAE prevention program. As mentioned earlier, once training and inservices have been provided, a prevention program should continue to provide ongoing services as an information and referral source. Periodic training is, of course, necessary to reach newly identified providers. Those projects that emphasize the health of the mother as well as the fetus will have a full agenda.

Here is a sampling of activities for those interested in pursuing additional prevention strategies:

- Provision of technical assistance to the State Department of Education curriculum development task force and membership on the Department's task force on chemical dependency and special education;
- Recruitment, training, and deployment of a core group of physicians interested in the prevention and treatment of FAS/FAE to provide training to their colleagues through hospital departmental staff meetings, regional and State medical association meetings, etc.;
- Collaboration with the Developmental Disabilities Council to identify groups/agencies with the capacity to support effectively families who are experiencing the trauma of having a disabled child;
- Establishment of a diagnosis registry for FAS/FAE.

Turn to page 76 for references.

Laura Ronan, M.P.H., is the Coordinator of New Products for the National Clearinghouse for Alcohol Information.

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Alaska Native Health Board

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October 13, 1986
RECEIVED
OFFICE OF FETAL ABUSE PREVENTION
AND CHILD ABUSE INVESTIGATION

OCT 16 1986

Vicki A. Hild
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Health Service
A-CHSB
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Anchorage, Alaska 99510

Dear FAS Networking Members:

Just a brief update. On September 29th I assumed the position of statewide FAS Coordinator with the Alaska Native Health Board and the Alaska Area Native Health Service. I feel it will be an exciting and challenging position that will enhance our FAS prevention efforts. I will be in contact with most members on specifics. My mailing address will remain the same. The new telephone number is 257-1709.

The North Pacific Rim's FAS Program, which started as a pilot project, will continue with emphasis on prenatal clinics at the Alaska Native Medical Center and on community education in their villages. Also, the Copper River Native Association has submitted a proposal for a FAS prevention program.

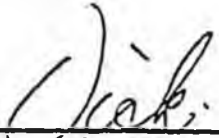
Results from the FAS diagnostic clinics held this past year throughout Alaska revealed a FAS rate for Alaskan Natives of 4.1/1000 live births. This is a conservative rate as some FAS children were unable to attend these clinics.

How does this rate compare? The rate of FAS in France and Sweden is 1.4/1000 live births, in the contiguous 48 states the rate is 1.7/1000 live births, and in Navajo the rate is 2.0/1000 live births.

For those who may not have heard about the case in California on Fetal Abuse, I have enclosed a copy of a newspaper article. Another interesting update is regarding the case in Canada where a woman who had given birth to a FAS infant was charged with child abuse -- she was found guilty.

Until the next update.

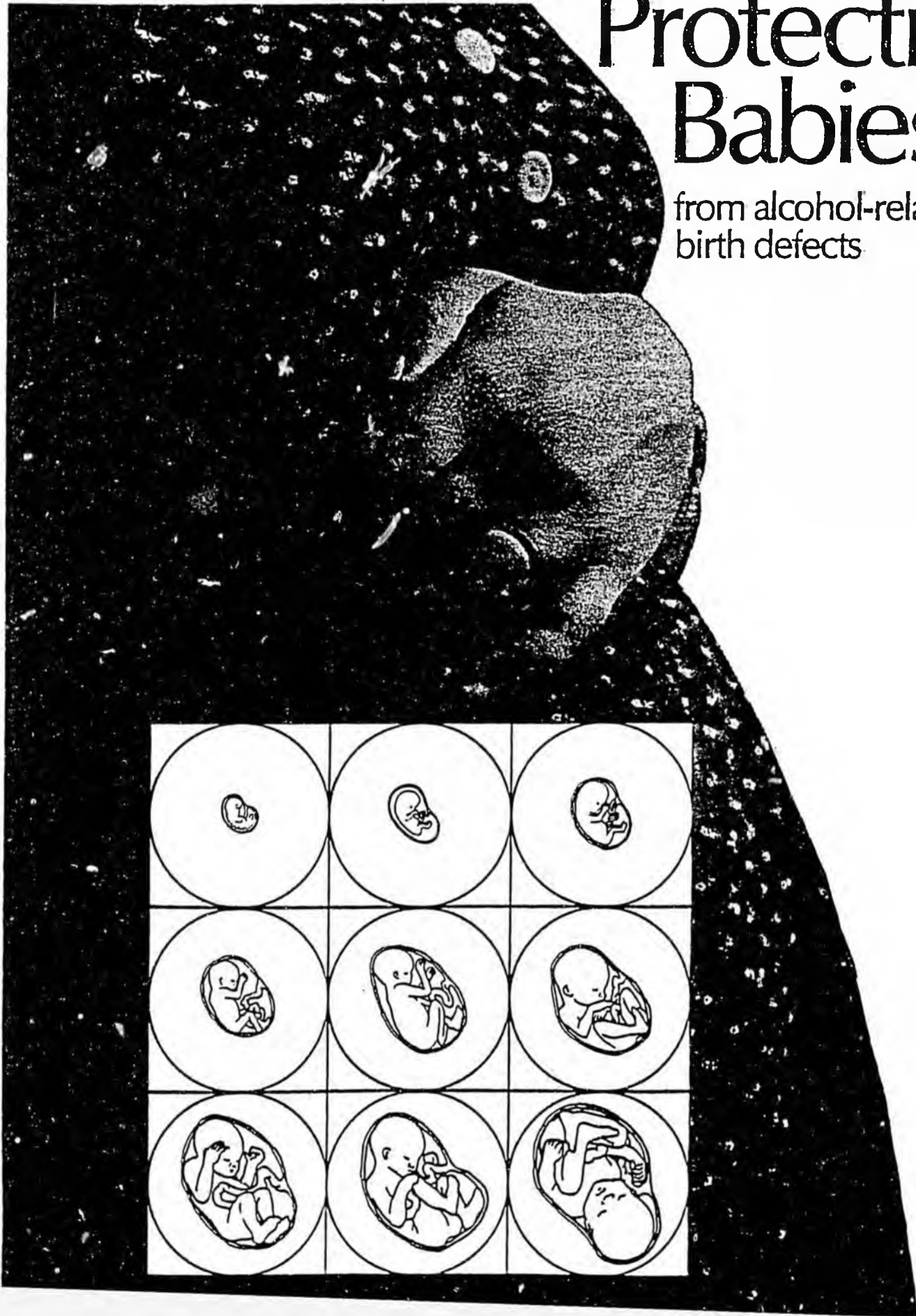
Sincerely,



Vicki A. Hild, M.S.P.H.
FAS Coordinator

Protecting Babies

from alcohol-related
birth defects



Expectant mothers who drink during their pregnancy may cause irreparable harm to their frail, delicate unborn babies. A major effort to reduce alcohol-related birth defects is under way in California.

Individuals and organizations concerned with the problem are active on a variety of fronts. Among their strategies

- Urging city and county governments to require that birth defect warning posters be displayed wherever alcoholic beverages are sold.

- Supporting state and federal legislation mandating that birth defect warnings be included on the labels of alcoholic beverages.

- Training medical practitioners to recognize symptoms of alcohol and drug abuse in women of child-bearing age so they can be referred to appropriate treatment.

- Making FAS an element in pre-natal counseling, with emphasis on educating fathers as well as mothers about the risks of alcohol and drug use during pregnancy.

- Creating new school curriculum materials for early education about the risks of using drugs or alcohol during pregnancy. As yet, barely five percent of California school districts include prevention of birth defects in their health classes.

- Improving programs for diagnosis of alcohol-related birth defects so that children with this disability may receive treatment that will help them develop to their full potential.

- Expanding research to determine exactly how a developing fetus is affected by the mother's alcohol and drug use, and to develop better modes of care for victims of alcohol and drug related birth defects.

