Underage Drinking in Alaska
Needs Assessment

Prepared for: **State of Alaska**
Department of Health and Social Services
Division of Juvenile Justice
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Executive Summary.

A. Introduction. Underage drinking is an issue that receives a great deal of attention in many forums in Alaska. A wide range of organizations and agencies, both public/governmental and private expend considerable energy addressing this problem. It is a problem that contributes to accidents, attempted suicides, poor physical health, and more serious crime. Hidden effects include the increased probability of addiction to alcohol as adults. This report provides an assessment of the scope of the problem, efforts to address it in a variety of domains, and data resources and systems that help in assessment and tracking progress in addressing the problem.

"Underage drinking" refers to consumption of alcohol by youth ages 20 and younger. Because certain services or facilities, such as substance abuse treatment programs and correctional facilities, treat persons 18 and older as adults, the population is stratified into two different groups: youth ages 18 through 20 and youth ages 17 and younger.

Underage drinking is a complex, multi-faceted problem that is manifested in various ways with multiple, layered strategies in place to address the issue. The following areas of inquiry are included in this report:

1. Statutes and policy issues related to underage drinking;
2. Law enforcement efforts and issues;
3. The court system and its response to underage drinking;
4. Substance abuse treatment trends and resources;
5. Prevention, education, and advocacy efforts; and
6. Data resources and trends regarding underage drinking.

B. Methodology. To examine the issue of underage drinking in Alaska, investigators examined statewide efforts and data and conducted more detailed inquiries for 17 sample communities. The communities selected are listed and described in greater detail in Section I of the report. These communities ranged in size from Anchorage, the principal urban center in Alaska with a population of over 250,000, to the small village of Nanwalek with a population of only 170. The communities were geographically diverse with locations ranging from far western Alaska, including a small island village in the Bering Straits, to the panhandle in Southeast Alaska. The communities were ethnically diverse with some primarily Alaska Native villages, others that were predominantly Caucasian, and still others that represent a diverse mix. Finally, some communities were on the state's limited road system, such as Homer and Copper Center, while others are accessible only by plane or boat, such as Aniak and Toksook Bay.

To gain an insight into the problems associated with underage drinking in Alaska and efforts to address these problems, investigators interviewed 203 key informants from the 17 communities

as well as representatives of statewide organizations and agencies. Information sought included information relating to prevalence of underage drinking, consequences, efforts to address the problem and barriers to those efforts. Existing literature was examined both at the national and state level to document the prevalence and trends in underage drinking as well as existing strategies. Investigators found a variety of rigorously developed information at the national level regarding prevalence and strategies. There is, however, less information on strategies and prevalence in Alaska.

Finally, investigators gathered and analyzed statewide data relating to underage drinking from a number of sources:

1. Alaska Court System data for minor consuming alcohol (MCA) cases;

2. Alaska Trauma Registry data (accidents, suicide attempts, and injuries resulting in death, in which alcohol was involved);

3. Alaska Division of Alcoholism and Drug Abuse treatment data;

4. Alaska Department of Transportation motor vehicle accident data;

5. Alaska Division of Juvenile Justice case data; and

6. Alaska Division of Motor Vehicles driver's license revocation data.

C. Overview of Underage Drinking. It is helpful to define what is meant by an "underage drinking problem." There are differing views on whether the problem is the fact that youth are consuming alcohol or whether the problem is more appropriately defined as the negative consequences (accidents, suicides, etc.) of underage drinking. For purposes of this report, "underage drinking problem" is defined as the consumption of alcohol by persons under the age of 21.

At the national level, underage drinking is both prevalent and deadly. In the 1998 Household Survey of Drug Abuse conducted by the Substance Abuse and Mental Health Administration (SAMHSA), 30.6% of youth ages 12 to 20 report being current users of alcohol, while 15.2% report binge drinking and 6.9% report consistent heavy use. When this is generalized to the population, it means that 10.4 million youth in the United States were current alcohol users, 5.1 million were binge drinkers, and 2.3 million were consistent, heavy drinkers.[1] The 1999 survey showed little change.[2] When the age group is narrowed to high school students, the Youth Risk Behavior Survey (YRBS) found that 50% of students were current users.[3] The consequences of this drinking include the deaths of 5,477 youth ages 15 to 20 who were killed in alcohol-related

[1] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings from the 1998 National Household Survey of Drug Abuse, Rockville, MD, May 1998
[2] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings from the 1999 National Household Survey of Drug Abuse, Rockville, MD, August 2000
[3] U. S. Centers for Disease Control, "Adolescent and School Health," Internet Web Site www.cdc.gov/nccdphp/dash/pies99/natl.htm, Atlanta, GA, August 2000

automobile injuries with 21% of those coming in accidents caused by an underage drinking driver.[4] Research shows that youth who begin to consume alcohol before the age of 15 are four times more likely to develop alcohol dependency (alcoholism) than people who wait until after the age of 21 to begin drinking.[5] Finally, The Office of Juvenile Justice and Delinquency Prevention (OJJDP) reported nearly 19,600 arrests for driving under the influence of alcohol (DUI) of youth under the age of 18 in 1997.[6] Nationally, the problem of underage drinking is addressed by a number of different agencies in diverse ways. OJJDP, through block grants, technical assistance, and discretionary programs helps states in enforcement, training, and prevention. SAMHSA provides funding to organizations and states for prevention and treatment for youth. The Department of Education, through Safe and Drug-Free Schools Programs funds a variety of efforts to eliminate the problem of underage drinking in schools.

In Alaska, the prevalence of underage drinking does not vary significantly from the national prevalence. The 1999, Alaska YRBS found that 50.9% of high school youth self-report as current users of alcohol while 33.4% report binge drinking in the month prior to the survey.[7] When the age cohort is broadened to include youth ages 12 through 20, 12.3% report binge drinking with 5.7% dependent on alcohol or other drugs. This compares with national rates of dependence of 5.8%.[8] The consequences of underage drinking in Alaska are reflected in an increase in the number of alcohol-related accidents among youth requiring hospitalization of 66.3% between 1991 and 1998. Over this period, Alaska averaged 30 suicide attempts annually among youth where alcohol was a factor.[9] In 1998, there were 128 traffic accidents in which alcohol consumption by an underage driver contributed to the accident.[10] Alaska has a diverse set of strategies in place to address the problem of underage drinking. The Alaska Division of Juvenile Justice, the Alcoholic Beverage Control (ABC) Board, State Troopers, and local law enforcement officials all contribute to enforcement of underage drinking laws. Underage drinking prevention efforts are supported through the Alaska Division of Alcoholism and Drug Abuse, Alaska Division of Juvenile Justice, and the Alaska Department of Education and Early Development. Community advocates, officials of the court system (judges, magistrates, prosecuting attorneys, etc.), and local law enforcement officials are searching for ways to effectively intervene with youth cited for underage drinking to ensure that they receive appropriate services in addition to being held accountable for their violations.

D. Relevant Statutes, Laws, and Ordinances. Underage drinking is addressed legally on three different levels. The Alaska Statutes are the primary vehicle for addressing the issue in Alaska. Locally, communities have a variety of ordinances that are used to reduce underage drinking

[4] National Highway Traffic Safety Administration, Saving Teenage Lives: The Case for Graduated Driver Licensing, Washington, DC 1998
[5] Grant, B. and Dawson, D., "Age at Onset of Alcohol Use and its Association with DSM-IV Alcohol Abuse and Dependence," Journal of Substance Abuse, 9:103-110, 1997
[6] Snyder, H., Juvenile Arrests 1997, Washington, DC, U. S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 1998
[7] Alaska Department of Education and Early Development/Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey 1999, Juneau, AK, 1999
[8] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings from the 1999 National Household Survey of Drug Abuse, Rockville, MD, August 2000
[9] Alaska Trauma Registry, unpublished data, Juneau, AK, 2000
[10] Alaska Department of Transportation, 1998 Alaska Traffic Accidents, Juneau, AK, October 1999

through a number of different methods. Nationally, the primary law that impacts underage drinking is the Juvenile Justice and Delinquency Protection Act of 1974 (Public Law 93-415), which prohibits incarceration of minors in adult facilities and for offenses that are status offenses (offenses involving activity that is illegal only because of the status (age in this case) of the individual).

The central state statute addressing underage drinking in Alaska is Alaska Statute (A.S.) 04.16.050, which prohibits possession or consumption of alcohol by a person younger than 21 years of age. Other sections of A.S. 04.16 address issues such as providing alcohol to minors, minors on licensed premises, and renting rooms for the purpose of consuming alcohol. Violations of most sections of A.S. 04.16 are considered class A misdemeanors except A.S. 04.16.050, which is classified as a violation. Alaska Statute 04.16.050 is also unique among these sections because violations are disposed of in district court rather than in the juvenile justice system. For violation of other sections of the statute, the cases are disposed of in the juvenile justice system for persons under the age of 18, while violations for those ages 18 through 20 are handled as misdemeanors in district court. Violations of A.S. 04.16.050, also referred to as Minor Consuming Alcohol (MCA) cases, carry a maximum sentence of $300. There are no provisions in the statute for referral of repeat offenders for mandatory alcohol abuse or dependency assessment or treatment. Alaska Statute 04.16.050 underwent a significant change in 1995 as the jurisdiction was moved from the juvenile justice system to district court. Prior to that, MCA cases for persons under age 18 had been handled through the juvenile justice system and the superior court with the latitude to require assessments and treatment as indicated.

In addition to the provisions of A.S. 04.16, A.S. 28.15.183 provides the authority for administrative revocation of a minor's driver's license for an MCA violation. This is significant because there is no requirement that the MCA violation be related to driving in any way. The amount of time for which the license is revoked is graduated depending on the number of violations in the individual's history, with a maximum time of one year. Since revocations run consecutively, however, individuals can lose their driver's licenses for periods significantly longer than one year if they have multiple violations within a relatively short period of time.

The final area of state statutes that relates to underage drinking is Title 47, which addresses health and social services issues. This is a broad title that includes the description of the juvenile justice system, child welfare and safety issues, and provision of substance abuse services in Alaska.

Local ordinances that relate to underage drinking are in place in various communities. One of the most common of types of ordinances relates to zoning restrictions and use permits that can be revoked if the establishment serves alcohol to minors. A local ordinance in Anchorage allows licensed establishments to file suit against minors in small claims court for entering the establishment. While investigators noted the existence of these types of ordinances, they did not find widespread or consistent use of the ordinances to combat underage drinking.

A detailed discussion of the relevant statutes and related case law is contained in Section III of the report. Appendix D to the report contains the entire text of key statutes.

E. Law Enforcement. At the national level, there is a growing recognition that successful strategies all share some common features. The overarching philosophy that describes

successful strategies is that they are proactive. Such strategies seek to limit the number of youth who are consuming alcohol rather than merely citing and punishing the ones who do. Proactive strategies include registration of beer kegs, use of undercover officers in licensed establishments, making the driver's licenses and other forms of official identification distinctive for persons under the age of 21. Another feature of successful approaches is the use of comprehensive strategies. This approach includes the following areas of focus:

1. Policy oversight and coordination;
2. Strategic and tactical planning;
3. Reactive and proactive enforcement;
4. Prosecution;
5. Adjudication and diversion;
6. Supervision and treatment;
7. Public education; and
8. Feedback and evaluation.

Finally, successful strategies involve partnerships. Organizations at the state and local level must work together to address issues where each has expertise and/or resources. Examples of community partners include the police, local judges and magistrates, substance abuse providers, political leaders, religious leaders, and advocates. By using a diversity of community resources focused on a common goal, community values can be impacted.

Enforcement of underage drinking laws in Alaska is accomplished through several different approaches. Most effort is at the community level with local law enforcement officers. While there are a variety of laws that are relevant and for which enforcement is required, the overwhelming majority of effort regarding underage drinking is targeted toward citations for violation of A.S. 04.16.050 (MCA). Enforcement is a function of the Alaska State Troopers, local police departments, village public safety officers (VPSO) and village police officers (VPO). With some exceptions, enforcement of underage drinking laws is an area of law enforcement that competes with every other law enforcement issue in a community for time and resources. Other such issues are violent crime, burglary, criminal mischief, etc. When law enforcement officers encounter underage drinking, they typically cite the individual for violation of A.S. 04.16.050 and hold the individual until a parent can be contacted to pick him or her up. Police are not allowed to incarcerate youth for minor consuming in either an adult or a juvenile facility. Additionally, police officers and members of the community (emergency) services patrol can pick up a minor who is incapacitated by alcohol and provide protective custody for up to 12 hours. This protective custody may be in a detoxification facility, a medical facility, or a youth detention facility for persons younger than 18. For persons 18 or older, they can be taken to an adult correctional facility for protective custody.

In addition to the efforts of law enforcement with regard to MCA cases, the ABC Board, in partnership with five different police departments, using a grant from the Division of Juvenile Justice, enforces laws relating to underage drinking through monitoring of licensed establishments. This is usually done through the use of "sting" operations in which a minor, under police supervision, attempts to purchase alcohol at a licensed establishment. In Anchorage, for example, youth successfully purchased from package stores about 35% of the time and, in a single weekend operation, were able to purchase alcohol in nine of 10 restaurants where attempts were made. Compliance was found to be much higher in bars. The five police departments operating in partnership with the ABC Board also use the grant funds to field additional, youth-specific patrols during periods when drinking parties are likely to occur such as on weekends and holidays such as New Year's Eve and the Fourth of July. Local police also collaborate with the state troopers. For communities on the road system, local and state law enforcement collaborate to acquire information on drinking parties and intervene. The Anchorage Police Department also purchased portable breath testers that allow patrol officers to test the alcohol level of subjects on site.

The ability of local law enforcement officials to respond to underage drinking and the extent to which they respond varies by type of community. Large urban centers such as Anchorage have well-staffed police forces with a variety of resources while some villages, such as Nanwalek, have no law enforcement presence at all beyond the state troopers who periodically fly in to provide services. The larger communities, however, also have greater populations to serve and a broader range of problems confronting them. According to the MCA data from the Alaska Court System, the rate of underage drinking law enforcement is not correlated to the population size of communities. Additionally, law enforcement officials who were interviewed consistently emphasized the role of community norms and values regarding alcohol as a driving force in underage drinking. While these norms and values do not necessarily preclude officials from enforcing underage drinking laws, they do describe the level of acceptance of underage drinking within the community. Key informants, particularly in rural areas, indicated that community support for enforcement of underage drinking laws as well as prevention efforts are driven in large part by tragic events. When a death or other catastrophic event occurs involving underage drinking, support increases temporarily but usually subsides. Another perception of law enforcement officials, which mirrors sentiment observed nationally, is that the disposition of the cases by the judicial system reflects a lack of seriousness with which underage drinking is viewed. In Alaska, the statute that prohibits underage drinking, A.S. 04.16.050, provides for a maximum penalty of only $300 and no provisions for any other intervention such as mandatory screening or treatment.

Despite these barriers and perceptions, the number of MCA cases processed by the Alaska Court System increased 139.0% from 1995 to 1999 and the imposition of fines was generally a graduated approach with minimum fines awarded for first offenses and increased fines for subsequent offenses. Investigators did not find any consistent evidence of heightened law enforcement activity related to underage drinking between 1995 and 1999, however, the number of MCA court cases increased significantly each year. Numerous national and state surveys of students indicate that trends in alcohol consumption rates by minors were relatively flat through the 1990s. When examining some of the adverse consequences of underage drinking, such as

motor vehicle accidents involving underage drinking drivers and alcohol-related injuries, investigators found mixed trends, with some rising over the period and others falling. Because of the inconsistency of indicators, both qualitative and quantitative, investigators are unable to draw definitive conclusions regarding the primary driving forces behind the steady increase in MCA court cases. Because the system for MCA case disposition changed in 1995, some increase over the first two years could be expected as the system adapted to the change and law enforcement officials became more familiar with procedures. The increase, however, continued over the next three years indicating drivers other than system acclamation.

F. The Alaska Court System. The Alaska Court System is significant to the issue of underage drinking because, since 1995, MCA cases have been under the jurisdiction of district court. MCA cases are processed in accordance with local court procedures; however, the prevailing trend noted by investigators is that citations are written by law enforcement officers for offenders. Initial hearings on these citations are typically held in traffic court before a magistrate. Some communities, such as Juneau, have special judicial procedures for MCA cases, but the process is similar. At the initial hearing, the clerk reads the citation and the individual charged has an opportunity to either contest or not contest the charges. If the individual contests the charges, another hearing is scheduled in which the citing police officer presents the case to the judge. At this stage, the individual can either plead guilty or not guilty. If they plead not guilty, then the case goes to trial and a district attorney or municipal prosecuting attorney presents the case. Court data indicates that cases are disposed of with a finding of guilty or not guilty (indicating that a trial was held) about 3.7% of the time, which is consistent with information provided by key informants.

Cases involving youth and alcohol other than MCA cases are disposed of in different ways depending on the age of the offender. Youth ages 17 and younger are referred to the Alaska Division of Juvenile Justice and cases are disposed of through the juvenile justice system. Cases involving youth ages 18 through 20 are disposed of as class A misdemeanors in district court.

There have been several attempts by communities to dispose of MCA cases using alternative methods such as diversion programs. The idea behind such programs is to use other forums, such as youth courts or community councils to work with the offender, provide assessment and/or treatment and education, and community work service rather than having the case referred to court. This approach is more prevalent in small villages than in larger communities. Often the remoteness of the village is more conducive to a community council process where the individual faces immediate consequences involving people with whom he or she is familiar than disposition by a distant court. Beyond the use of these village councils, alternative approaches have been inconsistent and the statutory authority for such disposition is questionable.

Key informants within the judicial system echoed some of the same concerns as law enforcement officials. The statute relating to MCA cases, A.S. 04.16.050, limits the options open to a judge or magistrate with regard to disposition. The rigidity of the statute prevents proactive interventions such as assessments for alcohol abuse or dependency as a part of the case disposition. It caps the possible consequences at a fine of $300. Although a separate statute, A.S. 28.15.183, allows for administrative revocation of driver's license for an MCA violation, the reality in rural areas is that other forms of transportation, such as snowmobiles, boats, and

four-wheelers, are often more prevalent and do not require a license. This limits the impact of the revocation in these areas.

In examining the court system response to underage drinking, investigators found that court cases for MCA have increased 139.0% between 1995 and 1999 with a total of 20,538 cases over that period of time. Even when converted to a rate per 100,000 population (which takes into account population increases), the increase over the relevant period was 131.5%. When examined on an annual basis, the rate jumped sharply between 1995 and 1996, which is not unusual given that the change in statute occurred in 1995. The rate dropped slightly in 1997 but increased over the next two years (1998 and 1999) by 24.4% and 15.7% respectively.

G. Substance Abuse Treatment Resources for Youth. One of the tools for addressing underage drinking is substance abuse treatment. In Alaska, substance abuse treatment is coordinated by the Alaska Division of Alcoholism and Drug Abuse and provided by private non-profit, private for-profit, and municipal treatment programs. The various programs offer a continuum of services in various locations.

1. Assessment. For individuals who appear to have a problem with alcohol that might be well served through treatment services, a comprehensive assessment is performed to determine (1) the extent of their problem, and (2) needed treatment services.

2. Alcohol Information School. While not formally a component of treatment, Alcohol Information School (AIS) is typically the first level of intervention in alcohol abuse (other than population-based prevention). It typically provides between eight and 20 hours of education and information on the effects of alcohol and other drugs.

3. Outpatient Treatment. Outpatient treatment services include one-to-one counseling, group counseling, and education. It is the least restrictive of the true treatment options. Treatment in outpatient programs, while designed to meet the needs of individuals, tends to last between three and six months.

4. Intensive Outpatient Treatment. Intensive outpatient treatment is a variation of outpatient treatment characterized by more frequent and longer sessions. Intensive outpatient treatment has much of the same activities as regular outpatient but the individual might receive services three to five times per week.

5. Day Treatment. Day treatment is a relatively rare program component in which individuals sleep at home but attend treatment activities all day every day. It is more common in large, urban areas where there is a high demand for rigorous treatment by individuals who have homes and supportive family or friends.

6. Residential Treatment. Residential treatment is provided to those individuals who are unable to progress in a less structured setting. It provides a form of "wrap-around" services in which virtually all of the individuals' daily affairs and activities are aggressively managed. The treatment services include individual and group counseling, case management,

education, recreation or activity therapy, nutritional assessment and monitoring, and medical care.

7. Detoxification. Detoxification is the process of managing the patient's withdrawal from alcohol or other drugs. This process, which typically lasts two to seven days, involves monitoring of the patient, particularly the vital signs, and administration of withdrawal management medication as indicated. The most common setting for detoxification is in a medical setting, however, social detoxification and even outpatient detoxification have been used with some success. Aside from assuring patient safety, another typical goal of the detoxification component of care is to conduct a thorough assessment of client needs and make a referral to an appropriate level of treatment.

8. Transitional Housing. Transitional housing is a housing service that provides a structured living environment appropriate for individuals in early recovery. One form of transitional housing is the "halfway house" common in many substance abuse programs. Transitional housing is typically sober housing with varying levels of built-in support such as ongoing case management, in-house 12-step meetings, and organized activities. Typical stays in transitional housing range from one month to more than a year, depending on community resources and patient needs.

9. Continuing Care. Also called "aftercare," continuing care is the component of care that provides the final transition from treatment to recovery. Continuing care provides a gradually decreasing level of intensity ranging from a once-a-week meeting to monthly check-in sessions. Outcome studies completed in Alaska over the past decade clearly indicate that ongoing participation in continuing care is one of the best indicators of treatment success.[11]

Services for youth are more limited than for the general adult population. In considering adult and youth programs, however, it is important to note that, with regard to treatment, persons ages 18 and older are considered adults and receive services through adult programs. Youth treatment programs serve persons ages 17 and younger. Youth treatment programs differ from adult programs in a number of ways. First, staff are specifically trained to work with the special problems of youth. Second, program curricula and materials are specifically tailored to address problems from a youth perspective rather than using adult material. Finally, the course of treatment differs in that a significant amount of effort and energy in youth programs is targeted toward engaging the youths and helping them to recognize the problem and the need for change. In many rural areas, the only treatment services available to youth are outpatient services in adult programs where treatment plans are individualized to meet specific needs of the youth, but the general course of treatment is based on an adult model.

There are a wide variety of barriers to youth receiving needed treatment services. The first, and most obvious, is that many communities do not have substance abuse programs designed specifically for youth. The availability of residential beds for youth is another key barrier with the publicized waiting list for one of the three publicly funded programs averaging between three and six months. There is an adult assessment and referral system for individuals convicted of

[11] Division of Alcoholism and Drug Abuse, Chemical Dependency Treatment Outcome Study, Juneau, AK, December 1998

alcohol-related offenses, the Alcohol Safety Action Program (ASAP). There is no such program for youth despite the fact that MCA cases have been consistently increasing through the 1990s. Other barriers such as community norms and values, family use of alcohol, and transportation costs also serve to reduce the availability of treatment services to youth.

The following table provides a summary of treatment resources specifically designed and targeted to youth. A complete description of all treatment programs available in Alaska is provided in Section VI of the report.

Youth Residential Program	Adult Residential Programs that also Serve Youth	Youth Outpatient Programs
Southeast Alaska Regional Health Consortium (SEARHC) (Raven's Way) – Outdoor, adventure-based program, 11 treatment slots, 5 week length of stay (Sitka) **Volunteers of America** (Adolescent Residential Center for Help (ARCH)) – 12 beds, four-month length of stay. (Anchorage) **Fairbanks Native Association** (Graf Rheeneerhaajii – The Healing Place) – 12 beds, three to four-month length of stay. (Fairbanks)	**Southcentral Foundation** (Dena A. Coy) (No fixed number of youth beds) – serves pregnant women and women with small children. (Anchorage) **Arc of Anchorage** (Bryn Mawr) (No fixed number of youth beds) – serves clients who have developmental disabilities, mental health disorders, and substance abuse disorders (must have all three). (Anchorage)	Starting Point (Anchorage) Gateway Center for Human Services (Ketchikan) Salvation Army Booth Memorial (Anchorage) Volunteers of America – Assist Intensive Outpatient (Anchorage) Breakthrough (Anchorage) Mat-Su Council on Alcoholism and Drug Abuse (Wasilla) Ralph Perdue Center (Fairbanks) The Unloading Zone (Fairbanks) Life Givers (Fairbanks) Graf-Rheeneerhaajii (Fairbanks) Jake's Place (Dillingham) Sitka Prevention and Treatment Services (Sitka) Kuskokwim Native Association Outpatient (Aniak)

Table 1 – Substance Abuse Treatment Resources for Adolescents in Alaska; Source – Key Informant Interviews

H. Prevention, Education, and Advocacy. Underage drinking is an issue that is receiving considerable attention in the areas of prevention, education and advocacy. Substance abuse prevention in Alaska, of which underage drinking prevention is a sub-set, is targeted primarily toward youth. The Division of Alcoholism and Drug Abuse is administering a $9 million, three-year prevention grant that provides funding to communities throughout Alaska. These grants are combined with other Division prevention grants that are ongoing to provide an extensive prevention effort. The Division of Juvenile Justice also provides some funding through prevention grants for communities to address underage drinking.

Substance abuse prevention has, in the past decade, begun to emerge as a scientifically based discipline. Most prevention effort is ultimately driven by SAMHSA, Center for Substance Abuse Prevention (CSAP), through grants to individual states and organizations. Some prominent prevention principles worth noting include:

1. Best Practices/Promising Practices. Best practices are those practices considered to be proven by research. Promising practices are those that initially appear to meet the criteria for best practices but need additional research and evaluation. Many of the SAMHSA/CSAP grant opportunities are now limited to organizations that will implement existing best practices. There is limited support for organizations to "re-invent the wheel."

2. Risk and Protective Factors. Risk factors are those conditions that exist in the environment that have been proven to increase the probability that youth will engage in high risk behavior or otherwise experience problems associated with high risk behavior. Protective factors, by contrast, are those factors in the environment that build resiliency among youth and help to prevent the destructive behavior. SAMHSA and the Alaska Division of Alcoholism and Drug Abuse have adopted risk and protective factors as a means of assessing need and measuring progress.

3. Developmental Assets Model. This model, developed by the Search Institute of Minneapolis and adapted for use in Alaska by the Association of Alaska School Board and the Alaska Department of Health and Social Services, concentrates on assessing and taking advantage of assets present in youth to help prevent high-risk behavior. This model has proven effective in front-line service delivery but has had limited use in the strategic planning process.

4. CSAP Strategies. CSAP categorizes the various approaches to prevention into discrete strategies. These strategies include environmental strategies, education and information, alternative activities, etc. The most effective approach to prevention has been found to include multiple strategies delivered consistently.[12]

Since prevention is, by its very nature, population-based, results usually take years to manifest themselves. This makes evaluation a long-term process. The Division of Alcoholism and Drug Abuse has integrated a rigorous evaluation process coordinated by the Institute for Circumpolar Health Studies into their prevention program. This effort will provide a sound research base for future prevention planning.

[12] Western Region Center for the Application of Prevention Technology (WESTCAP), "Best and Promising Practices," Reno, NV, 1999

The education system is concerned with underage drinking primarily as it relates to consumption of alcohol in the education setting. Although alcohol and other substance abuse issues are integrated into the health education curricula within the schools, the primary focus is on alcohol or other substances in the schools. The primary effort of the education system is through the Safe and Drug-Free Schools program, with funding originating from the U. S. Department of Education and administered by the Alaska Department of Education and Early Development. Activities funded through the Safe and Drug-Free Schools program include prevention content for health classes, student assistance counselors, local prevention programs, and collaboration with community prevention efforts. The Association of Alaska School Boards is also active in substance abuse prevention statewide through provision of training and technical assistance.

Advocacy refers to efforts to change community norms and values - in this case, regarding underage drinking. This is accomplished through targeted information dissemination, efforts to impact policy, and monitoring of activities of law enforcement and the court. Examples of highly successful advocacy efforts include Mothers Against Drunk Driving and Alaskans for Drug-Free Youth. On a local level, grassroots organizations that create partnerships in communities to focus attention on the problem of underage drinking are best represented by the efforts of Choices for Teens, Inc., in Homer. Advocacy activities in Homer are characterized by a network of organizations; each with its own mission and objectives, focusing coordinated and appropriate efforts on underage drinking. Advocacy efforts, like prevention, show results over long periods of time.

A detailed discussion of Alaska prevention, education, and advocacy programs and efforts, including a summary by community, is provided in Section VII of the report.

I. Data Trends and Resources. A significant portion of this inquiry was devoted to gathering data relating to underage drinking. A complete description of methodology, results, and validity is included in Section VIII of the report.

1. Alaska Court System Data. The Alaska Court System provided the data for all MCA cases from 1995 through June 30, 2000. From this data, investigators were able to describe the trends in numbers of cases, characteristics of offenders, and disposition of cases.

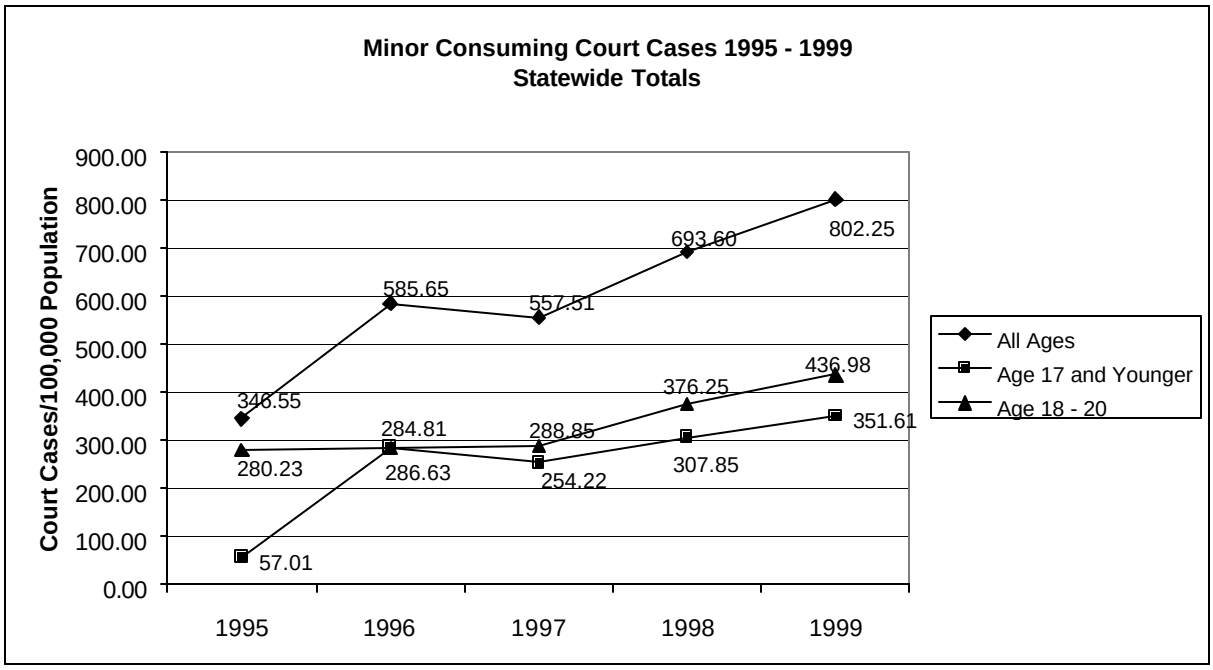

Figure 1 – Minor Consuming Cases 1995 – 1999; Data Source: Case Data – Alaska Court System; Population Data – Alaska Department of Labor and Workforce Development

In the above chart, the cases for all ages (20 and younger) are plotted in addition to the two age sub-groups (17 and younger, 18 through 20) as rates per 100,000 population. The age sub-groups are important because, in comparing pre-1995 MCA data, the pre-1995 data source was the Alaska Division of Juvenile Justice (previously Division of Family and Youth Services (DFYS)) and includes only those youth ages 17 and younger.

The following table provides raw numbers for district court cases as well as the Division of Family and Youth Services data for cases prior to 1995.

Data Description	1993	1994	1995	1996	1997	1998	1999	2000
Court Data – All Ages			2085	3553	3397	4300	4983	2220
Court Data – <= 17 YOA			376	1787	1614	1937	2219	1037
Court Data – 18-20 YOA			1709	1766	1783	2363	2764	1183
DFYS Data – <= 17 YOA	856	924	1111	432				

Table 2 – District Court and DFYS MCA Case Data; Data Source: Court Data – Alaska Court System; DFYS Data – Alaska Division of Juvenile Justice

The most relevant comparison in the above raw data is the court data for ages 17 and younger with the Division of Family and Youth Services data. The chart below shows the minor consuming case trend for youth 17 and younger for both Division of Family and Youth Services and the court system. While the time periods are too short to draw conclusions, the overall trend line seems to be continuous with the court case increases reflecting an upward trend that is noticed in the Division of Family and Youth Services data, particularly in the years 1994 and 1995.

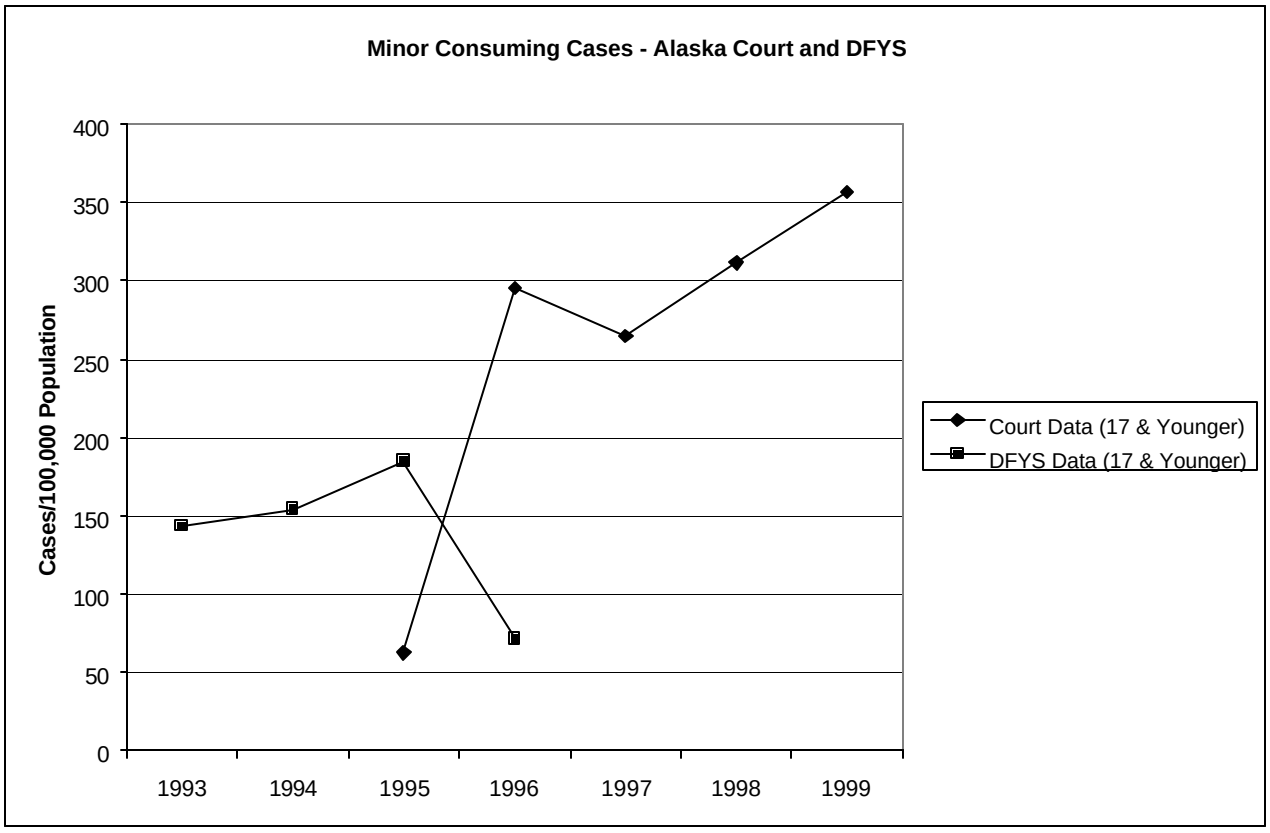

Figure 2 – Minor Consuming Cases – Alaska Court and DFYS; Data Source: Court Case Data – Alaska Court System; DFYS Case Data – Alaska Division of Juvenile Justice; Population Data – Alaska Department of Labor and Workforce Development

There were 31 communities with courts for which data was provided. The following chart shows the rate of court cases (1995 – 1999) for each of the communities as well as the statewide rate. Computing rates based on population was accomplished by considering the location of the court with regard to communities served. In most cases, the investigators found that the location of the courts closely corresponded with census areas and sub-regions.