Preventing birth defects associated with alcohol use was the subject of a national conference held in San Diego in 1986, sponsored by the Program on Alcohol Issues of the UCSD Extension. Research and treatment specialists from 15 states and Canada attended the conference, adopting a series of recommendations for new measures aimed at increasing public awareness of the danger of drinking during pregnancy.

Dr. Gladden Elliott, president of the California Medical Association, told the conference that new knowledge is dispelling the notion that Fetal Alcohol Syndrome is relatively rare.

"We now know that the syndrome affects from one to 11 of every 1,000 births," he said. "For those women who have a drinking problem, it may strike as many as 29 infants per 1,000 births. This means that every year physicians are treating between 3,600 and 6,000 babies with fetal alcohol syndrome. And an additional 36,000 newborns each year show some signs of less severe alcohol-related birth defects."

More research is needed to determine what proportion of the 10,000 to 12,000 infants born each year with birth defects or developmental disorders are the victims of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE).

Fetal Alcohol Syndrome is the most severe of these conditions and is associated with alcohol abuse or dependence by the mother, especially in the early weeks of pregnancy. FAS babies have decreased weight and head size, various degrees of mental retardation, and physical abnormalities most evident in facial features. The less severe Fetal Alcohol Effects are associated with drinking at any stage of pregnancy and include low birth weight, spontaneous abortion and some partial aspects of the Fetal Alcohol Syndrome.

The costs associated with Fetal Alcohol Syndrome are staggering. The direct costs of caring for affected children in the United States are estimated to be at least \$2 billion a year. Institutional care for a severely retarded FAS child may run to \$65,000 a year, or \$2.5 million over its potential lifetime. In terms of human suffering, of course, the cost is incalculable.

A new study reported late last year in the British medical journal *Lancet* identifies Fetal Alcohol Syndrome as the leading cause of mental retardation in infants — ranking ahead of Down syndrome and spinal bifida. Alcohol use is the one cause of birth defects that is completely preventable.

Research has yet to establish exactly what mechanism is involved in causing harm to a developing fetus when the

mother drinks. There is no known "safe" amount of alcohol that an expectant mother can drink, nor a period in her pregnancy that might be considered safe for drinking. Therefore pregnant women are urged to abstain altogether from alcohol when they are trying to conceive and throughout their pregnancy.

Programs to combat alcohol-related birth defects are being waged by public health agencies and medical organizations along with such private organizations as the March of Dimes Birth Defects Foundation and Healthy Mothers, Healthy Babies.

A special effort is being made to reach teen-agers with information about FAS and FAE. Dr. Mary Lu Hickman, a medical consultant to the state Department of Developmental Services, points out that one out of 10 girls will give birth before the age of 18.

"Teen-age mothers often don't realize they are pregnant until maybe the second or third month," says Hickman. "By that time, if they have had drinking episodes, the damage of FAS probably has already occurred. Major brain and organ systems are laid down by the eighth or ninth week."

Dr. Hickman chairs the California Prevention Task Force on developmental disabilities which is developing a plan called "Prevention 1990." The plan, she told the UCSD conference, will have a strong component dealing with both the prevention and treatment of alcohol related birth defects.

"The most important element of the plan is to get birth defects into the educational curricula," she said. "We want all students to have awareness and knowledge of the lifestyle necessary to prevent birth defects, including FAS and FAE."

She said the key to effective education about the risks of drinking and smoking during pregnancy must begin at an early age. "We feel very strongly that the knowledge needed to make a decision whether to drink or smoke should be given at least by grades three and four if it is going to be effective."

Future mothers and fathers are not the only target of education programs aimed at reducing alcohol-related birth defects. The California Medical Association recently inaugurated a

Chemical Dependency Education Program for physicians which hopes to improve their ability to detect drug and alcohol abuse in their patients and refer them to appropriate treatment.

Recognition of chemical dependency symptoms is especially important for obstetricians, who are in a position to help expectant mothers obtain counselling and treatment for alcoholism and other drug abuse which could jeopardize their unborn babies.

The CMA is also an ally of other organizations which are lobbying in Sacramento and Washington on behalf of legislation that would help inform the public about the link between alcohol and birth defects. Lawmakers at both the state and federal level are being urged to pass bills that would require warning labels on alcoholic beverage containers, and warning messages in advertising for the beverages.

State Sen. Gary Hart of Santa Barbara is sponsoring a 1987 version of a labeling bill that was effectively blocked in 1986 by heavy lobbying by the beverage industry. A coalition of organizations concerned about public health and child welfare is working on behalf of the legislation under the leadership of Consumers Union.

In Washington, the Center for Science in the Public Interest has been campaigning on behalf of federal legislation that would require a health warning label on alcoholic beverages.

The most successful battles on behalf of health warnings have been fought in local communities. More and more city and county governments are requiring that posters warning of the risk of birth defects from drinking alcohol be posted in all establishments where alcoholic beverages are sold.

Both the Los Angeles City Council and the Los Angeles County Board of Supervisors have adopted ordinances requiring such warning posters. (See accompanying article about how concerned individuals and groups in Los Angeles worked on behalf of the new regulations.)

In San Diego County, the Board of Supervisors voted favorably on a warning poster ordinance in October, 1986, and planned to lay down a procedure for implementing it in unincorporated areas of the county early in 1987.

"There is very little doubt at all that drinking alcohol in any form during pregnancy can cause birth defects," said Supervisor Susan Golding, who sponsored the San Diego County ordinance. Another supervisor, Brian Bilbray, said he



Photo by March of Dimes Birth Defects Foundation

Birth defects associated with alcohol use during pregnancy may affect as many as 6,000 babies born in the United States every year. A new study ranks alcohol abuse by the mother as the leading cause of mental retardation in America.

was not impressed by the argument of opponents that it was up to doctors, not sellers of beverages, to warn women about alcohol and birth defects. Representatives of the restaurant and grocery industries opposed the ordinance.

"Maybe in your neighborhood you have pregnant ladies going to their physicians," Bilbray told the opponents. "A lot of my constituents never see a physician until they're ready to deliver."

The San Diego ordinance was supported by the March of Dimes Birth Defects Foundation, the National Council on Alcoholism and other public and private agencies concerned with maternal care, child welfare and prevention and treatment of alcohol and drug problems.

As proposed by Supervisor Golding, the San Diego posters would carry this message: "Warning. Pregnancy and alcohol do not mix. Drinking beer, wine or liquor while you are a pregnant or nursing mother—even in moderate quantities—can be harmful to your baby."

Georgia and South Dakota are now requiring warning signs statewide. Other cities which require the warnings include New York; Philadelphia; Washington, D.C.; Jacksonville and Leesburg, Florida;

and Columbus and Lakewood, Ohio.

The Oklahoma Health Department has been circulating posters to liquor-serving establishment and asking that they be displayed voluntarily. A proposal still under consideration in Wisconsin would require that a pamphlet about Fetal Alcohol Syndrome be handed to all persons applying for marriage licenses in that state.

In most cases where posters are required, the warning deals only with the risk of birth defects. One community goes further, however. In Leesburg, Florida, the posters carry this message:

"Warning: Alcohol in Beer, Wine, and Liquor can cause intoxication, addiction, birth defects. Reduce your risks: do not drink before driving or operating machinery; do not mix alcohol with other drugs (it can be fatal); do not drink during pregnancy."

In Los Angeles, the California Restaurant Association filed a lawsuit challenging the constitutionality of the city's warning poster ordinance. However, a Superior Court judge rejected the argument that the ordinance infringes on the state's powers to regulate the sale of alcoholic beverages.

Warning Posters

-Persistence Pays Off in Los Angeles

Adoption of warning poster ordinances by the Los Angeles City Council and the Los Angeles County Board of Supervisors is a textbook example of how community concern about an alcohol problem can be translated into action by local governing bodies.

The successful campaign was guided by a Task Force organized by the Alcohol and Drug Dependency Council of Los Angeles County, which is the local affiliate of the National Council on Alcoholism.

The choice of leaders for the campaign showed an awareness of political realities. Co-chairing the Task Force were Mary Louise Frawley, who has the credentials of a conservative Republican, and Elizabeth Snyder, a prominent Democrat.

"Between the two of us, we had things pretty well covered," says Frawley. "There's a Democratic majority on the City Council, and a Republican majority on the Board of Supervisors."

The two chairpersons assembled a Task Force representing a dozen health and welfare organizations with a special interest in protecting mothers and children from the risk of alcohol-related birth defects. Members of the Task Force in turn reached out to other organizations that might be persuaded to join in the campaign. Eventually more than 35 public and private agencies were lending their names and influence to the effort. Frawley says the Task Force found valuable tips in a booklet on how to get local alcohol warning legislation passed, available from the Center for Science in the Public Interest, 1501 16th St. NW, Washington, D.C. 20036.

The Task Force lined up medical experts on the Fetal Alcohol Syndrome and Fetal Alcohol Effects to testify before the City Council's Health Committee about the importance of informing the public about the risks of drinking during pregnancy. By strategic timing, the Health Committee hearing was held during an observance of "Alcohol Awareness Week" in Los Angeles.

A favorable report by the Health Committee was followed by adoption of the warning poster ordinance by the full 15-member City Council. "We were surprised at the lack of opposition," says Frawley. "I think the beverage industry people were caught off guard."

This was not the case when the Task Force took the issue to the Board of Supervisors, seeking a similar ordinance to apply to the unincorporated areas of Los Angeles County. This time,

representatives of the beverage and service industries were on hand to argue against the ordinance. The FAS Task Force made sure that its side was well represented, too.

"We had a fine turnout of our people for the county hearing," Frawley says. "We wanted to make sure the supervisors knew how many of us were in the audience, so we all wore 'Fight Birth Defects' ribbons."

The main argument made against the proposed ordinance was that it was unconstitutional — that only the state government was empowered to make regulations affecting the sale of alcoholic beverages. Legal scholars at the Prevention Research Center in Berkeley helped provide ammunition for an effective counter-argument in the presentation to the supervisors.

The supervisors adopted the ordinance. Warning posters now are required in 7,500 establishments selling alcoholic beverages in the city of Los Angeles, and in another 1,500 similar businesses in unincorporated areas of the county. Volunteers from the Task Force have been assisting city and county authorities in distributing posters to the affected businesses. Members of the Task force also hope to persuade other municipalities in the Los Angeles area to adopt similar ordinances.

In drafting a proposed text for the warning signs, the Los Angeles Task Force profited by the experience of others. In New York, similar warning posters refer only to the risk of birth defects from drinking "alcoholic beverages" during pregnancy. Surveys have indicated that some people believe the message refers to distilled spirits, but not to beer and wine. The Los Angeles posters state specifically that the risk lies in drinking "beer, wine and other alcoholic beverages."

What's the secret of a successful community effort to pass a warning sign ordinance? "Persistence," says Mary Louise Frawley.

"Liz and I spent a lot of time on the telephone, keeping after people to remind them of what we were doing and getting them to follow through on their promises to write letters or call a councilman or supervisor."

She had another tip for organizers of such campaigns. "We kept it as informal as possible. We tried not to have too many meetings. People shy away from commitments that mean sitting through a lot of dull meetings. Whenever you can, use the phone."

National Institute on Alcohol Abuse and Alcoholism

*My Baby...
Strong and Healthy*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

*The safest choice is not to
drink at all during pregnancy
or if you are planning
pregnancy. —
U.S. Surgeon General*

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My Baby...Strong and Healthy

For most women, pregnancy is a time of intense, often mixed, feelings. The good feelings can be very good: anticipation, pride, excitement, a sense of fulfillment. But because having a baby is such an important event in one's life, it is also natural to experience some doubts and fears along with the "highs." Even in the most wanted of pregnancies, many women wonder, Can I handle the responsibility of another person for the next 18 years? Can I afford this baby? Will it be a difficult birth? And perhaps most worrisome of all, will I have a healthy, normal child?

You Can Make a Difference

Most women worry about the health of their child at some point during their pregnancy. But what many women don't know is that there are a number of things they can do during pregnancy to increase the chances of delivering a healthy baby. Regular prenatal check-ups and a nutritious diet are important. But an expectant mother also should be extremely careful about the kinds and amounts of drugs she takes. In addition to many illegal drugs, several legal drugs are known to cause birth defects when taken during pregnancy. Over the past 12 years, clinical reports and studies have confirmed that alcohol exposure poses a threat to the health of the unborn child.



Alcohol: A Powerful Drug



Alcohol is so taken for granted in our society that most of us don't even think of it as a drug. Yet whenever we have wine with a meal, a gin and tonic at a party, or a beer with the late movie, we are consuming a central nervous system depressant that affects nearly every organ in our bodies. Alcohol abuse over a period of time can contribute to a number of serious disorders, including muscle and heart disease, malnutrition, digestive problems, and liver cirrhosis. It should not be surprising that this powerful, addictive drug, when used during pregnancy, also can affect the delicate and developing system of the unborn baby.

During the last decade, researchers have conducted a number of studies of infants born to women who drank heavily during pregnancy. The results are disturbing. A significant number of the infants studied were born with a definite pattern of physical, mental, and behavioral abnormalities that researchers named the "fetal alcohol syndrome." Babies with this syndrome were shorter and lighter in weight than normal, and they didn't "catch up," even after special postnatal care was provided. They also had abnormally small heads, several facial irregularities, joint and limb abnormalities, heart defects, and poor coordination. Most also were mentally retarded and showed a number of behavioral problems, including hyperactivity, extreme nervousness, and poor attention span. And for every infant born with fetal alcohol syndrome, there are several more born with only some of the features of the syndrome. When only some of the characteristics are present, they are called "alcohol-related birth defects."



How Alcohol Affects the Fetus

Jt may be hard to believe that alcohol can cause such devastating effects in the unborn baby. An understanding of how alcohol interacts with the fetus may help. When a pregnant woman takes a drink, the alcohol readily crosses the placenta to the fetus. It then travels through the baby's bloodstream in the same concentration as in the mother. So if the expectant mother drinks at a party, her unborn baby drinks as well. But, the tiny, developing system of the fetus is not equipped to handle alcohol, so the unborn baby must depend on its adult mother to burn up the alcohol. Unfortunately, the fetus can't say "no."

How Much Drinking Is Harmful?

Until it is very clear which women — if any — can drink alcohol safely during pregnancy, its use — even on infrequent occasions — should be avoided. Research has shown that alcohol affects all the organ systems of the developing baby. While high levels of consumption are necessary to produce *all* the features of fetal alcohol syndrome, alcohol-related birth defects have appeared in babies whose mothers drank smaller amounts. In fact, the more a mother drinks, the greater are the chances of health problems for her newborn baby. However, if an expectant mother avoids alcohol altogether, there is *no* possibility of having a child with fetal alcohol syndrome or alcohol-related birth defects.



Risk Factors



What risks are there for the woman who drinks only occasionally, but perhaps heavily each time? We still don't know the answer to this question. But we do know that the fetus gets a potent dose of alcohol each time the mother takes a drink. Since any exposure to alcohol is known to put the fetus at risk, it stands to reason that even occasional heavy drinking should be avoided.

It is well known that many people who abuse alcohol also tend to smoke a lot of cigarettes, use other drugs, pay little attention to nutrition, and generally suffer a great deal of emotional stress. All these factors are related to reproductive risk. How do we know, then, that alcohol is the real culprit in the development of birth abnormalities? Could any of these other behaviors, alone or in combination, be partially or even totally responsible for what we call the fetal alcohol syndrome or for other problems associated with alcohol use in pregnancy?