In examining the rates for the courts in different communities, it is clear that some dispose of minor consuming cases at a far greater rate than others. Since this inquiry focused only on a core of 17 communities, there was no systematic inquiry into the practices and utilization of each individual court. The courts with the highest rates of MCA cases are in rural hub communities (Kotzebue, Ketchikan, Homer, and Bethel have the highest rates). Other hub communities, such as Sitka and Kenai, have substantially lower rates. Of the urban areas, Anchorage has a low rate of cases while Fairbanks and Juneau have relatively moderate rates.

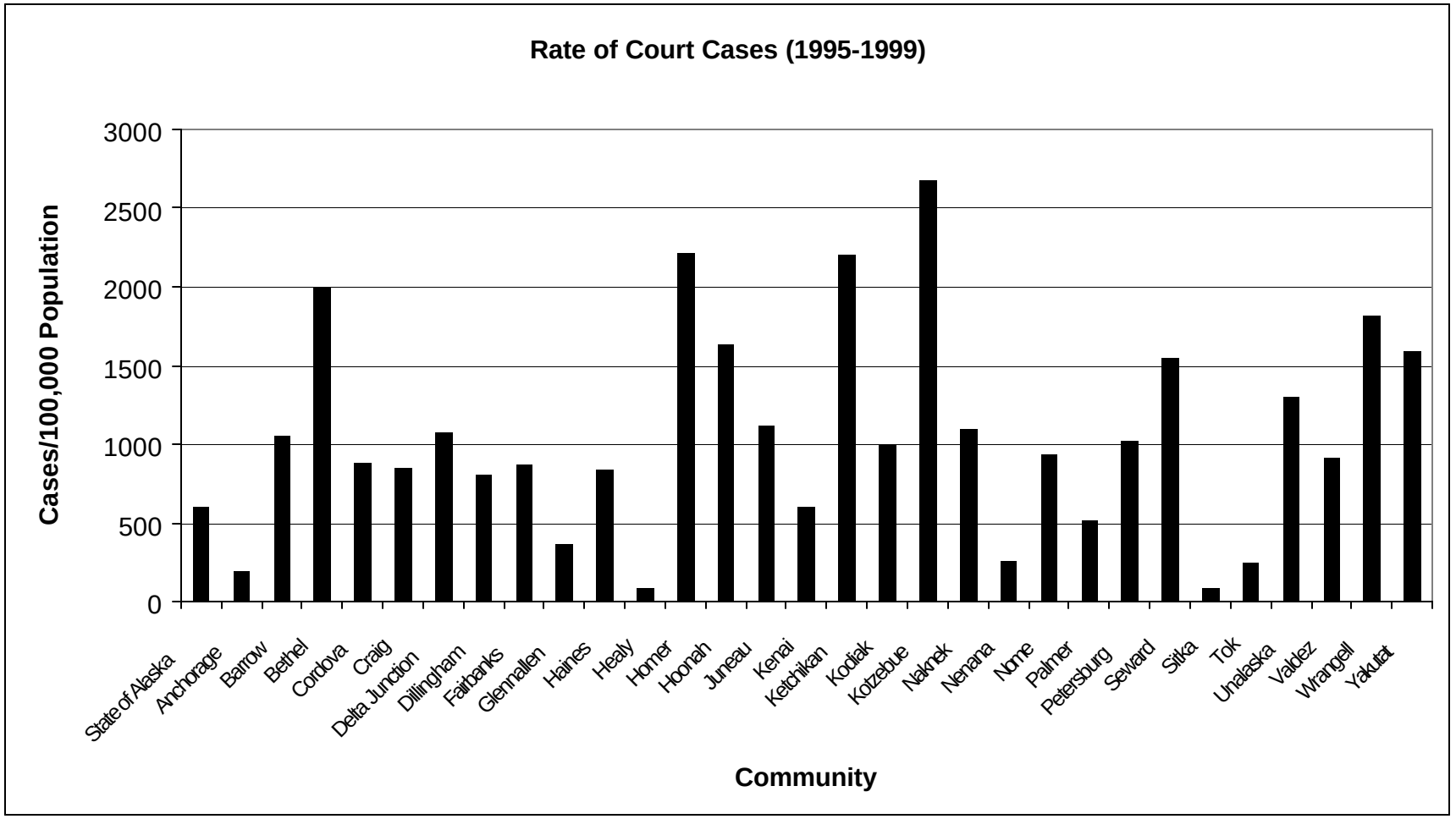

Figure 3 – Rate of Court Cases by Community (1995 – 1999); Data Source: Court Case Data – Alaska Court System; Population Data – Alaska Department of Labor and Workforce Development

The mean age of offenders during the period was 18.1 with a standard deviation of 1.85 years. Individuals also varied in the number of offenses they had on their records. Of the 12,902 unduplicated individuals with MCA cases, 72.1% had only one offense. The maximum number of offenses for any one individual was 20. In examining disposition trends, the predominant case dispositions are:

a. ***No Contest (52%);***

b. ***Dismissed (18%).*** Case dismissed based either on the merits of the case or on an agreement between the parties to resolve outside the court system (i.e., community work service, writing essays, other conditions);

c. ***Pled Guilty (12.6%);***

d. ***Default Judgment (6.8%).*** Where the offender does not show up for the hearing or otherwise contact the court to arrange for rescheduling and the maximum fine is typically awarded; and

e. ***Other dispositions.*** Other dispositions include Found Guilty, Found Not Guilty, Case Transferred, etc., all of which occurred at much lower frequencies.

During the period 1995 through 1999, the case disposition trends reflected a decrease in the number of dismissals and an increase in the number of default judgments. The average fine imposed increased over the period from $81.46 in 1995 to $180.47 in 2000 with repeat offenders receiving higher fines.

2. Alcohol-Related Injuries. Data on alcohol related injuries requiring hospitalization was obtained from the Alaska Trauma Registry. It represents all injuries recorded in emergency rooms or trauma centers where the patient was admitted to the hospital. There has been a slow, but steady increase in the alcohol-related injuries to youth recorded between 1991 and 1998, as indicated in the following graph.

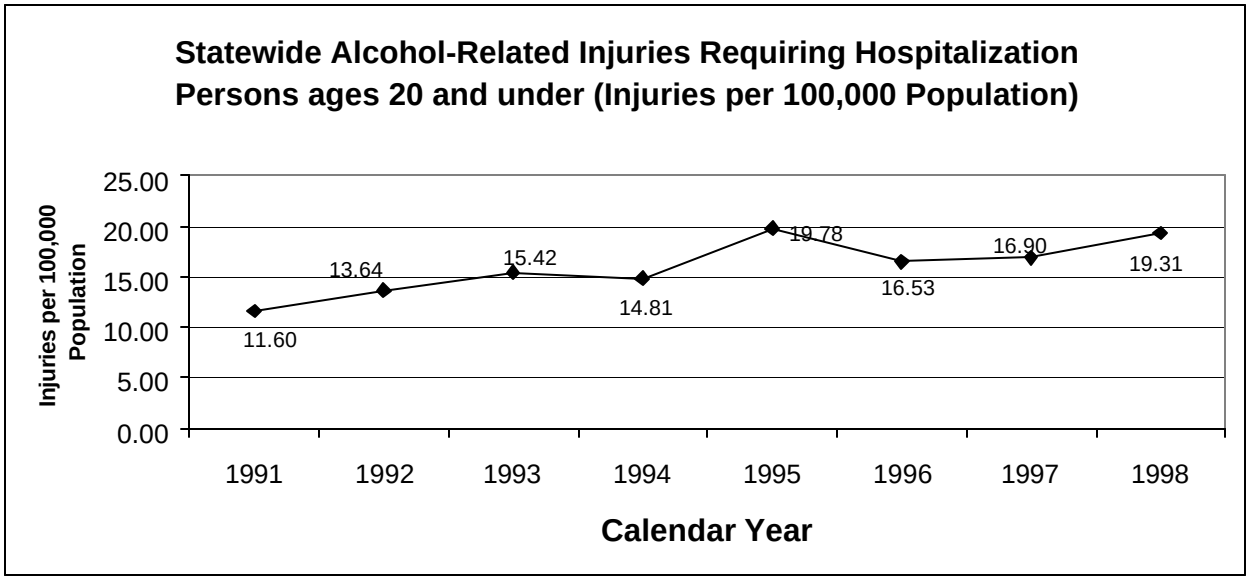

Figure 4 – Statewide Alcohol-Related Injuries Requiring Hospitalization (Ages 20 and Younger); Data Source: Injuries Data – Alaska Trauma Registry; Population Data – Alaska Department of Labor and Workforce Development

3. Alaska Department of Transportation – Highway Traffic Accident Data. The Alaska Department of Transportation keeps detailed records on highway accidents in Alaska. Within this data set are data on the number of accidents in which the driver had been consuming alcohol, as well as the age of the driver.

The rate of traffic accidents involving underage drinking drivers decreased through 1994 and has varied up and down since then. Statewide, the rate has decreased from nearly 32 per 100,000 population in 1990 to just over 19 per 100,000 population in 1998, a decrease of 40.6%. This trend is consistent with national trends that show the rates of traffic accidents involving underage drinking drivers decreasing.[13]

Like the data from the Alaska Trauma Registry, this data is impacted both by the number of accidents that occur and the assessment of the on-site law enforcement officer handling the case. The data can also be impacted for minor, single-vehicle accidents by the failure of the driver to immediately contact law enforcement officials after the accident allowing time for the alcohol to clear from the driver's body. The following graph represents the number of traffic accidents involving underage drinking drivers per 100,000 population statewide from 1990 through 1998.

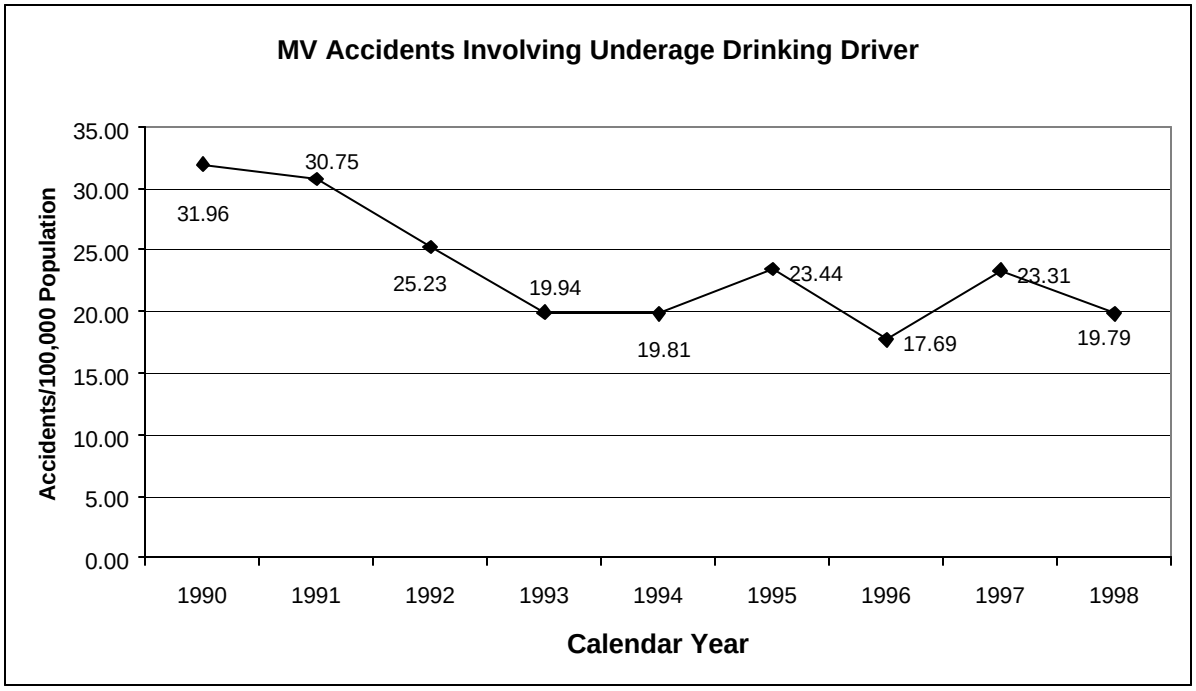

Figure 5 – MV Accidents Involving Underage Drinking Drivers; Data Source – MV Accident Data – Alaska Department of Transportation; Population Data – Alaska Department of Labor and Workforce Development

[13] National Highway Traffic Safety Administration/National Institute on Alcohol Abuse and Alcoholism, Sentencing and Dispositions of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors, Washington, D.C., 2000

Alcohol-related traffic accidents represent a major adverse consequence associated with underage drinking. The rate of accidents involving underage drinking drivers decreased consistently between 1990 and 1993 with a less significant decrease in 1994. The rates were mixed between 1994 and 1998 varying up and down, but varying little between 1994 and 1998. The trend for accidents involving drinking drivers of all ages (39.5% decrease) was similar to that for underage drinking drivers (38.1% decrease). The investigators could find no conclusive information supporting an explanation for the trends. National studies have suggested that similar declines on a national level occurring between 1976 and 1987 are, at least partially, a result of the increase in legal drinking age across the country to 21.[14]

4. Alaska Division of Alcoholism and Drug Abuse – Substance Abuse Treatment Utilization. The Division of Alcoholism and Drug Abuse funds and coordinates an extensive substance abuse treatment system serving Alaskans. As a part of their management of this system, they collect data from each funded program that provides information on client characteristics as well as service information. The graph below presents the rate of utilization for youth 17 years of age and younger and for youth 18 to 20 years old. The following table in this sub-section presents the raw numbers of individuals served in each component of care during the period 1992-1998. The nature of this latter analysis prevents using unduplicated clients since individuals may receive treatment in more than one component of care. Since 1992 there has been a slow but steady increase in clients 18 to 20 years old with a more marked increase in those under 18 years of age, both in raw numbers and as a rate per 100,000 population. The treatment capacity of the adolescent residential treatment facilities has remained static through the 1990s.

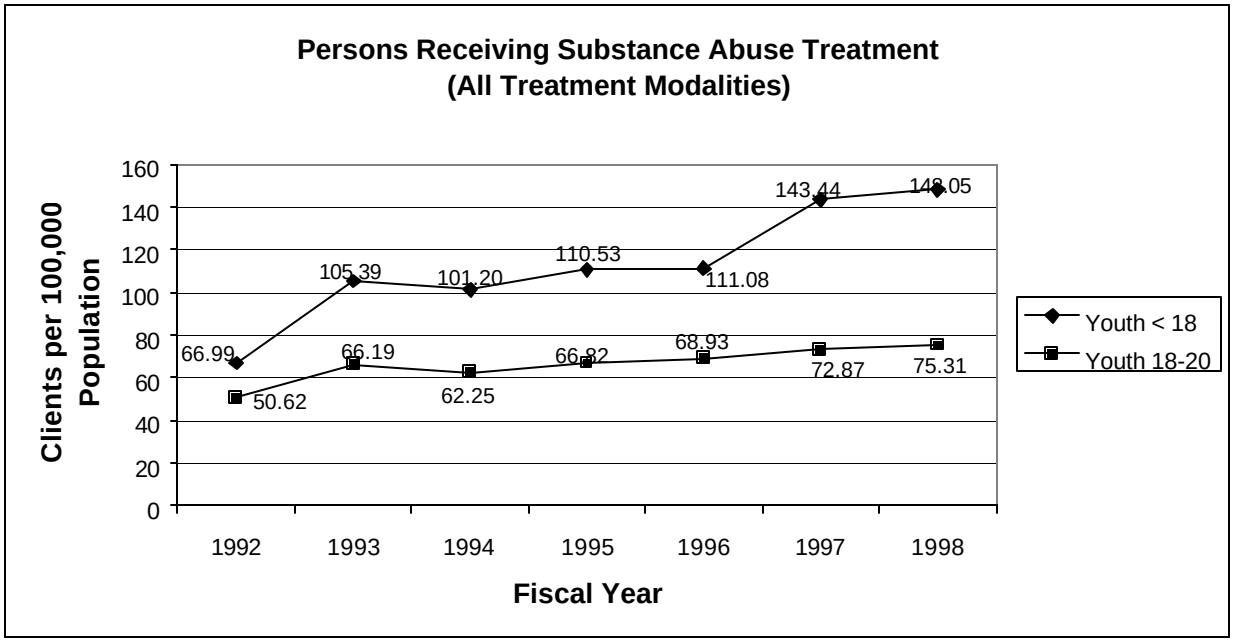

Figure 6 – Youth Receiving Substance Abuse Treatment (includes only programs funded through the division grant process or by direct Budget Request Unit (BRU)); Data Source: Treatment Data – Alaska Division of Alcoholism and Drug Abuse; Population Data – Alaska Department of Labor and Workforce Development

[14] O'Malley, J.L. and Wagenaar, A.C., "Effects of minimum drinking age laws on alcohol use, related behaviors, and traffic crash involvement among American youth: 1976 – 1987," Journal of Alcohol Studies, 52 (5): 478-491, 1991

Substance Abuse Treatment to Adolescents by Component

1992 – 1998
(Actual Numbers – Duplicated Clients)

Year	Detox	Inpatient (Hospital)*	Short Term Residential*	Long Term Residential**	Outpatient	Intensive Outpatient	Continuing Care
1992	19/57	1/3	12/17	92/85	199/121	70/58	34/25
1993	37/40	1/0	38/24	188/108	245/168	147/101	69/23
1994	27/61	2/10	6/34	153/101	243/136	113/106	134/32
1995	18/63	3/17	10/30	164/101	306/161	80/114	158/46
1996	11/55	1/8	14/25	160/101	345/173	93/106	110/47
1997	13/56	2/12	7/25	150/109	385/176	218/139	179/53
1998	20/54	5/10	3/16	159/101	422/193	288/138	149/51

Table 3 – Substance Abuse Treatment to Adolescents by Component; Data Source: Alaska Division of Alcoholism and Drug Abuse

Number Reporting Format: Ages 17 & Younger / Ages 18 – 20

Notes: * Inpatient (Hospital) and Short-Term Residential length of stay 10 – 30 days.
** Long-Term Residential length of stay – greater than 30 days

?? Increases in long-term residential adolescent treatment data are supported by key informant interviews indicating average lengths of stay between three and six months. Increased intensive outpatient services of 311% can be partially attributed to an increase in programs offering that service, as well as third party payors who favor treatment settings less restrictive than residential.

?? Continuing care utilization increased by over 300% for youth ages 17 and younger and by just over 100% for youth ages 18 through 20. Increases in utilization of continuing care reflects the importance attached to continuing care by the Division of Alcoholism and Drug Abuse and the addictions field in general.

J. Conclusions. Based on national and state surveys, alcohol consumption by youth in Alaska is comparable to consumption by youth nationally. When considering trends in consumption of alcohol by youth, there are mixed indicators that preclude the development of conclusions. The 1998 and 1999 National Household Surveys on Substance Abuse sponsored by SAMHSA concluded that the trend in consumption of alcohol by youth during the 1990s was relatively flat.[15] This is supported somewhat by trends in per capita alcohol consumption in Alaska and nationally through the 1990s[16] as well as by the rate of motor vehicle accidents in Alaska and nationally involving underage drinking drivers. Countering this, however, is the Alaska Court System and Alaska Division of Juvenile Justice data that shows a marked and consistent increase in MCA cases beginning in the early 1990s and continuing through 1999. There is no evidence to indicate any marked increase or focus in law enforcement that might explain this increase. Additionally, there has been an increase between 1991 and 1998 in the number of alcohol-related injuries among youth.

There are a variety of adverse consequences that occur as a result of underage drinking. The specific consequences identified and quantified in this inquiry were alcohol-related injuries requiring hospitalization among youth, including those resulting from suicide attempts and those resulting in death and traffic accidents involving underage drinking drivers. Other adverse consequences for which data was not gathered in this report include school performance, criminal activity, and overall health. In addition to consequences that can be quantified through data collection, there are other, more subjective consequences such as the deterioration of families, alienation of friends, and general disenfranchisement from society.

In the data collected for this inquiry, the rate of alcohol-related hospitalizations for youth increased from 1991 through 1998 by 66.5%. The trend for injuries attributable to suicide attempts was mixed with a 43.3% increase between 1993 and 1996 followed by a 14.7% decrease from 1996 to 1998. The trend in deaths resulting from alcohol-related accidents among youth is clouded by the small numbers of events occurring, with 24 occurring between 1991 and 1998. Motor vehicle accidents involving underage drinking drivers decreased by 38.1% between 1990 and 1998. The decrease in the rate for underage drinking drivers is comparable to the decrease in accidents involving drinking drivers of all ages, 39.5% between 1990 and 1998.

Efforts to address underage drinking in Alaska are ongoing in various domains.

1. Statutory Effort. The primary statutory action involving underage drinking over the past ten years has been the transfer of jurisdiction over MCA cases from the juvenile justice system to district court in 1995. There have been some adjustments since that time, primarily dealing with revocation of drivers' licenses and the length of time for which they can be revoked. In examining data from the period 1991 through 1998 and 1999, the number of MCA cases has increased steadily through the period. When examining the trends for youth ages 17 and younger for both the juvenile justice system prior to 1995 and the Alaska Court System after that, there appears to be a consistent increase that began in 1993 and continued across the two jurisdictions.

[15] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings: 1999 National Household Survey on Substance Abuse, Rockville, MD, August 2000

[16] Advisory Board on Alcoholism and Drug Abuse, Results within our Reach: Plan for Delivery of Substance Abuse Services 1999 – 2003, Juneau, AK, January 1999

When examining adverse consequences, there were no major shifts in numbers/rates that corresponded with the change in jurisdiction. While law enforcement, judges and magistrates may believe the new statute to be ineffective or limiting, the investigators found no evidence that the change in statute itself was the sole contributor to the increase in arrests indicated by the increased number of MCA cases. Neither can we say that the statutory change caused any identifiable change in adverse consequences.

2. Law Enforcement Effort. Investigators found no evidence of heightened law enforcement effort or focus with regard to underage drinking between 1993 and 1999, with the exception of a consistent increase in MCA cases. Key informants indicated that law enforcement pursued reactive strategies in most communities with underage drinking violations competing with every other law enforcement issue. An exception to this observation is the coordinated effort taking place in five communities in Alaska, coordinated by the ABC Board, using Enforcement of Underage Drinking Laws (EUDL) grant funds from the Division of Juvenile Justice. This effort is taking the form of intensified scrutiny of licensed establishments using supervised youth attempting to make purchases and the concentration on identifying and intervening in large drinking parties.

3. Court System Effort. The Alaska Court System has experienced a consistent increase in MCA cases from 1995 through 1999. The major trends observed within these cases are that the fines have increased steadily by 121% during the period and that the disposition of cases has changed, with fewer cases being dismissed and more cases having default judgments (where the offender does not show up for court). The vast majority of offenders (72.1%) are one-time offenders, however, 54.7% of the total cases are attributable to individuals with multiple cases (27.9% of unduplicated individuals). Judges and magistrates are using graduated increases in fines to deal with repeat offenders. Because there are no conclusions on whether prevalence of underage drinking is increasing or decreasing, investigators are unable to draw conclusions about the impact of court efforts on the underage drinking problem.

4. Substance Abuse Treatment Effort. Utilization of substance abuse treatment services by youth has increased through the 1990s most significantly in the outpatient, intensive outpatient, and continuing care modalities. There was a marked increase in utilization of long-term residential services between 1992 and 1993; however, the utilization rates for that modality have remained somewhat static over the remainder of the period. The increase in utilization of intensive outpatient services is most likely connected to the emergence of this modality in the 1990s as a step between regular outpatient and residential. The increase in continuing care utilization reflects, at least in part, the growing emphasis placed on this service by the Division of Alcoholism and Drug Abuse and the addictions field in general. Another complicating factor in analyzing the treatment data, particularly for residential care, is that the state's limited public residential programs tend to operate at capacity all the time. This does not allow investigators to use treatment utilization data as a gauge of the need for residential treatment. Key informants indicate that there is a waiting list of between three and six months for youth residential treatment. There are, however, two proposed residential treatment expansion projects in the development process that, if approved, will help to alleviate this backlog.

5. Prevention, Education, and Advocacy Efforts. There is considerable prevention activity in Alaska, however, results from these types of efforts manifest themselves on a population basis over long periods of time, and many of these efforts have only recently been implemented. The investigators, therefore, draw no conclusions regarding their effectiveness at reducing underage drinking. The Division of Alcoholism and Drug Abuse has, as a part of its current emphasis on prevention, developed a comprehensive prevention evaluation component being conducted by the Institute for Circumpolar Health Studies. If successful, this evaluation effort should provide valuable information on the efficacy of various approaches to dealing with substance abuse by youth and play a vital role in future program planning.

Key informants in this project suggested that community norms and values play a key role in underage drinking trends. This reflects current thinking among substance abuse prevention professionals nationally as well as many of the best practices in prevention adopted by SAMHSA. Given the importance attached to environmental strategies, and the role that key informants believe that community norms and values play in underage drinking in communities, advocacy and environmental prevention efforts may have great potential to impact the problem.

The data systems described in this report all collect data to serve the unique needs of the respective organizations. There are, in addition, other emerging data sources that could prove valuable in the future. One such data set will be maintained by the Department of Education and Early Development and will contain data on school suspensions and expulsions due to alcohol or drug use. Another database worth exploring is maintained by the Alaska Bureau of Vital Statistics. That database contains information on deaths that could prove useful if a method could be devised to clearly identify which of those deaths were attributable to alcohol. There is currently information in the database that relates to some instances of alcohol-related deaths, but it is inconsistent and does not cover the range of possibilities where alcohol can contribute to a death. While these two data sources provide additional insight into adverse consequences of underage drinking, one of the major gaps in data/information relates to actual prevalence of underage drinking. A data collection effort that could prove useful if successfully implemented is the YRBS. As previously noted, identifying prevalence of underage drinking is an important task and YRBS, which surveys students, could be one of the most reliable tools. The state will need to address barriers to participation to gain a response rate sufficient to generalize the samples to the population statewide.

The promise of such diverse and robust databases is that they can provide glimpses of the problem from different perspectives. With each different perspective comes a greater understanding of the breadth and depth of the problem. The difficulty with these databases is that they are all proprietary and accessible only through special effort by the maintaining organization, they are designed in terms of structure and format to meet the needs of the maintaining organization and are, most often, not well-suited to integration without a great deal of intervention. Using all of this potential data together in an integrated effort to describe the problem and/or progress in addressing the problem will require that it be gathered and analyzed, preferably by a central organization requiring an ongoing dedication of resources.

Finally, the failure to intervene in underage drinking represents a lost opportunity to address future problems. Magistrates, judges, prosecutors, and law enforcement officials agree that

alcohol is involved in most violent crimes against persons and property crimes committed by young adults. While it cannot be said with certainty that every one of these young adult offenders began drinking as a teen, youth with multiple MCA violations seem to be good candidates for future alcohol-related problems. Future studies that examine court data, Division of Juvenile Justice data, and public safety data could well provide more solid evidence of correlation between underage drinking and young adults who commit more serious crimes under the influence of alcohol.

K. Recommendations.

1. Increased law enforcement efforts have been made possible through the ABC Board and new funding. Evaluation of these efforts in coming years will be an important source of information that should be reviewed.

2. Case disposition for MCA's under existing statute disallows assessments or other treatment interventions. This was cause for concern for law enforcement, court personnel and treatment providers. Statutes should be reviewed for possible changes and/or improvements to allow for a broader range of sentencing alternatives.

3. One treatment component lacking in Alaska is that of assessment and referral for youth similar to the adult Alcohol Safety Action Program (ASAP). This may be an area worth further exploration, given the increase in the number of MCA cases shown by the court system data.

4. Alaska has recently undertaken a number of prevention efforts, many of which are research-based. The state may wish to consider a statewide approach to prevention strategies and funding for such. Additionally, the existing evaluation effort funded by Division of Alcoholism and Drug Abuse through the Institute for Circumpolar Health Studies holds promise as a potential source of policy information in this arena.

5. Environmental prevention strategies may play an important role in the state's efforts to address underage drinking, given the emphasis placed by key informants on community norms and values. This area deserves further exploration.

6. The YRBS survey represents a potentially data rich resource for prevalence information within Alaska. Efforts should be continued to ensure that this source of information is obtained in a manner that will ensure valid data.

7. Given the complexity and diversity of data on this issue, the state may wish to consider the feasibility of having a centralized entity collect information on the issue of underage drinking.

Table of Contents.

I. Introduction.

A. Background. Underage drinking is an issue that receives a great deal of attention in many forums in Alaska. A wide range of organizations and agencies, both public/governmental and private expend considerable energy addressing this problem. It is a problem that contributes to accidents, attempted suicides, poor physical health, and more serious crime. Hidden effects include the increased probability of addiction to alcohol as adults.

In order to gain a better understanding of the problem, efforts and programs currently in place to address the problems, and data systems available to measure both the problem and progress, the Alaska Division of Juvenile Justice, with funding from the Enforcing Underage Drinking Laws (EUDL) program through the Federal Office of Juvenile Justice and Delinquency Prevention (OJJDP), awarded a contract to C & S Management Associates to conduct a comprehensive assessment of the issue.

B. Scope of the Project.

1. Target Population. The overall target population for this inquiry is all youth ages 20 and younger. Because certain services or facilities, such as substance abuse treatment programs and correctional facilities, treat persons 18 and older as adults, the population is stratified into two different groups: youth ages 18 through 20 and youth ages 17 and younger.

2. Topics of Inquiry. Underage drinking is a complex, multi-faceted problem that is manifested in various ways with multiple, layered strategies in place to address the issue. To obtain the most complete picture of the problem, the issue is explored from a variety of perspectives as noted below:

a. Statutes and policy issues related to underage drinking;

b. Law enforcement efforts and issues;

c. The court system and its response to underage drinking;

d. Substance abuse treatment trends and resources;

e. Prevention, education, and advocacy efforts; and

f. Data resources and trends regarding underage drinking.

A key area of interest in this inquiry is the nature and extent of changes that occurred in underage drinking prevalence, consequences, or enforcement of laws resulting from a statutory change that occurred in 1995. This changed moved minor consuming alcohol (MCA) offenses from the Alaska Division of Family and Youth Services and the family/superior court jurisdiction to district court jurisdiction. In addition to changing jurisdiction, this changed the range of penalties and the process by which cases were handled. A more detailed discussion of this process is provided in Section V. In 1999, the Alaska Division of Family and Youth Services

underwent an organizational change resulting in two divisions, the Division of Family and Youth Services and the Division of Juvenile Justice, both operating under the Alaska Department of Health and Social Services.

C. Methodology.

1. Geographic Focus. This project examines underage drinking in Alaska. To that end, investigators examined statewide issues such as the laws, the court system, the substance abuse treatment system, and other statewide efforts to address the problem. Because many of the qualitative aspects of underage drinking and efforts to address it are manifested at the local level, investigators examined a sample of Alaskan communities and the underage drinking issues in each.

a. ***Sampling Criteria.*** Alaska is a sparsely populated state having few urban areas, about 15 rural hub communities with populations of between 2,000 and 10,000, and over 200 rural villages with populations under 2,000. It was beyond the scope and resources of this project to conduct research in every community. The contractor, in collaboration with the Division of Juvenile Justice, selected a sample of 17 communities. The criteria used in selecting the communities was:

(1) Urban Communities. Because there are only three major urban areas in Alaska, all three were selected for research.

(2) Hub Communities. A total of six hub communities were selected for research. The first criterion for selection was that each region of the state was to be represented. The second criterion was that communities with significant reported alcohol problems in Western Alaska, such as Nome and Bethel, would be included. The sampling included three of the four hub communities in Western Alaska as well as the major hub on the North Slope. Other hub communities were chosen from the Kenai Peninsula and Southeast Alaska through random choice. The hub communities selected also represent an ethnic mixture with some being primarily Alaska Native and others being more diverse with substantial Caucasian population. Within these sub-groups of hub communities, the choice of the specific communities was random. Hubs were not chosen from the Interior or Southcentral regions because support for most interior and Southcentral Villages is through the urban communities of Anchorage and Fairbanks.

(3) Villages. Villages were chosen using similar criteria used for the hub communities. They represent all regions of the state with a combination of villages on the road system, off the road system, and a remote island village. Within each of these sub-groups of villages, the choices were random. The villages selected were predominately Alaska Native. A total of eight villages were selected for research.

Because the selection of the communities to be examined had the potential to impact the findings, efforts were made to ensure the best possible representation given the resources and time available. The strengths of the criteria used are that nearly 60% of the population of Alaska

was covered in the investigation[17] and every region of the state was included. Additionally, every size community, from Anchorage (which has over half the state's population) to the tiny village of Nanwalek (with only 170 residents), was included. The primary weakness of this system is that only eight villages were included. There are over 200 culturally and geographically diverse villages in Alaska with populations ranging from just over 40 to over 1000. Problems associated with underage drinking are impacted dramatically by local values and conditions. With more time and resources, a larger sample of villages would have added to significantly to the project. The map on the following page illustrates the geographic distribution of the sample communities.

a. ***Urban Communities***

(1) Anchorage (Southcentral Alaska);

(2) Fairbanks (Interior); and

(3) Juneau (Southeast Alaska)

b. ***Rural Hub Communities (Population 2000 – 10,000)***

(1) Barrow (North Slope);

(2) Nome (Northwest Alaska – Bering Straits);

(3) Bethel (Western Alaska);

(4) Dillingham (Southwest Alaska – Bristol Bay);

(5) Homer (Kenai Peninsula); and

(6) Sitka (Southeast Alaska)

c. ***Rural Villages (Population less than 2000)***

(1) White Mountain (Northwest Alaska);

(2) Gambell (Northwest Alaska – Island Community);

(3) Aniak (Western Alaska);

(4) Toksook Bay (Western Alaska);

(5) Nanwalek (Kenai Peninsula);

[17] Alaska Department of Commerce and Community Development (formerly Department of Community and Regional Affairs), Community Information Summaries, Juneau, AK, April 1996

(6) Copper Center (Copper River Basin);

(7) Hoonah (Southeast Alaska); and

(8) Ruby (Interior).

The communities listed above were chosen to provide a balanced picture of the various perspectives that make up the Alaskan population using the criteria identified in sub-paragraph C.1.a above.