Other factors may well play a role in the development of the syndrome, and indeed they are known to be contributors to such problems as low birth weight. However, alcohol itself appears to be the only agent common to all fetal alcohol syndrome cases. Moreover, animal studies have shown that the presence of other factors—like caffeine, other drugs, tobacco, or malnutrition—are not necessary for alcohol to cause damage to the fetus. In these studies, pregnant animals that consumed alcohol gave birth to offspring with defects similar to those seen in the human fetal alcohol syndrome.



Thoughts on Drinking During Pregnancy

At this point, you may feel uncertain about how to approach drinking during pregnancy. There is much we have yet to learn about this problem, including the risks of small amounts of alcohol; whether the fetus is most susceptible to alcohol at a particular time during pregnancy; and the degree to which risk is compounded by other factors, such as nicotine use and poor nutrition. Until all the facts are in, however, it makes sense to exercise extreme caution. In fact, the U.S. Surgeon General says that *the safest choice is not to drink at all during pregnancy or if you are planning or anticipating pregnancy*. In addition, women who breast-feed should continue abstaining from alcohol until their babies are weaned.

Know the Risks We really don't know at what level alcohol begins to harm the fetus. At the lowest doses, the risks from alcohol are probably very small, but as consumption increases, so do the risks. The more alcohol an expectant mother drinks, the greater are the risks she takes with the health of her unborn baby.

Studies also show that the sooner an expectant mother stops drinking, the better are the chances that her baby will be born strong and healthy. And remember, there is *no* possibility of having a child with fetal alcohol syndrome or alcohol-related birth defects if an expectant mother avoids alcohol during her pregnancy. Until all the facts are in, this seems the safest and wisest course to follow to ensure the best possible outcome of pregnancy.



If you're accustomed to coping with tension or depression by having a few drinks, don't fill the void by using other mood-altering drugs, such as tranquilizers or antidepressants. Some of these drugs also may be harmful to the baby when taken during pregnancy. In fact, since most drugs cross the placental barrier to your baby, it is a good idea to take only those that are absolutely necessary during your pregnancy. *Check with your doctor before taking any drugs, including simple over-the-counter medicines such as aspirin and sleeping preparations.*

Alternatives to Alcohol

Pregnancy changes your life in some important ways, and you're bound to feel some stress during this period. For various reasons, some women experience more anxiety and depression than usual during pregnancy. In any case, there may be times when a few friendly drinks will seem like a good antidote to whatever is troubling you. *At those times, stop and try to think of other ways you might handle your feelings.*

First, make sure you are clear about just what is bothering you. Is there any specific action you could take to improve the situation? Or would simply talking about your feelings with someone close to you help? Sometimes a long walk, some relaxing music, or some kind of creative outlet can do a lot to relieve stress. Have you ever tried meditation? Pounding a pillow to vent frustration? Writing out your feelings? You may be surprised at how effective some of these alternatives to alcohol can be.



Getting Help If you think you may have an alcohol problem, discuss it with your doctor. You can find help through your local affiliate of the National Council on Alcoholism, mental health agency, Alcoholics Anonymous chapter, Women for Sobriety group, or another self-help group. Most of these referral sources can be found in your telephone directory. If you find yourself seriously depressed or anxious and can't seem to shake it off, consider getting some help. Your local women's center may run a counseling program as well as a number of special support groups for women. Women's centers, area mental health agencies, and your own doctor are possible sources for counseling referrals.

You Can Make a Difference



here are a lot of "do's" and "don'ts" associated with pregnancy, and sometimes you may feel a bit overwhelmed by them. It often seems there is so much to suspect, reject, and avoid! But underlying all the advice and recommendations you receive is the important message that *what you do makes a difference.*

For further information write:

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, Maryland 20852

or call:

(301) 468-2600

Prepared by the NIAAA
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Rockville MD 20852
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A SEARCH FOR CONTROL:
THE EFFECT OF ALCOHOL ON
PUBLIC RIGHTS AND PRIVATE WRONGS



REPORT TO THE LEGISLATURE
JOINT SPECIAL COMMITTEE ON LOCAL OPTION LAWS

Representative John Binkley, Chairman
Senator John Sackett
Senator Vic Fischer
Senator Edna DeVries
Representative Katie Hurley
Representative John Sund

EXECUTIVE SUMMARY

March 1986

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A SEARCH FOR CONTROL:
THE EFFECT OF ALCOHOL ON
PUBLIC RIGHTS AND PRIVATE WRONGS

EXECUTIVE SUMMARY

Introduction

The numbers of social problems stemming from alcohol abuse in Alaska are staggering. The ravaging effects of alcohol are particularly acute in the isolated native communities of rural Alaska.

As a result of the enactment of the present local option law, villagers are precluded from banning alcohol. Many villagers want the power to ban alcohol in their communities because they believe that alcohol prohibition is a way to prevent serious social problems from occurring. Moreover, many villagers and expert analysts believe that existing bans on importing alcohol cannot be enforced unless possession of alcohol is also banned.

In response to requests made by the city councils of several communities in the Yukon-Kuskokwim Delta, the Fourteenth Legislature created the Joint Special Committee on Local Option Laws. The mandate of the Committee was to take testimony and collect data on the question of banning possession of alcoholic beverages within a community.

Eighteen hearings were held by the Committee during the months of November and December 1985. Hearing locations were limited by financial and time constraints to communities located in the western and northern areas of Alaska. These two areas were chosen because most of the communities which have taken advantage of the existing local option law are in western and northern Alaska.

Two significant facts were made clear to the Committee as a result of the hearing testimony. First, villagers want to have strong and healthy communities. However, their ability to turn this desire into reality is limited because they do not have meaningful input into, and thus control over, most of the governmental decisions that directly affect their lives. Second, the problems related to alcohol abuse in the villages cut across every aspect of community and family life.

After considering a vast body of evidence, the Committee found that the harm caused by alcohol abuse is so pervasive, serious and overwhelming that villages should have the authority to ban possession of alcohol. The Committee, therefore, proposed legislation that would add a new alternative to the present local option law and that would allow communities to implement a ban on alcohol. Violation of a ban on possession of alcohol would be punishable by a fine and violators would not receive a criminal record.

The proposed legislation authorizes the Alaska Supreme Court to set a bail forfeiture schedule for violations of the law. Because the statute allows for bail forfeiture, persons not contesting a citation for possessing alcohol could simply mail the appropriate amount of bail to the nearest court in lieu of a fine. Because many villagers have limited access to cash, community services performed under the direction of the city or village council could be substituted for cash bail. One hour of community service would be equal to \$5.00 in cash. Confiscation and forfeiture of liquor possessed in violation of the ban would be permitted.

History of Alcohol Regulation in Alaska

From the time of initial Russian contacts with native Alaskans, through the present-day local option legislation, alcohol regulation has been a consistent theme of law enforcement in rural Alaska. Until the last ten to twenty years, federal statutes, state statutes, village ordinances, and community sanctions have all been used as control mechanisms to prohibit rural Alaskans from using alcohol.

Most recently, the legislature adopted the existing local option law in 1980. Under the local option statute, communities that want to limit the importation or distribution of alcoholic beverages can hold elections and choose one of several options for regulating alcohol. The available options are:

1. Prohibition of the sale of alcohol;
2. Prohibition of the sale and importation of alcohol;
3. Restriction of the types of license available for selling alcohol (i.e., beer and wine only);
4. Restriction of alcohol sales to community-owned liquor stores.

Studies of Alaska's Local Option Law

In-depth studies have shown that communities are adopting a wide variety of control measures, including the local option law, in an attempt to prevent residents from abusing alcohol. The local option law is an indirect method of controlling alcohol-related behavior and is used because villages do not have direct control over either the use of alcohol by community

members or the resulting alcohol-related deviant behavior. Local option is considered to be a significant and indispensable tool because it helps prevent problems from occurring.

The most frequently used option allows for banning the sale and importation of alcohol. The use of the most restrictive option reflects the desire of many villages to severely limit access to alcohol. If villages could totally prohibit both the manufacture and possession of alcohol, many communities would opt for complete prohibition.

In the communities that have implemented the local option law, there has been a significant reduction in alcohol-related dangerous behavior. After adoption of the local option law, communities have less public drinking and public drunkenness, declines in the amount of alcohol-related interpersonal violence and accidents, and marked improvements in the physical appearance and scholastic performance of the children of drinking parents.

In addition to the direct benefits, other positive side effects of the local option law have been identified. These benefits resulted from the process used in making the decision to regulate alcohol. By implementing the law through an election, the burden of responsibility for the law shifted from the council and village leaders to the entire voting population. As a result, both lawmaking and enforcement have been made easier.

Villagers' concerns about alcohol are not based on moral judgments about drinking, or a desire to intrude on the power of individuals to make decisions about their personal health. The primary reason people want to ban alcohol is because it is intimately related to the deaths of village members. The deaths of young people are of particular concern because many villagers believe that the survival of their culture is completely dependent on the caliber of future community leaders, many of whom are dying in alcohol-related incidents.

The 1985 Local Option Hearings

Alcohol is involved in a wide range of social problems occurring in Alaska communities. Some of the problems described during the testimony are:

- * Virtually all of the violent crime is alcohol related, as is a majority of all types of criminal activity in Alaska.
- * A large number of deaths, including suicides, are alcohol related.
- * Children of alcohol abusers suffer problems with their schooling. They do not get enough sleep at night and do not get their homework done because of parents drinking and partying in the home.

- * Most cases of child abuse and neglect involve alcohol abuse. Many children of drinkers suffer from malnourishment, and some have health problems caused by mothers drinking during pregnancy.
- * Children of drinkers follow in their parents' footsteps by using and abusing alcohol.
- * Elders become uneasy and fearful, and cannot eat or sleep, as a result of concern about the behavior of alcohol abusers. This fear and unease causes problems which require medical intervention.
- * The use and abuse of alcohol is threatening the structure of the extended family. Children and grandchildren in some families are either excluded, or exclude themselves, from extended family activities in an effort to be protected from alcohol abusers.
- * Alcohol abusers can interrupt critically important subsistence activities.
- * Essential and irreplaceable family tools, such as snowmachines and boat engines, are broken or destroyed by persons under the influence of alcohol.

The Social Costs of Alcohol Abuse

The overall level of alcohol consumption, regardless of beverage source, determines the prevalence of dangerous drinkers and alcohol-related problems, both nationally and within Alaska. Alaska has a high rate of annual consumption in comparison to both the rest of the world and the rest of the United States. Moreover, Alaska has historically shown a dramatic increase over the years in the average annual alcohol consumption rate.

In analyzing which factors most affect per capita consumption rates, a recent study pointed to three variables: the cost of alcohol, the hours in which alcohol is available for sale, and the number of outlets in which alcohol may be purchased. Thus, states with "strict, tight or conservative" liquor laws were found to have low per capita consumption rates, and states with "permissive, loose, or liberal" liquor laws had high per capita consumption.

Chronic alcohol consumption has toxic effects on every part of the body, with medical consequences ranging from slight impairments of physical condition to life-threatening diseases. The most common location of the disease is the liver; however, alcohol may also directly injure the gastro-intestinal tract, muscles, and the pancreas. The cardiovascular system, the nervous system, and the endocrine system may be damaged by alcohol. Finally, there is evidence of a strong association between chronic alcohol use and cancer of the stomach, large intestine, pancreas, and liver.

Studies have consistently shown that alcoholics and heavy drinkers have significantly higher death rates than the rest of

the population. The numbers of homicides, suicides, and accidental deaths are increased as a result of alcohol. Native Alaskans have a particularly high alcohol-related suicide rate. The leading cause of death in Alaska is "accidents" and the rate of of accidental death is over twice the national average. A majority of Alaska's accidental deaths are alcohol-related.

Alcohol and violent crime are inseparable in Alaska. Many different studies have shown the close link between criminal activity and the abusive use of alcohol. The highest correlation between alcohol and crime is with violent acts committed in rural Alaska.

Studies have shown that a strong relationship exists between problem drinking and spouse abuse. The domestic violence problems linked to alcohol were not limited to incidents of spouse abuse; child abuse and parent abuse have also been found to be common. In comparing men who abuse their spouses with those who do not, researchers have found that the abusers had a history of exposure to spouse abuse in their childhood home. These findings suggest that spouse abuse may become more widespread as children from violent homes make families of their own.

Heavy drinking during pregnancy increases the risk of miscarriage and can result in alcohol-related birth defects. When consumed in large amounts, alcohol can cause fetal alcohol syndrome.

There is a substantial relationship between having an alcoholic parent and development of alcoholism. Children of alcoholics are frequent victims of incest, child neglect, and other forms of violence and exploitation. In 90% of child abuse cases, alcohol is a significant factor. Children of alcoholics are prone to experience a range of psychological difficulties, including learning disabilities, anxiety, attempted and completed suicide, eating disorders, and compulsive achieving.

The economic cost to society from alcohol abuse is high. Various methodologies have been used for measuring the cost of alcohol abuse to the State of Alaska in dollars. One study concluded that the total cost for fiscal year 1984, including direct and indirect costs, was \$195,500,000. Another analysis of the economic cost of alcohol abuse during the same period found the cost to be \$185,294,061.

Legal Issues Presented by Proposal to Ban Alcohol

Under federal law, states are given the power to absolutely prohibit, or to limit and regulate, traffic in intoxicating liquors within their borders. The Alaska Supreme Court has recognized that the legislature has the power to impose either complete prohibition or any other conditions deemed necessary to protect the people of the state.

A ban on the possession of alcohol would not violate the protection given to individual privacy rights in the Alaska Constitution. The courts have repeatedly held that the right to privacy must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare. "No one has an absolute right to do things in the privacy of his own home which will affect himself or others adversely," according to the Alaska Supreme Court.

The Court has found that there is an unmistakable correlation between alcohol consumptions and poor health, death, family violence, child abuse, and crime. Based on this correlation, the court has upheld the portion of the current local option law which allows communities to ban the specific reference to previous rulings of the Alaska Supreme Court that had expressly recognized "the deleterious effects of consuming alcoholic beverages" and that had expressly found alcohol to be more dangerous than either marijuana or cocaine.

Committee Findings

Finding Number One: The abusive use of alcohol interferes in a serious manner with the health, safety, rights, and privileges of Alaskans, and with the public welfare.

Finding Number Two: The public health and welfare will, in fact, suffer if the abusive use of alcohol is not controlled.

Finding Number Three: The prohibition of alcohol in rural Alaska villages is an effective tool for controlling the abusive use of alcohol.

Finding Number Four: Serious crimes, and a wide variety of other social problems, could be prevented if the possession of alcohol were prohibited.

Finding Number Five: There is a strong and unmistakable correlation between alcohol consumption and poor health, fetal damage, death, suicide, crime, family violence, family stability, and child abuse.

Finding Number Six: The level of dangerous alcohol-related behavior is directly tied to the level of alcohol consumption, and the level of alcohol consumption is directly tied to both the cost and availability of alcohol. A law prohibiting possession would limit the availability of alcohol, and would increase the cost of illicitly-available liquor.

Finding Number Seven: The dangers resulting from alcohol abuse are particularly acute in rural Alaska because the communities are small, isolated, without adequate law enforcement, without adequate health care facilities, and populated by people who are closely related and interdependent.

Finding Number Eight: The most damaging type of abusive alcohol-related behavior is that which affects innocent victims, such as children and elders. Children are particularly vulnerable, and as a result of parental alcohol abuse, suffer from a broad range of serious problems.

Finding Number Nine: The abusive use of alcohol perpetuates an escalating pattern of crime and violence from generation to generation.

Finding Number Ten: The most serious harm to the innocent victims of alcohol abuse takes place in private homes and behind closed doors. In communities that have chosen to ban the sale and importation of alcohol, and that have significant alcohol-related social problems, most drinking takes place in private homes.