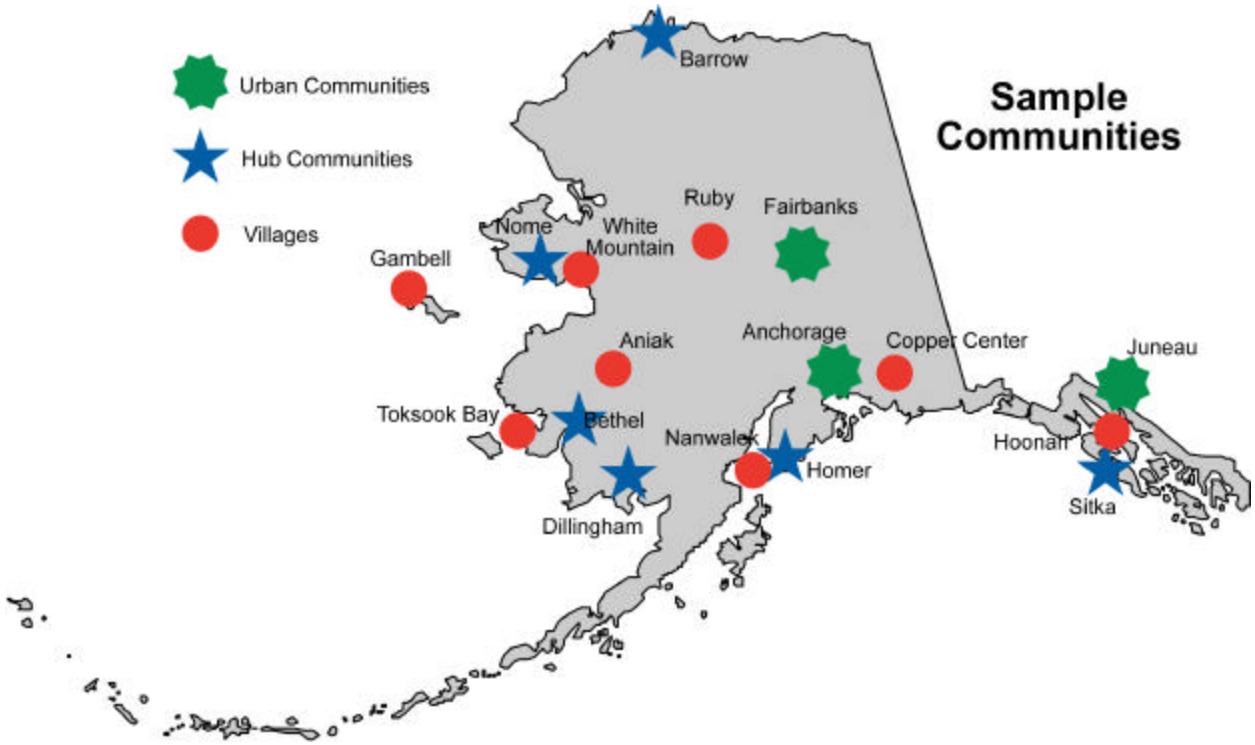

Figure 7 – Project Sample Communities

2. Key Informant Interviews. To gain an insight into the problems associated with underage drinking in Alaska and efforts to address these problems, investigators interviewed over 200 key informants from the 17 communities as well as representatives of statewide organizations and agencies. In selecting key informants within the target communities, law enforcement professionals, court system staff and judges, substance abuse treatment and prevention professionals, educators, advocates, and others as appropriate were sought out. At the state level, policy makers as well as professionals involved in execution of policy were interviewed. Because of the diversity of positions and roles of the key informants, we chose not to use standardized questionnaires. Instead, investigators identified the desired information and used a more informal approach. In general, the following information was sought:

a. Prevalence of underage drinking;

b. Negative consequences of the problem;

c. Community and statewide efforts to address the problem;

d. Contributing or exacerbating conditions;

e. Information collection systems in place or planned;

f. Forces for change; and

g. Barriers impeding change or improvement.

3. Existing Literature. Investigators searched for literature both at the state and federal level that included prior studies, legal case law pertaining to underage drinking, and relevant surveys. We made extensive use of the Internet, which proved very helpful since most major agencies now have an Internet presence and often post copies of publications and/or data on their web sites. The range of literature included:

a. Prevalence studies such as the Youth Risk Behavior Surveys coordinated by the U. S. Centers for Disease Control (CDC) and the Annual Survey of Household Survey on Drug Abuse sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA);

b. Formal research reports on efforts to address underage drinking problems;

c. Profiles on existing and emerging practices and programs to address underage drinking problems nationally; and

d. Descriptions of programs and policies of federal and state government agencies.

Investigators found the greatest strength in the existing literature to be the presence of strong, scientifically designed surveys that provide good information on the prevalence of underage drinking in the United States. There was also a strong collection of material available relating to

enforcement of underage drinking laws as well as prevention and intervention that included information on available resources. The greatest single weakness found was that there was little information available on enforcement or prevention in remote, rural areas such as Alaska's villages. Another significant weakness is the lack of continuity in school survey information. The CDC has survey information nationally back to 1992. Alaska, by contrast, first conducted the YRBS survey in 1995. They repeated it in 1999; however, the Anchorage School District opted not to participate, thereby preventing any statewide trend analysis.[18] Other surveys have been done with specific schools by different organizations using a variety of measures; however, none have been done with enough consistency statewide to allow a meaningful analysis of underage drinking trends in Alaska. The latest National Household Survey on Drug Abuse, sponsored by SAMHSA, included substantial data on individual state substance abuse patterns, which allows contrast to national trends as well as trends in other states.[19]

4. Data Analysis. Finally, investigators gathered data from a number of sources to provide insight into the prevalence and trends of underage drinking in Alaska and the U. S., the negative consequences of underage drinking and the trends of these consequences, and the magnitude and trends of underage drinking law enforcement. The data gathered as a part of this project was limited to secondary data, usually from state or federal agencies that consistently gather, store, and/or publish the data. The major data sets gathered, analyzed, and presented as a part of this project are:

a. Minor consuming court cases (1995 – 2000);

b. Alcohol-related injuries of youth in which the youth was hospitalized (1991 – 1998);

c. Attempted suicides of youth where alcohol was a factor and the youth was hospitalized (1991 – 1998);

d. Alcohol-related injuries resulting in death (where hospitalization occurred subsequent to the injury) (1991 – 1998);

e. Youth receiving substance abuse treatment services (1992 – 1998);

f. Highway accidents with underage driver alcohol-impaired (1990 – 1998);

g. Juvenile cases involving alcohol (1993 – 1999); and

h. Division of Motor Vehicles Data on Driver's License Revocation and Subsequent Driving Under the Influence (DUI) offenses by minors (1994 – 1998).

[18] Green, T., Alaska Division of Public Health, Personal Interview, June 2000
[19] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings 1999 National Household Survey on Drug Abuse, Rockville, MD, August 2000

In analyzing these data sets, raw numbers were converted to rates per 100,000 population where appropriate. The analyses are presented, in most cases, as time-series graphs. All population data is from the Alaska Department of Labor and Workforce Development.

D. Contents and Organization of Report. This report addresses each of the major areas of focus identified in paragraph B.2. It provides a graphical and narrative summary of the data collected. Finally, it presents conclusions as indicated by qualitative and quantitative analysis. The intent of the report is to provide policy makers with information that will help them to formulate appropriate courses of action with regard to the underage drinking problem.

II. Underage Drinking Overview.

A. Introduction. Before taking a detailed look at each of the elements and areas of focus regarding underage drinking, it is helpful to take a broader look at the issue. The issue of underage drinking and the associated consequences of the problem are the focus of attention at the national, state, and local levels.

What is the problem? Thus far used the term "underage drinking problem" has been used without providing a definition. While the definition may seem obvious, interviews with key informants across Alaska indicate that different people view the "problem" differently. The most basic question is whether the fact that minors drink is "the problem" or whether the adverse consequences that are associated with underage drinking define the problem. This may seem like an exercise in semantics, however, it is one of the factors that influences community strategies. Where the problem is defined merely as the adverse consequences of underage drinking, strategies and associated attitudes are largely reactive. For example, underage drinking may go largely unnoticed until a tragedy occurs that stems directly from the consumption of alcohol by minors. Once the tragedy occurs, however, the focus is on appropriate consequences, usually punishment, of the youth involved. By contrast, where communities view the underage drinking itself as the problem, strategies are more proactive and prevention-based. The manner in which the problem is defined is largely determined by local norms and values, which will be discussed in some detail later in the report. For purposes of this research project and report, we consider that illegal consumption of alcohol by minors (under the age of 21) constitutes the problem, independent of any adverse consequences.

B. National Focus on Underage Drinking. Underage drinking is a national problem. The negative consequences have been repeatedly identified and corroborated through research, and significant resources have been, and are continuing to be, brought to bear on the problem by a variety of agencies and organizations.

1. Prevalence of Underage Drinking - National. On a national level, our youth like to drink! According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the1998 National Household Survey of Drug Abuse found that 15.2% of youth ages 12 to 20 reported binge drinking, or consuming five or more drinks on one occasion during the month prior to the survey. Of youth ages 12 to 20, 6.9% reported heavy use or binge drinking on at least five occasions during the previous month. Finally 30.6% of youth in the 12 to 20 age group reported being current users of alcohol. Translated to real numbers, about 10.4 million youth in the United States were consumers of alcohol in 1998. Of those, 5.1 million were binge drinkers and 2.3 were heavy drinkers.[20] The 1999 Household Survey found that alcohol consumption did not change from 1998 to 1999 and the trends for binge drinking, heavy drinking, and alcohol use have been level over the 1990s.[21] In a 2000 report examining the issue of improving services for youth, the Lewin Group, under contract to the National Association of Psychiatric Health System, looked at the prevalence of a variety of conditions in youth. As part

[20] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings from the 1998 National Household Survey on Drug Abuse, Rockville, MD, May 1998

[21] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings from the 1999 National Household Survey on Drug Abuse, Rockville, MD, August 2000

of that study, they quoted a 1998 study that found 3.3% of youth (15 – 24 years old) were dependent on some kind of drug.[22] In another 1998 survey, nearly 44% of eighth graders reported use of alcohol within the year prior to the survey. The same survey reported 63% of tenth graders and 74% of twelfth graders reported using within the previous year.[23] Finally, the Youth Risk Behavior Survey (YRBS) conducted in middle and high schools across the country for 1997 found that 50% of respondents consumed alcohol within the month preceding the survey. Thirty-two percent of respondents reported heavy drinking during the previous month.[24] These different, independent studies all indicate that more than 30% of our youth are binge drinking about once per month while more than half consider themselves to be alcohol users.

2. Consequences of Underage Drinking: National. This consumption of alcohol by youth comes at a price. A 1998 report by the National Highway Traffic Safety Administration (NHTSA) revealed that 5,477 youth ages 15 to 20 were killed in motor vehicle accidents in 1997. Twenty-one percent of the young drivers in those fatal accidents had been drinking.[25] Aside from the immediate effects of intoxication and associated tragedy, consumption of alcohol by youth has long-term effects as well. Youth who begin to consume alcohol before the age of 15 are four times more likely to develop alcohol dependency (alcoholism) than people who wait until the age of 21 to begin drinking.[26] The Office of Juvenile Justice and Delinquency Prevention (OJJDP) reported nearly 19,600 DUI arrests of youth under the age of 18 in 1997.[27]

3. Efforts to Address the Issue - National. Given the prevalence and consequences of underage drinking, it is not surprising that considerable attention is given to the issue at the national level. As of May 1999, OJJDP was addressing the problem through a $50 million program of block grants, discretionary programs, and training and technical assistance. This program helps to fund law enforcement efforts, training and education, and underage drinking prevention programs.[28] SAMHSA funds a variety of prevention and treatment programs specifically targeting adolescents amounting to more than $90 million per year, not including funds targeted for general, untargeted treatment and prevention.[29] The U. S. Department of Education, through the Safe and Drug-Free Schools Program funds two major types of grants: state grants for drug and violence programs and national programs, both of which address underage drinking issues. In addition, they fund and support a variety of research projects

[22] N. Weinberg, et al., "Adolescent Substance Abuse: A Review of the Past Ten Years," Journal of American Academy of Child and Adolescent Psychiatry, 1998
[23] University of Michigan, 1998 – Monitoring the Future, Ann Arbor, MI, May 1998
[24] U. S. Centers for Disease Control, "Adolescent and School Health," Internet Web Site www.cdc.gov/nccdphp/dash/yrbs/pies99/natl.htm, Atlanta, GA, August 2000
[25] National Highway Traffic Safety Administration, Saving Teenage Lives: The Case for Graduated Driver Licensing, Washington, DC, 1998
[26] Grant, B. and Dawson, D., "Age at Onset of Alcohol Use and its Association with DSM-IV Alcohol Abuse and Dependence," Journal of Substance Abuse, 9:103-110, 1997
[27] Snyder, H. Juvenile Arrests 1997, Washington, DC, U. S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 1998
[28] Office of Juvenile Justice and Delinquency Prevention, Enforcing the Underage Drinking Laws Program: A Compendium of Resources, Washington, DC, May 1999
[29] Substance Abuse and Mental Health Services Administration, "Programs in Brief: Current Funding Estimates," Web Site www.samhsa.gov/samhsainfo/inforsources/brief, Rockville, MD, May 2000

annually that provide valuable insight into the prevalence of alcohol and illegal drug consumption.[30]

C. Alaska Focus on Underage Drinking. Alaska is not isolated from the effects of underage drinking. Our youth consume alcohol on a par with youth nationally and our consequences are just as deadly. To address these issues, state and local agencies and organizations offer a variety of programs and services.

1. Prevalence of Underage Drinking – Alaska. Like their peers nationally, Alaskan youth drink alcohol. According to the Alaska Division of Public Health, Epidemiology Section, the 1999 Youth Risk Behavior Survey (YRBS) found that 50.8% of Alaskan youth report current alcohol use (used within the past 30 days), while 33.4% report binge drinking at least once in the month prior to the survey. Nearly 80% of Alaskan high school students report having consumed alcohol at least once.[31] According to a survey of Juneau-Douglas High School health class students conducted by the Southeast Regional Resource Center in 1998, 54% of respondents indicated that they had first tried alcohol by the age of 14. Of those respondents who indicated they had consumed five or more drinks at least one occasion during the previous month, 17% indicated they had done so on at least six occasions. While these results from Juneau cannot be generalized to the rest of Alaska, it is useful to note that the percentage of students in this study who report ever using alcohol is lower than the statewide percentage reporting use based on YRBS (66% for Juneau Douglas High School compared to nearly 80% statewide). [32] In the latest national household survey of drug abuse sponsored by the SAMHSA, 12.3% of Alaska youth ages 12 to 17 reported binge drinking in the month previous to the survey with 5.7% dependent on alcohol or other drugs. By comparison, U. S. binge drinking rates among youth ages 12 to 17 was 10.9% with 5.8% dependent on alcohol or other drugs.[33] What these studies tell us is that Alaskan youth are using alcohol comparably to youth nationally.

2. Consequences of Underage Drinking – Alaska. As is the case at the national level, there is ample evidence of adverse consequences associated with underage drinking in Alaska. Rates (per 100,000 population) of alcohol-related injuries requiring hospitalization have risen steadily over the past ten years from 11.6 per 100,000 population in 1991 to 19.3 per 100,000 population in 1998. Between 1995 and 1998, there were an average of 30 suicide attempts annually among youth who had been drinking.[34] In 1998, there were 128 traffic accidents in which alcohol consumption by an underage driver contributed to the accident.[35] In 1999, the Alaska Division of Motor Vehicles revoked the driver's licenses of over 5,000 youth as a part of the "use and lose" consequences for underage drinking in Alaska.[36] Alaska Public Health Nurses

[30] U. S. Department of Education, "About Safe & Drug-Free Schools Program," Internet Web Site www.ed.gov/offices/OESE/SDFS/aboutsdf.html, Washington, DC, August 2000
[31] Alaska Department of Education and Early Development/Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey 1999, Juneau, AK, 1999
[32] Southeast Regional Resource Center, Alaska Youth Survey Report: Juneau Douglas High School – Health 1st Semester, Anchorage, AK, 1998
[33] Substance Abuse and Mental Health Services Administration (SAMHSA), Summary of Findings 1999 National Household Survey on Drug Abuse, Rockville, MD, August 2000
[34] Alaska Trauma Registry, "Alcohol-Related Injuries Requiring Hospitalization," unpublished data, Juneau, AK, July 2000
[35] Alaska Department of Transportation, 1998 Alaska Traffic Accidents, Juneau, AK, October 1999
[36] Alaska Division of Motor Vehicles, "DMV Data," unpublished data, Juneau, AK, July 2000

provide services throughout Alaska through the use of itinerant nurses based in the various hub communities. As they meet with patients, they record the types of problems and are able to sort the data by category of problem as well as by age. For fiscal year 2000, Public Health Nurses met with a total of 5,804 (duplicated numbers) who were noted as having alcohol-related problems at a total of 75 different sites.[37]

3. Efforts to Address the Issue – Alaska. At the state government level, the effort to address underage drinking parallels efforts at the national level. The Alcoholic Beverage Control (ABC) Board works in partnership with various police departments across the state, funded in part by the federal EUDL program administered by the Alaska Division of Juvenile Justice. The effort addresses both supply issues with establishments selling to minors as well as consumption by minors through aggressive patrols and targeting of large parties. A smaller portion of these federal funds support prevention projects for youth including youth activity centers, peer counseling, "Scared Straight" programs, and general case management services for youth referred by the district court. At the local level, police departments, state troopers, and Village Public Safety Officers/Village Police Officers enforce underage drinking laws by citing underage drinkers as well as focusing on other crimes such as providing alcohol to minors and illegal manufacturing or importation of alcohol. The Alaska Division of Alcoholism and Drug Abuse provides funding for adolescent substance abuse treatment as well as an aggressive prevention program statewide that specifically targets adolescents and children. The Alaska Department of Education and Early Development addresses the issue through special in-school programs, collaborative prevention efforts, and student assistance programs in some schools. For example, in a 1998 questionnaire of local educators, 97% cited alcohol and other drug abuse prevention as being a subject for which teachers tried to increase student knowledge.[38] Details of prevention, intervention, law enforcement effort, and treatment resources are provided in later sections of this report.

D. Hidden Consequences of Underage Drinking. In addition to the adverse consequences of underage drinking cited in paragraphs B and C above, there are two hidden consequences that are equally serious.

1. Alcohol Addiction (Alcoholism). Alcohol addiction, or alcoholism, impacts an estimated 15% of the adult population of the United States. According to a 1997 article in the Journal of Substance Abuse, people who begin drinking before age 15 are four times more likely to develop alcohol addiction than those individuals who wait until age 21 to begin consuming alcohol.[39] Because continued use of alcohol, particularly among teens, contributes significantly to the development of addiction, failure to effectively intervene in underage drinking problems has serious implications for addiction prevalence and, consequently, the need for adult and adolescent treatment resources. We classify this as a "hidden consequence" because the prevalence of addiction and the need for treatment resources among adults is not generally

[37] Alaska Division of Public Health, unpublished data, Juneau, AK, August 2000
[38] Alaska Department of Education and Early Development/Alaska Department of Health and Social Services, Alaska School Health Education Profile 1998, Juneau, AK, 1999
[39] Grant, B. and Dawson, D., "Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence," Journal of Substance Abuse, 9:103-110, 1997

considered to be an underage drinking issue. As noted above, however, underage drinking is a major contributor to adult alcoholism prevalence.

2. Adult Crimes Involving Alcohol. According to most of the key informant interviews, particularly those with law enforcement officials, judges and magistrates, and district attorneys, alcohol is a contributor or factor in most of the violent crime committed in Alaska. This is particularly true for the age group 18 to 25. The involvement of alcohol in adult crimes is not generally considered to be an underage drinking issue. It is generally accepted, however, that most individuals who are drinking and commit crimes as young adults began their drinking careers as adolescents or even pre-adolescents. Crimes that usually involve alcohol include sexual assault (often providing alcohol to a minor for the purpose of procuring sex), assault, criminal trespass, and homicide. Failure to intervene in underage drinking contributes to this by allowing individual problems to advance unchecked. The manifestation of the problem as adult crimes also disguises the role underage drinking plays.

E. Major Underage Drinking Issues. Before examining the specific areas of interest with regard to underage drinking in Alaska, there are several global issues that should be noted.

1. Legal Issues: Laws and Enforcement. The most visible aspect of underage drinking law enforcement is the enforcement of the minor consuming statutes. According to Alaska Statute, it is not legal for persons under the age of 21 to possess or consume alcohol except under very narrowly defined exceptions. Minor consuming cases are adjudicated in district court, although they are classified as violations with offenders receiving citations that are usually handled in traffic court. A change in the Alaska Statutes in 1995 moved the minor consuming offenses from the jurisdiction of the Alaska Division of Family and Youth Services (Juvenile Justice) to district court. As a matter of course, the minor consuming cases (A.S. 04.16.050) are usually processed in traffic court since violations are documented as citations. Some communities, such as Juneau, have developed targeted court procedures such as the After School Court. One of the unfortunate side effects of this change is that, according to existing state law, there is a narrow range of penalties available to judges and magistrates that do not include community work service, mandatory alcohol screening, or incarceration, regardless of the number of convictions. Local communities can implement their own ordinances dealing with the issue; however, penalties may not exceed those cited in state statute. The maximum penalty available for underage drinking, regardless of prior convictions, is $300.[40] As a parallel process, the Alaska Division of Motor Vehicles administratively revokes the driver's licenses of minors who are cited for underage drinking unless the citation is dismissed. This tool has proven somewhat useful in the urban areas that have substantial road access but is less useful in rural areas where there are other forms of transportation such as snowmobiles and boats.

2. Rural versus Urban Issues. There is a stark difference between urban communities such as Anchorage and Fairbanks and rural villages such as Aniak and White Mountain. The differences permeate most issues associated with underage drinking. For example, enforcement of laws is a totally different operation in Anchorage, with its population of over 250,000, and police force with over 250 patrol officers, than it is in Nanwalek, which has no local police department and relies on the State Troopers to fly in and provide law enforcement. In the urban

[40] Alaska Statute 04.16.050

areas, minor consuming cases follow a set process of citation and referral to court for disposition. In small villages, tribal councils and elders often address the issue in ways that are more relevant to their culture and size of community. Disposition of cases in villages is often accomplished through a meeting of the offender and members of the village leadership in which the individual is assigned work in the community or other appropriate consequence. These dispositions do not show up in the Alaska Court System records. As mentioned in the previous section, the impact of driver's license revocation in rural villages is minimal. The primary means of transportation is often boat, snowmobile, or 4-wheeler recreational vehicle, which do not require a driver's license. The issue of local norms and values manifests itself more directly in small villages than in the large urban areas. The local norms and values in a small village flow from the prevailing culture and village leadership directly to everyone in the village. Events in villages have the capacity to directly affect every member of the village. In the large urban communities, there are multiple "sub-communities" or cultures, each of which may have their own norms and values. It is rare that events have a uniform impact across all citizens. Finally, substance abuse treatment services differ widely between rural and urban communities. Communities such as Anchorage and Fairbanks have an array of services available for youth with substance abuse problems. These services range from intervention and education services to residential alcoholism treatment for youth diagnosed as alcohol dependent. Rural areas typically have few services of any kind, much less youth-specific services. In order for youth in villages to access residential alcohol treatment services, they must leave their village (provided a treatment bed can be located) and, upon completion of treatment, return home to a community that has few formal continuing treatment support services.

3. Norms and Values and their Impact on Underage Drinking. In more than 200 key informant interviews with individuals from various professions and interests across Alaska, the most consistent thread woven throughout the discussions was that of norms and values and how they impact underage drinking. According to informants, there is a culture among Alaskans that is accepting, even encouraging, of alcohol consumption. An estimated 19.2% of Alaska adults report binge drinking. The rate of binge drinking in Alaska is among the highest in the United States.[41] While laws clearly distinguish between adult consumption of alcohol and drinking by underage persons, norms and values do not necessarily reflect this clear distinction. Investigators repeatedly heard that many consider drinking by minors to be a "rite of passage;" something that every teenager does. Key informants related stories of parents condoning teenage drinking at home, stating that it was preferable to having them drink in another location with the danger of driving involved. There was a feeling that the current statutes, with their perceived lack of serious consequences, reinforce the tolerance of underage drinking. Key informants expressed the opinion that law enforcement efforts or initiatives must be accompanied by a concerted effort to change the norms and values to reflect a greater intolerance for underage drinking.

4. Description of the Alaska Underage Populations. When considering the issue of underage drinking, we are addressing the issue relative to the following population:

[41] Alaska Department of Health and Social Services, Morbidity and Mortality Weekly Report (MMWR), Anchorage, AK, December 18, 1992

Total Alaska Population		621,400	
Total Alaska Target Population (Ages 10 – 19)		104,373	
Distribution by Race (Total Population)	Caucasian		73.9%
	Alaska Native/American Indian		16.8%
	Indian (Tlingit, Athabascan, etc.) 6.1%		
	Eskimo (Yupik, Inupiat, etc.) 8.7%		
	Aleut 2.0%		
	African American		4.4%
	Asian/Pacific Islander		4.9%
Distribution by Gender (Youth ages 10-19)[42]	Male	51.8%	
	Female	48.2%	

[42] Alaska Department of Labor and Workforce Development, Alaska Population Overview – 1998 Estimates, Juneau, AK, 2000

III. Review of Statutes.

A. General. Alaska, like most states, has historically sought to statutorily define the points at which persons became an adult. Alaska has long recognized that its citizens become of sufficient age to acquire rights and privileges at different ages depending on the specific rights and privileges sought. For example, Alaska currently identifies the following rights and privileges with their associated age thresholds:

1. Age of Majority (generally considered to be an adult) – 18 (A.S. 25.20.010);

2. Driving Privileges - 14/15 learners permit; 16/17 conditional; 18 unlimited (A.S. 28.15.031(a));

3. Purchase of Tobacco – 19 (A.S. 11.76.105);

4. Employment – 14 – 16 limited; 17 and over unlimited (A.S. 23.10.330-335);

5. Marriage – 16/17 with permission; 18 unlimited (A.S. 25.05.171);

6. Purchase of Weapons – 18 (A.S. 11.61.210); and

7. Possession/Consumption of Alcohol – 21 (A.S. 4.16.050).

This report will focus on four primary areas of concern with regard to underage drinking: (1) possession and consumption of alcohol; (2) driving under the influence of alcohol; (4) law enforcement; and (3) provision of alcoholism treatment services to underage persons. The report will examine, for each area, relevant statutes as well as case law (court decisions) that have impacted the statutes. The report will also consider some of the notable unsuccessful attempts to amend the statutes through legislative bills. In addition, Appendix D contains full text versions of some of the more significant statutes.

B. Possession and Consumption of Alcohol by Minors. Underage drinking refers to consumption of alcoholic beverages by persons under the age of 21. Violation of the most commonly cited statute, A.S. 04.16.050, is a classified as a violation. Violation of other youth-related portions of A.S. 04.16 are defined by A.S. 40.16.180 as Class A misdemeanors. The following statutes address the issue:

1. A.S. 04.16.049 – Access of Persons Under the Age of 21 to Licensed Premises. This section of the Alaska Statutes prohibits the access of persons under 21 to establishments that provide alcohol with certain exceptions:

a. If they are accompanied by a parent, guardian, or spouse who is at least 21;

b. If they are at least 16, the facility is designated as a restaurant, and they enter and remain only for the purpose of dining; or

c. If they are under 16, accompanied by a person at least 21 years of age, they have permission from their parent or guardian, the facility is designated as a restaurant, and they enter and remain only for dining.

Furthermore, the statute prohibits persons under 21 from working in licensed establishment except that a person between 16 and 19 years of age may work in such a hotel, restaurant, or eating place so long as they are not mixing or serving drinks. Violation of this statute is considered a misdemeanor.

The only relevant case law pertaining to this statute is the case of Wike v. State of Alaska (1981), in which the Alaska Supreme Court held that a conviction of a minor for being in an establishment cannot be used as the sole evidence in convicting the owner of the establishment for allowing the minor in the establishment.[43]

2. A.S. 04.16.050 – Possession, Control, or Consumption by Persons Under the Age of 21. This is perhaps the central statute in this category as it is the one that actually prohibits the possession or consumption. It allows, by reference, exceptions in certain circumstances (defined in sub-paragraph 3 below). It is significant also in that, since 1995, violation of this statute is considered a violation, is adjudicated in district court and carries a fine. This fact has given rise to issues in other statutes as well as in case law. For example, violation of this statute is grounds for administrative revocation of driver's licenses, even if no traffic-related offense occurs. The maximum fine is $300. The statute does not require or authorize the requirement for assessment or screening resulting from a violation. The statute that authorizes administrative revocation of a minor's driver's license for violation of this statute, does require completion of an education or treatment program prior to reinstatement of license.

Prior to 1995, all minor consuming cases were processed through the Alaska Division of Family and Youth Services, which at the time had jurisdiction over juvenile justice issues. Since that time, all cases have been adjudicated in district court. The change in statute also classified minor consuming alcohol (MCA) as a violation, which is usually documented through the use of a citation. This handling of citations and the impact on law enforcement is covered in greater detail in Section IV, Enforcement of Underage Drinking Laws.

There are two major related court decisions that increase the significance and gravity of this statute.

a. ***Rexford v. State of Alaska (1997).*** This case held that revocation of a driver's license in addition to fines for violation of the statute does not constitute punishment ***for purposes of double jeopardy***.[44]

b. ***State of Alaska v. District Court (1996).*** The Alaska Supreme Court ruled that, since the possible loss of driver's license constitutes a serious punishment, persons accused of the violation are entitled to a jury trial and a court-appointed attorney if they cannot afford

[43] Wike v. Alaska, 623 P.2d 356 (Alaska 1981)
[44] Rexford v. Alaska 941 P.2d 906 (Alaska 1997)

one.[45] On the face of it, the implication is that district courts could be clogged up with jury trials for relatively minor underage drinking violations. Shortly after this, the court-ordered revocation statute was amended to remove underage drinking as an applicable offense.

In the Twentieth Alaska State Legislature, there was an unsuccessful attempt (Senate Bill 58) to amend this part of the statutes by restructuring the allowable penalties and mandating a $250 fine rather than a minimum $100 fine. The intent was that the funds, although not legally bound, would be targeted to support alcoholism assessment and treatment efforts for adolescents.

3. A.S. 04.16.051 – Furnishing or Delivery of Alcoholic Beverages to Persons Under the Age of 21. This is a relatively straightforward statute that addresses the issue of providing alcohol to minors. There are two significant points about this statute. First, it allows exceptions in that parents or guardians may provide alcohol to a minor off premises or a physician or nurse may provide alcohol to a minor in the course of administering medical treatment and not be in violation of this statute. Further, a second violation within a five-year period is a class C felony.

There is one court case applicable to this statute.

a. ***Trout v. State of Alaska (1994).*** In this less significant case, the Court of Appeals held that, in order for a minor accused of possession or consumption of alcohol to use the defense that the possession or consumption was due to one of the exceptions listed in the statute, they must positively claim it as a defense and present evidence to that effect. In the absence of positive evidence, the state has no burden to prove that the possession or consumption was not covered by one of the exceptions.[46]

4. A.S. 04.16.052 – Furnishing of Alcoholic Beverages to Persons Under the Age of 21 by Licensees. This differs from A.S. 04.16.51 above in that this section of the statutes applies to establishments and persons licensed by the Alcoholic Beverage Control (ABC) Board to sell alcoholic beverages. It prohibits owners from providing or allowing an employee to provide alcoholic beverages to a minor, allowing a minor to enter and remain on the premises, allowing a minor to consume alcohol within the premises and allowing a minor to serve alcoholic beverage within the premises.

There are two pieces of case law that impact this section of the statutes.

a. ***Loeb v. Rasmussen (1991).*** This was a civil case in which an establishment owner who had sold alcohol to a minor who was subsequently involved in a serious auto accident sought to avoid damages because the minor herself violated the law. The court held that the minor's misconduct does not bar award of damages from the owner. This case is significant primarily because it continues the tradition of holding liquor establishment owners liable for events that occur involving persons to whom they inappropriately sell alcohol.[47]

[45] State v. District Court 927 P.2d 1295 (Alaska 1996)
[46] Trout v. State, 866 P.2d 1323 (Alaska App 1994)
[47] Loeb v. Rasmussen, 822 P.2d 914 (Alaska 1991)

b. ***Morris v. Farley Enterprises, Inc. (1983).*** Like Loeb v. Rasmussen, this is a civil liability case with similar circumstances. In this case, the owner of the establishment argued that the minor (who was not the driver) was the cause of the accident since he gave the driver (another minor) the alcohol. The court, consistent with other decisions, held that there was no superceding cause that relieved the owner of liability since it was not unreasonable to expect that a minor illegally purchasing alcohol would provide it to another minor who was driving.[48]

5. A.S. 04.16.055 – Room Rental for Purposes of Consuming Alcoholic Beverages. This represents a very small section of the statute that simply prohibits renting a hotel, motel, or similar room for the purpose of alcohol consumption to a person under the age of 21. There is no significant case law relating to this particular section of the statutes.

6. A.S. 04.16.060 – Purchase By or Delivery to Persons Under the Age of 21. This section of the statutes covers a range of prohibited activities related to furnishing alcohol to minors:

a. Persons under 21 years of age cannot buy or attempt to buy alcohol for themselves or for others under 21.

b. A person may not try to influence a sale or gift to a person under 21 by misrepresenting their age. Simply put, a person cannot try to help a minor obtain alcohol by telling an establishment owner that the person is 21 or over.

c. A person may not purchase or otherwise receive an alcoholic beverage for the purpose of giving or selling to a minor.

d. A minor may not use fraudulent documents to purchase alcohol.

e. A minor may not misrepresent their age or consent of a parent in order to obtain entry to a licensed premises.

There is no case law relating to this section of the statutes that has not been previously identified.

7. A.S. 04.16.080 – Sales or Consumption at School Events. This section prohibits sale or consumption of alcoholic beverages at school events. The investigators found no significant case law relating to this section.

8. A.S. 11.51.130 – Contributing to the Delinquency of a Minor. This section, found in a different chapter of the statutes, provides a broad prohibition against actions that contribute to the delinquency of a minor by a person 19 years of age or older. Although it does not specifically say what constitutes contributing to the delinquency, this refers to aiding, inducing, causing, or encouraging a person under 18 years of age to do anything prohibited by state law (which includes consuming alcohol).

[48] Morris v. Farley Enterprises, Inc., 661 P.2d 167 (Alaska 1983)

In a single piece of significant case law, Newsome v. State of Alaska (1989), the Court of Appeals held that the state cannot convict and sentence a person under two separate charges for the same action. In this case, the state charged an individual with providing alcohol to a minor and contributing to the delinquency of a minor. The court stated that either of the two charges would have been appropriate, but not both.[49]

C. Driving Under the Influence of Alcohol (DUI) and Driver's License Issues. In general, the statutes do not differentiate between driving under the influence as a minor and as an adult. There are different sections of the statutes that address license revocation issues. Although no quantitative data was found to support this, key informants within law enforcement agencies indicated that minors who are caught driving under the influence are charged primarily for that offense but not minor consuming or possession. Other underage passengers who are drinking are likely to be charged with consuming or possession.[50] The following sections deal with driving under the influence. There are other sections of the statutes that address operating commercial vehicles while intoxicated, however, there was nothing in these sections with implications for underage drinking aside from the fact that persons 19 years of age and older can obtain a commercial driver's license.

1. A.S. 28.35.029 – Open Container. This section of the statutes prohibits, with some exceptions, transportation of open containers of alcoholic beverage in a motor vehicle. The investigators found no relevant case law related to this statute.

2. A.S. 28.35.030 – Operating a Vehicle, Aircraft, or Watercraft Under the Influence. This statute prohibits operation of a vehicle, aircraft, or watercraft with a blood alcohol content of .010% or greater, while under the influence of intoxicating liquor or other controlled substance or any combination thereof. The most common frame of reference is the blood alcohol level, which can be objectively measured through a breath meter or blood draw. This section of the statute provides sentences and limitations on the extent to which portions of the sentence can be suspended by a judge. As mentioned earlier, there is no distinction in this section of the statutes between minors and adults with regard to driving while intoxicated.

Although there is extensive case law relating to this section of the statutes, the investigators found only one that relates to underage drinking. In the case of Aiken v. State of Alaska (1987), a minor was arrested for DUI. He was represented by an attorney but his parents were not present at the hearing as required by A.S. 47.12.030. Upon later receiving a second DUI conviction, he appealed the mandatory sentence arguing that, since his parents were not present at the first hearing, it should not be considered in his sentencing for the second arrest. The court agreed, indicating the seriousness with which they view parental involvement in DUI proceedings for minors.[51]

3. A.S. 28.35.031 – Implied Consent. This section establishes the foundation for alcohol content tests of blood or breath. It states that, by operating a vehicle in Alaska, the person is giving consent for a test and that refusal on site is an infraction of the law. There is no difference

[49] Newsome v. State, 782 P.2d 689 (Alaska App 1989)
[50] Dolphin, C. (Anchorage Clerk of Court), Personal Interview, 6/6/00
[51] Aiken v. State, 730 P.2d 821 (Alaska App 1987)

between adult and minors for this section of the statutes. Further, the investigators found no relevant case law relating to underage drinking.