Finding Number Eleven: The economic cost of alcohol abuse is high and cannot be afforded by either the state or rural communities.

Finding Number Twelve: A significant number of rural Alaska communities want, and would use, the authority to ban possession of alcohol. These communities have had a long-standing belief that alcohol should be completely banned, and this belief is based on a lengthy history of alcohol prohibition in rural villages.

Finding Number Thirteen: The policy decision to ban possession of alcohol is one that must be made by local governments. If local authorities are precluded from making such a decision, self-government efforts are undermined, respect for the state legal system is lost, and the public welfare is damaged.

Finding Number Fourteen: Although Alaska law permits communities to ban the sale and importation of alcoholic beverages, the present law is unenforceable because the possession of alcoholic beverages, including homebrew, is permitted.

Committee Conclusions

The severity of Alaska's problems with alcohol cannot be overemphasized, or exaggerated. Alcohol-induced tragedies have become a reality of daily life across the entire state. Every possible tool must be available for use in combatting the threat posed by alcohol.

Since Alaska communities are extremely diverse, the tools available to fight alcohol abuse must be equally varied. Approaches to controlling alcohol that are effective in urban areas are unlikely to work in the rural villages of the state. Similarly, alcohol control mechanisms that help stop the disintegration of homogenous and isolated villages, would be completely out of place in a complex urban community. Laws must be flexible enough to provide solutions to the problems faced in all communities.

Villagers repeatedly told the Committee that they want the power to completely prohibit alcohol. The broad range of problems that are associated with alcohol abuse, and which are set forth in the Committee Findings of Fact, legally and morally justify legislative action that grants villages that power. Therefore, the recommendation of the Committee is that the local option law be amended and that communities be granted the power to ban possession of alcohol

Senator John Binkley

Alaska State Senate

P.O. Box V • Juneau, Alaska 99811 • (907) 465-4985



Finance Committee
Co-Chairman

MEMORANDUM

March 18, 1987

TO: Senator Paul Fischer, Chairman
Health, Education and Social Services

FROM: Senator John Binkley *JB*

RE: Senate Concurrent Resolution 18
Extending the Joint Special Committee on
Local Option Laws

The Joint Special Committee on Local Option Laws, created by the Fourteenth Legislature, was mandated to review the alcohol local option laws. The committee traveled throughout Alaska, taking testimony, and collecting data on the subject of alcohol problems and the effectiveness of the local option laws.

As a result of the findings of the committee, the alcohol local option laws (AS 04.11) were amended in 1986 to include a fifth option which allows individual communities to choose to ban possession of alcohol.

This is an important law to many villages. In the course of our hearings, the committee determined that follow-up efforts would be required to assist communities that wished to consider this option. It is very important that the law is understood completely and that procedures for adopting and enforcing the law are followed very carefully. During the interim the Local Option Committee contracted with Tanana Chiefs Conference for follow-up services, including outreach and training.

Outreach efforts have included public service announcements, letters, bulletins, extensive telephoning to communities and organizations that indicated an interest in the new law. A training manual was developed, and TCC traveled to those communities that requested training on the fifth option.

To date, eight communities in Alaska have voted and adopted the option to ban possession of alcohol within their community. It has become apparent that the need to oversee the implementation of the local option law continues. Additional villages have expressed a desire for training; opportunities to speak to groups of village residents concerned about

Senator Paul Fischer
March 18, 1987
Page 2

alcohol abuse within their community are still before us. In April, 25 to 28 Village Public Safety Officers will be meeting in Bethel. The Association of Village Council Presidents has expressed a desire to have resource persons available to talk with the VPSO's specifically on this new option. Additionally, the committee may wish to consider technical amendments to the law.

This resolution would extend the life of the Local Option Committee through the Fifteenth Legislature. It is important that the committee continue to monitor the new Fifth Option, and to identify and modifications that may be required.

CITIES/VILLAGES WHICH HAVE VOTED TO BAN THE
POSSESSION OF ALCOHOLIC BEVERAGES
Updated February 18, 1987

ANAKTUVUK PASS

ATQASUK

FORTUNA LEDGE AKA MARSHALL

GAMBELL

MEKORYUK

NUIQSUT

NUNIPATCHUK
(previously Akolmut)

TOGIAK

Banning Possession of Alcohol



Prepared by

LISA JAEGER

for

Tanana Chiefs Conference, Inc.
Under Contract With the Joint
Special Committee on Local Option Laws

fall 1986

The author wishes to express appreciation to Tanana Chiefs employees, Mike Walleri, Tom Alton and Virginia Sweetsir for their comments. Helpful suggestions were also received from Senator John Binkley and especially from his Legislative Aide, Pat Jackson. Special thanks to Sharon Sunnyboy for typing and retyping the manuscript.

BANNING POSSESSION OF ALCOHOL

Table of Contents

	<u>Page</u>
Introduction.....	1-2
Chart on Procedure for the Possession of Alcohol in the Village	
Petitioning for Election.....	3-6
General Information.....	3-5
Petitioning in Unincorporated Communities.....	5
Petitioning in Incorporated Communities.....	5-6
Elections.....	7-12
Elections in Unincorporated Communities.....	7-9
Elections in Incorporated Communities.....	9-12
Penalties.....	13-15
Enforcement.....	16-18

APPENDIX

A.	Sample Petition to Hold the Elections.....	19-24
	Sample Ballots to Vote on the Alcohol Ban.....	25-26
B.	Copy of Law Allowing Banning Possession of Alcohol	

INTRODUCTION

A series of laws passed by the State Legislature allows villages to make choices for controlling alcohol. These laws are called "Alaska Title 4 Alcohol Local Option Laws" and are often referred to as "local option laws." An option is a choice. It means that a village can select one of several choices to control alcohol use in the village. A village also may choose not to hold an election on any of the options.

A law passed by the Alaska legislature in the spring of 1986 allows villages to hold elections to vote on banning the possession of alcohol. This is the fourth choice for controlling alcohol that the unincorporated villages can consider, and the fifth choice cities can consider under state law. Altogether, options the villages have for controlling liquor are to:

1. Sell liquor only with a SELECTED LIQUOR LICENSE. The type of alcohol sold, or where and when it can be sold can be controlled under this option.
2. Stop the SALE of alcohol in the village. Liquor could still be made or brought into the village.
3. Stop the SALE AND IMPORTATION of alcohol in the village. The person must be caught in the act of selling or bringing it in.
4. Sell liquor only with a COMMUNITY LIQUOR LICENSE. Only cities can vote on this option, and if adopted, the city would operate the store or bar.
5. Ban the POSSESSION of alcohol in the village. This is a new option that was recently added to the other options.

The new option, banning possession of alcohol, is the strongest law for controlling alcohol in the village. If a village already has another local option law and wants to vote to ban possession of alcohol a new petition is started and a new election is held. This

law is then added to the existing local option laws. In order to adopt the new option, a village does not have to repeal the old option. Of course if alcohol becomes illegal to possess in the village, any liquor licenses in the village would be cancelled.

This law does not include wine used for religious purposes in church services. It also does not include alcohol which has already been consumed. For example, a person could not be fined under this law for coming back to the village drunk. However, if a person has not been out of the village and becomes drunk, this could be used as evidence that the person possessed alcohol.

Banning possession of alcohol in the village is a community statement. It cannot be enforced without community support and cooperation. This is not the total solution to village alcohol abuse but could be a part of the village effort to help people in a village with alcohol problems and to help the village reduce alcohol related crimes. The state is not pushing the alcohol local option law on anyone or on any community. The most important decision concerning the alcohol local option laws is whether to consider it at all.