4. A.S. 28.35.032 – Refusal to Submit to a Chemical Test. This section of the statutes makes refusal to submit to a chemical test following a DUI arrest a crime and sets out the penalties. It makes no distinction between adults and minors. There was no case law relevant to underage drinking.

5. A.S. 28.35.033 – Presumptions and Chemical Analysis of Breath or Blood. This defines the blood alcohol levels and their implications for DUI. If the level is less than .05%, then there is a presumption that the person was not under the influence. Between .05% and .10%, no implications are drawn either way but the results may be used in concert with other evidence. Levels of .10% and above imply that the person was under the influence. There is no distinction made between adults and minors in this matter. Although there is no case law as yet on this point, an issue that could arise in the future is with the testing of a minor with a level of between .05% and .10% and the implications considering the age and developmental stage of the person. In other words, a minor with a blood alcohol level of between .05% and .10% will likely be more influenced by the alcohol than would an adult with the same levels. At this point, however, this is purely speculative since there is no precedent.

6. A.S. 28.35.035 – Administration of Chemical Tests without Consent. This section has two main components. First, a person who is arrested for DUI arising out of an accident in which death or physical injury occurred may be tested without consent for blood alcohol level. The second component is that a person arrested for DUI and is unconscious may be tested under the assumption that, since they were driving, they had given consent for a blood test as outlined in A.S. 28.35.031 (Implied Consent). Again, this section makes no distinction between adult and minor, nor does it require parental consent for such a test (there is no mention of parental consent). The investigators found no relevant case law for this section.

7. A.S. 28.15.165 – Administrative Revocations and Disqualifications Resulting from Chemical Sobriety Tests and Refusals to Submit to Tests. This sets out the process for administrative revocation of driver's licenses resulting from DUIs and from refusals to submit to tests. It makes no distinction between adult and minors in this case. There is a separate section of the statute that speaks to revocation of a minor's license for underage drinking not related to driving (A.S. 28.15.183-185). There was no case law related to this statute that concerned underage drinking.

8. A.S. 28.15.166 – Administrative Review of Revocation. This section defines the process of administrative review of the revocation. It defines both the process and the boundaries of issues that may be considered in the review. There is no distinction between adults and minors and no case law relating to underage drinking was found.

9. A.S. 28.15.181 – Court Suspensions, Revocations, and Limitations. This section of the statutes defines the periods of license revocations for first and subsequent offenses for DUI and other offenses. Again, there are no distinctions between adults and minors and no relevant case law.

10. A.S. 28.15.183 – Administrative Revocation of License to Drive. This section deals specifically with minors ages 14 through 20. It provides for the administrative revocation of a minor's driver's license for violation of A.S. 04.16.050 (or a similar municipal ordinance) – underage possession and/or drinking. This is significant because there is no requirement that driving be involved in the offense. The statute was amended in the Twenty-First Alaska Legislature, Second Session (2000) through House Bill 151. This amendment lengthened the time between the original incident and when the revocation takes effect from seven days to 10 days. This section also defines the times of revocation for first and subsequent offenses. In order to have the license re-instated, a minor must complete an alcoholism treatment or alcohol education program as appropriate.

The only relevant case law noted, Rexford v. State of Alaska (1997), was previously cited and held the administrative revocation of license not to be "punishment" for the purposes of double jeopardy.[52] This is distinguished, both practically and technically from the revocation addressed in A.S. 28.15.185, which is a court ordered revocation. Case law relevant to court ordered revocation of a minor's license will be cited in sub-paragraph 12 below.

In the Twentieth Alaska State Legislature, there was an unsuccessful attempt (SB 58) to amend this part of the statutes by increasing the fee for driver's license reinstatement from $100 to $250. The intent was that the funds, although not legally bound, would be targeted to support alcoholism assessment and treatment efforts for adolescents.

11. A.S. 28.15.184 – Administrative Review of Revocation of a Minor's License. This section, which applies to administrative revocations defined in A.S. 28.15.183 above, applies only to minors. It defines the process for administrative review of the revocation. There was no relevant case law noted for this statute.

12. A.S. 28.15.185 – Court Revocation of a Minor's License to Drive. This part of the statutes provides for court-ordered revocation of a minor's driver's license except that applicable offenses do not include underage drinking (A.S. 04.16.050) or DUI. Court-ordered DUI revocations are conducted under A.S. 28.15.181. Revocation of licenses for underage drinking is administrative only and is conducted under A.S. 28.15.183. Up until 1998, possession and underage drinking was included in the court-ordered revocation section but was removed. It now includes only drug and firearm charges.

The only case law noted, State of Alaska v. District Court (1998), was related to the possession and underage drinking issues. It held that, because of the potential loss of license through this court proceeding, the minor was entitled to a jury trial and a court appointed attorney if they could not afford one. It was shortly after this that the statute was amended.[53]

13. A.S. 12.25.033 – Arrest without a Warrant for Operating a Vehicle Under the Influence. This statute allows DUI arrests without a warrant. It makes no distinction between adults and minors. There were no relevant cases noted.

[52] Rexford v. State of Alaska, 941 P.2d 906 (Alaska 1997)
[53] State of Alaska v. District Court, 927 P.2d 1295 (Alaska 1998)

D. Law Enforcement and Related Issues. There are a number of statutes as well as attempted amendments to statutes that speak to law enforcement as it relates to underage drinking.

1. A.S. 47.12.010/A.S. 47.12.020 – Goals and Purpose of Chapter and Jurisdiction. This vaguely worded title refers to the Delinquent Minor chapter that outlines the goals, limitations, and procedures for the juvenile justice system. The second citation defines the jurisdiction as relating to minors under the age of 18. The goals and purposes of the chapter generally speak to responding to the needs of juveniles as a special group with an emphasis on rehabilitation as well as protecting the public and holding offenders accountable. The report includes this citation since, on the surface, it would seem that underage drinking would be covered in this chapter. The investigators found, however, that underage drinking (violation of A.S. 4.16.050) is one of several violations specifically exempted from this system (see sub-paragraph 2 below).

2. A.S. 47.12.030 – Provisions Inapplicable. This section specifically cites A.S. 04.16.050 as a statute that is not covered under the provisions of this chapter. Other infractions not covered are unclassified felonies against persons, arson in the first degree by persons ages 16 and older, and possession of tobacco by persons under 19 years of age. This section states that minors 16 and older will be charged, prosecuted, and sentenced in district court in the same manner as an adult for the crimes listed above. This section is also significant because it requires that parents or legal guardians be present for all such district court proceedings. The investigators noted one court case significant to this section of the statutes, Aiken v. State (1987), in which the Alaska Court of Appeals emphasized the importance of the parent or guardian attending court proceedings by not allowing consideration of a previous DUI conviction in sentencing of a second DUI for the sole reason that the parents did not attend the first trial. The court held this even though an attorney had represented the minor.[54]

3. A.S. 22.15.060 – Criminal Jurisdiction. This section of the statutes defines the crimes over which District Court has jurisdiction. It is noteworthy that misdemeanors and violations of ordinances in general are cited and, in addition, A.S. 04.16.050 (minor in possession and consuming) as well as A.S. 11.76.105 (minor possessing/consuming tobacco) are specifically cited. The change adding A.S. 04.16.050 came about in 1995 when jurisdiction was moved from the Division of Family and Youth Services and the juvenile justice system into district court. The investigators found no relevant case law pertaining to this section of the statutes.

4. A.S. 12.25.030 – Grounds for Arrest by Private Person or Peace Officer without a Warrant. This is a section of the statutes that directly impacts enforcement of underage drinking laws. It gives peace officers the authority to arrest someone, without a warrant, if they have probable cause to believe that the person has committed certain offenses, including violation of A.S. 04.16.050 (underage drinking) regardless of whether the crime occurred in the presence of the officer or not. The statute goes on to say that, once arrested, unless there is lawful reason for continued detention, a person charged with violation of A.S. 04.16.050 will be cited and released to parents or guardians. This section is significant for law enforcement because, in most cases, an officer must observe commission of a misdemeanor in order to arrest the person without a warrant. In the case of underage drinking, the results or evidence of that violation may be perfectly obvious but it might be unlikely that the officer would actually observe the violation.

[54] Aiken v. State, 730 P.2d 821 (Alaska App 1987)

This statute provides the authority to arrest without a warrant while the person and evidence are still at hand.

5. A.S. 12.35.020 – Grounds for Issuance. This section of the statutes refers to search warrants and, with regard to underage drinking, is more important for what it does not say. It does not provide the ability to acquire a search warrant for crimes other than relatively serious crimes such as theft of property or in cases where such property may be used in the commission a crime. This section is also significant in that an attempt was made in the Twenty-First Alaska Legislature Second Session to amend it to broaden the definition of issues covered to include all offenses.

This effort played against a backdrop that included another event. In Juneau, police officers entered a home without a warrant to break up a rather rowdy party where minors were consuming alcohol. Defense attorneys challenged the search as unlawful and the magistrate agreed. With the search thrown out, the charges were basically unsubstantiated and the charges of underage drinking were dismissed. The catch, however, is that the officers could not have obtained a search warrant under current law because the charge of violation of A.S. 04.16.050 does not rise to the level necessary for issuance of a search warrant. In 2000, House Bill 385 was introduced, but not passed, which sought to broaden the justification for issuance of a search warrant to include search for property used in the commission of any offense (alcohol that is used in the commission of underage drinking violations).

6. A.S. 14.30.045 – 14.30.047 – Grounds for Suspension or Denial of Admission/Admission or Readmission when Cause no Longer Exists. These two sections of the statutes refer to suspension and readmission from school. Although not technically law enforcement, they do speak to consequences of action. The statute lists, as one of the allowable grounds for suspension or denial of admission as being "behavior that is inimical to the welfare, safety, or morals of other pupils or a person employed or volunteering at the school." While not specifically identifying consumption of alcohol, it is reasonable that school authorities would view this as authority to suspend or deny admission for consumption of alcohol.

E. Provision of Services. While law enforcement and punitive action is a tool for combating underage drinking, Alaska also uses a preventive and therapeutic approach by establishing prevention and alcoholism treatment programs.

1. A.S. 47.37.045 – Community Action Against Substance Abuse (CAASA) Grants. The Division of Alcoholism and Drug Abuse has the authority to issue grants to communities to combat substance abuse. Although the program purpose is not specifically identified as underage drinking, the majority of activities and programs identified target youth and underage drinking. These programs are community-based prevention programs that offer services such as youth education programs, supervised youth recreational activities, and youth referral for treatment services.

2. A.S. 47.37.130 - Comprehensive Program For Treatment; Regional Facilities. This is a broad section of the statutes that establishes the alcoholism and drug abuse treatment system in Alaska. The statute is written in a generic manner that does not provide guidance on specific population such as youth. There is no mention of youth treatment specifically. This is true even

for discussions of residential care. This is unlike the mental health treatment statute (A.S. 47.30), which provides a great deal of detail concerning admission of minors to inpatient psychiatric care. Alcoholism treatment services for minors are more fully discussed in Section VI of this report.

3. A.S. 47.37.170 – 47.37.207 – Protective Custody, Emergency, and Involuntary Alcoholism and Drug Abuse Treatment. This section of the statutes provides the authority and procedures for taking individuals into protective custody if incapacitated by alcohol or other drugs and for court ordering incapacitated individuals into involuntary treatment. This criteria and procedures are complex, involving a mix of clinical and behavioral criteria. A complete discussion of these procedures is contained in section VI.G, Substance Abuse Treatment Resources for Minors – Protective Custody and Emergency/Involuntary Commitments.

4. A.S. 47.10.011 – Children in Need of Aid. This section defines the conditions necessary for a court finding that a child is in need of aid. Such a finding opens the door for other services and actions by the state. While underage drinking is not specifically identified as a condition that might indicate a child in need of aid, there are several conditions that could be interpreted to include extensive underage drinking as one of the factors:

a. The child is in need of medical treatment to cure, alleviate, or prevent substantial physical harm or is in need of treatment for mental injury and the child's parent, guardian, or custodian has knowingly failed to provide the treatment.

b. The child is habitually absent from home or refuses to accept available care and the child's conduct places the child at substantial risk of physical or mental injury.

c. The child has suffered substantial physical harm, or there is substantial risk that the child will suffer substantial physical harm, as a result of conduct by or conditions created by the child's parent, guardian, or custodian or by the failure of the parent, guardian, or custodian to supervise the child.

The investigators recognize that these applications are, by their very nature, interpretive and widespread application runs the risk of violation of families' rights. The investigators do not suggest any strategy for their application. The investigators merely point out that the wording of the statute seems to allow for a finding of a child in need of aid when significant and persistent underage drinking occurs.

5. A.S. 47.10.014 – Neglect. This section, similar to A.S. 47.10.011 above, identifies conditions under which a court may find that a child is a victim of neglect. This is a relatively short section and, again, does not specifically mention underage drinking. It does contain wording that could reasonably place frequent and persistent underage drinking within the scope of this section. The statute states:

> "For purposes of this chapter, the court may find neglect of a child if the parent, guardian, or custodian fails to provide the child with adequate food, clothing, shelter, education, medical attention, or other care and control necessary for the child's

> physical and mental health and development, though financially able to do so or offered financial or other reasonable means to do so."

The inquiries regarding this statute, as well as A.S. 47.10.011 above, indicate that there is no use of this statute with regard to underage drinking issues. The cautions regarding this section of the statutes are identical to those indicated for A.S. 47.10.011 above.

F. Local Ordinances. There are a variety of local ordinances that have an impact on underage drinking. The most obvious are those ordinances that mirror A.S. 04.16.050 and prohibit possession and/or consumption of alcohol by minors. Investigators noted only a few communities that use local ordinances for addressing underage drinking. The notable point with regard to these statutes is that penalties associated with local ordinances may not exceed those specified in state statute. Some communities have other ordinances in place that assist in addressing underage drinking problems in less obvious ways.

1. Zoning Ordinances. In Anchorage, a license to sell alcoholic beverages requires a zoning variance, which can be revoked by the municipality for non-compliance with laws and regulations. Violation of underage drinking laws has occasionally been used, as justification for action on variances.

2. Allowance for Civil Litigation. The Municipality of Anchorage has a local ordinance that allows licensed establishments to file suit in small claims court against minors who enter their premises in violation of the law. The potential award is only $1,000 and only a few establishments use this tool.

G. Relevant Federal Law. Although underage drinking is not considered to be a "federal crime," there is at least one federal law that impacts enforcement of underage drinking laws. The Juvenile Justice and Delinquency Prevention Act of 1974 (Public Law 93-415) prohibits incarceration of juveniles in secure detention or correctional facilities for commission of status offenses. Minor consuming is clearly a status offense and, according to federal law, youth who are cited for underage drinking may not be incarcerated in a secure adult detention or correctional facility.

H. Conclusion. The Alaska State Legislature, through its enacting legislation, and the Alaska Court System, through its decisions, have crafted a legal system for addressing underage drinking. As can be seen from the above discussions, this system attempts to strike a balance of law enforcement and supportive services. Like every other social ill, society seeks to control and mitigate the debilitating effects of the problem while preserving individual liberties. The legislature has mandated significant penalties for minors drinking that include, in addition to a fine, the loss of driver's license. They have also set substantial penalties for those providing alcohol to minors. The courts have consistently recognized the special nature of minors through rulings. This discussion, however, presents an incomplete picture. The other two "legs" of this system that must be addressed in order to gain a full understanding of the legal system are law enforcement and trial courts. Law enforcement officers operationalize these statutes through their actions on the street while the trial courts award sentences and set conditions for those charged and convicted.

IV. Underage Drinking Law Enforcement.

A. National Enforcement Trends. There is extensive literature on national underage drinking law enforcement. Among the sources, there are several tactics that are consistently considered effective.

1. Proactive Approach. Proactive approaches allocate effort targeted to the early stages of the "underage drinking process" such as attacking the source of alcohol for underage drinkers. Such efforts include registration of kegs, undercover officers placed in licensed establishments, and efforts to make driver's licenses for persons under the age of 21 distinctive. The objective of this approach is to limit the number of youth who consume alcohol as opposed to apprehending and punishing youth after they drink.

2. Comprehensive Strategies. Comprehensive strategies make use of constant pressure applied across a wide spectrum of domains. For example, a comprehensive strategy would allocate resources proactively (as described in sub-paragraph 1 above) while also beefing up patrols in areas known for youth drinking parties, working with prosecutors and judges to ensure swift consistent judicial consequences for drinking, assessment and referral for substance abuse treatment or education services as appropriate, and community education. The major elements of the Juvenile Driving Under the Influence (DUI) Enforcement Program published jointly by the National Highway Transportation Safety Administration, the Public Executive Research Forum, and the U. S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) are:

a. Policy oversight and coordination;

b. Strategic and tactical planning;

c. Reactive and proactive enforcement;

d. Prosecution;

e. Adjudication and diversion;

f. Supervision and treatment;

g. Public education; and

h. Feedback and evaluation.

3. Community Partnerships. Enforcement of underage drinking laws requires a broad base of support and involvement from many different entities within a community. It involves the police, the prosecuting attorneys, the court system, substance abuse services, political leaders, and others (clergy, parent groups, school system, etc.).

4. Planning for the Long Term. Successful efforts typically include a long-term strategic plan for reducing underage drinking over the long term. This also includes a realization that

many indicators of success, such as DUI or MCA arrests may go up over the short term as enforcement effort picks up. Even negative consequences of drinking such as alcohol-related injuries may appear to increase over the short term as medical professionals become more aware of the process and more thorough and inquisitive in their assessments. Well-planned projects should expect and embrace these phenomena as evidence of execution and public involvement in the effort.[55]

5. Use of the Media. There is extensive evidence that underage drinking is impacted by local norms and values.[56] Consistent and appropriate use of the media is a key element in affecting these norms and values. For example, when the state of Maryland passed a .02% blood alcohol content (BAC) level for underage drivers law, a rigorous study was conducted to determine the effectiveness of education campaigns related to the law. An aggressive public information campaign related to the new law was conducted in one county. In the study, surveys were conducted in the subject county as well as in control counties, which showed youth in the subject county had a greater knowledge of the BAC limit. Additionally, motor vehicle crash data showed that the percentage of drivers in crashes who were judged to have been drinking declined by 44% in the subject county while declining only 30% in the control counties.[57]

B. Overall Statewide Trends. To some extent, examination of statewide strategies for enforcement of underage drinking laws is almost a contradiction of terms. Enforcement of laws, including those related to underage drinking, is a local issue for each community. While Title 4 of the Alaska Statutes sets the legal standard, local communities develop their own strategies for enforcing the law. Most communities use the state statutes to address underage drinking although a few communities have their own ordinances that address the issue. Local ordinance, however, cannot be more stringent than the state statute. Enforcement of underage drinking laws can be approached from a number of different perspectives. The most obvious is the citing of underage drinkers for consumption or possession under A.S. 04.16.050 or a local ordinance. A second enforcement strategy, particularly in larger communities, is to concentrate on licensees of the Alcoholic Beverage Control (ABC) Board using surveillance and "stings" to enforce the statute that prohibits selling alcohol to minors. Communities can also use other tools such as zoning laws and the permitting process as leverage to help ensure compliance with laws regarding selling to minors or allowing minors on the premises. Finally, larger communities, having a wider range of resources, can put together special programs or efforts that specifically target underage drinking using some innovative methods.

1. Authority Used. With regard to citing underage drinkers, most communities use Title 4 of the Alaska Statutes, issuing citations for violation. A few communities use local ordinances, but the process is essentially the same; a citation is issued. The laws relating to selling or distributing to minors or allowing minors on licensed premises are state statutes with major

[55] National Highway Traffic Safety Administration, "Strategies for Success: Combating Juvenile DUI," Internet Web Site http://www.nhtsa.dot.gov/people/injury/alcohol/juvenile dui, 2000

[56] National Highway Transportation Safety Administration/National Institute on Alcohol Abuse and Alcoholism, Sentencing and Dispositions of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors, Washington, DC, 2000

[57] Apsler, R., Char, A., Harding, W., and Klein, T., The Effects of 0.08 BAC Laws, National Highway Transportation Safety Administration, Washington, DC, March 1999

enforcement efforts centered on coordinated efforts between selected police departments and the ABC.

2. Enforcement of Underage Drinking Laws (EUDL) Grant/ABC Board. The ABC Board is currently managing a grant from the Alaska Division of Juvenile Justice that originates from the OJJDP. This grant provides resources to the following police departments to attack the underage drinking problem through enforcement of laws:

a. Anchorage (Anchorage also has an EUDL grant of their own);

b. Fairbanks;

c. Juneau;

d. Wasilla; and

e. Nenana.

North Pole, which had originally expressed an interest in participating, opted out of the project. Through this grant, police departments are provided with funding that can be used in a number of ways. All of the communities use at least part of the funding to pay overtime for officers to make specific, youth-related patrols. Youth-related patrols are patrols that are placed in service for the specific purpose of dealing with youth issues and enforcing youth-related offenses such as minor consuming. A considerable amount of effort has also been allocated to monitoring ABC licensees for compliance with the law. During the period of this inquiry, for example, a major licensee enforcement effort was conducted in Juneau in which bars and package stores were monitored using "sting" operations by Juneau representative of the ABC Board in cooperation with the Juneau Police Department. As a result of these efforts, several package store employees were convicted and incarcerated. The Anchorage Police Department also conducted licensee-monitoring operations during the period concentrating on restaurants, package stores, and bars. In their checks, nine of ten restaurants sold alcohol to minors and about 35% of package stores sold to minors. By contrast, they found few problems in the bars.

3. Overall Trends and Attitudes.

a. ***Law Enforcement Activities.*** Other than the targeted efforts being made with grant funds by the ABC Board in partnership with police departments, the investigators found no evidence of a systematic statewide strategy specific to enforcement of underage drinking laws. Generally speaking, officers on patrol react to situations they encounter (minor consuming, DUI, etc.) and respond based on situations competing for resources and the amount of resources available. When underage drinking is encountered, it is almost invariably dealt with by issuing a citation (similar to a traffic ticket) and, if time and the situation allow, either calling the parents or taking the youth home. There are rare instances where youth are taken into protective custody, which is related to the safety and health of the youth. Federal law prohibits incarceration of juveniles for status offenses. An example of protective custody would be if the youth had an extraordinarily high blood alcohol level, in which case they might be taken to the hospital or a detoxification center (if available). The maximum fine for the citation is $300,

although the most common fine, particularly for a first offense, was $100. In many cases, community service is used as an alternative in exchange for a dismissal of charges and, depending on the community, may or may not be accepted by the minor in lieu of fine. Occasionally fines are never paid but taken from the Permanent Fund Dividend of the youth, which is viewed as "free money." When data from the Alaska Court System and the Alaska Division of Family and Youth Services/Division of Juvenile Justice PROBER® data system were analyzed, it was clear that the number of court cases increased steadily through the 1990s. The number of MCA cases heard in the district court between 1995, when jurisdiction was first transferred from the Division of Family and Youth Services (Juvenile Justice) and December 31, 1999 increased by 139.2%. The court saw an annual increase of 27.1% in MCA cases.[58]

b. ***Relatively Light Consequences.*** There was a general sense by everyone with whom the investigators spoke, including the District Attorneys, that the change in the statute in 1995 has severely hampered the effort to address underage drinking. Under the old statute, underage drinking by persons 17 or younger was dealt with by the Division of Family and Youth Services (prior to the separation of Division of Juvenile Justice). Youth 18 and older were dealt with in district court. At the time, there was a much greater range of consequences available allowing judges or juvenile probation officers to increase the severity of the consequences with repeat offenses. It also allowed mandatory referral for assessment and treatment if necessary. With the statute as it is today, a judge or magistrate can levy up to a $300 fine and no more. The Department of Administration, Division of Motor Vehicles, can also administratively suspend a minor's license for underage drinking, however, the lengths of time for which they can be suspended are limited to a maximum of one year on the fourth and subsequent offense with much shorter times for prior offenses. Complicating this is the fact that, at least in some rural areas, a driver's license is not a significant issue since many youth never seek a driver's license or the primary mode of travel is snowmobile or 4-wheeler, which do not require a license.

c. ***Community Norms and Values.*** Law enforcement officials also cited community norms and values that support drinking in general and downplay the seriousness of underage drinking making their jobs much more difficult. Community concern is typically limited to the following conditions:

(1) Concern stemming from a tragic event involving underage drinking such as a suicide, homicide, or fatal accident;

(2) Concerns of isolated advocates who press for action but are rarely able to motivate a community over any significant period of time; and

(3) Organized efforts by consortiums or collaborative partnerships in larger communities.

One of the sentiments that the investigators heard from several officers working in rural areas was that communities generally looked upon the law enforcement officers, in terms of underage drinking problems, as "janitors" who were expected to "clean up the mess" when adverse consequences occurred. This perception was voiced primarily in the rural areas. Officers also

[58] Alaska Court System, unpublished data, Anchorage, AK, August 2000

believed that drinking behavior by adults was a major factor in the level of concern over underage drinking. Adults who are heavy consumers of alcohol are not likely to be enthusiastic about curbing underage drinking; they often view it as a "rite of passage." While these norms and values do not necessarily prevent officers from enforcing underage drinking laws, they do foster a sense of isolation in the officers, as if they are they only ones in the community who care.

d. ***Enforcement Focus Efforts.*** Except in the major communities working with the ABC Board, the focus of most law enforcement effort tends to be on citing underage drinkers. The process is relatively easy and, since most minors cited do not challenge the citation, it presents a minimum disruption of the officers' schedules (unless they get "tied up" with a difficult case). Concentrating on distributing or selling to minors involves misdemeanors that must be prosecuted by District Attorney offices. Because of scarce resources, only the most serious of these offenses are prosecuted. When serious offenses occur that involve alcohol, in most cases, the youth is not cited for minor consuming but charged with the more serious offense. Although the alcohol involvement is part of the case file, it is not stored in any data set that would allow systematic retrieval and analysis. Other approaches, such as zoning and use permits, are rarely used, even in the larger communities.

e. ***Local Option Law.*** Alaska Statute 04.11.491 authorizes individual communities to determine the extent to which alcohol is allowed in the community. Communities can be classified as "wet" where import, sale, possession, and consumption are all allowed. Other communities are defined as "damp" meaning that there is some restriction on importation or sale but possession and consumption are not prohibited. Still other communities are classified as "dry" where importation, sale, possession, and consumption are prohibited.

C. Specific Community Findings. While the above represents a general summary of the findings, the following provides a detailed description of what the investigators found through interviews of law enforcement officials and others in the specific communities sampled.

Community	Anchorage	
Individuals Interviewed	**Name**	**Title**
	Mark Mew	Deputy Chief of Police
	Bruce Richter	Captain, Patrol Supervisor
	Dave Parker	Detective, Major Crimes
	Charlene Dolphin	Anchorage Clerk of Court
	Doug Griffin	Director, ABC Board
	John Bilyeu	Investigator, ABC Board
Authority used to Cite	Local Ordinance	
Data Collection	Collected and entered into computer for citations. Good data is available through the court system.	
Procedures	Officers on patrol issue citations. Underage youth who are cited must appear in person before the magistrate for imposition of fine. A parent or guardian must also accompany youth. Youth who are intoxicated to the point of being a danger to themselves or others due to the amount consumed are dealt with through medical procedures (emergency room, etc.). Unless there is some clear reason for holding youth, they are cited and released to parents or guardians.	
Local Option Status	Wet (importation, sale, possession, and consumption of alcohol is legal)	
Findings	1. Officers react to instances of minor consuming in the context of everything else happening at the time. 2. In addition to using grant funds to provide extra patrol resources, Anchorage has used part of its grant funding to purchase portable breath testers (PBT). 3. The community is working on a diversion program that will move youth out of the court system. A community coalition of stakeholders is involved including judges, health administrators, alcoholism and drug abuse professionals, and municipal staff. 4. Police department acts on intelligence to intervene in large youth parties held in remote areas. These parties are organized and admission is charged. While the organizers do not sell alcohol, it is generally known that youth bring alcohol with them. Police also act in collaboration with State Troopers to intervene. The parties are sometimes organized by local interests and sometimes by out-of-town promoters. 5. Police recently conducted sting operations in bars, package stores and restaurants as a part of the EUDL grant. They found widespread compliance at the bars – of the 400 to 500 IDs checked in a sweep of bars, there were no underage persons found. In a check of package stores conducted on two different nights, they noted non-compliance of about 35%. In a controversial check of restaurants, a youth entered accompanied by three adults, they all sat together and, during the course of their stay, all ordered drinks. In 9 of 10 restaurants checked, alcoholic drinks were sold to the minor. There has been a great deal of criticism of this tactic; critics claim that, although legal, is very close to entrapment. 6. Anchorage has the ability to use the zoning and permitting process to	

	enforce alcohol-related laws. The Municipality gets a copy of all ABC Notices of Violation and can act to revoke the conditional permit that is required of all facilities. Although this is in place, it is not extensively used. 7. Anchorage also has an ordinance that allows private establishments to file suit in small claims court against minors who enter their premises illegally. The amount that can be claimed is $1,000. A few major establishments use this. 8. All staff of licensed establishments must receive alcohol server training. Staff who sell to minors and are caught are sometimes sent back for re-training, but most often they are fired.
Perspectives and Opinions of Law Enforcement Officials	1. While youth who are cited can request a trial, that happens at about the same rate as regular traffic tickets are contested – very rarely. 2. The general sense, at both the ABC Board and the police department, is that licensees genuinely desire to comply with the law. One of the main problems, at least at package stores, is the caliber of staff they have. In general, their workers are at the low end of the wage scale and often lack many of the skills necessary to obtain ID and avoid selling to minors while, at the same time, not offending legitimate customers. 3. Police department leadership, as well as patrol officers, expressed dissatisfaction with the current statute for underage drinking. There are limited consequences for violation and the consequences in place are not serious enough to deter use by minors. They also note that misdemeanors for selling to minors or allowing minors on the premises are not prosecuted by the DA because of scarce resources. 4. Finally, the local norms and values around consumption of alcohol tend to lessen the perception of seriousness associated with minor consuming.

Community	Fairbanks	
Individual Interviewed	**Name**	**Title**
	James Welch	Deputy Chief of Police
Authority used to Cite	Local Ordinance/Title 4	
Data Collection	The police department upgraded their system two years ago. Data is collected internally. Citations are filed with the district court and are available in the court data.	
Procedures	Officers who encounter underage drinking intervene as the situation dictates. Youth are cited and appear before the magistrate. These are expedited and the magistrate often orders youth for assessment. The consequences include fines and/or community service. Fines tend to be minimum for the first time ($100) increasing with subsequent offenses.	
Local Option Status	Wet	
Findings	1. The Fairbanks police work in collaboration with other police departments within the North Star Borough since there is no unified government. These other departments include the University Police, North Pole Police Department, State Troopers, and the Military Police from nearby installations. 2. Fairbanks has instituted curfew hours and also has reduced bar hours as another tool for addressing underage drinking. 3. Fairbanks, being part of the EUDL grant, uses funds to pay for additional patrol resources. They conduct sting operations at licensed establishments. 4. Fairbanks uses a community-policing model where the police work with community representatives to address problems that are important to the community. This venue is also used to address underage drinking problems. 5. Like Anchorage, Fairbanks experiences the large, organized (and sometimes unorganized) youth parties in which alcohol is present. Sometimes these parties are at predictable locations while other times the police receive intelligence that they act on. 6. A Drug Abuse Resistance Education (DARE) officer is in place in the school system as another tool in the effort to prevent underage drinking	
Perspectives and Opinions of Law Enforcement Officials	1. Like other locations in Alaska, alcohol is seen as a part of the local culture and values. These values around alcohol consumption tend to diminish the seriousness of minor consuming in the minds of citizens: "I would rather have them drinking than smoking pot." 2. There is a problem with youth who are sent unsupervised from surrounding villages into Fairbanks to see relatives. They come with money and often end up drinking on the streets.	

Community	Juneau	
Individual Interviewed	**Name**	**Title**
	Steve Hernandez	Sergeant, Juneau Police Dept.
Authority used to Cite	Title 4	
Data Collection	Data is collected/available for use in pursuing drug-free school funding.	
Procedures	Citations issued when underage drinking encountered. All individuals cited appear either before the magistrate with other traffic violations or at the After School Court on Fridays. A breath test is administered to all youth cited. If BAC is under .10%, the youth is cited and parent contacted. If they are unable to contact a parent, the youth is taken to Juneau Youth Services. If the BAC is over .10% and ambulatory, they are taken to Johnson Youth Center for a protective custody hold. If they are not ambulatory, they are taken to the hospital	
Local Option Status	Wet	
Findings	1. Juneau participates in the EUDL grant with funds going to provide additional patrol resources. They cooperate with the ABC Board to set up sting operations and recently conducted a series of restaurant, bar, and package store stings. In one case, a package store employee was sentenced to both a fine and incarceration for serving a minor. 2. Occasionally the police department is asked by parent groups to make presentations or provide information, which they do. 3. There is a DARE program in place in the elementary and middle schools to address underage drinking issues. 4. Dealing with a minor consuming incident, issuing the ticket, contacting the parent for disposition is time consuming and, if large numbers of youth are involved, this can tie up officers for hours leaving portions of the borough uncovered by patrol.	
Perspectives and Opinions of Law Enforcement Officials	1. A City and Borough of Juneau ordinance allows alcohol in some city parks and ball fields, which makes enforcement of minor consuming laws more difficult. The police also feel that this sends a mixed message to youth since alcohol is often consumed at sporting events. 2. Advocacy efforts are event-driven. They tend to pick up speed after some tragic event and will go for a while before fizzling out. Opponents of prevention and law enforcement in this area tend to be individuals rather than organizations. 3. The alcohol consumption of teens generally parallels that of adults in the community. Local norms and values do not discourage underage drinking. They generally hear "kids will be kids." Adults often purchase and furnish alcohol to minors. 4. The Police generally feel as if the 1995 change in the statutes has made matters worse for addressing underage drinking problems. There is no provision for securing a youth with a BAC under .10% so they are issued a ticket only (unless the parent cannot be contacted).	

Community	Barrow	
Individual Interviewed	**Name**	**Title**
	Paul Carr	Chief of Police
Authority used to Cite	Local Ordinance	
Data Collection	Data collected in central city system. 149 citations in 1999; 128 citations in 1998. Data is used in grant applications for drug-free schools and DARE program.	
Procedures	When minor consuming encountered, a citation is issued. All minors cited appear before the magistrate. If a responsible adult/parent/guardian can be contacted, the minor is taken home. If the minor is severely intoxicated, they are taken to the local detoxification center, if cooperative, after examination at the hospital emergency room. If the youth is uncooperative, they are held in restraints at the hospital. For youth who are not severely intoxicated, the procedure is to keep them in custody until the parents or guardians are located.	
Local Option Status	Damp (importation and possession allowed; no local sales)	
Findings	1. There is a youth facility in the design/construction stage using funds from the local tribal organization. Police have been involved in the design process. 2. Some of the drinking by teens is at parties but it is also not unusual to have teens drinking alone on the streets. This creates a severe public safety issue in the winter. 3. Barrow is a damp community and much of the law enforcement effort is targeted to illegal alcohol. 4. There is a DARE officer in the elementary and middle schools who do prevention presentations.	
Perspectives and Opinions of Law Enforcement Officials	1. Scarce treatment resources make proactively addressing the problem difficult. 2. There are not enough serious consequences to deter use. The small fine and community service have little impact. 3. There was, at one time, a Community Panel (See Section V.H) that worked in conjunction with the Probation Office and was perceived to be very effective. It is now being revisited. 4. The Mayor has recently set up an alcohol-focused task force that Chief Carr believes will help to unite factions of the community regarding alcohol issues, including underage drinking. The police are participating in that task force. 5. Local norms and values around consumption of alcohol have a major impact on attitudes about underage drinking. Alcohol consumption by adults is high in Barrow and this colors opinions and perspectives about consumption by youth.	