For more information and assistance, contact:

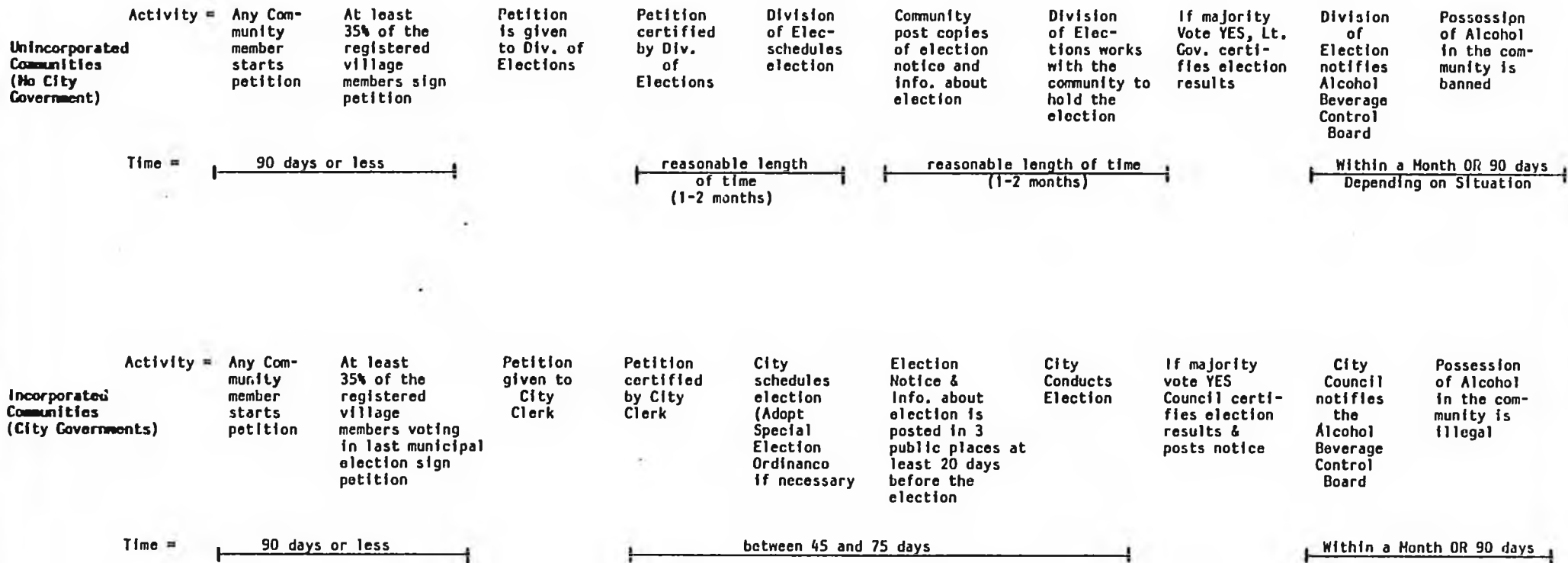
Village Government Services
Tanana Chiefs Conference, Inc.
Fairbanks, AK 99701
Tele: 452-8251

or

Your local office of the
Department of Community & Regional Affairs

* The terms "unincorporated," "incorporated," "established village," "community" and "village" are all used in this booklet. "Village" and "community" can both be used to describe the same thing. The terms "unincorporated" and "established village" both refer to villages without city governments. "Incorporated" refers to a community with a city government.

Procedure for Banning the Possession of Alcohol in the Village



PETITIONING FOR ELECTION

Residents of a community show their desire to hold an election by signing a petition. A petition explains that a person or people want something. In this case, the petition says that people want to vote on one of the local option laws to control alcohol in the village.

Starting a Petition

Anyone can start a petition. The person passing around a petition need not be an official or live on the village or city council. However, only registered voters can sign the petition, only people registered to vote within the State of Alaska can vote in a local option election. If a person is a registered voter but did not vote in the last regular state or municipal election, the person may still sign the petition. If a person is not a registered voter, he or she may register and then sign the petition. A current list of registered voters can be obtained from the Division of Elections by calling or writing one of the following offices:

Division of Elections

Director
Pouch AF
Juneau, Alaska 99811-0105
Tele: (907)465-4611

Regional Offices

Districts 1 - 4
Southeast Election Supervisor
Pouch AF
Juneau, Alaska 99811-0106
Tele: (907)465-3021

Districts 5 - 16, & 27
South Central Election Supervisor
1313 E. 3rd Avenue
Anchorage, Alaska 99501-2879
Tele: (907)276-8683

Districts 17-21, 24 & 26
Central Election Supervisor
Fairbanks Regional Office Building
675-7th Avenue, Sta. H
Fairbanks, Alaska 99701-4594
Tele: (907)452-5111

Districts 22, 23, 25
Northwest Election Supervisor
Alaska State Office Building
Nome, Alaska 99762-0577
Tele: (907)443-5285

Collecting Signatures

All signatures on a petition must be collected within 90 days. The signatures may all be collected in one day or in one week, but they must be collected within a 90-day period. The 90 day period begins on the first day someone signs the petition. If there are not enough signatures within 90 days, the petition is "dead". The only way to hold an election in that case is to start a new petition.

Wording the Petition

In order for a petition to be valid, the exact language of the alcohol local option laws must appear at the top of the petition. For example, for a petition asking to hold an election to vote on the ban on possession of alcohol in the village, the question at the top of the petition would be:

"Shall the Possession of Alcoholic Beverages be
Prohibited in _____ (YES or NO)"
(Name of Village or City)

Using Sample Petition from this Manual

Sample copies of petition forms for holding an election on banning possession of alcohol in the village are on pages 19 through 24. If a petition form from this manual is chosen, it should be xeroxed, typed, or hand written in ink. A community can make up its own petition following the sample petitions in this booklet. The name of the community must be on the top of the petition as well as the exact language of the question in the state statutes.

There are several differences in the procedure for petitioning and holding a local option election between communities with city governments (incorporated communities) and communities with no city government (established villages or unincorporated communities).

Petitioning Procedures for Unincorporated Communities

In a community with no city government, 35 percent of the voters registered with the state must sign the petition. For example, if a community has 100 registered voters, at least 35 of those voters must sign the petition. To determine how many voters make up 35 percent, multiply .35 times the number of registered voters in the village. It is a good idea to get as many signatures as possible in case some people signing the petition are not registered voters.

When there are enough signatures, the unincorporated communities send the petition to the Director, Division of Elections, Pouch AF, Juneau, Alaska 99811. Call 586-6181 if there are any questions. If the petition has been done correctly, the Division of Elections will then schedule and help conduct an election within a reasonable period of time. Sample copies of petition forms are on pages 19 through 21.

Petitioning Procedures for Incorporated Communities

In incorporated communities, 35 percent of the number of registered voters voting in the last regular municipal election must sign the petition. If a person is a registered voter but did not vote in the last regular municipal election, the person may still sign the petition. To determine how many signatures are needed on the petition, multiply .35 times the number of voters participating in the last regular municipal election.

When there are enough signatures, the petition is given to the city clerk. The city clerk will certify the petition if it was done properly. The clerk will then ask the city council to schedule an election within a reasonable length of time. This has been interpreted to be between 45 to 75 days.

Sample copies of petition forms for holding an election on banning possession of alcohol in an incorporated community are on pages 22 through 24.

ELECTIONS

An election can be scheduled once a petition requesting that an election be held to vote on banning possession of alcohol is complete. Unincorporated communities file their petitions with the Division of Elections, which helps conduct the elections. The petitions in incorporated communities are filed with the city clerk, and the city governments conduct the elections.

Election Procedures for Unincorporated Communities

Setting the Date for the Election

When enough registered voters have signed the petition, the petition and a letter asking that a special election be held as soon as possible, should be sent to the director, Division of Elections, Pouch AF, Juneau, Alaska, 99811. The director of the Division of Elections will appoint a regional election supervisor to help the unincorporated community hold the requested special election. The community and the Division of Elections can work together in scheduling the election for the best time for the village. If the Division of Elections schedules an election at a bad time for the village, the village can request a schedule change. Some reasons for changing the date of the election may be that many registered voters are away from the village berry picking, moose hunting, or at fish camp or fire fighting.

Posting Notice

An unincorporated community may want to post copies of the petition and notices of the election in several public places. This will generate discussion on the matter and will help people decide how to vote.

Majority Voting

A majority of registered voters must vote "yes" on their ballots for the option to become a law. For example, if 80 people vote, at least 41 must vote "yes" for the option to pass. Any number more than half of those voting must be cast in favor of the option in order for it to pass. A sample ballot is on page 26 of this booklet.

Results of the Election

The results of the election will be sent to the lieutenant governor for certification. The village then posts notice of the election results in at least one public place. The Alcohol Beverage Control Board must be notified of the election results. The Division of Elections should notify the Alcohol Beverage Control Board for the unincorporated communities. It is important that the board be notified because it issues liquor licenses. It wouldn't be appropriate for the board to issue a liquor license in a village where possession of alcohol is prohibited.

Effective Date of the New Law

The new law goes into effect 90 days after the election results are certified if the village has no other local option law or has selected liquor licenses or community run liquor stores. It goes into effect the first day of the next month following the certification of the election if there is another local option law prohibiting sale or sale and importation of alcohol. Once adopted, this ban on possession of alcohol becomes state law.

Spreading the Word

In order to help enforce the law, it is a good idea for communities to spread the word that it is illegal to possess alcohol in the village. It would be especially important to contact air services

serving the village so they will know not to bring shipments of alcohol into the village. The village may also consider:

- Advertising on local TV and radio stations
- Advertising in locally distributed papers
- Posting notices around the village or at the airport
- Displaying posters in neighboring communities

Election Procedure for Incorporated Communities

Scheduling the Election

After the petition has enough registered voter signatures, it is given to the city clerk. The election to vote on the matter must be scheduled no less than 45 days and within 75 days after the petition has been certified by the city clerk and given to the city council. The alcohol local option question can be voted on at a regular election, a primary election, a general election, or at a special election. If there are other issues to be voted on, the question must be placed on a separate ballot form. A sample ballot is on page 25 of this booklet.

Separate Ballots

The option question must be placed on its own separate ballot. No other questions may be on the same ballot. The language on the ballot must be exactly the same as it is in the statute. For option number four, banning the possession of alcohol in the village, the question is:

"Shall the possession of alcoholic beverages be prohibited
in (name of municipality or village)?
(Yes or No)"

Special Elections: Cities must have a special election ordinance in order to hold a special election. Special elections can be scheduled by the city council no less than 20 days and within a

reasonable length of time after the petition has been certified by the city clerk and given to the city council. Any registered voter may be appointed to be an election judge. Separate election ballots must be used. The question cannot be on the same ballot with any other matter. An election notice must be posted for no less than 20 days before the election in three obvious public places. It is also a good idea to post a sample ballot.

If a special election is to be held, the city's special election ordinance must be followed. If there is no special election ordinance, one must be passed by the city council. An example of such an ordinance is:

Special Election Ordinance

The council may, by resolution, call a special election upon giving at least a twenty (20) days notice.

Regular Municipal Election: Regular municipal elections are held the first Tuesday of October and every year unless another date has been selected by municipal ordinance. The petition for holding the election must be filed with the city clerk at least 90 days before the regular municipal election. Any registered voter may be appointed to be an election judge. The alcohol control question must be placed on its own separate ballot. An election notice must be posted for 20 days before the election in three obvious public places. The notices may be posted for longer than 20 days.

Primary Elections: Primary elections occur in August once every two years before a general election. The municipality must appoint its own election judges to work with the separate alcohol local option ballots. The petition must be filed with the city clerk at least 20 days before the primary election. Separate election ballot forms must be used. An election notice must be posted for 20 days before the election in three obvious public places. The notice can be posted for more than 20 days.

General Election: General elections occur in November once every two years. The municipality must appoint its own election judges to work with the separate alcohol local option ballots. The petition must be filed with the city clerk at least 90 days before the general election. Separate election ballot forms must be used. An election notice must be posted for 20 days before the election in three obvious public places. The election notice can be posted for more than 20 days.

Results of the Election

If more than half of the voters vote "Yes" on the ballot question, the option becomes law for everyone in the municipality 90 days after the city council certifies the election results. For example, if 80 people vote, 41 must vote "Yes" for the option to become law. The city council must certify the results of the election within a reasonable length of time. "Certification" means that the City Council prepares and signs a statement about the results of the election. Then the city posts notice of the election results in at least one public place.

The city must send the election results to the Alcohol Beverage Control Board. The address is:

Executive Director
Alcohol Beverage Control Board
550 W. 7th, Suite 350
Anchorage, Alaska 99501
Tele: 277-8638

Effective Date

The new law goes into effect 90 days after the election results are certified if the village has no other local option law or has selected liquor licenses or community run liquor stores. If there is another local option law, prohibiting sale or sale and importation of alcohol, the ban on possession takes effect on the first

day of the next month following the certification of the election. The ban on possession of alcohol becomes a city ordinance. The city must post notice of the prohibition of alcohol in the community.

Spreading the Word

In order to help enforce the law, it is a good idea for communities to spread the word that it is illegal to possess alcohol in the village. It is especially important to contact air services serving the village so they will know not to bring shipments of alcohol into the village. The village may also:

- Advertise on local TV and radio stations
- Advertise in locally distributed papers
- Post signs around the village or at the airport
- Distribute posters in neighboring communities

PENALTIES

Violating the new alcohol local option law banning possession of alcohol in the community is not a criminal violation. A person who breaks this law can be fined and/or have property taken away, but cannot be put in jail. A person who contests the citation does not have a right to a jury trial or to a court appointed lawyer.

Once the ban on possession of alcohol goes into effect, the village law enforcement officer can take alcohol away from people and give them a citation. If there is no law enforcement officer in the village, the nearest trooper can be called to come to the village. It is possible for any village member to take alcohol away and call the troopers, but this could be dangerous. The Department of Public Safety prefers that a law enforcement officer handle the situation. Besides taking alcohol away, other things can be taken away from the offender. They include materials and equipment used in the manufacture and/or sale of alcohol as well as aircraft, vehicles or boats used to transport alcohol.

Enforcement Boundaries

In unincorporated communities, this law is enforced within a five mile radius of the village post office. In an incorporated community, this ordinance is enforced within the municipal boundaries, and no liquor licenses will be issued within a 5 mile buffer around those boundaries.

Fines

If a person is cited under this law, the fine is \$100 for each of the two offenses and a mandatory court appearance for the third or more offenses. Courts could fine a person up to \$1,000 for the third or more offenses. A person can pay the fine by mailing it to the court at the address listed on the citation form or, the fine can be personally delivered to the court. The fine must be paid within 30 days.

Community Work

Community work can be done instead of paying the fine. The community work is equal to \$5 per hour. The city councils or village councils in unincorporated communities designate the community work to be done. A form stating that the work has been done is filled out, attached to the citation and sent to the court listed on the citation. The community work must also be done in 30 days. A person may choose to pay part of the fine and make up the rest through community work.

Failure to Pay Fine or do Community Work

If a person fails to pay the fine or do community work, the citation becomes a summons to court. The person must pay his own way to the court listed on the citation. The date for the court appearance will also be on the citation. The person does not have a right to a court-appointed lawyer but may hire one at his or her own expense. If the person does not pay the fine, do community work or appear in court after that 30-day period, they are considered in "contempt of court". Being in contempt of court is a criminal offense and if the court follows through with such prosecution, a person can be punished under that law.

* * * * *

Boctlegging

"Bootlegging" or selling alcohol without a license is against state law. This is illegal in the village whether the village votes to ban possession of alcohol in the village or not. The penalty for the first offense of bootlegging is 10 days to one year in jail and/or up to a \$5,000 fine. A second offense can be punishable by 10 days to five years in jail and/or up to a \$50,000 fine.