Community	Dillingham	
Individual Interviewed	**Name**	**Title**
	Geoff Engleman	Sergeant, Alaska State Troopers
	Greg Donewar	Dillingham Chief of Police
Authority used to Cite	Title 4	
Data Collection	Troopers enter data into the Alaska Public Safety Information Network (APSIN) and data is tracked there. Data is available through the court system. The Dillingham Police track data internally but they are not reported as alcohol-related juvenile crimes. The police report about 6 citations per month.	
Procedures	For both organizations, an alcohol breath test is given and a citation issued. They are released to parents or guardians. If a parent or guardian cannot be found, they are kept in a juvenile non-secure setting until they are sober. If they are unconscious, they are taken to the hospital and placed in protective custody. The cited youth appear before the magistrate. Maximum fine is $300; community service is an alternative that is used.	
Local Option Status	Wet	
Findings	1. Youth tend to consume more distilled spirits than beer or wine. 2. The provision for administrative suspension of drivers' licenses in this area has less meaning than in urban areas since other modes of transportation are common.	
Perspectives and Opinions of Law Enforcement Officials	1. Family consumption of alcohol in the region is extremely high, which tends to increase consumption levels for minors. 2. The maximum fine for underage drinking is seldom invoked due to low income in areas. 3. Prevention and advocacy efforts are (1) event driven (occur in response to some tragic or traumatic event), and (2) focused more on the general population than on any one subset. 4. Although consumption of youth is perceived as high, there is also a perception among the police that the intoxication levels are rarely high and drinking on a daily basis is not common. The Dillingham Police do not think that adolescent parties occur with regularity.	

Community	Sitka	
Individual Interviewed	**Name**	**Title**
	Dawn Augustus	Police Community Relations Officer
Authority used to Cite	Title 4	
Data Collection	Data on youth drinking is collected internally and used to seek funding. In 1999, 114 teens were cited for underage drinking.	
Procedures	Citations are issued and youth appear before the magistrate. Fines are imposed and alcohol assessment may be ordered. Parents are contacted and/or youth taken home. If intoxication is severe, youth is taken to the hospital (Sitka Community Hospital or Mt. Edgecumbe depending on status).	
Local Option Status	Wet	
Findings	1. With the new police chief last year, a stronger emphasis has been placed on minor consuming with increased patrols. 2. There is no support for teens (Alateen or teen-focused AA).	
Perspectives and Opinions of Law Enforcement Officials	1. Local norms and values around alcohol exacerbate the problem. Parents condone drinking parties – "better to have them drinking at home than driving intoxicated." 2. There is a perception among the police that there is increased minor consuming in public compared to past years. They also perceive that the underage drinking problem is greater than the 114 citations indicate. 3. Sitka Prevention and Treatment Services (SPTS) is viewed as a major resource in the community and are strong advocates for alcohol and drug prevention.	

Community	Nome	
Individual Interviewed	**Name**	**Title**
	Ralph Taylor	Chief of Police
Authority used to Cite	Title 4	
Data Collection	Information collected internally. Approximately 17 citations per month; some of these are for youth from villages who come into Nome.	
Procedures	Citation is issued, youth appear before the magistrate. Fine imposed. The court usually requires alcohol information class. Referral may be made to a life skills program called "Life Choice." Adolescents are held until parents can be contacted; Title 47 protective custody holds are sometimes used if the criteria are met.	
Local Option Status	Wet	
Findings	1. Although the majority of youth cited have their driver's license suspended, this has little impact since most do not drive anyway.	
Perspectives and Opinions of Law Enforcement Officials	1. Contact with the community regarding underage drinking usually takes the form of frustrated parents who want the police to take care of the problem with their child. The small amount of advocacy that happens is typically event-driven. 2. Community norms and values create apathy about alcohol in general and particularly among youth. It is not seen as a problem until it causes a problem. 3. The police perceive alcohol use in Nome, including use by minors, as very high.	

Community	Homer	
Individual Interviewed	**Name**	**Title**
	Sergeant James Hibpshman	Alaska State Troopers
Authority used to Cite	Title 4	
Data Collection	Case number is assigned and the citation is logged. Data available through APSIN or Court System. About 10 citations are issued per month.	
Procedures	Minor consuming citations are handled as any other call. A citation is issued. If the youth is very intoxicated, a Title 47 protective custody hold is used. Intoxicated youth are screened at the hospital and left if necessary. If they do not meet hospital admission criteria, they are placed in a visitation room and someone is hired to watch them until they are released. Parents/guardians are notified. For adolescents not intoxicated, the citation is issued and parents are notified, however, Troopers do not take them into custody or stay with them. All cited youth appear before Magistrate. Fines and/or community service are imposed.	
Local Option Status	Wet	
Findings	1. There is no 24-hour coverage in Homer. Youth know what the coverage hours are and are able to avoid contact. 2. Troopers are not equipped to deal with large parties (200 or more youth).	
Perspectives and Opinions of Law Enforcement Officials	1. Strong community culture that supports drinking and marijuana use – sends clear message to youth. 2. Current law has insufficient consequences to deter drinking. The loss of driver's license, with its current short time frames, is not seen as a serious consequence by youth. 3. According to the troopers, some local ethnic groups, such as the Old Believers (religious group of Russian descent residing as a discrete community), view drinking by teens as acceptable.	

Community	Bethel	
Individual Interviewed	**Name**	**Title**
	Duke Ballard	1st Sergeant, Bethel Police Dept.
Authority used to Cite	Title 4	
Data Collection	Data collected on citations issued. Entered into APSIN and retained locally.	
Procedures	Youth cited. The decision regarding immediate disposition of youth is at the officer's discretion. Youth are usually taken home but, if severely intoxicated, they can be taken to the hospital for screen and/or admission. Cited youth appear before the Magistrate; fine imposed.	
Local Option Status	Damp	
Findings	1. Illegal shipments of alcohol into Bethel are a major concern. They estimate over 20,000 illegal shipments per year enter Bethel. They are currently working on a system of central distribution for all imported alcohol that will (1) allow for better control, and (2) allow for collection of local sales tax. (Note: The ABC Board confirmed this effort). 2. If youth are ordered for assessment, there is no clear mechanism for tracking compliance; high rate of repeat offenders seen in the system. 3. The vast majority of crimes in Bethel are alcohol-related. This community of 19,000 (includes villages) had 13 homicides last year!	
Perspectives and Opinions of Law Enforcement Officials	1. Local norms and values in Bethel support high consumption by both adults and youth. 2. Prevention and Advocacy efforts are event-driven, usually as a result of a tragedy involving alcohol. 3. Current law is seen as "toothless" treating minor consuming like a traffic violation. Provision for loss of driver's license is meaningless in Bethel.	

Community	Toksook Bay	
Individual Interviewed	**Name**	**Title**
	Robert Pitka	Village Public Safety Officer (VPSO)
Authority used to Cite	Title 4	
Data Collection	Information is kept in individual file only. Any data must come from the Court System. Generally, they do not see more than 2 per month	
Procedures	Youth caught consuming are cited at the discretion of the VPSO. There is a sense in the village of which kids are problems and which are not. This impacts the decision-making process. Youth who are cited are taken home if intoxicated. Some youth are referred to the village counselor.	
Local Option Status	Dry (importation, sale, possession, and consumption prohibited)	
Findings	1. There is a higher rate of use in the summer by adults and adolescents.	
Perspectives and Opinions of Law Enforcement Officials	1. There is a perception that, in Toksook Bay, there is less drinking in general than in past years. 2. There is a greater community awareness of alcohol problems than in the past.	

Community	White Mountain	
Individual Interviewed	**Name**	**Title**
	Dan Harrelson	VPSO
Authority used to Cite	No citations issued to date	
Data Collection	None	
Procedures	Strategy is generally to concentrate enforcement efforts on adults furnishing alcohol to minors.	
Local Option Status	Wet	
Findings	1. Community-based suicide prevention program, which has a part-time coordinator, is effective when available. 2. Medical clinic not used for detoxification. 3. A clinical psychologist occasionally comes from Nome (Norton Sound Health Corporation) to do counseling with teens. 4. The youth of the village initiated a petition to make the village dry but it failed. 5. DARE program delivered to grades 4 through 6.	
Perspectives and Opinions of Law Enforcement Officials	1. Misdemeanor offenses regarding underage drinking and furnishing alcohol to minors is viewed as ineffective since District Attorney will not prosecute due to scarce resources. 2. District school counselor seen as effective by the VPSO. 3. Police enforcement of law relating to alcohol with adults sends a message to youth.	

Community	Gambell	
Individual Interviewed	**Name**	**Title**
	Robert Pitka	VPSO
Authority used to Cite	Title 4	
Data Collection	Information is kept in the files but data on minor consuming must be obtained through the court system. Very few citations are issued.	
Procedures	Citation issued. They are referred to Juvenile Intake and go to court. The most common scenario is that the underage drinking is noted in conjunction with some other crime and handled as a more serious offense. Very few "pure" minor consuming instances are noted.	
Local Option Status	Dry	
Findings	1. Large amounts of "home brew" and illegally imported alcohol contribute to the problem.	
Perspectives and Opinions of Law Enforcement Officials	1. Although community is dry, this is not generally supported or observed by the residents. 2. Local norms and values encourage alcohol use. 3. Alcohol consumption patterns for youth are generally continuous drinking. Similar to adult patterns.	

Community	Ruby	
Individual Interviewed	**Name**	**Title**
	Sidney Baker	VPSO
Authority used to Cite	Title 4	
Data Collection	Data is kept locally in a logbook. Although citations are entered into a computer system, he is not able to generate data for minor consuming citations specifically. Must be obtained through the court system.	
Procedures	Citation issued. In most cases, the youth is taken home. If indicated, the youth can be taken to the medical clinic for medical screening. Community service/fine imposed.	
Local Option Status	Wet	
Findings	1. Efforts to take youth home are often complicated by the fact that adults at the residence are intoxicated. 2. In many cases of underage drinking, there are multiple charges, in which case the minor consuming may not be pursued. 3. No alcohol counselors are available in the village; some telephonic counseling available.	
Perspectives and Opinions of Law Enforcement Officials	1. There is a perception that multiple citations are needed before any consequences will be imposed. 2. Steady increase in minor consuming over the years.	

Community	Nanwalek	
Individual Interviewed	**Name**	**Title**
	Trooper John Brown	Alaska State Troopers
Authority used to Cite	Title 4 (has never cited anyone there)	
Data Collection	None cited	
Procedures	Most incidents are handled through the village council. Punishment usually involves community service. This is separate from the Alaska Court System.	
Local Option Status	Wet	
Findings	1. The troopers fly in periodically or when needed which makes enforcement of any underage drinking laws problematic. 2. There is no VPSO in the village. The past VPSO indicated that there had been only one adolescent cited in the last ten years.	
Perspectives and Opinions of Law Enforcement Officials	1. There is a great deal of talk about addressing alcohol issues in the community, but local norms and values support consumption.	

Community	Copper Center	
Individual Interviewed	**Name**	**Title**
	Sergeant Rodney Dial	Alaska State Trooper
Authority used to Cite	Title 4	
Data Collection	All data is entered into APSIN. In addition, all calls are logged. Reports can be generated through APSIN and data can also be obtained from the Court System. About 30 citations per year are issued.	
Procedures	For 18-20 year olds, a citation is issued. For those 17 and younger, a uniform summons and complaint is issued. An alcohol breath test is administered. Youth are released to family members; protective custody has not been used to date. Youth appear before magistrate for imposition of fines and/or community service.	
Local Option Status	Wet	
Findings	1. Troopers participate in DARE in the school providing drug and alcohol presentation.	
Perspectives and Opinions of Law Enforcement Officials	2. Community norms and values support use of alcohol, including underage drinking.	

Community	Hoonah	
Individual Interviewed	**Name**	**Title**
	Robert Beasley	Police Chief
Authority used to Cite	In city limits – local ordinance; outside city limits – Title 4	
Data Collection	Data is collected and stored locally that identifies all alcohol-related infractions.	
Procedures	Citations are issued. If necessary, Title 47 protective custody is used. In most cases, the youth is taken home.	
Local Option Status	Wet	
Findings	1. Penalties for minor consuming are light. $300 maximum fine. Loss of driver's license in Hoonah is meaningless since not many teens in Hoonah drive. 2. No teens under 18 have required protective custody to date. 3. Primary enforcement focus is on people supplying alcohol to minors. Those convicted to supplying a second time typically receive very harsh punishment. 4. Having only one liquor store in town enhances the opportunity for surveillance. There is a camera in the liquor store that records the date and time. The cash register date and time stamps transactions. If alcohol is found on the premises with a youth, they can, in some cases, trace the purchase back using the date and time stamps to charge the clerk with distribution.	
Perspectives and Opinions of Law Enforcement Officials	1. Most supplying of alcohol to minors is done by 21 year olds. 2. Chief Beasley feels that surveillance at the one community liquor store is an effective deterrent. 3. Community norms and values encourage alcohol use; the community generally accepts underage drinking. There is a perception that the police are alone in their efforts to curb underage drinking with little support from the community.	

Community	Aniak	
Individual Interviewed	**Name**	**Title**
	Dixie Spencer	Alaska State Trooper
Authority used to Cite	Title 4	
Data Collection	Recorded on case card, entered into APSIN. Paper copy of the citation kept in Aniak for one year. There is a block on the case card that asks about drug/alcohol involvement. Aggregate data available through court system.	
Procedures	Citation issued and the youth is usually taken home. On one occasion, a youth was held at the trooper facility because they were combative. Youth appear before the magistrate. Fines/community service imposed.	
Local Option Status	Wet	
Findings	1. Most of trooper effort regarding underage drinking is related to communication and prevention. There are few citations for underage drinking.	
Perspectives and Opinions of Law Enforcement Officials	1. Alcohol consumption not viewed as a problem until it creates situations that the troopers are expected to "clean up." 2. Bootlegging is an issue that contributes to underage drinking. 3. More people in and around villages seem to be working on sobriety; believes this will help the underage drinking problem.	

D. Law Enforcement Conclusions. With specific regard to law enforcement, the investigators believe the following conclusions are supported.

1. Statewide Enforcement Effort. The concept of statewide underage drinking law enforcement can be more appropriately described as a series of independent community strategies based on prevailing norms and values as well as available resources. The barriers to more focused enforcement regarding youth drinking noted in the sections above are consistent with barriers noted nationally to enforcement of underage drinking laws as reflected in the following quote from the National Highway Traffic Safety Administration and National Institute on Alcohol Abuse and Alcoholism publication Sentencing and Dispositions of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors:

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> "Surveys of law enforcement officers have found that, while police are aware of the extent of Minimum Legal Drinking Age (MLDA) violations in their communities, they often are discouraged from taking stronger action due to factors including:
>
> a. Understaffing, which may force officers to give priority to other law enforcement areas;
>
> b. The low status of MLDA enforcement among police, compared with the enforcement of drug-related offenses; and
>
> c. Officers' skepticism of the courts' handling of MLDA violations in a way that would deter future offenses. Officers reported that the penalties for these

violations were often light and inconsistent, resulting in the perception that enforcement was a waste of time."[59]

The one exception to this is the effort sponsored by the Division of Juvenile Justice using the EUDL Grant and working through the ABC Board with five communities. In the communities that the investigators contacted that participate in this grant, there was enthusiasm for this program. Not only does it provide resources for additional local efforts, but it also brings the expertise and perspective of the ABC Board to the table and provides a forum for the sharing of information, strategic approaches, and problem solving.

2. Alaska Statute 4.16.050 (Title 4). This statute underwent a major change in 1995 that appears, at least from the perspective of law enforcement officials, to have dramatically decreased the effectiveness of underage drinking law enforcement. There are a number of specific issues:

a. Both youth and law enforcement officers generally consider the penalties minor.

b. Citations for underage drinking are generally perceived by youth as similar to traffic tickets, thereby decreasing the perceptions of seriousness.

c. The provisions for driver's license suspension have little impact in rural areas where youth tend to use snowmobiles and 4-wheelers for transportation (which do not require licenses).

d. There seems to be little capacity within the law to escalate consequences for subsequent violations. The maximum penalty is $300 regardless of how many violations occur. If a youth's driver's license is not an issue to them, there is little more than can be awarded other than the repeating fine.

3. Community Norms and Values. In the majority of communities with whom the investigators had contact, there was a clear sense that community norms and values encouraged consumption of alcohol by youth and impeded law enforcement efforts. Community support for enforcement or, for that matter prevention, was primarily event-driven, that is, driven by tragic or catastrophic events related to alcohol. The consistency of this support even after tragic events was not particularly long-lived. Again, we found these reports consistent with national literature in which many communities have been found to treat underage drinking as a normal rite of passage for adolescents.[60]

4. Taking Custody of Underage Drinkers. Each community has adapted to its own situation given its size, resources, and local values. Larger communities, such as Juneau, have a number of resources available where youth can be housed if highly intoxicated. Smaller

[59]National Highway Traffic Safety Administration/National Institute on Alcohol Abuse and Alcoholism, Sentencing and Dispositions of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors, Washington, DC, 2000

[60] Kusserov, R.P., "Youth and Alcohol: Laws and Enforcement – Is the 21-Year-Old Drinking Age a Myth?" Washington, DC, Department of Health and Human Services, 1991

communities sometimes depend on a small health clinic or take the young people home, depending on parents to take care of them. In larger communities, Title 47 protective custody holds are sometimes used but are problematic in smaller villages because of the lack of medical and detoxification facilities and lack or shortage of law enforcement staff to monitor persons in protective custody. In larger communities there tends to be more infrastructure able to support protective custody holds. Law enforcement officials are constrained by the federal Juvenile Justice and Delinquency Prevention Act of 1974 with regards to taking youth into custody for status offenses.

5. Data Systems. The best source of data for minor consuming citations is the Alaska Court System. It tracks every case and can provide identifying information, date, time, charge, disposition, penalty, and community. These data show a dramatic increase in the number of MCA cases during the 1990s. It is not clear whether this increase in cases is due to increased law enforcement effort, increased prevalence of underage drinking, or some combination of factors. Individual police departments maintain information and data as their internal needs dictate. How and what they record varies from community to community and, therefore, makes any meaningful use of the information across communities suspect.

V. Alaska Court System Response to Underage Drinking.

A. General. There are four levels of courts in the Alaska Court System, each with different powers, duties and responsibilities. Alaska has a unified, centrally administered, and totally state-funded judicial system. Municipal governments do not maintain separate court systems. The four levels of courts in the Alaska Court System are the Supreme Court, the Court of Appeals, the Superior Court and the District Court, which includes all of the magistrates. Minor consuming alcohol violations (MCAs) are disposed of in district court, often by magistrates. Other alcohol-related offenses involving persons 18 years of age and older, such as furnishing alcohol to minors and minor on licensed premises, are misdemeanors and are also disposed of in District Court. Other alcohol-related offenses by persons 17 years of age and younger are under the jurisdiction of the Alaska Division of Juvenile Justice.

This report examines the court system and its response to underage drinking issues both as a statewide entity and in terms of the different districts that encompass our sample communities. The districts and associated sample communities are:

1. First Judicial District.
    a. Juneau;
    b. Hoonah; and
    c. Sitka.
2. Second Judicial District.
    a. Barrow;
    b. Gambell;
    c. Nome; and
    d. White Mountain.
3. Third Judicial District.
    a. Copper Center;
    b. Anchorage;
    c. Dillingham;
    d. Homer; and

e. Nanwalek.

4. Fourth Judicial District.

a. Fairbanks;

b. Ruby;

c. Aniak;

d. Toksook Bay; and

e. Bethel.

In addition to the Alaska Court System, there are a series of youth courts and community panels in various stages of development and operation in Alaska. The role of these bodies in addressing underage drinking issues is still unclear with different strategies emerging.

B. Methodology. In developing this report the investigators used key informant interviews with the Statewide Court Administrator, all of the area court administrators, magistrates and judges, a sample of district attorneys, youth court administrators and directors, and key individuals in the communities involved in alternative systems of processing MCAs. In addition to the key informant interviews, the court system provided a record of all MCA cases from 1995 through June 30, 2000. The records sufficient detail to allow us to:

1. Unduplicate the individuals;

2. Conduct a frequency distribution showing how many youth are charged once, twice, three times, etc. for MCA; and

3. Conduct analyses on case dispositions and penalties.

The analysis for this data set is presented in Section VIII, Data Resources and Trends.

C. Minor Consuming Alcohol Violation Processing. The vast majority of youth alcohol-related cases processed by the court system are minor consuming alcohol cases. As indicated in Section IV, Underage Drinking Law Enforcement, most are charged under A. S. 04.16.050. As the law currently exists, this is a violation and is usually processed as a citation. Some of the larger communities have local ordinances under which MCAs are cited but they are still processed in district court since Alaska has a centralized court system. The investigators found, in the communities surveyed, that the vast majority of MCA cases are heard by magistrates, usually together with traffic citations. In Anchorage, there are specific magistrates designated as traffic magistrates that hear MCA cases. In Juneau, cases are heard both by the magistrate as well as by a district judge at the After School Court proceedings on Friday afternoons.

1. Initial Hearing. The initial hearing is set with the magistrate with no case presentations by prosecutors or law enforcement officers. The clerk usually reads the citations and the individual has the opportunity to contest the charges. Key informant interviews indicated that MCAs are contested at the rate of about the same rate of other traffic citations. They indicated that this was rare but did not provide an estimated percentage. Based on rates of disposition for court cases, individuals were found either guilty or not guilty (indicating contest of charges) at a combined rate of 3.7%.[61] If the individual does not contest the charges, then punishment is handed down by the judge in accordance with the statute or local ordinance. Minors under the age of 18 must be accompanied by a parent. If the individual fails to appear or otherwise contact the court to delay the case or make other arrangements, then there is a default judgment issued, in which case the fine awarded is usually the maximum fine allowed with no portion suspended.

2. Further Hearing – Charges Contested. If the charges are contested, then a hearing is set in which the law enforcement officer who wrote the citation presents the case to the judge. Even at this stage, there are not necessarily any attorneys participating (although the individual has the right to have one present). At this stage, the individual can, if they desire, request a trial.

3. Trial. If the individual requests a trial, a date is set and, at that point, the district attorney or municipal prosecutor will become involved. District attorneys indicated that they rarely, if ever, become involved in MCA cases. This is consistent with the court data that indicates contest about 3.7% of the time. Since most cases are not contested, the procedures involve the reading of the citation by the clerk and the awarding of sentence by the judge or magistrate. Unless there is a contest, the citing police officer is not even required to participate.

4. Trends and Observations. As a part of the inquiry, the investigators spoke with all but a few of the magistrates and district court judges handling MCA cases in the sample communities. The investigators asked about their observations in handling these cases and the trends they were seeing. The following is a brief summary of those observations:

a. Many magistrates and judges see MCAs in the course of dealing with other traffic violations so that it is sometimes difficult to know, without some referral to data, the impact of the underage drinking on their caseload.

b. The magistrates and judges do not see a great deal of information on prior offenses before the initial hearing.

c. The existing statute does not allow for a wide range of graduated punishment. Further, the courts have no authority to order assessment or screening for MCA violations. The maximum fine is $300 regardless of the number of previous violations.

d. For those who are cited (and the case not dismissed), their drivers' licenses are administratively suspended by the Division of Motor Vehicles. If the case is dismissed, then the suspension is vacated.

[61] Alaska Court System, unpublished data, Anchorage, AK, August 2000

e. The most prevailing trend among magistrates and judges is to award punishment of a $100 fine for the first offense with a second offense fine ranging between $125 and $150. Third offenses typically draw the maximum fine of $300. Data from the court system confirm these findings and are detailed in Section VIII.B of this report.

f. Some judges and magistrates have customized their approach to include such features as not allowing the parents to pay the fine but to require the youth to pay, although enforcement of such strategies can pose problems.

g. Key informants reported that magistrates in some rural areas of Western Alaska have sometimes been reluctant to levy the maximum fine because of regional economic hardship and the difficulties that it produces for families. According to the key informants, this is particularly true in the Bristol Bay region that has been hard hit by low salmon runs in the past few years. Data from the court system do not universally support this perception. Court data indicate that the combined cases from Dillingham, Bethel, and Naknek had an average fine of $124 and a net fine (after suspension of a portion) of $115 compared to statewide averages of $117 total and $101 net. Investigators found limited support for this perception when looking at the average net fine for cases in Dillingham and Naknek only (Bristol Bay), which was $78 for the period. The average full fine for these cases, however, was $134 compared to $117 statewide.[62]

h. The investigators heard from numerous informants that the fines, in general, have little impact. Some youth do not pay and the ability to collect in those cases is inconsistent. Some youth have the fines taken from the Permanent Fund Dividend and thus have no immediate consequences.

i. The driver's license suspension/revocation can have significant impact in the urban areas with road systems, however, it means very little in rural areas where snowmobiles and four-wheelers are common forms of transportation. There was also a sense that, in some rural areas in Western Alaska, teens were likely to continue to drive even after their license had been suspended or revoked.

j. Magistrates and judges seemed to agree that about 90% of their caseload, including youth cases is alcohol-related. This refers to cases for youth such as unclassified felonies against persons or arson that are heard in district court. This is based on their general impressions and not on a systematic analysis of data.

D. Other Underage Drinking Offenses. Alcohol-related cases other than minor consuming (A.S. 04.16.050) remain under the jurisdiction of the Alaska Division of Juvenile Justice for youth ages 17 and younger. All violations of A.S. 04.16 except A.S. 04.16.050 are considered to be Class A misdemeanors and, for persons over age 18, the cases are processed in District Court. Examples include furnishing alcohol to a minor or minor on premises. Two fundamental differences between these types of cases (for adults) and MCA cases are that (1) the case is presented by a district Attorney or municipal prosecutor and (2) the range of consequences, including mandatory screening or assessment, is greater than for an MCA violation.

[62] Alaska Court System, unpublished data, Anchorage, AK, August 2000

1. Charging Individuals. For individuals arrested by law enforcement officers, the arrest report and other paperwork is transmitted to the appropriate district attorney's office. Complaints can also be issued by the district attorney's office based on reports from other entities such as the Alcoholic Beverage Control (ABC) Board.

2. Arraignment. Individuals charged with misdemeanors involving underage drinking are arraigned before the judge or magistrate where they enter a plea. If they plead guilty or no-contest then they are sentenced without a trial.

3. Trial. If the individual pleads not guilty at his or her arraignment, then the case is set on for trial where the district attorney or municipal prosecutor must present the case. The range of possible consequences for these offenses is greater than with MCA violations.

4. Trends and Observations.

a. There are reportedly fewer of these offenses than of MCA violations. In terms of providing alcohol to minors, there was a sense that minors caught consuming are not likely to provide the information on the alcohol source. Most minors tend not to be on a licensed premise drinking; much youth drinking occurs at parties away from establishments.

b. With regard to furnishing alcohol to minors, this becomes a felony after the second offense. District attorneys report that, because of this, persons charged with this offense are less likely to plead guilty than are persons charged with other related offenses.

c. District attorneys also report that many individuals providing alcohol to minors are using it as a means of having sexual relations with the minor. Many cases of providing alcohol to a minor are accompanied by charges of sexual assault.

d. District attorneys must choose between charging an individual for providing alcohol to a minor and contributing to the delinquency of a minor. Case law dictates that it can be one or the other but not both.

E. Administrative Revocation of Driver's License. Alaska Statute 28.15.183 provides for the administrative revocation of driver's license for individuals cited for MCA violations. The periods of revocation are graduated from a first offense (30 days) to fourth and subsequent offenses (1 year). There has been a recent court decision holding that the State may not administratively revoke the license of a youth if the MCA violation is dismissed. The legislature responded by amending the law to conform to this decision. At the time of this report, there is a challenge in place to the constitutionality of the administrative revocation of drivers' licenses. The future of this tool will depend on the outcome of this case.

F. Other Crimes/Alcohol Involvement. District Attorneys and judges report that other crimes tried in district court, such as assault, usually have alcohol involvement. This information is included in the arrest report and in the district attorney case file. This information may or may not find its way into the court records depending on the individual characteristics of the case. If

alcohol is involved in another crime committed by a youth, there is a high likelihood that a concurrent MCA citation will not be issued simply as a matter of expedience and practicality. The alcohol involvement then becomes an aggravating factor that does not show up in the Alaska Court System data files. For that reason, it is difficult, if not impossible, for the court to report on alcohol-related crimes handled through district and superior court. Unless the charge is specifically alcohol-related, there is no way to quantitatively track this involvement. District attorneys, magistrates and judges all uniformly report that these types of crimes, particularly when committed by youth, almost always have some alcohol involvement. The above discussion refers to crimes committed by minors that are disposed of through district court under the provisions of A.S. 47.12.030 such as unclassified felonies against persons and arson. Alcohol involvement in crimes committed by youth that are adjudicated through the Juvenile Justice System is reflected in the Division of Juvenile Justice data system (PROBER®).

G. Alternative Approaches. In addition to following the procedures noted above, several communities have devised alternative approaches that seek to provide a more therapeutic response to youth caught drinking. These approaches were spawned following the 1995 change in the law that severely limited the range of consequences for MCA violations. The basis for these programs is to allow an alternative to administrative revocation of driver's license for the youth. Of the communities surveyed, both Homer and Anchorage have either implemented or considered implementation of such a protocol. The court, per se, is not involved in this process since it is an alternative to an administrative function (revocation of driver's license by DMV for violation of A.S. 04.16.050 is an administrative function). The following course of events for diversions was considered by a group of Anchorage organizations and interested individuals. It is presented here by way of example but has not been implemented as of this writing:

1. Initial Invoking of the System. At the initial hearing before a magistrate, the individual is advised of the possibility for avoiding revocation of license by participating in the diversion program.

2. Delaying the Administrative Revocation of License. If the individual elects to participate in the diversion program, the Division of Motor Vehicles defers revocation of the driver's license pending completion of the program.

3. Diversion Program. The diversion was intended to consist of an assessment, appropriate treatment services (if indicated), and community work service.

4. Completion of the Program. Once the individual completes the program, DMV is notified and the revocation order for the license is terminated. There is some question about the authority to use the programs in this way.

Included in these alternative approaches are youth courts and community panels. Youth courts are not a part of the Alaska Court System but are, for the most part, funded and operated through grants from the Alaska Division of Juvenile Justice to private, non-profit agencies or local governments. Youth courts are recognized by the State of Alaska through A.S. 47.12.400. Youth courts are authorized to hear cases that fall under the jurisdiction of the Juvenile Justice System as specified in A.S. 47.12.010 through A.S. 47.12.260 where the acts are a misdemeanor

or violation or for violation of a municipal ordinance that prescribes a penalty not exceeding the penalties of a class A misdemeanor under state law. Since MCA violations do not fall under the jurisdiction of the Division of Juvenile Justice, youth courts have no jurisdiction over these violations.

In Alaska, there can be no more than one Youth court within a single jurisdiction; however, multiple jurisdictions may use a single Youth court. There are three basic organizational models for Youth courts: (1) Youth court as a free-standing private, non-profit organization; (2) Youth court as a component or division of a larger, parent private, non-profit organization; or (3) Youth court as a unit organized under a unit of local government.

In addition to Youth courts, as defined in A.S. 47.12.400, Alaska also has organizations called "community panels" that have memoranda of agreement with the Division of Juvenile Justice to hear first-time offender misdemeanor cases. These panels include shoplifting panels, community justice panels, Tribal Courts, Elders' Panels, Peacemaking Circles, or youth courts that involve combinations of youth and adults in ways outside the parameters of A.S. 47.12.400.

Youth courts are used nationally to address a variety of youth offenses and are typically found in four basic models:

- ?? Youth as judge;
- ?? Youth peer jury;
- ?? Youth case presenter – adult judge; and
- ?? Youth case presenter – adult jury[63]

Youth courts typically address a narrow range of offenses as defined by the terms of their grants and local policies and laws. Youth courts and community panels in Alaska receive referrals (first-time misdemeanor offenders) from the Alaska Division of Juvenile Justice. Although Youth court and community panel disposition of referral cases from the Division of Juvenile Justice is governed by statute and memoranda of agreement, Youth courts and community panels may have other activities and relationships developed within their individual communities that fall outside the jurisdiction of the Division of Juvenile Justice. The Kenai Peninsula Youth Court is an example of such an arrangement. They set up a protocol that for handling alcohol-related cases that would have otherwise gone to the district court. This protocol included a referral to the Cook Inlet Council on Alcoholism and Drug Abuse for assessment and appropriate services. This protocol lasted until Cook Inlet Council on Alcoholism and Drug Abuse stopped offering youth services in Homer. The Anchorage Youth Court has also explored the possibility of taking alcohol-related referrals, but the community has yet to come to agreement on proper referral processes. Another difficulty with using youth courts or community panels to hear MCA cases is the lack of authority to handle such cases under statute. The instances in which this has happened has involved a partnership of the local parties including the district court, youth court, district attorneys, substance abuse service agencies, and local police.[64]

[63] Office of Juvenile Justice and Delinquency Prevention, "Teen Courts in the United States: A Profile of Current Programs," Washington, DC, October 1999

[64] Hurr, W., Personal Interview, 9/12/00

In general, youth must plead guilty and agree to participate in order to have their cases heard in youth court. Guilt or innocence is not an issue. The primary function is to determine appropriate consequences. Youth courts do not have the authority to incarcerate or impose fines. Typical consequences include community work service, written essays, or substance abuse assessment.

H. Alaska Court Data System. All cases that enter the court system are recorded in their data system. The data system records the case number (which denotes community), name, date of birth, charge, disposition, penalty, and date of disposition as a minimum. The system is maintained at the state level; however, data is entered from each court. The data, unlike many state data systems, is relatively current with all data through June 30, 2000 (presented in Section VIII). While the database contains data that would be very useful to state agencies such as the Division of Juvenile Justice or the Division of Alcoholism and Drug Abuse, it is designed such that electronic data files (Excel® or Access®) cannot be generated. All raw data files are produced in paper format.

I. Observations of Judges, Magistrates, and District Attorneys. In addition to the information contained above, the following represent the views and impressions of the legal professionals who deal with underage drinking within the Alaska Court System.

1. The 1995 changes in the law have dramatically decreased the ability of the court system to address underage drinking in a positive, proactive way. For MCAs, the law has reduced underage drinking to the status of a traffic ticket, thereby contributing to the lack of seriousness associated with the issue.

2. The fines and administrative revocation of driver's license are not generally considered to be effective. Even in cases where a youth is given choices to participate in diversion programs, the cost and effort of the diversion program sometimes outweigh the fines, which impedes participation.

3. In most communities, there are a set of underlying norms and values that encourage alcohol consumption in general. This feeds over to a passive acceptance of youth drinking.

4. There is not widespread agreement on the authority of the courts or associated systems to be operating alternative diversion programs. There is a general desire that the legislature define that authority in statute and allow more communities to find solutions that produce positive results.

5. There are instances, particularly in villages, in which local law enforcement, VPSOs, Village Police Officers (VPOs), or Alaska State Troopers, refer MCA cases to tribal or village councils for resolution. Some of these villages have community panels with memoranda of agreement with the Alaska Division of Juvenile Justice as outlined in sub-paragraph H.2 above while other Village councils are not affiliated with the Division. The latter cases are most prevalent in Western Alaska in villages such as Kipnuk and Kasigluk. According to the Alaska Department of Public Safety, cases of underage drinking that are handled through these types of community councils are handled more expeditiously and, because teens are facing members of the

community with whom they are very familiar, the system seems to be more effective. These cases never make it to the Alaska Court System.[65]

6. While most members of the judiciary were frustrated by the 1995 changes in the law, they readily admit that, even prior to 1995, the law was not used as effectively as possible in early identification and intervention of teens with drinking problems.

7. Although judges and magistrates do not have the ability to order minors cited for MCA to receive assessment and treatment, they did indicate the perception of need for greater treatment resources for minors.

[65] Norris, D., Captain, Personal Interview, 9/29/00

VI. Substance Abuse Treatment Resources for Minors.

A. Introduction to Treatment Concepts. Substance abuse treatment is a subject that gets a great deal of mention in literature, interviews, and discussions of underage drinking. While treatment is often referred to generically, there is a wide range of activities and services that constitute substance abuse treatment. Any given community can have some, none, or all of these services available in the community as well as access to other services through the use of itinerant professionals and patient transfer to other communities. The following is an overview to the principles of substance abuse treatment.

1. Range of Services. Substance abuse treatment services include all of the services on a continuum from alcohol screening to long-term residential care. The following is a brief description of the major components in a comprehensive substance abuse treatment program. Targeted services for special populations will be covered in the following sub-paragraphs.

a. ***Alcohol Screening***. Alcohol screening is a service designed to "screen out" individuals who have an indication of alcohol involvement but who obviously do not need treatment. Given that alcohol consumption is legal (for adults), it is logical that a certain percentage of these will experience an incident or adverse consequences in which alcohol plays a role. Not all of these individuals, however, need substance abuse treatment. Screening is a process designed to provide a quick overview of the alcohol involvement of these individuals and eliminate those individuals who apparently do not need treatment. Those who do not "screen out" are provided with a more detailed assessment.

b. ***Assessment***. For individuals who appear to have a problem with alcohol that might be well served through treatment services, a comprehensive assessment is performed to determine (1) the extent of their problem, and (2) needed treatment services. It is a more detailed and exhaustive process than the screening. A variety of assessment tools and instruments are used to help ensure that appropriate treatment referrals are made. One of the things accomplished in a thorough assessment is the assignment of a diagnosis, which formally identifies the type and severity of the problem.

c. ***Alcohol Information School***. While not formally a component of treatment, alcohol information school is typically the first level of intervention in alcohol abuse (other than population-based prevention). It is generally appropriate for individuals without a history of alcohol abuse, those individuals who have experienced a problem for the first or even second time. Although the length of alcohol information school varies from program to program, they are typically between eight and 20 hours long. The goal of alcohol information school is to provide individuals with sufficient information to make good decisions about alcohol use. It is not generally considered to be appropriate for persons who are alcohol dependent since the only accepted choice for those individuals is to not consume alcohol at all.

d. ***Outpatient Treatment***. Outpatient treatment services include one-to-one counseling, group counseling, and education. It is appropriate for persons that do not need the structure of a residential program and who are functional enough to manage their own affairs, keep appointments, and maintain a day-to-day life. Outpatient treatment is the least restrictive of

the true treatment options. It is generally not considered appropriate for individuals who have previously demonstrated an inability to maintain sobriety or treatment progress in an outpatient setting. Outpatient treatment typically consists of one or two meetings or appointments per week, each lasting from 50 minutes to three hours, depending on the specific activity. Outpatient treatment programs are the most common services available and most communities with more than 1,000 people have some form of outpatient services. Treatment in outpatient programs, while designed to meet the needs of individuals, tends to last between three and six months.

e. ***Intensive Outpatient Treatment***. Intensive outpatient treatment is a variation of outpatient treatment characterized by more frequent and longer sessions. Intensive outpatient treatment has much of the same activities as regular outpatient but the individual might receive services three to five times per week. Patient treatment is more aggressively managed in intensive outpatient treatment with more short-term goals and more frequent progress assessment. Intensive outpatient, where available, is appropriate for those individuals who need more structure than regular outpatient provides but may not need the rigor of a residential or day treatment model. Intensive outpatient programs are much less common than the regular outpatient and often individuals who need more than the regular outpatient are often moved directly to residential care. Intensive outpatient treatment is likely to last between one and two months and with a coordinated step-down to regular outpatient treatment as the patient's needs dictate.

f. ***Day Treatment***. Day treatment is a relatively rare program component in which individuals sleep at home but attend treatment activities all day every day. It is more common in large, urban areas where there is a high demand for rigorous treatment by individuals who have homes and supportive family or friends. One variation of day treatment is collaboration with a structured housing program that provides a safe place to live and sleep at night and a rigorous substance abuse treatment program during the day. Day treatment programs can last anywhere from three or four weeks to six months. A variation on this is a short period of day treatment with a step down to intensive outpatient or regular outpatient, as the patient's needs dictate.

g. ***Residential Treatment***. Residential treatment is provided to those individuals who are unable to progress in a less structured setting. It provides a form of "wrap-around" services in which virtually all of the individuals' daily affairs and activities are aggressively managed. The treatment services include individual and group counseling, case management, education, recreation or activity therapy, nutritional assessment and monitoring, and medical care. Residential care is typically appropriate only for those individuals with a demonstrated inability to respond or progress in an outpatient setting. The length of residential care can vary from short stays of several days to long-term lasting more than a year. The length of stay is typically customized to the needs of the individual patient.

h. ***Detoxification***. Detoxification is the process of managing the patient's withdrawal from alcohol or other drugs. This process, which typically lasts two to seven days, involves monitoring of the patient, particularly the vital signs, and administration of withdrawal management medication as indicated. The most common setting for detoxification is in a medical setting, however, social detoxification and even outpatient detoxification have been used with some success. Aside from assuring patient safety, another typical goal of the detoxification

component of care is to conduct a thorough assessment of client needs and make a referral to an appropriate level of treatment.

i. ***Transitional Housing***. Transitional housing is a housing service that provides a structured living environment appropriate for individuals in early recovery. One form of transitional housing is the "halfway house" common in many substance abuse programs. Transitional housing is typically sober housing with varying levels of built-in support such as ongoing case management, in-house twelve-step meetings, and organized activities. Typical stays in transitional housing range from one month to more than a year depending on community resources and patient needs.

j. ***Continuing Care***. Also called "aftercare," continuing care is the component of care that provides the final transition from treatment to recovery. Continuing care provides a gradually decreasing level of intensity ranging from a once-a-week meeting to monthly check-in sessions. Continuing care is typically a support function in which the professional helps the individuals track their own recovery process and solve problems as they arise. It serves as an early warning system for individuals who may be slipping toward relapse or who find difficulties in identifying support systems in the community. It also serves as a mechanism for dealing with relapse. Outcome studies completed in Alaska over the past decade clearly indicate that ongoing participation in continuing care is one of the best contributors to treatment success.[66]

2. Special Populations. Services noted in sub-paragraph A.1 above can be provided for the general adult population or designed for a specific target or special population. The most common special populations for which treatment programs exist in Alaska are:

a. Adolescents/youth;

b. Women;

c. Persons with co-occurring disorders (dually diagnosed); and

d. Women with children/families.

Special population treatment programs are located primarily in urban areas. It is difficult to maintain a special population treatment program in rural areas because there are rarely sufficient numbers within small populations to support such programs.

3. Partnerships/Collaboration/Referral Networks. In recent years, it has become clear that substance abuse treatment as an independent activity is rarely successful. To ensure the best chance of success, there must be collaboration and cooperation among a variety of community partners including law enforcement, family and youth services, medical professionals, the court system, adult and juvenile probation, emergency shelters, and any other organizations that provide services to the target population. While the terms "partnerships" and "collaboration" may seem vague, there are some characteristics that exist in communities have that a strong partnership and collaboration:

[66] New Standards, "Division of Alcoholism and Drug Abuse Outcomes Study," Juneau, AK, 1996

a. ***Referral Networks***. Within the community, there should be a clear system of identifying individuals in need and providing appropriate and reliable referrals for services regardless of where the need is first identified. Treatment services are of little value if organizations that identify persons in need do not know how to access the care.

b. ***Widespread Involvement***. Individuals needing substance abuse treatment usually need a range of services and support, not all of which can be provided by the substance abuse treatment program. Having a variety of organizations working together simultaneously to meet the needs of the client helps to ensure that all of the needs are addressed.

c. ***Follow-up***. Individuals who complete substance abuse treatment may continue to experience problems. By following up with clients and with other organizations continuing to serve those clients, programs can remain positioned to assist where appropriate. Such follow-up also provides a mechanism for program improvement as clients and other organizations alike identify gaps and areas needing improvement.

d. ***Planning.*** Planning for services should involve the entire community. Substance abuse treatment is only a part of a range of services available within a community and should function as a "part of the system." Planning for services should, therefore, take into account all other parts of the system, community norms and values, and how clients interact with other systems.

B. Alaska Substance Abuse Treatment System - General. Substance abuse treatment in Alaska is provided through a system of treatment facilities and organizations approved and, to some extent, coordinated by the Alaska Division of Alcoholism and Drug Abuse. The statutory authority to set up and manage the statewide treatment system is contained in A.S. 47.37.130. While a number of special populations, such as adolescents, women with children, and dual diagnosis (co-existing mental health and substance abuse disorders) are served; there is no specific mandate in the statutes for such specialized treatment. The Division of Alcoholism, which certifies programs in Alaska, funds special population programs although there is no specific certification or set of standards applying to special populations.

Adolescent alcoholism and drug abuse treatment is somewhat confusing in that, in terms of underage drinking, anyone under the age of 21 is considered a minor. By treatment standards, however, persons 18 years of age and older are considered adults for purposes of provision of services. What this means is that persons ages 18 through 20, while part of the "underage drinking" population, receive the same treatment services as any adult. Those persons 17 years of age and younger, however, have a much more limited choice of services.

In general, substance abuse services in urban communities tend to include a wider range of services than rural communities. In Anchorage, for example, there are a variety of programs available offering variations on most types of services in the continuum of care. These choices range from detoxification to long-term residential to outpatient. There are a variety of providers, which allows consumers to make choices about services that best meet their needs. By contrast, rural villages seldom have anything more than limited outpatient services and often even that is provided through the use of an itinerant professional working from a hub community. For

persons in the villages who need residential care, they must travel at least to the nearest hub community and often as far away as Anchorage to receive services.

Some limited services are provided through organizations and facilities that are not approved treatment programs but are funded to provide other types of services. These include youth detention centers operated by the Alaska Division of Juvenile Justice, mental health residential programs, and school-based counseling and prevention programs. When used effectively and in partnership with other substance abuse treatment organizations, these options can provide a safety net to keep troubled adolescents from slipping through the cracks.

C. Adolescent Treatment Services in Alaska. Adolescent treatment services constitute a sub-set of the treatment system in Alaska. The adolescent system is made up of those programs that are specially designed to serve youth as well as those adult programs that can provide services to adolescents on a case-by-case basis. The following is an examination of services by modality.

1. Adolescent Residential Programs. Adolescent residential programs are those residential programs designed specifically for adolescents and who do not serve adults in the same component of care. They differ from adult programs in a number of ways. First, they have staff who have specific training and expertise in delivering services to adolescents. Second, they use program materials (books, videos, curricula) that are designed specifically for adolescents. Third, they typically have a significant component for parental or other family involvement. The average lengths of stay for adolescents in residential programs in Alaska are typically longer than for the average adult client. Adult residential lengths of stay vary between two and four weeks depending of the type of program (although there are long term programs that treat those with more advanced disease). The average length of stay for adolescents, as noted below, varies between three and four months. Raven's Way, an outdoor adventure-based cohort model, is the exception to this with a five-week length of stay. All of the youth residential programs indicate that they take clients with co-occurring mental health and substance abuse disorders, however, all require that the youth be stabilized on medication. Youth are most often discharged early from the programs for behavioral reasons, usually verbally abusive or any kind of violence. The upper age limit for these programs is 17. Getting youth 18 through 20 into treatment is not considered a problem since virtually every adult residential program will take youth who are 18.

Another significant difference between adolescent-specific and general adult treatment is that adolescent treatment focuses considerable effort on readiness for treatment. Adults have often experienced extensive negative consequences and pain from their addiction and, in many cases, are ready to quit. They need the help and support that treatment provides. Youth, by contrast, may have not have experienced such consequences (illness, physical debilitation, loss of family, loss of job, loss of home, etc.) and may not be ready to quit using. They often end up in treatment because their family or "the system" wants them there. Consequently, adolescent treatment centers must focus on getting clients "ready for treatment." This additional focus is one of the factors that accounts for the increased length of stay.

a. ***Volunteers of America – Adolescent Residential Center for Help - ARCH (Anchorage)***. ARCH, operated by Volunteers of America, is a 12-bed adolescent residential treatment center located in Anchorage, Alaska. The average length of stay for this program is

about four months. Treatment consists of assessment/diagnosis, individual and group counseling, activity or recreational therapy, and educational classes.

b. ***Tanana Chiefs Conference/Fairbanks Native Association – Graf-Rheeneerhaajii (The Healing Place) (Fairbanks).*** Graf, as it is widely known, is a 12-bed residential adolescent treatment facility in Fairbanks. It is a program of the Tanana Chiefs Conference and is operated under contract by the Fairbanks Native Association. The average length of stay for this program is three to four months. Treatment consists of assessment/diagnosis, individual and group counseling, activity or recreational therapy, and educational classes. There is some confusion regarding eligibility for services. According to the Alaska Division of Alcoholism and Drug Abuse, Graf has grant-funded beds available to all Alaskans. Program staff, however, indicates that only Indian Health Service beneficiaries are eligible for admission. This issue has serious implications for adolescent services in Alaska, given the limited resources available, and should be resolved.

c. ***Southeast Alaska Regional Health Consortium – Raven's Way.*** Raven's Way is unique among the residential programs in that it is an outdoor adventure-based program that teaches sobriety and recovery while helping to build life skills and foster teamwork and relationships. This program, which has 11 slots, serves about 66 adolescents per year from across the state. Raven's Way is operated by an Alaska Native organization but accepts all clinically appropriate youth from across the state. The average program length is about five weeks.

d. ***Southcentral Foundation – Dena A. Coy.*** Dena A. Coy is a specialized residential program that provides services to pregnant women and teens as well as women and teens with children. While not a targeted adolescent program, they do provide residential services to teenage girls as young as 15, provided they are pregnant or have small children. The program provides assessment/diagnosis, individual and group therapy, activity or recreational therapy, and educational classes. There is also a strong emphasis on parenting and life skills. Since the program also takes adults, there is no targeted number of beds allotted to adolescents. Data from the Division of Alcoholism and Drug Abuse indicates that Dena A. Coy sees about 2 or 3 clients ages 17 and younger annually. For the period 1995 through 1999, the numbers ranged from a low of one to a high of five.

e. ***Arc of Anchorage/Bryn Mawr.*** This is a specialized residential program for clients who meet <u>all of the following criteria</u>:

(1) Poly-substance abuse diagnosis;

(2) Mental health diagnosis; and

(3) Developmental disabilities diagnosis.

These are the only Alaskan residential programs for adolescents specifically for substance abuse. There are a number of residential and hospital-based programs that treat other conditions and offer simultaneous substance abuse services, however, the co-existing condition must be present for a child to be admitted. These programs will be covered under "Ancillary Service Providers."

2. Outpatient Treatment Services. Outpatient treatment services for adolescents can be sub-divided into two segments: outpatient programs designed specifically for and serving only adolescents and those outpatient programs designed primarily for adults but which will provide the service to adolescents. With individualized treatment plans required, the difference between the two might seem to be a matter of semantics, however, some programs are designed from the ground up to serve adolescents which includes selection of program materials and media and staff selection and training. The characteristics that differentiate specific adolescent outpatient programs from general adult outpatient programs that might serve adolescents are generally the same as the differences in residential programs (see subparagraph C.1 above). The staff who deliver these services have been specifically trained for working with adolescents, the assessment process is designed around adolescent needs, the program material is age-specific, there is a major family/parental component, and significant effort is expended in helping the patient reach a point where they are ready for treatment. Other programs, particularly those in small communities, simply do not have the resources to devote an entire program to adolescents given the size of the adolescent population in their communities.

a. ***Specialized Adolescent Outpatient Programs.***

(1) Starting Point (Anchorage) – Urban;

(2) Gateway Center for Human Services (Ketchikan) – Rural Hub;

(3) Salvation Army Booth Memorial – Outpatient/Day Treatment (Anchorage) – Urban;

(4) Volunteers of Alaska – Assist Intensive Outpatient (Anchorage) – Urban;

(5) Breakthrough (Anchorage) – Urban;

(6) Mat-Su Council on Alcoholism and Drug Abuse (Wasilla) – Urban;

(7) Ralph Perdue Center (Fairbanks) – Urban;

(8) Unloading Zone (Fairbanks) – Urban;

(9) Life Givers (Fairbanks) – Urban;

(10) Graf-Rheeneerhaajii (Fairbanks) – Urban;

(11) Jake's Place (Dillingham) – Rural Hub;

(12) Sitka Prevention and Treatment Services, Inc. (Sitka) – Rural Hub; and

(13) Kuskokwim Native Association Outpatient (Aniak) – Village.

b. ***Adult Outpatient Programs Serving Adolescents.***

(1) North Slope Borough Mental Health Center (Barrow) – Rural Hub;

(2) Tongass Community Counseling Center (Juneau) – Urban;

(3) Rural Alcoholism Program – SEARHC (Angoon) – Village;

(4) Norton Sound Health Corporation Behavioral Health (Nome) – Rural Hub;

(5) Nanwalek Village Tribal Council (Nanwalek) – Village;

(6) Allakaket Counseling Center (Allakaket) – Village;

(7) Y-K Health Corporation Regional Alcoholism & Drug Abuse Program (Bethel) – Rural Hub;

(8) Y-K Health Corporation Regional Alcoholism & Drug Abuse Program (Toksook Bay) – Village;

(9) Chemical Misuse Treatment and Recovery Services (Chevak) – Village;

(10) Sound Alternatives (Cordova) – Rural Hub;

(11) COHO (Craig/Klawock/Thorne Bay) – Rural Hub;

(12) Aleutian/Pribilof Island Association – Aleutian Counseling Center (Unalaska) – Rural Hub;

(13) CATG Yukon Flats C.A.R.E. (Fort Yukon) – Village;

(14) Lynn Canal Counseling Services (Haines/Skagway) – Village;

(15) Railbelt Substance Abuse Prevention & Treatment Program (Healy/Nenana) – Village;

(16) Cook Inlet Council on Alcoholism & Drug Abuse (Kenai/Homer/Soldotna) – Rural Hub;

(17) Chemical Misuse Treatment and Recovery Services (Hooper Bay) – Village;

(18) Rural Alcoholism Program – SEARHC (Hydaburg) – Village;

(19) Rural Alcoholism Program – SEARHC (Kake) – Village;

(20) Ketchikan General Hospital Recovery Center (Ketchikan) – Rural Hub;

(21) Safe Harbor (Kodiak) – Rural Hub;

(22) Maniilaq Addiction and Support Services (Kotzebue) – Rural Hub;

(23) Four Rivers Counseling Service (McGrath) – Village;

(24) Yukon Tanana Counseling Center (Minto) – Village;

(25) Changing Tides (Petersburg) – Rural Hub;

(26) Eastern Aleutians Tribes (Sand Point) – Village;

(27) Chemical Misuse Treatment & Recovery Services (Scammon Bay) – Village;

(28) Village Tribe/SKIAP Alcohol Program (Seldovia) – Village;

(29) Seaview Community Services (Seward) – Rural Hub;

(30) Aleutian/Pribilof Island Association – Pribilof Counseling Center (St. Paul) – Village;

(31) Tanana Counseling Center (Tanana) – Village;

(32) Sunshine Clinic (Talkeetna) – Village;

(33) Upper Tanana Alcoholism Program (Tok) – Village;

(34) Valdez Counseling Center (Valdez) – Rural Hub; and

(35) Avenues to Recovery (Wrangell) – Rural Hub.

These programs are all contained in the Alaska Division of Alcoholism and Drug Abuse Treatment Directory as approved programs. Villages in Alaska with no approved programs may have individuals such as health aides who provide some limited substance abuse services, although this is not documented in the Treatment Directory.

Approved programs are those programs that comply with the certification standards published by the Alaska Division of Alcoholism and Drug Abuse, apply for approval, and receive certification. After initial approval, programs must either be accredited by the Joint Commission for Accreditation of Healthcare Organizations or the Commission for Accreditation of Rehabilitation Facilities or be inspected and approved by the Division of Alcoholism and Drug

Abuse every two years in order to remain approved. The criteria for approval address issues such as clinical practices, record keeping, governance, staffing/supervision, and financial practices. The standards are based, in part, on standards published by Joint Commission for Accreditation of Healthcare Organizations. In addition to approving programs, the Division also funds certain programs through a grant-in-aid process. All programs receiving grant funds must be approved, however, not all approved programs receive grant funding.

c. ***Other Services Available to Adolescents.*** In addition to formal substance abuse treatment, there are related services available to youth with substance abuse problems in some communities. Compiling a comprehensive listing of all such services in Alaska is beyond the scope of this project, primarily because there is no central mechanism for documenting each service in each community. The listing below provides a representative sample of such services.

(1) Alaska Children's Services – Psychiatric residential service/drug and alcohol assessment (Anchorage);

(2) Pacific Rim Counseling – Evaluation/assessment and referral (Anchorage/Fairbanks);

(3) Salvation Army Booth Memorial – Psychiatric residential services female (Anchorage);

(4) Charter Northstar – Hospital psychiatric services/drug abuse secondary (Anchorage);

(5) Alaska Human Services – Evaluation and referral/education (Anchorage);

(6) Alaska Military Academy – Assessment, monitoring, counseling and education/military boot camp setting;

(7) Old Minto Family Recovery Camp – Teens included in family substance abuse treatment (Minto);

(8) Community Youth Services – Emergency services shelter/overnight respite and counseling (Barrow);

(9) Copper River Native Association – Multi-disciplinary services to youth and their families (Copper Center); and

(10) Youth Substance Abuse Prevention/Outreach/Intervention (Hoonah).

These are but a sampling of the ancillary services available to adolescents. They are sometimes associated with substance abuse programs although not consistently.

D. Coordination of Adolescent Treatment Services. Because youth, like adults, need different services based on the nature and extent of their problems, matching clients with

programs based on need requires considerable coordination. The first step in coordination of services is designing service networks that allow for ready access by persons in need. Beyond the design function, however, is the need to effectively assess client problems, identify appropriate treatment resources, arrange for transportation (if necessary) and admission, and ensure that post-treatment continuing care is available. This presumes, of course, that sufficient awareness and networking exists in communities to identify problems and effectively intervene. The substance abuse service provider can only assess problems and coordinate care if youth with problems are identified and interventions are conducted. Interventions, for purposes of this discussion, are actions designed to interrupt the pattern of drinking and connect the youth with a substance abuse treatment provider.

As with most service delivery in Alaska, coordination of adolescent treatment services across great distances with limited resources for small populations is problematic. Community complaints echo a common theme: there are no adolescent services in the community, teens must leave the community to receive treatment (if a treatment slot can be located), they return to their home community to find little, if any, continuing care and limited support for their sobriety. In particular, youth from villages that need outpatient services are difficult to serve. The nearest outpatient services available are likely to be at a nearby hub community, however, the youth must have a place to stay while they receive outpatient services and, because of the very nature of outpatient programs, they will likely be out of their village for months. Because of this, many youth with substance abuse problems will not access services until their problem is so severe that they need residential care. At that point, they can be shipped in to one of the urban centers. The problem, of course, is that when they return to their community, there is no support.

One bright area on the horizon is the continued development of the Rural Human Services program, which provides training for rural human service workers. One of the goals of the program is to ensure that a Rural Human Services worker is present in all villages to provide basic, outpatient substance abuse services. Finally, coordination of care delivery is far different in rural areas than in urban communities.

1. Coordination of Care in Rural Communities. The term "rural communities" includes both rural hubs such as Bethel and Nome as well as small villages such as White Mountain and Toksook Bay.

a. ***Rural Hub Communities.*** If an adolescent is assessed as needing care in a hub community, it is likely that some form of outpatient services will be available. It becomes a matter of scheduling and ensuring that proper staff is available. If residential care is needed, coordination will include beginning outpatient work as a "stop-gap" measure and searching for the next available adolescent bed. If the child's family has insurance, this can be a short wait since there are a variety of programs out of state that can readily provide services. If no commercial third-party payor is available, the wait for a bed can range from two weeks to five months. During this time, outpatient services can be delivered in varying degrees of intensity. If the substance abuse is part of a pattern of juvenile justice infractions, it is possible that the youth could end up in a juvenile justice facility and receive some services there.

b. ***Rural Villages.*** If, on the other hand, the child is in a village, the problem is much greater. First, the resources for assessment and diagnosis are not as likely to be present.

This can have the effect of having problems go unnoticed until they become a crisis, at which time help is then requested. The first source of assistance is often the regional native health corporation for that particular area. All of the regional health corporations have behavioral health programs and can provide assistance. Youth who have alcohol or drug problems that require formal treatment are usually identified in the village by a health aide, community service worker, RHS worker, or other village para-professional. This may be done through simple observation or through some gross screening process that merely indicates that a problem is present. This recognition of need, however, must be verified and refined through a formal assessment process, which village workers are usually not qualified to perform. The level or modality of treatment required is determined through this assessment process. The process examines a number of factors including use patterns, physical symptoms or consequences, social factors such as family relationships, and attitudes. If the youth needs residential care, the regional staff typically perform the diagnosis, identify the appropriate treatment modality, locate a treatment resource, facilitate the completion of all required paper work, and help arrange for travel. Different Native health corporations have different policies on patient travel, particularly for behavioral health care. The Division of Alcoholism and Drug Abuse maintains a centralized travel fund that programs can access to pay for client travel to distant treatment centers. Mechanically, the program requesting the funds initially pays the travel costs and these are reimbursed through the quarterly grant payment process. This process, however, only applies to Division grantees. Regional health corporation staff can also provide guidance to the village health staff in the event that the youth must remain in the village until a bed is available. Some health corporations have itinerant professionals who travel to the villages to provide services. This can help on a limited basis until a treatment bed is available. If the youth is assessed as needing outpatient services only, then services can be provided in the village if a qualified person is available. In regions where the health corporation has itinerant professionals, care can be provided on visits to the village from the hub community. In some villages, there are trained Rural Human Services workers available that can provide services. In villages with neither an Rural Human Services worker nor other qualified person and with no regional itinerant professional, other arrangements must be found. This could mean moving the youth to another community if housing can be found or finding housing in the hub community. Finally, some teens in villages actually receive counseling services via telephone from a hub community professional.

c. ***Services to Rural Youth Returning from Treatment.*** Regardless of whether the youth being served is from a rural hub or from a village, if they are provided with residential care in an urban center, provisions must be made for continuing care upon their return. In a rural hub community, this will usually consist of setting up outpatient appointments and having the youth attend 12-step meetings, if they are available. In villages, the same requirement holds true, except that providing the ongoing care is more difficult since qualified resources are scarce. Support groups are rarely available and the only persons qualified to provide continuing care might be a rural human service worker or an itinerant professional, if available. This issue is repeatedly cited as one of the most serious for providing services to youth.

2. Coordinating Services in Urban Communities. Generally speaking, coordination of services is easier in urban communities owing to the amount of available resources. Except for the Raven's Way program in Sitka, all of the residential services for adolescents are located in urban areas. Outpatient services are more plentiful and day treatment may be available.

Professionals offering services usually have more training or experience with adolescent assessment and/or treatment delivery. School systems may have alcohol counselors to assess students with alcohol issues and make appropriate referrals. In addition, related services such as juvenile detention centers, family services, youth courts and shelters help reduce the possibility that adolescents will go unserved. Finally, there are more sober teens and more support structures in place to help teens stay sober following treatment. On one hand, this makes coordination easier in that there are more choices, however, it also requires knowledge of existing systems and extensive collaboration between organizations and professionals.

Coordination of service delivery in an urban setting involves ensuring that a rigorous assessment is completed, identifying the appropriate level of care and making the placement or referral, arranging for other services as necessary (mental health services, medical care, educational vocational, legal, etc.), tracking the progress of treatment, and arranging for continuing care upon completion of treatment. Coordination of care is typically the responsibility of the primary treatment provider.

E. Planned/Proposed Adolescent Treatment Services. State funding for youth treatment in Alaska has remained relatively flat over the past few years and is expected to remain so over the course of the next three to five years.[67] There are, however, funding opportunities from other sources such as the U. S. Substance Abuse and Mental Health Services Administration (SAMHSA) that communities and providers can access to expand services. There are two notable planned or proposed adolescent treatment program expansions under development or consideration in Alaska.

1. Southcentral Foundation – "The Pathway Home" . Southcentral Foundation, an Alaska Native Tribal Organization, is currently in the development process for a 16-bed residential substance abuse program for Alaska Native youth. The program will be located in Anchorage and will provide long-term, culturally appropriate services that will include, in addition to individual, group, and family counseling, occupational education that will be incorporated into each client's treatment plan. Each client will also have a Native Elder mentor, through the integration of the "Across Ages" program. This program has already been approved for funding and is in the development stage.[68]

2. Gateway Center for Human Services – Youth Residential Substance Abuse Program. The Gateway Center for Human Services has applied for a capacity expansion grant from SAMHSA to establish at 16-bed adolescent treatment program in Ketchikan serving Southeast Alaska. The proposed model is based on an individualized treatment approach including variable lengths of stay based on client conditions. Unlike the Southcentral Foundation program, this program will be available to all youth. The application has been submitted and a response is expected in early 2001.[69]

[67] Fletcher, M., Division of Alcoholism and Drug Abuse, Personal Interview, Juneau, AK, 7/24/00
[68] Southcentral Foundation, "The Pathway Home Grant Abstract," Anchorage, AK, 2000
[69] Adler, R., Gateway Center for Human Services, Personal Communication, Ketchikan, AK, August 2000

F. Barriers to Accessing Treatment Services.

1. Community Norms. Alcohol use by adults in Alaska is widespread. Many cultural and social traditions involve alcohol. Use of alcohol by adolescents is not necessarily viewed as problematic.

2. Family Alcohol Use.

a. Alcoholism is a family disease. Salience factors lead to acceptance of use by children in direct parallel to the adult use.

b. When adolescents return from residential treatment there have frequently been no changes within the family structure to support continued sobriety.

3. Adolescent Assessment.

a. Assessing the extent of adolescent alcohol and drug use requires specific skills and measurements for appropriate treatment placement.

b. Most adolescents who are involved with alcohol use more than just alcohol. Assessment of the range and extent of use in the cases of polysubstance abuse is complex and requires greater professional skills than a simple alcohol assessment.

c. Dual diagnosis issues are present for many teens involved with alcohol. The appropriate assessment and placement for treatment is necessary to support recovery and wellness. Dual diagnosis refers to co-existing substance abuse and mental health disorders. One of the complicating factors in assessing dual diagnosis is understanding the relationship of symptoms to disorders. For example, many symptoms, such as apparent depression or emotional disorders, can be related either to a mental health problem or can be substance-induced. The assessment process seeks to determine how the symptoms relate to the different disorders and what courses of treatment are best to ensure success with the client. The problem of dual diagnosis is also complicated by differences in treatment philosophies or models. Some philosophies dictate treatment for one or the other disorder first and beginning treatment for the second disorder only when the first has been addressed. Other approaches stress simultaneous services for both disorders. The model used is a function of the organization providing services. These differences can cause problems in obtaining services for adolescents since it is possible that two agencies, one mental health and the other substance abuse, might each say that they would not provide services until the other had treated and stabilized the client. The two most common barriers to obtaining services for dual diagnosis clients are:

(1) The requirement by some mental health providers for the client to be in recovery from their alcohol or drug disorder before mental health services are provided; and

(2) The demand by some substance abuse programs that their clients not take any mood-altering drugs during treatment, including psychotropic medications.

These requirements often put the non-treatment referring agency or organization in the difficult position of attempting to sort through multiple sets of requirements, which are sometimes in conflict, in order to obtain needed services.

4. Treatment Services.

a. Adolescents may not receive the appropriate level of needed treatment but what the community programs can offer.

b. Many communities offer no treatment, education or intervention for adolescents. Drug and alcohol information may come only in the form of a health class unit or as part of mental health counseling.

c. Many ancillary service programs will address alcohol and drug use only if it becomes apparent during the course of treatment. These programs indicate that 85% to 90% of the admissions have alcohol or drug problems however.

d. Most programs do not offer services for younger adolescents. Many treat only the 18 and over population, often placing them with adult treatment clients. Early onset of alcohol use can occur prior to age 12.

e. Waiting list time to enter one of the few residential programs available may be five to six months. It is difficult to maintain readiness for treatment with long time delays.

f. Many communities do not offer continuing or aftercare services for adolescents due to the lack of consistent numbers or limited staff availability.

g. Only Anchorage and Juneau have 12-Step recovery support meetings that are age appropriate for teens.

h. Remote villages may have services available from family members or friends making confidentiality an issue.

5. Prevention. Prevention activities create awareness and understanding of the many risks alcohol and drug use can bring to teenagers. When that awareness is absent, it is less likely that services available will be used or that parents will cooperate with the services offered.

6. Transportation.

a. Adolescents consuming alcohol who intersect with the justice system may not receive screening or assessment services or an appropriate level of intervention because they are sober when they travel for legal proceedings.

b. The financial barriers of the cost of travel may keep adolescents from being referred for needed residential treatment services.

7. Referral.

a. Many communities do not have any formal referral networks in place.

b. Some communities have informal referral services with schools or police contacting the local alcohol office with concerns.

G. Protective Custody and Emergency/Involuntary Treatment. A.S. 47.37 authorizes a series of actions associated with alcohol and drug consumption that provide services to persons against their will. The law does not distinguish between adults and adolescents in its applicability, using a set of criteria for each action that is behavioral and/or clinical.

1. Types of Actions Authorized. The statute authorizes two basic types of actions, each addressing a completely different type of problem. Likewise, the criteria for service as well as the services provided are different for the two types of actions.

a. ***Protective Custody***. Protective custody is a public safety process in which a person who is so intoxicated or incapacitated that they cannot keep themselves from danger is taken into custody and held until they are no longer intoxicated or incapacitated or for 12 hours, whichever is less. It is important to note that protective custody has no relationship to the disease of alcoholism other than the fact that many alcoholics are taken into protective custody. The action is based solely on the individual's inability to keep him or her self from danger.

b. ***Emergency/Involuntary Commitment***. Persons who are alcoholic or addicted to other drugs may, if the extent of their disease dictates, be ordered into treatment by a superior court judge. This type of action has less to do with an individual's extent of intoxication than with the progression of their disease. A person may be ordered into treatment for a period of 30 days with a recommitment for six months. This allows a person to be involuntarily committed to treatment for a total period of seven months.

The following is a detailed discussion of the criteria and procedures for each of these processes.

2. Protective Custody. Protective custody is authorized under A.S. 47.37.170. Under the statute, a person who is intoxicated or incapacitated by alcohol or other drugs may be taken into custody and held until no longer intoxicated or incapacitated or for 12 hours, whichever is less.

a. ***Criteria for Protective Custody***. A person may be taken into custody if they are intoxicated or incapacitated in a public place. They cannot be taken from their home against their will for purposes of protective custody. For the purposes of this section of the law, an "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or drugs. A person who is incapacitated by alcohol or drugs is a person who, as a result of alcohol or drugs, is unconscious or whose judgment is otherwise so impaired that the person (A) is incapable of realizing and making rational decisions with respect to the need for treatment and (B) is unable to take care of the person's basic safety or personal needs, including food, clothing, shelter, or medical care. There is no age criterion for protective custody. Persons are taken into protective custody when they become so intoxicated or incapacitated that they cannot keep themselves from danger.

b. ***Authorized Agents.*** The statute authorizes peace officers or members of the community services patrol to take individuals into custody. Typically, only the larger, urban communities have community service patrols. Most rural and smaller communities use police officers for this function.

c. ***Disposition***. The statute is very specific about the disposition of persons who are taken into protective custody. Further, the required disposition depends on whether the individual is merely intoxicated or is incapacitated.

(1) Disposition of Intoxicated Persons. Persons who are taken into custody as a result of being intoxicated must be:

(a) Taken home or to another safe place.

(b) Taken to an approved public treatment program (defined as a public substance abuse treatment program. Although not defined, it is accepted that this means a program with detoxification facilities. It would not be appropriate to take an intoxicated person to an outpatient treatment program).

(c) Taken to an approved private treatment program (comments for sub-paragraph (b) above apply).

(d) Taken to an appropriate health care facility.

(e) If none of the options detailed in sub-paragraphs (a) through (d) above are not available, they may be taken to a state or municipal detention facility.

Inferences are generally drawn that this is a prioritized list, however, the statute does not actually say that. It does, however, state that persons are taken to a correctional facility if, and only if, none of the other options are available.

(2) Disposition of Incapacitated Persons. Because incapacitation is a much more life threatening condition, the option of taking a person home or to a safe place is removed when the person is incapacitated. The only options for disposition of incapacitated persons, under the protective custody process, are those listed in sub-paragraphs (1)(b)-(e).

d. ***Nature of the Services.*** Protective custody is not substance abuse treatment. State correctional facilities require that a person admitted under this provision of the law have been examined by a physician. The law, however, has no such requirement. It does, however, require that a person admitted to an approved treatment facility under protective custody be seen by a physician as soon as possible. The statute does state that the physician in charge of a public treatment facility shall encourage the patient to submit to further diagnosis and appropriate voluntary treatment.

f. ***Relevant Case Law***. Although the statute consistently uses the term "may" when describing actions related to protective custody, the Alaska Supreme Court, in Busby v.

Municipality of Anchorage, held that communities have a responsibility to take obviously incapacitated persons into custody when they are encountered. Mr. Busby was an individual who was stopped by a police officer while walking down the center of the street in Anchorage heavily intoxicated. The officer noted the level of intoxication, but moved Mr. Busby out of the street and each went on his or her own way. Mr. Busby then wandered back out into traffic and was injured. He filed suit against the Municipality of Anchorage claiming they had a duty to protect him. Although the case was dismissed by the court, that finding was reversed and the case was remanded for trial on the merits. The case was settled out of court and the terms of the settlement were not disclosed.

f. ***Summary***. Protective custody is a non-criminal process. When the person no longer meets the criteria or at the end of 12 hours, they must be released. There is no extension allowed in the statute and there is no judicial action involved. Police and members of the community service patrol make decisions regarding the degree of intoxication or incapacitation. Each community has its own protocol mandating how this process occurs and the disposition of persons. Juneau, for example, takes individuals to the Juneau Recovery Hospital (JRH), which has medical detoxification capability. If no beds are available and the person is in no immediate medical danger, they are assessed by Bartlett Regional Hospital and taken to Lemon Creek Correctional Center. Adolescents are likewise served at the Juneau Recovery Hospital; however, they are taken to the Johnson Youth Center if beds are not available at JRH. Anchorage has a different protocol that involves a transfer station/sleep-off, Salvation Army Clitheroe Center detoxification, McLaughlin Youth Center for adolescents, and the Sixth Avenue Correctional Facility for adults.

3. Emergency/Involuntary Commitment to Treatment. Individuals whose alcoholism or addiction had caused certain types of consequences can be ordered into treatment for periods up to seven months. Although emergency commitments and involuntary commitments are different processes, they each spring from the consequences of alcoholism and addiction and are also, in practicality, parts of the same process. Each can occur independently of the other, as will be described below, but most often they are used in concert to move a person from near death to substance abuse treatment.

a. ***Emergency Commitment.*** Emergency commitment of an individual is authorized under A.S. 47.37.180.

(1) Purpose. The purpose of an emergency commitment is to place a person who may be in desperate need of treatment in a clinical situation for a length of time sufficient to accomplish several key objectives:

(a) It allows a person who appears to be severely debilitated by alcoholism or drug addiction or who has harmed or threatened to harm another individual (not themselves) to be held long enough to receive a thorough assessment of their need for medical and substance abuse treatment.

(b) It allows a program sufficient time, with the person in custody, to prepare and file a petition with the court of involuntary commitment, which places the person in a treatment program for an extended period of time.

(2) Criteria. A person may be placed in emergency commitment if they meet two criteria:

(a) The person must be intoxicated.

(b) The person must either

(1) be incapacitated by alcohol (same definition as provided in sub-paragraph G.2.a above); or

(2) have threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed. A key issue with this statute is that the harm criterion refers specifically to harm to another individual. Harm to self is not an acceptable criterion.

A practical issue that often arises regarding emergency commitment, with regard to criteria, is that if an individual is placed in protective custody when picked up, by the time they are released (up to 12 hours later), they usually do not meet the criteria for an emergency commitment since they are typically no longer intoxicated. The decision to seek an emergency commitment, therefore, is necessarily one that must be made immediately upon contact and pick-up of an individual.

(2) Duration of Emergency Commitments. A person may be held in an emergency commitment for a period of 48 hours (including weekends) from the time the commitment is approved. This commitment may be extended to a total of five days with the review and approval of a superior court judge (the original commitment does not involve judicial review or approval). If a petition is filed with the superior court for an involuntary commitment, then the court can extend the emergency commitment up to a total of ten days.

(3) Process. The law specifies who may apply to have an individual held on an emergency commitment, however, it is written such that just about anyone meets the qualification ("any other responsible person"). Once application is made, a physician must examine the individual and certify that the person does need to be held on an emergency commitment and include a description of the condition that indicates the need. With the application and the physician's certificate, the administrator of an approved public treatment facility may approve the emergency commitment. No further judicial review is required unless an extension is sought.

(4) Applicability to Minors. As with protective custody, the statute does not address age. The statute is applicable to minors, however, it is not often used with this population because the definition of "incapacitated by alcohol or drugs" requires a level of disease severity that is rarely seen in adolescents. This procedure is usually employed with chronic, late stage alcoholics or drug addicts where the physical symptoms objectively support the process. Adolescents are more likely to qualify under the harm element of the criteria. A feature of this statute that limits its applicability in rural areas is the requirement that the person be held in an approved treatment facility. As with protective custody, this implies a

detoxification or, at a minimum, a residential treatment facility. Not every community has access to a detoxification or residential treatment facility. Even when the community does have a treatment facility, it is not always the case that they will accept persons under 18 years of age. The administrator of a treatment facility may allow a person under emergency commitment to be held in a medical facility provided that a medical need dictates, however, the statute does not authorize holding the person in a medical facility merely because a treatment facility is not available. Persons may not be held in a detention facility on an emergency commitment.

(5) Summary. Emergency commitments can be initiated as a single intervention or in concert with an application for an involuntary commitment. The key to a successful strategy using emergency commitments includes frequent and detailed staff training, community partnerships, and carefully developed community protocols. Persons who are appropriate for emergency commitments must be detained and processed while they are intoxicated. Once in the treatment facility, the staff must address their issues immediately in order to appropriately assess their needs and develop recommendations prior to the expiration of the commitment.

b. ***Involuntary Commitments.*** Involuntary commitments are authorized and governed under A.S. 47.37.190 – 207. The purpose of the involuntary commitment is to intervene in the consumption of alcohol and/or other drugs by a person incapacitated by alcohol and provide them with appropriate treatment for their disease.

(1) Criteria. A petition for involuntary commitment may be filed with a court for a person who:

(a) is incapacitated by alcohol or other drugs; or

(b) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed. A key issue with this statute is that the harm criterion refers specifically to harm to another individual. Harm to self is not an acceptable criterion.

It is important to note that intoxication is not a criterion for involuntary commitment.

(2) Duration. The duration of an initial involuntary commitment is 30 days from the date that the commitment is approved by the judge. This is in addition to any emergency commitment time that may have occurred during an emergency commitment. The statute authorizes a re-commitment of six months for a total time allowed of seven months.

(3) Process. In order to secure an involuntary commitment, a petition must be filed with a superior court. This petition must be accompanied by a physician's certificate of necessity that provides medical and clinical justification for the commitment. Note that the certificate may not be signed by a physician's assistant or any other professional other than a medical doctor. Additionally, the certificate must be dated within two days of the filing date of the petition. Unlike emergency commitment applications, involuntary applications may be made by a limited group of people. Only spouses or guardians, relatives, certifying

physicians, or administrators of approved treatment facilities may petition for involuntary commitment.

Once the petition is filed and reviewed by a superior court judge, an initial hearing date is set. At this hearing, the individual, who may be represented by an attorney, has the opportunity to either request a trial or agree to the commitment. If the individual agrees, then the Judge, after satisfying him or herself that the individual understands the implication of the agreement, signs the commitment order. In this case, even though the individual agrees to the commitment, it still carries the force of a court order and the individual may not elect to withdraw the agreement or leave treatment until the order expires.

For the initial 30-day commitment, the individual may elect to have a trial, however, they are not entitled to a jury for this trial. Evidence is presented to the judge who decides the case. When a petition is filed for a re-commitment (six months), the individual is entitled to a jury trial.

Prior to the expiration of an initial 30-day involuntary commitment order, the director of an approved treatment program may file a petition with the superior court for re-commitment of the individual. The criteria for 30-commitments apply to re-commitments. The only differences in the process are that a jury trial is allowed if desired by the individual and the re-commitment hearing must take place prior to the expiration of the initial order.

(4) Applicability to Minors. The involuntary commitment process applies to minors, although it is rarely used since the criteria are based, primarily on the severity and progression of their disease. Although not impossible, adolescents with disease progression sufficient to justify involuntary commitments are rarely seen. Adolescents that engage or threaten to engage in violence are most often addressed through the justice system rather than through the commitment process.

3. Summary. There are a number of factors that conspire to limit the use of protective custody and emergency/involuntary commitments for adolescents.

a. ***Appropriate Facilities***. When taking custody of a person, either for protective custody purposes or for treatment, communities must have appropriate facilities. For protective custody, this can be a detention facility if no other option is available. Detention facilities may not, however, be used for emergency or involuntary commitments. Additionally, there are limited adolescent treatment resources in Alaska and finding a treatment slot in a timely manner is often difficult if not impossible. Adult residential programs will not usually accept persons less than 18 years of age and there is no provision for commitment to outpatient treatment.

b. ***Severity of Condition***. Although adolescents often need treatment, it is relatively rare that the need rises to the level specified by statute for involuntary commitment. Much of the criteria are based on the physical condition of the individual and the impacts of disease progression on their health. While adolescents may drink or use drugs regularly and even become severely intoxicated, the commitment criteria are based less on the frequency and extent of intoxication than on the resulting impact on the individual's health and well-being.

c. ***Complexity of the Process.*** While the commitment process is not impossible for a treatment program to master, it is, nonetheless, complicated and involves interaction with the court system, attorneys, medical professionals, etc. Given other factors noted in sub-paragraphs G.3.a and b above, many programs prefer to use other, simpler interventions with adolescents.

d. ***Process not Applicable to Inhalants.*** In many parts of the state, particularly in Western Alaska, inhalants are perceived to be a major problem. The statute was developed and structured not to include inhalants for a variety of reasons. This gap creates, for many programs dealing with adolescents, a sense of irrelevance since inhalants are often seen as the most pressing and urgent of adolescent problems, particularly in rural areas.

Notwithstanding these issues, there are instances in which protective custody and/or commitments are appropriate in addressing underage drinking. The investigators did find that the procedures are used occasionally, particularly for protective custody. They were not, however, able to obtain quantitative data on the use of these processes.

VII. Prevention, Education, and Advocacy.

A. General. Prevention, education, and advocacy represent the effort to address the problem of underage drinking proactively. By their very nature, these efforts are population-based and do not tend to deal with the problems of individuals. Some of these efforts seek to address the problem through providing information and persuasive material to the target populations. Other efforts concentrate on changing community norms and values that support and/or encourage drinking. Finally, some of the efforts seek to change the environment through legislative or other policy mandates.

B. Substance Abuse Prevention. The Division of Alcoholism and Drug Abuse is charged with organizing, supporting, and coordinating substance abuse prevention activities in Alaska. They accomplish this through a variety of programs and funding mechanisms. The following is a basic overview of prevention concepts.

1. Substance Abuse Prevention Overview. Substance abuse prevention is a field that has been in existence for some time but has, just in the past decade, begun to emerge as a scientifically based discipline. Most prevention effort is ultimately driven by the Substance Abuse and Mental Health Services Administration (SAMHSA) – Center for Substance Abuse Prevention (CSAP) through grants to individual states and organizations. While it is not the intention to present a comprehensive review of substance abuse prevention practice in this report, there are several key issues that merit mention here.

a. ***Best Practices/Promising Practices***. SAMHSA/CSAP has begun to evaluate prevention programs being conducted throughout the United States and develop a listing of those that have been proven effective through rigorous research. Best practices are those considered proven by research. Promising practices are those that initially appear to meet the criteria for best practices but need additional research and evaluation. Many of SAMHSA/CSAP grant opportunities are now limited to organizations that will implement existing best practices. There is limited support for organizations to "re-invent the wheel."

b. ***Risk and Protective Factors***. Risk factors are those conditions that exist in the environment that have been proven to increase the probability that youth will engage in high risk behavior or otherwise experience problems associated with high risk behavior. Protective factors, by contrast, are those factors in the environment that build resiliency among youth and help to prevent the destructive behavior. SAMHSA and the Alaska Division of Alcoholism and Drug Abuse have adopted risk and protective factors as a means of assessing need and measuring progress.

c. ***Developmental Assets Model.*** This model of prevention concentrates on assessing and taking advantage of assets present in youth to help prevent high-risk behavior. This model has proven effective in front-line service delivery but has had limited use in the strategic planning process.

d. ***CSAP Strategies.*** CSAP categorizes the various approaches to prevention into discrete strategies. These strategies include environmental strategies, education and information,

alternative activities, etc. The most effective approach to prevention has been found to include multiple strategies delivered consistently.[70]

2. Alaska Prevention Programs. The Division of Alcoholism and Drug Abuse funds and coordinates four major categories of prevention programs in Alaska. Each of these programs funds community-based organizations that conduct activities that are designed to meet the needs of the communities.

a. ***Project ACT***. Project ACT (Alaskans Collaborating for Teens) is a state incentive grant from SAMHSA amounting to $9 million over a three-year period (1999 – 2002). This project provides funding to communities to conduct specific prevention activities. Primary characteristics of these grants are that they:

- ?? Concentrate on programs considered to be best practices;
- ?? Stress community collaboration and partnerships;
- ?? Employ a rigorous evaluation component; and
- ?? Are based on an inclusive community planning process.

Grant amounts vary but are generally less than $100,000 annually per community. In addition to funding the programs, the Division has contracted with Akeela, Inc. (Anchorage) to provide training and technical assistance for grantees and prospective grantees. They have also funded a separate evaluation component using the Institute for Circumpolar Health Studies at the University of Alaska Anchorage. Both of these services will help to ensure that the community-based programs are designed and implemented effectively and that the performance is accurately measured.

The communities/organizations that have thus far received ACT grants are:

(1) Akeela, Inc. (Anchorage and Statewide);

(2) Big Brothers/Big Sisters (Juneau);

(3) Gateway Center for Human Services (Ketchikan);

(4) Fairbanks Native Association (Fairbanks);

(5) Maniilaq Association (Kotzebue);

(6) Sitka Prevention and Treatment Services (Sitka);

(7) Volunteers of America (Anchorage);

(8) Choices for Teens (Homer);

[70] Western Region Center for the Application of Prevention Technology (WESTCAP), "Best and Promising Practices," Reno, NV, 1999

(9) City of Kaltag (Kaltag);

(10) City of Togiak (Togiak);

(11) Gustavus Community Association (Gustavus);

(12) Kuskokwim Native Association (Aniak);

(13) Kwethluk IRA Council (Kwethluk);

(14) Native Village of Kluti Kaah (Copper Center);

(15) Nome Community Center (Nome);

(16) Robert Aqqaluk Newlin Sr. Memorial Trust;

(17) Rural Community Action Program;

(18) SEARHC Seven Circles Coalition (Sitka);

(19) St. George Traditional Council (St. George);

(20) Tanana Chiefs Conference (Fairbanks/Interior); and

(21) TDX Foundation.

b. ***Community Prevention Projects.*** The Division funds, on an ongoing basis, a series of substance abuse prevention grants to local government and non-profit organizations. These grants are different from the ACT grants in that they are they are funded primarily through the use of federal pass-through block grants and are not part of a time-limited program. Another contrast with ACT is that ACT is specifically designed to target reduction of substance abuse and related risk behaviors among teens. Although teens are addressed in many of the community prevention projects, the grants are not limited to that population. For fiscal years 2000 and 2001, there are nine programs funded for a total of just under $1.5 million. The organizations funded are:

(1) Akeela, Inc. (Statewide Prevention and Anchorage);

(2) Alaska Military Youth Academy (Anchorage);

(3) Fairbanks Native Association (Fairbanks);

(4) Mat-Su Recovery Center, Inc. (Mat-Su Valley);

(5) National Council on Alcoholism & Drug Dependence (Juneau);

(6) Rural Alaska Community Action Program, Inc. (Statewide Rural);

(7) Seldovia Village Tribe/SKIAP (Seldovia);

(8) Sitka Prevention and Treatment Services, Inc. (Sitka); and

(9) Volunteers of America, Inc. (Anchorage).

c. ***Community Action Against Substance Abuse (CAASA) Grants.*** The CAASA grants are specifically authorized in A.S. 47.37.010 to assist communities in combating substance abuse. This program is more limited than the general prevention program and grants typically go to communities to mobilize existing resources in effort against substance abuse. For fiscal years 2000 and 2001, there are six grantees receiving a total of $250,000 annually:

(1) Bristol Bay Area Health Corporation (Dillingham/Bristol Bay Region);

(2) Mat-Su Recovery Center, Inc. (Mat-Su Valley);

(3) Seaview Community Services (Seward);

(4) Volunteers of America, Inc. (Anchorage);

(5) Wrangell Police Department (Wrangell);

(6) Yakutat Tlingit Tribe (Yakutat).

d. ***Peer Helper Programs.*** The Peer Helper program funds organizations to train and support peer helpers. This is a collaborative effort between the Division, local school districts, and local mental health facilities. For fiscal years 2000 and 2001, there are eight grantees receiving a total of $306,600:

(1) Adult Learning Programs of Alaska (Anchorage);

(2) Bristol Bay Area Health Corporation (Dillingham & Bristol Bay);

(3) Deltana Fair Association (Delta Junction);

(4) LifeQuest (Mat-Su Valley);

(5) Nome Community Center (Nome);

(6) Sitka Prevention and Treatment Services, Inc. (Sitka); and

(7) Wrangell Community Mental Health Center (Wrangell).

e. ***Other Prevention Programs Coordinated by the Alaska Division of Alcoholism and Drug Abuse***. Aside from those programs mentioned above, the Division supports two other programs that have a substance abuse prevention component. The

Community-Based Suicide Prevention Program provides funding for small projects in villages with the goals of promoting wellness and reducing or eliminating self-destructive behavior. For fiscal year 2000, there were 59 funded villages with an average grant size of $14,000 each. Each project has a coordinator that plans and implements activities designed to support the program goals. The Rural Human Services Project is designed to help train rural human services workers to help fill gaps in need in the rural areas. While this is not a specific prevention program, the workers do engage in some prevention activities.

f. ***Developmental Assets Framework.*** The Association of Alaska School Boards and the Alaska Division of Public Health have implemented a prevention effort that builds on the Developmental Assets framework of the Search Institute of Minneapolis. This framework has been adapted for Alaskan youth. The concept behind this model is that there are key assets in youth that help build resiliency. Examples of these assets are:

(1) Parent involvement in school;

(2) Youth having useful roles; and

(3) Service to others.

This particular program includes conducting an assets survey within communities and working with local groups to identify approaches that maximize the assets of youth in the community.[71]

3. Local Option Law Assistance. The local option law in Alaska gives communities the right to limit or ban alcohol importation, sale, and/or possession as they see fit. This is accomplished through an election. Once a community votes to place limits on alcohol, violation of these limits is a violation of state law. Akeela, Inc., using a grant from the Alaska Mental Health Trust Authority, has developed a technical assistance program to help communities that desire to exercise local option. It consists of a video, a handbook, and on-site assistance as necessary to help communities organize, assess their readiness for such a move, and prepare for an election.

4. Prevention Program Oversight. The Division of Alcoholism and Drug Abuse provides oversight for all of their funded programs. They employ a site facilities surveyor who monitors activities, ensures compliance with conditions of grants, and provides guidance and assistance to grantees. Akeela, Inc., as a part of their prevention grant with the Division, provides training and technical assistance to grantees and prospective grantees with a focus on ACT grants. In addition, all grantees must have Community Prevention Teams and be conducting needs assessments and community readiness studies. Several emerging developments in the prevention field hold the promise of increased effectiveness in the future:

a. The Commission for Accreditation of Rehabilitation Facilities (CARF), a primary accreditation organization for substance abuse treatment centers, has begun to provide

[71] Association of Alaska School Boards and Alaska Division of Public Health, Helping Kids Succeed – Alaskan Style, Anchorage, AK 1998

accreditation for prevention organizations. In July 2000, Akeela, Inc. became the first organization in Alaska to achieve accreditation for their prevention programs.

b. Heightened collaborative effort between the Division of Alcoholism and Drug Abuse, Alaska Children's Trust, Department of Education and Early Development, and the Division of Juvenile Justice are beginning to focus and enhance prevention efforts in Alaska.

c. A project funded by SAMHSA is currently underway to develop a prevention specialist training curriculum that is tailored to Alaska and incorporates Alaska history and culture to meet rural needs. The work is being accomplished by the Western Regional Center for Application of Prevention Technologies (WestCAP). If successful, this has the potential to help train professionals in the prevention field ensuring a level of competency and consistency of course content.

5. Other Efforts. The efforts and projects noted above are primarily those that have a statewide focus or that have specific substance abuse prevention grant funding from the Division of Alcoholism and Drug Abuse. Within each community, however, there are a host of activities implemented by various organizations and coalitions that enhance prevention efforts. Identifying every effort for every community in Alaska is beyond the scope of this project, however, the investigators have examined the prevention efforts in the target communities in greater detail and present them in sub-paragraph E. of this section.

C. Education. Education, as addressed in this section, refers to activities and efforts of educational organizations such as schools, school districts, and the Alaska Department of Education and Early Development. While many local schools and school districts collaborate with local prevention organizations, this sub-paragraph concentrates on activities, initiatives, and efforts that are specific to educational organizations.

The Alaska Department of Education and Early Development receives federal funding for substance abuse prevention activities through the Safe and Drug Free Schools Program. This is the primary vehicle for reducing drug, alcohol and tobacco use through education and prevention activities offered in the various school districts in Alaska.

In a 1996 progress report, the U. S. Department of Education outlined its goals for year 2000. Specifically relating to underage drinking, Goal 7 states:

"By the year 2000, every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol, and will offer a disciplined environment conducive to learning."[72]

1. U. S. Department of Education Programs. In support of that goal, the U. S. Department of Education provides funding through two major programs for substance abuse prevention.

[72] U. S. Department of Education, "Goals2000: A Progress Report – Fall 1996," Washington, DC, 1996

a. ***State Grants for Drug and Violence Prevention Programs***. This is a formula grant program that provides funds to state and local education agencies, as well as Governors, for a wide range of school and community-based education and prevention activities.

b. ***National Programs***. "National Programs" carries out a variety of discretionary initiatives that respond to emerging needs. Among these are direct grants to school districts and communities with severe drug and violence problems, program evaluation, and information development and dissemination.

2. Safe and Drug-Free Schools. Title IV of the Improving America's Schools Act of 1994, the Safe and Drug-Free Schools and Communities Act authorizes programs administered by the Safe and Drug-Free Schools Program. Under this program, funds are provided to

a. State education agencies for grants to local education agencies and educational service agencies and consortia of such agencies to establish, operate, and improve local programs of school drug and violence prevention, early intervention, rehabilitation referral, and education in elementary and secondary schools.

b. State education agencies for development, training, technical assistance and coordination activities.

c. Governors' offices for grants to, and contracts with community-based organizations and other public and private non-profit organizations for programs of drug and violence prevention, early intervention, rehabilitation referral, and education.

d. Public and private non-profit organizations, including community-based agencies and institutions of higher education, to conduct training, demonstrations, evaluation, and to provide supplementary services for prevention of drug use and violence among students and youth.[73]

3. Alaska Education Activities. Through support of the Safe and Drug-Free Schools Program, the Alaska Department of Education and Early Development supports various activities at the local level.

a. Prevention content for health classes;

b. Student Assistance Counselors;

c. Local prevention programs based on the Developmental Assets Model; and

d. Collaboration and support of community prevention efforts.

[73] U. S. Department of Education, Internet Site www.ed.gov/offices/OESE/SDFS/aboutsdf.html, August 2000

4. Education/Prevention Data.

a. ***Students Suspended for Drinking.*** One set of desired data that would greatly enhance understanding of the prevalence of underage drinking is the number of students suspended for drinking. Although this data is collected by a few school districts, the State Department of Education and Early Development have not historically collected it. Beginning in 2000, all school districts will be required to report this data.[74] Although it will not be helpful for this report, the information obtained from this data will be very helpful in future efforts provided that the data collection effort is consistent and effective.

b. ***Youth Risk Behavior Survey***. The Youth Risk Behavior Surveys (YRBS) are conducted every two years as a collaborative project between the Department of Health and Social Services and the Department of Education and Early Development. This survey of students has the potential to provide some of the most insightful information possible about attitudes and behavior of youth regarding consumption of alcohol. One of the challenges to effective implementation of this survey, or any other, in the school system, is a change to A.S. 14.03.110 by the Twenty-First Alaska Legislature in 1999. The change, promulgated through House Bill 70, requires positive parental consent prior to conducting any survey in which personal student information or private family information is sought, whether the survey is anonymous or not. This creates difficulties in obtaining a valid sample of students since students or parents can refuse participation. The two collaborating partners are currently working on methods of obtaining sufficient participation to allow for valid samples. Although surveys were taken in 1995 and 1999, the Anchorage School District opted not to participate in 1999, resulting in an inability to compare 1995 data to 1999 data for trends.[75]

5. Limitations of Educational Inquiry. The research efforts in the area of education were severely limited by the fact that this project was conducted during the summer, a period when the vast majority of educators and administrators at the community levels were unavailable. Even those individuals with whom the investigators were able to contact often did not have access to the needed information or data.

D. Advocacy. The final major topic of this section is underage drinking prevention/law enforcement advocacy. Advocacy is a broad category that includes organizations such as Mothers Against Drunk Driving , Choices for Teens, Inc. (Homer, Alaska), and Alaskans for Drug-Free Youth. While advocacy organizations engage in many different types of activities, they typically have as goals the changing of community norms and values or changing laws to address problems. In the lingo of substance abuse prevention, these are considered environmental strategies and, in general, they are considered to be "best practices."

1. Alaska Highway Safety Planning Agency. In 1976, Alaska's Governor issued Executive Order No. 34, creating the Alaska Highway Safety Planning Agency, delegating the agency to carry out highway safety program responsibilities entrusted to the Governor by A.S. 44.19.025, pursuant to the National Highway Safety Act of 1966.

[74] Shober, B., Department of Education and Early Development, Personal Interview, June 2000
[75] Green, T., Department of Health and Social Services, Personal Interview, June 2000

a. ***Mission.*** The primary mission of the Alaska Highway Safety Planning Agency is "to enhance the health and well being of the people of Alaska through a program to save lives and prevent injuries on Alaska's highway network." Programming resources are directed to the state's targeted areas identified through a problem identification process, and funded through the following national priority areas: alcohol and other drugs, occupant protection, pedestrian and bicycle safety, police traffic services, traffic records, safe communities, emergency medical services, school bus safety, and roadway safety.

b. ***Goals.*** The selection of specific goals is a collaborative effort by agency staff based upon experience, problems presented by the community, resource availability, and project feasibility. The organization's five main goals for the 2000-2001 year are to:

(1) Reduce the mileage death rate;

(2) Reduce the number of serious injury and fatal crashes;

(3) Reduce the ratio of alcohol and/or drug related serious injury and fatal crashes;

(4) Increase the use of seat belts and child safety restraints by all vehicle occupants (90% by year 2005); and

(5) Close the gap between traffic crash data collection and input reported around the state.

c. ***Kids Reforming Alaska for Safer Highways (KRASH).*** Funded by the Alaska Highway Safety Planning Agency, the Sitka-based Kids Reforming Alaska for Safer Highways (KRASH) program continues to work on projects aimed at four of the five goals above. It attempts to do this by providing support and information for prevention groups committed to promoting highway safety, specifically among youth but benefiting all Alaskans. Following its second year, KRASH expects to have a direct impact by

(1) Reducing the number of serious injury and fatal crashes;

(2) Reducing the ratio of alcohol and drug related injury and crashes; and

(3) Increase the rate of seat belt use and child safety seat use by motor vehicle occupants.[76]

2. Other Statewide Efforts. There are relatively few statewide advocacy efforts regarding underage drinking. There is, in contrast, significant ongoing advocacy taking place in communities and regions. Even in cases where there is a coordinated statewide effort, such as the Red Ribbon Campaign coordinated by Alaskans for Drug-Free Youth, real advocacy is conducted at the local level. There have been a number of statewide efforts to impact public policy regarding alcohol consumption, specifically the effort to lower the blood alcohol content (BAC) limit in Alaska to .08% and the move to increase excise taxes on alcohol. These efforts have generated little sustained momentum and have had little success. A more detailed look at advocacy in the target communities will be provided in sub-paragraph E that follows.

[76] O'Sullivan, K., Alaska Highway Safety Planning Agency, unpublished communication, 9/8/00

E. Target Community Prevention/Advocacy.

1. Anchorage. The community of Anchorage has ongoing prevention and advocacy efforts on two distinct levels. First, it has extensive prevention and advocacy efforts as they relate to the residents of Anchorage. There are a number of governmental as well as private, non-profit organizations that implement prevention programs in Anchorage. Second, Anchorage serves as a center from which private, non-profit organizations deliver prevention and advocacy services to rural areas across the state.

a. ***Anchorage Projects and Activities.***

(1) Akeela, Inc. Akeela, Inc. has a significant Anchorage prevention presence as well as being the statewide prevention provider. Akeela offers a wide variety of prevention programs to diverse populations in Anchorage including:

(a) Alternatives to Suspension – Substance abuse education for students in lieu of suspension for drinking/using drugs or for students volunteering to attend. Implemented in partnership with the Anchorage School District.

(b) Strengthening Families Program – A best practice program for youth ages six to 14 and their families. Provides communications and family-building skills.

(c) Prevention Resource Library – Akeela, Inc. operates a resource library at its main office that offers access to all of the major substance abuse journals, periodicals, books, and videos. They offer both mail and walk-in service.

(d) Participation in Red Ribbon Activities – A program coordinated through Alaskans for Drug-Free Youth that encourages youth to avoid consumption of drugs and alcohol.

(e) Social Norms Marketing Program – A program implemented in partnership with the University of Alaska to address the issue of use and perceived underage drinking and drug use on campus.

(f) Public Housing Intervention and Referral – In partnership with the Alaska Housing Finance Corporation, Akeela places an outreach worker in selected public housing facilities to intervene with families and make appropriate referrals.

(2) Volunteers of America, Inc. Volunteers of America, Inc. is a national, private, non-profit organization with a center in Anchorage. It provides a range of both treatment and prevention services. The prevention programs currently offered by Volunteers of America are:

(a) All Stars – All Stars is a prevention education program delivered in partnership with the Anchorage School District. All Stars has been determined to be a best practice by the Substance Abuse and Mental Health Services Administration.

(b) Prudential Youth Leadership Institute – This is a youth leadership program that serves 160 teens. It is facilitated by Volunteers of America.

(c) Camp Hope – Camp Hope is a prevention program dealing with children of alcoholics issues and is targeted to youth ages 7 to 11.

(d) No Empty Nest – This program provides support for 150 grandparents that are raising grandchildren.

(e) Clean and Sober Kids – This program offers support activities for youth.

(f) Youth Court Intervention Programs – Volunteers of America offers intervention programs for teens that receive citations from the Anchorage Youth Court.

(3) Alaska Military Youth Academy. With regard to prevention programs, the Alaska Military Youth Academy currently has only one grant. This program offers a structured learning environment for high-risk youth that emphasizes discipline and accountability. It is located on the grounds of Fort Richardson and is operated in a fashion similar to a military boot camp. Although located in the Anchorage area, they take youth from throughout Alaska.

b. ***Anchorage Programs Providing Services outside Anchorage.***

(1) Akeela, Inc.

(a) Annual Substance Abuse Prevention Symposium – This annual event provides training and networking opportunities for prevention professionals from across the state. It is held in Anchorage during November and typically lasts for three days.

(b) Local Option Technical Assistance – Akeela staff provide technical assistance along with a training video and manual to help communities considering exercising local option for alcohol.

(c) Economic Intervention Support – This project is funded through an ACT grant and is intended to provide support for economic intervention efforts (alcohol tax increase).

(d) Training and Technical Assistance – Akeela is the organization designated by the Division of Alcoholism and Drug Abuse to provide training and technical assistance to prevention grantees.

(2) Rural Alaska Community Action Program. Rural Alaska Community Action Program provides an array of prevention programs delivered primarily to rural villages. They also offer a host of other, non-prevention programs designed to serve rural Alaska.

(a) Across Ages – This program is a "best practice" that is delivered to villages using AmeriCorps volunteers. It is a mentoring program that also provides alternatives to alcohol use for youth.

(b) Other Projects – Rural Alaska Community Action Program also provides a host of other programs with prevention components with activities that range from community clean up to elder assistance.

(3) Chugachmuit, Inc. Chugachmuit is a component of Cook Inlet Tribal Council, a non-profit Alaska Tribal Organization. They provide individualized prevention activities in Southcentral Alaska to the communities of Seward, Cordova, Valdez, Port Graham, and Nanwalek. Within each community, services are typically delivered through the local tribal council or alcohol program on a community-wide or school basis. The Indian Health Service provides a youth coordinator and a small Division of Juvenile Justice grant funds a teen center facility.

c. ***Anchorage Advocacy Efforts.***

(1) Mothers Against Drunk Driving. The Anchorage chapter of Mothers Against Drunk Driving, a national advocacy organization, has been active for about three years. They are just now moving into youth related issues. Some of the planned activities related to youth are:

a. Youth summit participation;

b. National Youth in Action Partnership; and

c. Informational Resource.

(2) Alaskans for Drug-Free Youth. The Anchorage activities for Alaskans for Drug-Free Youth are actually a part of the statewide advocacy of the organization. Some of the activities planned are:

a. Project Reach-Out;

b. Project Body in Check – Mind in Control;

c. Red Ribbon Campaign;

d. Youth Station Teen Center;

e. Educational presentations to schools, parent and community groups; and

f. Resource Library.

(3) MCA Drivers License Revocation Diversion Project. This is a group of individuals from different agencies convened to develop a diversion program that would allow for a positive approach to dealing with minor consuming citations. Although not currently in operation, the group is considering elements that include screening and assessment, community work service, and referrals for treatment. This group includes representatives from the Alaska Court System, Anchorage Police Department, Municipality of Anchorage Health Department, Volunteers of America, and the Alaska Division of Motor Vehicles.

2. Fairbanks. Like Anchorage, Fairbanks has prevention programs targeted to the community of Fairbanks as well as prevention efforts by Fairbanks organizations delivered to villages in the interior. While there are pockets of individual advocacy, the investigators found no evidence of organized community advocacy by any group other than service providers (which are classified as prevention rather than advocacy).

a. ***Fairbanks Projects and Activities.***

(1) University of Alaska Fairbanks. The University of Alaska Fairbanks recently completed a study of underage drinking on campus funded through a grant from the Alaska Division of Family and Youth Services. The project was a collaborative effort between the University of Alaska Fairbanks Police, University of Alaska Fairbanks Administration, and the Division of Family and Youth Services. This study also served as a mechanism for distributing information and educational material on the dangers and problems associated with underage drinking. Over the course of the project, the group noted a 25% decrease in the number of alcohol incidents reported to the University of Alaska Fairbanks Police and a 64% decrease in the number of students negatively impacted by an alcohol problem.[77]

(2) Fairbanks Native Association/Diineegwahshii Project. The Diineegwahshii Project is a substance abuse prevention program targeting adolescent Alaska Native females. The name, in Athabascan, means, "to promote healthy relations." The project builds on Native culture and strengths already in the families and strives to prevent and/or reduce alcohol, drug, and tobacco use among high-risk Alaska Native teen girls. Diineegwahshii has been found to be a promising practice by the Substance Abuse and Mental Health Services Administration.

b. ***Fairbanks Programs Providing Services outside Fairbanks.***

(1) Tanana Chiefs Conference. Tanana Chiefs Conference provides regional prevention activities targeted to villages in the Interior. They publish a monthly newsletter written by teens that contains prevention information. They also offer a health education program through school districts.

3. Juneau. Juneau has a number of organizations that provide prevention services. Unlike Fairbanks and Anchorage, however, Juneau does not serve as a regional hub for village prevention. Most of the prevention work in Southeast Alaska villages is conducted through the

[77] Tong, S., University of Alaska Fairbanks Police, "Wasting Away in Margaritaville: From Animal House to Healthy Choices – A Story of Success at the University of Alaska Fairbanks," Fairbanks, AK, May 2000

Southeast Alaska Regional Health Consortium in Sitka. Being the capital of the state, Juneau sees a great deal of advocacy effort. While most of the advocacy is through dedicated advocacy organizations, there is also some degree of advocacy conducted by local prevention organizations.

a. ***Juneau Projects and Activities.***

(1) National Council on Alcoholism and Drug Dependence Juneau. National Council on Alcoholism and Drug Dependence Juneau offers a range of prevention and education activities including:

(a) School-based prevention activities including monthly three-day retreats for high risk students in the high school.

(b) National Council on Alcoholism and Drug Dependence Juneau delivers a life skills curriculum through the school district that helps students gain the skills necessary for making healthy choices about alcohol, drugs, and other risk behaviors.

(c) Participation in the high school program "Students for Social Responsibility."

(d) They also assist with the Peer Helper program at the middle schools, which trains and supports students to provide help to each other.

(2) Big Brothers/Big Sisters. Big Brothers/Big Sisters heads a consortium of Juneau organizations that provide prevention activities through a mentoring program (SAMHSA best practice) as well as supporting the various high school programs. The other active members of this consortium are the Juneau Douglas School District, Southeast Alaska Regional Health Consortium, and the National Council on Alcoholism and Drug Dependence – Juneau affiliate.

(3) Lakeside/Milam Treatment Center. Lakeside/Milam Treatment Center, a Washington-based substance abuse treatment organization provides on-site prevention training and education services annually with an emphasis on adolescent issues.

(4) Association of Alaska School Boards. Although active statewide, the Association of Alaska School Boards provides a significant prevention presence in Juneau. Its goals include the development of assets and protective factors relating to improved school performance and the decrease in destructive behaviors, including alcohol and drug use. The Board offers:

(a) Training and staff development;

(b) Community presentations on risk and protective factors;

(c) Work to address public policy enhancing healthy assets;

(d) Programs enhancing youth leadership; and

(e) Community partnership training to other organizations.

b. ***Juneau Advocacy Efforts.***

(1) Mayor's Task Force on Youth. The Mayor's Task Force on Youth has been operating since 1993 with no formal organization or funding. The members of the task force are drawn from Juneau organizations having an interest in youth. They address public policy and awareness issues and often serve as a catalyst for more formal action taken by organizations.

(2) Mothers Against Drunk Driving – As of this writing, Mothers Against Drunk Driving is forming a Juneau chapter in response the DUI-related traffic accident deaths of two Juneau residents. Their goal is to have all affiliation requirements met prior to the 2001 Legislative session that begins in January 2001. They plan to target school with prevention activities in conjunction with the Juneau Police Department. A future planned activity is Court Watch, which monitors court action on DUI cases.

(3) Dimes a Drink Coalition – Although technically a statewide organization, the Dimes a Drink Coalition conducts a great deal of advocacy work in Juneau aimed at increasing the excise tax on alcohol. With a goal of reduced consumption, this group cites research that indicates a negative correlation between the price of alcohol and consumption among youth. According to the research, the higher the price of alcohol, the lower the consumption among youth.[78]

4. Barrow. Some alcohol awareness/prevention activities are offered as a part of the Arctic Women in Crisis program. One of the major problems encountered is teen or young adult males providing alcohol to minor females and then victimizing or sexually assaulting them. Counseling is provided to approximately three individuals per month. They also conduct outreach, including radio programs relating to alcohol and its effects. These outreach efforts extend to surrounding villages. The middle school has a Drug Abuse Resistance Education (D.A.R.E) officer and a counselor that offers some prevention activities.

5. Nome. Prevention activities in Nome occur through the Bering Strait Community Partnership, of which the Nome Community Center is a member. This is a coalition that strives to allow communities to identify and implement their own prevention solutions. Nome and four surrounding villages are members of the coalition.

a. ***Nome Projects and Activities.***

(1) SMART Moves and Project Venture – a Native American challenge-based prevention program.

[78] Chaloupka, F., "Effects of Price on Alcohol-Related Problems," Alcohol and Health Research World, Volume 17, No. 1, 46:53, 1993

(2) Youth to Youth Model – This program provides alcohol and drug-free activities, peer leadership, and substance abuse education.

(3) Youth Empowered to Serve (Y.E.S.) – This program is designed to increase protective factors for youth. Funding for this effort is through the Alaska Children's Trust.

(4) Life Choices – This program focuses on minor consuming issues, offering education and monitoring of community work service and referral compliance.

(5) Tobacco Control Alliance – Concentration in tobacco use prevention.

(6) Youth Court – This is currently inactive due to staff limitations.

(7) Teen Center – This project uses Family Support and Preservation funding to outreach to families.

(8) Boys and Girls clubs are being formed to support healthy lifestyles for teens.

(9) Prevention activities that are culturally appropriate are being used in the villages, where possible.

b. ***Nome Advocacy Efforts.***

(1) Drugs Aren't Wanted in Nome (DAWN) – This effort originated with the original Alaskans for Drug-Free Youth. The group actively advocates for alcohol and drug-free youth through:

(a) Youth camps;

(b) Community rallies, fairs, and holiday activities;

(c) Support for drug and alcohol-free proms, graduation and senior sneak day; and

(d) Speakers bureau and information library.

6. Bethel. There are three different organizations that support prevention activities in Bethel, however, the investigators could find no organized advocacy activity outside that conducted by the prevention groups.

a. ***Bethel Projects and Activities.***

(1) Yukon-Kuskokwim Health Corporation – "The Peacemaking Circle" is a prevention program modeled after the Southern Lakes Justice Committee and the Tagish First Nation Circle Keepers (Canada). The program coordinator works with a committee comprised of agencies that serve youth and they review cases referred from the Division of Juvenile Justice,

Division of Family and Youth Services, the school, and other sources. As a part of the program, there are behavior expectations of youth who are bound by contracts to those behaviors. Families also have responsibilities in the process. The coordinator tracks compliance and works toward completion of all recommendations.

(2) D.A.R.E. Program. The City of Bethel funds a D.A.R.E. officer in school system.

(3) The Bethel Group Home offers prevention education as alcohol, marijuana and inhalant dependence are issues identified at intake.

7. Dillingham. The primary provider of substance abuse prevention services in Dillingham and the surrounding villages in the Bristol Bay region is the Bristol Bay Area Health Corporation Alcoholism and Drug Abuse Program. The investigators noted no organized advocacy movement in Dillingham beyond that provided as a part of the prevention effort. Funded through a variety of grants, Dillingham has the following prevention programs:

a. ***Dillingham Projects and Activities***.

(1) School-based Prevention – In partnership with the schools, they support natural helpers and prevention education.

(2) Community-based Prevention – Bristol Bay Area Health Corporation offers prevention programs tailored to the different groups and villages including public service announcements, newspaper articles, and community prevention education curricula.

(3) Community work service program.

(4) Youth tracking for juvenile alcohol safety action program.

8. Homer. Homer is one of the most active communities surveyed with regard to prevention and advocacy activity given its size. Perhaps the most striking characteristic about Homer is the pervasive sense of collaboration. It seems as though everything happening is somehow connected with everything else and that all of the participants are working together with goals that transcend the goals of the individual organizations. The bulk of the prevention and advocacy effort is coordinated through Choices for Teens, Inc.

a. ***Homer Projects and Activities.***

(1) Choices for Teens, Inc.

(a) Individual prevention counseling.

(b) High risk behavior classes targeting alcohol and drug prevention, conflict resolution and life skills enhancement.

(c) Peer Helpers – Provides support and training for youth to help each other.

(d) Youth to Youth - This program provides alcohol and drug-free activities, peer leadership, and substance abuse education.

(e) STAT Tobacco prevention activities.

(f) Support for the Parent-to-Parent program supporting parents and providing parenting skills training.

(g) Participation in the Governor's Conference on Juvenile Justice.

(h) Teen Center providing alcohol and drug-free activities – operated by youth.

(i) Youth employment program.

(j) Collaborative participation with K.R.A.S.H. (see sub-paragraph B.5 above and E.9 (Sitka) below for description).

(k) Students Against Destructive Decisions (SADD), Sea Scouts, and 4H all have alcohol and drug-free prevention activities. Road trips and alcohol-free dances are frequent activities sponsored by Choices for Teens.

(l) Outreach program pairing appropriate teens and senior citizens as a community work service option

(m) Choices for Teens also monitors community work service and the program for offenders.

(2) D.A.R.E. The Homer Police Department offers curriculum in the lower grades.

(3) Rural Alaska Community Action Program (Anchorage-based organization). Across Ages best practice prevention program is offered through the Rural Alaska Community Action Program Head Start component.

b. ***Homer Advocacy Effort.*** Choices for Teens, although now considered a prevention organization, has long been an aggressive advocacy organization that has had remarkable results. They have served as the catalyst for a large number of the prevention programs in place and are constantly working for changes in community norms and values.

9. Sitka. Most prevention programs in Sitka are coordinated through Sitka Prevention and Treatment Services, Inc. Like Anchorage and Fairbanks, Sitka is home to an organization that provides significant prevention services to villages outside Sitka. The investigators found no organized advocacy effort, outside of that conducted as a part of prevention activities.

a. ***Sitka Projects and Activities.***

(1) Sitka Prevention and Treatment Services, Inc.

(a) Students Against Destructive Decisions (SADD);

(b) Kids Reforming Alaska for Safer Highways (KRASH) – This is a statewide effort funded through the Department of Public Safety to provide education and prevention activities targeting reduction of risky driving behavior by teens. The statewide effort is coordinated in Sitka;

(c) Refusal Skills Curriculum;

(d) Student Assistance Counselor (in partnership with school system);

(e) Abstinence education, funded through the Alaska Division of Public Health, contains substantive alcohol and drug information; and

(f) Community Work Service monitoring.

(2) Sitka Youth Court – Sitka Youth Court has handled some marijuana possession cases, however, it is not currently hearing MCA cases.

b. ***Sitka Programs Providing Services outside Sitka.***

(1) The Seven Circles Coalition is a program of the Southeast Alaska Regional Health Consortium. They sponsor the Youth Empowerment Summit and currently have mini-grants in 11 surrounding communities. Of these, six have active Youth Adult Partnerships that support:

(a) Juneau – Skateboard Park (alternative activities);

(b) Sitka – Teen Center (Developmental Assets);

(c) Wrangell – Teen Tips (Media and peer education) through the community center;

(d) Kake – Establishment of a new teen center (alternative activities);

(e) Haines – Teen Center (Alternative activities); and

(f) Ketchikan – Developmental assets through community partnerships.

10. White Mountain. White Mountain, as with other villages, has limited formal prevention and advocacy activity. Youth Empowered to Serve (Y.E.S.) requested grant funding for improving the basketball area and there is a general sense among the residents that more youth activities are needed. The community also has a Community-Based Suicide Prevention Project that has a part-time coordinator that sponsors community and youth activities.

11. Gambell. The "Smart Moves" curriculum for prevention is being piloted in the school this year. Funding for a half-time position is used to deliver prevention programs. Gambell had a Community-Based Suicide Prevention Project until fiscal year 2000 but did not continue the program.

12. Aniak. The only prevention efforts in Aniak are delivered through the community mental health center that is operated by the Kuskokwim Native Association.

13. Toksook Bay. Toksook Bay has a Community-Based Suicide Prevention Project with a part-time coordinator that schedules community and youth activities.

14. Nanwalek. Nanwalek has an underage drinking program with the following goals:

a. Provide a safe "hand out" environment for teens – Teachers and elders teach cultural activities that have been well attended. Of the 20 teens in Nanwalek, about eight to 12 have participated and have given positive feedback.

b. Involve parents in more activities with teens.

c. Use collaborative efforts with other agencies to continue the reported trend of less alcohol and tobacco consumption and family wellness.

15. Copper Center. All prevention activities in Copper Center are coordinated through the Copper River Native Association. Prevention activities are mainly education and information provision with some occurring in the school (open to all students) and other occurring independent of the school (open only to Alaska Natives).

16. Hoonah. Prevention efforts in Hoonah include work through the Seven Circles Coalition (see sub-paragraph E.9.b (Sitka) for details) as well as through the Hoonah Indian Association. Other than the Seven Circles work, there is no grant funded prevention activity in Hoonah as of this writing. Hoonah did have a Community-Based Suicide Prevention Project through 1999 but it was not renewed.

17. Ruby. Ruby has a Community-Based Suicide Prevention Project that has a part-time coordinator and offers community and youth activities. A health aide comes to Ruby twice a year as part of the Regional Prevention Program through Tanana Chiefs Conference prevention program (See sub-paragraph E.2.b (Fairbanks) for details).

VIII. Data Trends and Resources.

A. General. Good data subjected to appropriate analysis add great value to an inquiry such as this. Reliable data collected over extended periods of time can show trends that either validate or repudiate qualitative input from key informants. While key informant interviews can be impacted by recent events and strong feelings, good data and appropriate analysis provides an objective picture. In the inquiry into underage drinking problems, however, there are some major barriers to gathering and analyzing data.

1. Diverse Data Sources. The State of Alaska collects and maintains a large of number of databases that have some relationship to underage drinking. These databases range from court data to highway accidents to substance abuse treatment data. The data is collected by different agencies in formats that best meet their agency needs. Some data sets are collected by fiscal year while others are collected by calendar year. Some collect data by community while others collect by borough.

2. Imperfect Proxies. Obviously, there is no database that collects data on underage drinking per se. There is no way to definitively track alcohol sold to or consumed by minors as a discrete population. Good proxies, therefore, must be identified. Proxy measures are those data that relate to underage drinking but do not directly measure it. Examples include the number of alcohol-related injuries to minors and the number of adolescents served by the substance abuse treatment system. There are no perfect proxies so each data set must be assessed to determine the extent that it helps to describe the problem.

3. Limited Resources. To undertake a research project of this magnitude within the short time allotted required an enormous commitment of time and resources by the agencies that collect and maintain the data. Most of the data investigators requested required special queries written by agency staff with results imported into a file format that the investigators could use. The investigators received overwhelming support from every state agency contacted.

4. Population Data. In the analyses that follow, raw data has been converted into rates per 100,000 population to address the issue of changing population over periods of time and to allow for comparison among communities of different populations. The population data used in all analyses were obtained from the Alaska Department of Labor and Workforce Development, "Population of Places by Borough and Census Area 1998-1990." Updates for 1999 population were taken from "Population of Places by Borough and Census Area 1999-1990." The following table provides population information for the entire state as well as for each sample community from the period 1990 through 1999.

Population of Alaska and Sample Communities 1990 – 1999*

Community	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
State of Alaska	550,043	569,063	586,684	596,808	600,765	601,646	604,966	609,311	621,400	622,000
Anchorage	226,338	235,631	244,093	249,398	253,560	252,876	253,234	254,542	258,782	259,391
Fairbanks	30,843	32,590	32,959	33,045	32,484	32,302	31,434	31,773	31,601	31,697
Juneau	26,751	27,580	28,252	28,443	28,462	28,719	29,166	29,625	30,236	30,189
Barrow	3,469	3,606	3,798	3,973	4,085	4,181	4,253	4,355	4,397	4,438
Nome	3,500	3,540	3,673	3,612	3,545	3,507	3,515	3,565	3,706	3,615
Bethel	4,674	4,753	4,816	4,955	5,048	5,075	5,077	5,293	5,463	5,471
Dillingham	2,017	2,118	2,130	2,191	2,155	2,181	2,224	2,246	2,332	2,302
Homer	3,660	3,700	3,788	3,850	3,941	3,969	4,008	4,064	4,155	4,154
Sitka	8,588	8,878	9,058	9,082	8,943	8,873	8,651	8,702	8,779	8,681
White Mountain	180	180	176	178	201	205	212	193	188	197
Gambell	525	551	580	589	616	623	633	647	670	668
Aniak	540	513	544	531	534	580	591	583	576	604
Toksook Bay	420	444	463	462	485	487	485	499	515	513
Nanwalek	158	159	162	165	158	161	168	177	180	170
Ruby	170	158	178	181	186	188	187	195	204	184
Copper Center	449	455	473	482	490	498	527	532	525	553
Hoonah	795	796	843	870	886	878	902	890	896	877

Table 4 – Alaska and Sample Communities Population 1990 – 1999; Data Source: Alaska Department of Labor and Workforce Development

***** Population data for 1990 – 1998 obtained from "Population of Places by Borough and Census Area 1998 – 1990." Update information for 1999 population obtained from "Population of Places by Borough and Census Area 1999 – 1990"

B. Court System Data – Underage Drinking Cases.

1. Description. The Alaska Court System records all cases filed with the court in a court system database. The following fields contained within that database are of interest to this investigation:

a. ***Case Number***. Each case is assigned a unique case identification number that sets it apart from every other case.

b. ***Community.*** The community listed is the where the court in which the case was filed is located.

c. ***Offense Date.***

d. ***Last Name/First Name of Individual.*** These are two different fields (This is relevant because, in a number of cases, the investigators were not able to get first names, which impacted the process of unduplicating the counts).

e. ***Date of Birth.***

f. ***Disposition Code.*** The court assigns 2-letter codes that show how the case was resolved. The data received from the court had instances of 20 different codes, however, some occurred only once or twice and are, individually, not relevant to the investigation. The main codes used in this investigation were:

(1) DP – Deferred Prosecution;

(2) DJ – Default Judgment;

(3) DS – Dismissed;

(4) FG – Found Guilty;

(5) NG – Found Not Guilty;

(6) NC – No Contest; and

(7) PG – Plead Guilty.

To this group, the investigators added two additional codes to cover instances in which the codes were not present or where the case was obviously so recent that the disposition was pending:

(8) PN – Case Pending (all cases with the disposition missing and an offense date of January 1, 2000 or later.); and

(9) UN – Unknown (all cases with the disposition missing and an offense date of December 31, 1999 or earlier.).

Other codes used only once or twice included codes such as AI (additional information), CV (change venue), TR (transferred), and EX (extradited). For purposes of this inquiry, these codes were all grouped under miscellaneous and represented less than 1% of the total dispositions.

G. ***Disposition Date.***

H. ***Fine.*** The total fine imposed by the Judge or Magistrate.

I. ***Fine Suspended.*** That portion of the fine suspended by the Judge or Magistrate.

J. ***Statute Cited.*** This field indicated the statute under which the case was filed. The data provided for this inquiry were all cited under A.S. 04.16.050, the statute prohibiting possession or consumption of alcohol by persons under the age of 21.

2. Methodology. Data for the fields listed above was requested from the Alaska Court System covering the time period from 1995, when the change in jurisdiction for minor consuming was implemented, through the latest data available. The Court System was able to provide data through June 30, 2000. Because of the characteristics of the Court System database, they were not able to provide the data in electronic format but rather in hard copy form. A total of 20,538 records were received from the court system.

a. ***Creation of Custom Database.*** Each case was entered into a Microsoft Access® database where computed fields were developed for the effective fine (Fine – Fine Suspended), the age of the individual (Offense Date – Date of Birth), and the time interval between the offense and the disposition (Disposition Date – Offense Date). This process also allowed for quality review of the data.

b. ***Export to Spreadsheet.*** The final query from the database that produced the custom fields was exported to a Microsoft Excel® spreadsheet where a unique identifier was developed. The initial intent was to use the first name, last name, and date of birth in a concatenated field to produce an identifier with a high probability of being unique to a single person. Because there were a number of cases in which the first name was not present, the investigators settled for an identifier that contained only the last name and the date of birth. In conducting quality assurance using cases where first names were provided, there were two instances found in which twins were both cited out of a total of more than 10,000 cases. These two cases resulted in an identifier that described two persons rather than being unique, however, because of the extremely low incidence of this condition, the unique identifier containing only the last name and date of birth was used in the final analyses.

c. ***Export to Statistics Application.*** The completed spreadsheet was exported to Statistical Program for Social Sciences (SPSS for Windows®) for analysis. Analyses conducted for this investigation were limited to descriptive statistics, frequency distributions, and cross tabulations.

d. ***Quality Assurance.*** Quality assurance was used at each stage of the data operation to ensure the most reliable results. Some of the key indicators for quality assurance were:

(1) Date of Birth – The investigators tested for dates of birth that produced obviously inappropriate ages (0 to 5 years old, over 30 years old, etc.). These were corrected, if possible, by searching the database for persons with the same name in the same community to determine the correct date of birth. In most cases, the investigators were able to resolve date of birth discrepancies in this way. Where discrepancies could not be resolved, the dates of birth were deleted from the final analysis file and the individuals were not considered for analysis involving age.

(2) Offense Dates and Disposition Dates – These dates proved more problematic than birth dates because there were no reliable points of reference. The investigators tested for intervals between the offense dates and disposition dates of more than 400 days or less than 0 days. In some cases, the typographical mistakes were clear when a specific date was two or three years off from all of the other dates around it in the listing. As an example, if there were a group of cases for which the offense date was 9/22/96 and one of the cases had the offense date shown as 9/22/98 and its associated disposition date was 10/15/96, it is clear that the initial offense date should have been 1996 rather than 1998. There were, however, other cases in which there was no basis to make the correction. In some cases, it was impossible to tell whether the offense date or the disposition date was incorrect (or possibly both). In cases such as these, the investigators deleted the field containing the interval between the offense and the disposition of the case and the records in question were not considered in the analysis of intervals.

(3) Name Misspelling – With any manual data entry system, there will inevitably be typographical errors. During data entry, the investigators flagged and checked obvious misspellings by comparing birth dates with other persons in the same community with nearly identical names. At another stage of quality assurance, the records were sorted by unique identifier (which began with the last name) to identify nearly identical identifiers that represented possible typographical errors.

(4) Fines and Suspended Fines – The investigators analyzed the fines and suspended fines by checking the computed effective fines, looking for effective fines that were less than 0. Only two such instances were found. When the source data was located, it was clearly a case of a typographical error.

In general, data was not corrected unless there was a high degree of certainty that the correction was appropriate. In those cases where this degree of certainty was not present, the specific data was disregarded and treated as a missing value. Overall, the rate of errors found was less than 0.5%.

2. Number of Minor Consuming Court Cases. Beginning in 1995, the jurisdiction for minor consuming or possession of alcohol was transferred to District Court by A.S. 04.16.050. Prior to 1995, alcohol possession or consumption cases for persons under age 18 was under the jurisdiction of the Alaska Division of Family and Youth Services (current Division of Juvenile Justice) and cases for persons 18 through 20 years of age was handled as a misdemeanor in

District Court. Under the new system, violations are handled through the issuance of citations with disposition typically in either traffic court or special after school courts, depending on the community. The following chart shows the rate of minor consuming court cases as a function of population for the period 1995 through 1999. Because 2000 population data was not available and because there was not a full year of data, 2000 court cases are not reflected in the chart. Further, the chart shows the case trends for all underage drinkers, those violators ages 17 and under, and those ages 18 through 20. This is a relevant distinction because, under the prior system, Division of Family and Youth Services recorded and tracked cases for youth ages 17 and younger. Breaking the age groups this way allows some comparison with Division of Family and Youth Services data, which is presented later in this section.

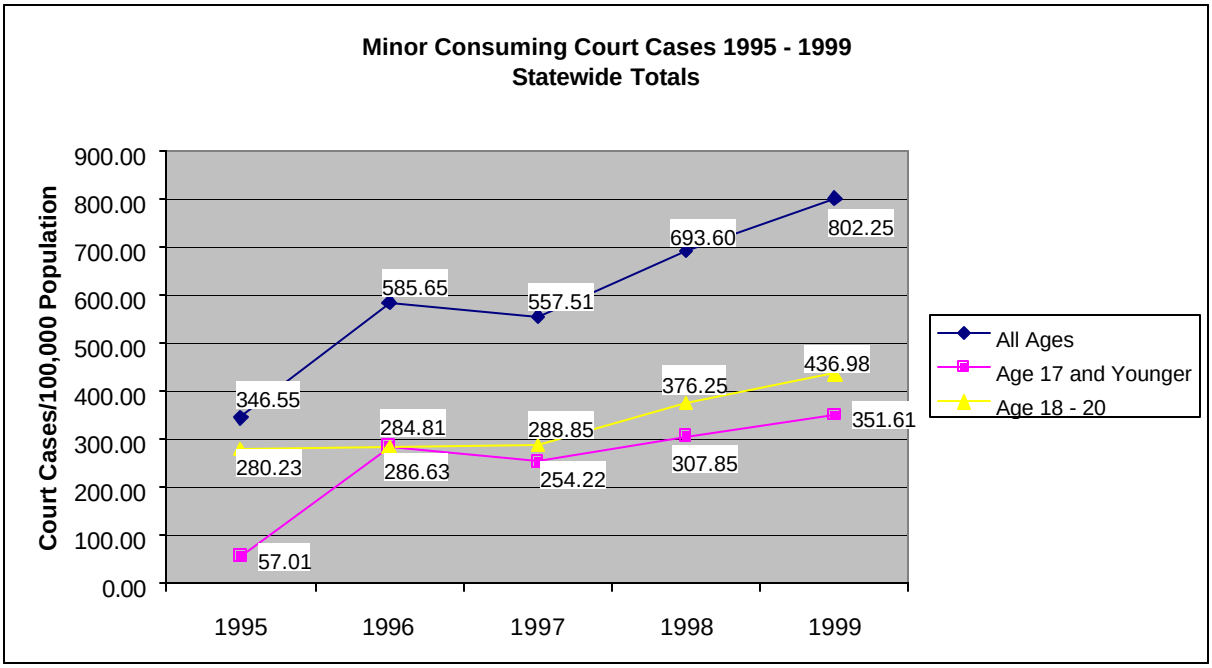

Figure 8 - Minor Consuming Court Cases 1995 – 1999; Data Source: Case Data – Alaska Court System – Unpublished Data (August 2000); Population Data – Alaska Department of Labor and Workforce Development

The following table provides raw numbers for District Court cases as well as the Division of Family and Youth Services data for cases prior up through 1995.

Data Description	1993	1994	1995	1996	1997	1998	1999	2000
Court Data – All Ages			2085	3553	3397	4300	4983	2220
Court Data – <= 17 YOA			376	1787	1614	1937	2219	1037
Court Data – 18 – 20 YOA			1709	1766	1783	2363	2764	1183
DFYS Data – <= 17 YOA	856	924	1111	432				

Table 5 – MCA Cases 1993 – 2000 Data Source: Court Data – Alaska Court System; DFYS Data – Alaska Division of Juvenile Justice

The most relevant comparison in the above raw data is the court data for ages 17 and younger with the Division of Family and Youth Services data. The chart below shows the minor consuming case trend for youth 17 and younger for both Division of Family and Youth Services

and the Court System. While the time periods are too short to draw conclusions, the overall trend line seems to be continuous with the Court Case increases reflecting an upward trend that is noticed in the Division of Family and Youth Services data, particularly in the years 1994 and 1995.

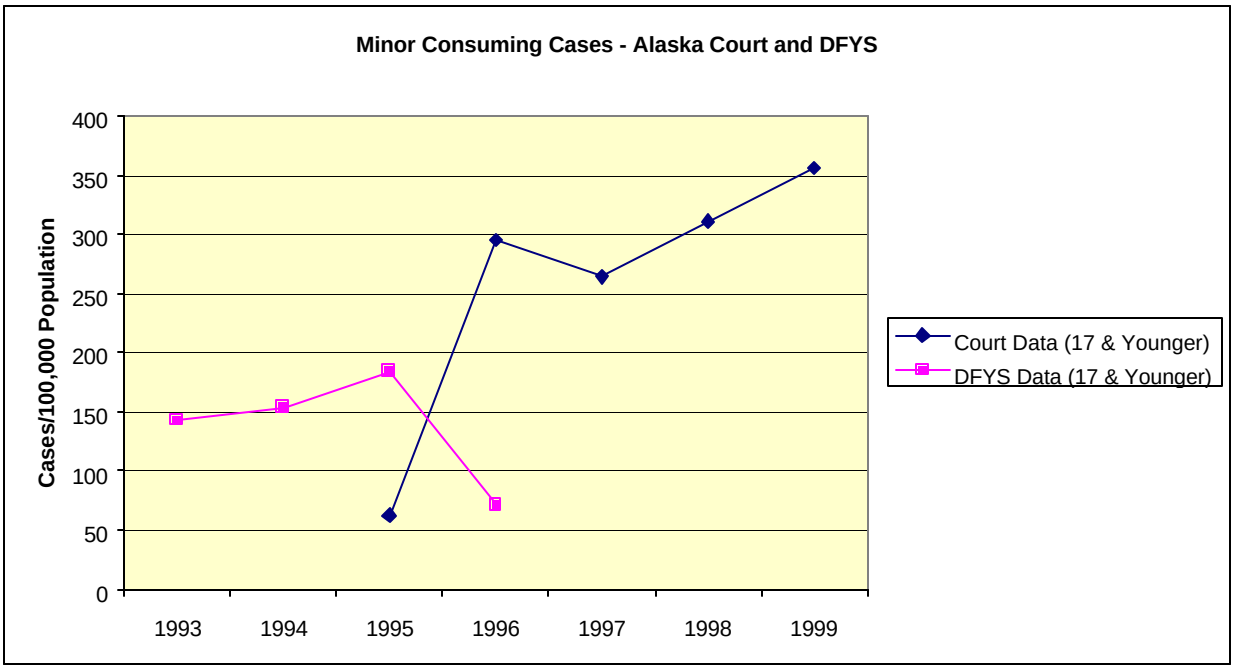

Figure 9 – Minor Consuming Cases (Youth 17 and Younger) – Alaska Court and DFYS; Data Source: DFYS Data – Alaska Division of Juvenile Justice; Court Data – Alaska Court System; Population Data – Alaska Department of Labor and Workforce Development

3. Individual Court Data. There were 31 communities with courts for which data was provided. The following chart shows the rate of court cases (1995 – 1999) for each of the communities as well as the statewide figures. Computing rates based on population was accomplished by considering the location of the court with regard to communities served. In most cases, the location of the courts closely corresponded with census areas and sub-regions. There are some drawbacks to this analysis. For example, the Hoonah Court is in the Hoonah sub-region of the Skagway-Hoonah-Angoon Census Area, which includes the communities of Gustavus, Pelican, and Elfin Cove. It is not clear to what extent the Hoonah Magistrate hears cases from these other communities or if the cases are heard in some other community or combination of communities. An analysis of the complete catchment scheme of the Alaska Court System that includes all of the villages is beyond the scope of this project.

In examining the rates for the courts in different communities, it is clear that some dispose of minor consuming cases at a far greater rate than others. Since this inquiry focused only on a core of 17 communities, there was no systematic inquiry into the practices and utilization of each individual court. The courts with the highest rates of MCA cases are in rural hub communities (Kotzebue, Ketchikan, Homer, and Bethel have the highest rates). Other hub communities, such as Sitka and Kenai, have substantially lower rates. Of the urban areas, Anchorage has a low rate of cases while Fairbanks and Juneau have relatively moderate rates.

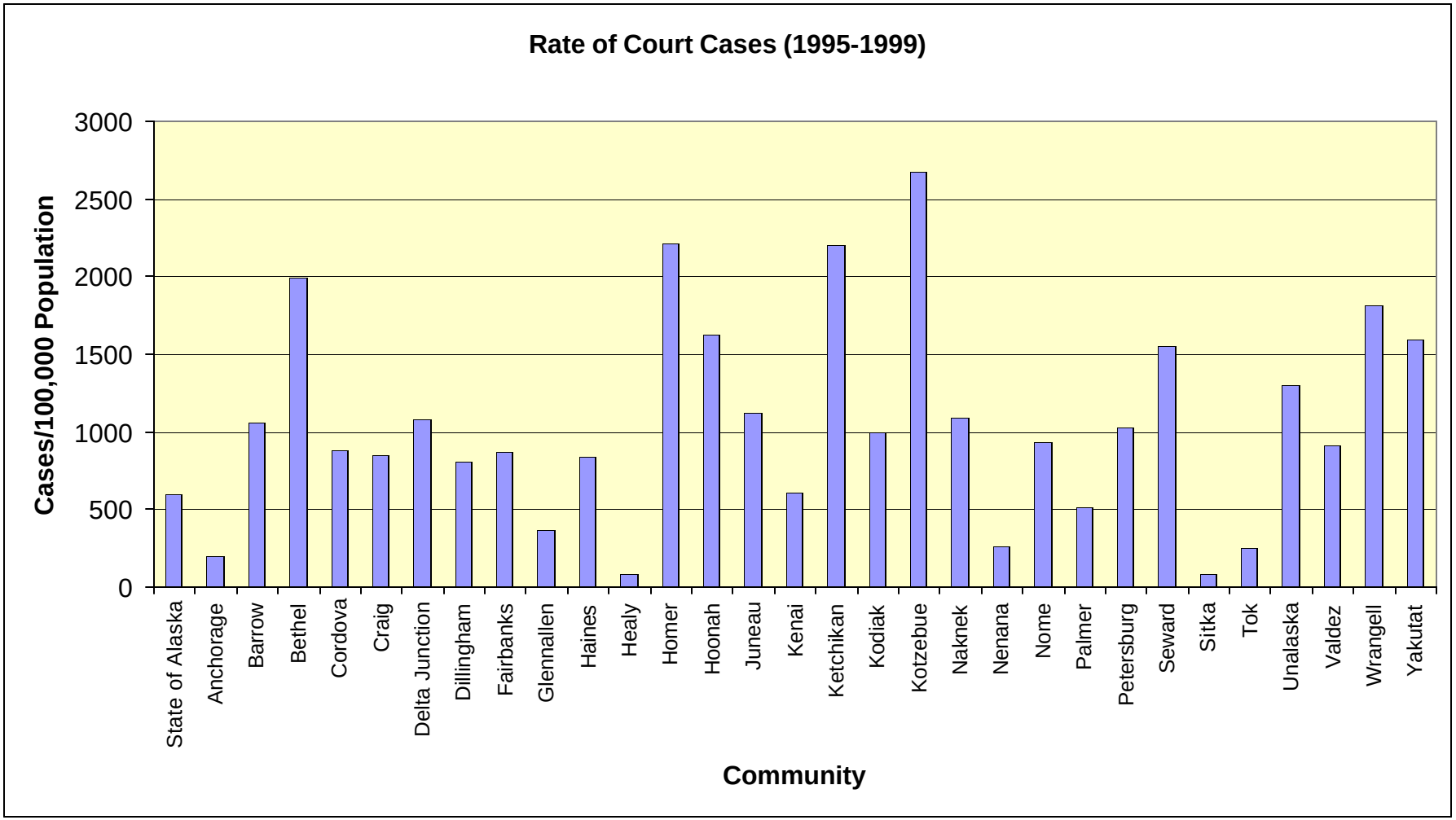

Figure 10 – Rates of Court Cases (1995 – 1999) by Community; Data Source: Court Case Data – Alaska Court System; Population Data – Alaska Department of Labor and Workforce Development

The following table provides raw court case data for each community for the period 1995 through 2000.

Community	1995	1996	1997	1998	1999	2000
Anchorage	226	433	275	628	930	490
Barrow	51	17	51	137	124	26
Bethel	168	272	237	378	339	105
Cordova	18	12	19	34	28	37
Craig	23	39	108	79	41	39
Delta Junction	7	24	6	7	2	3
Dillingham	58	39	18	20	50	35
Fairbanks	396	737	605	730	903	471
Glennallen	14	21	10	10	2	7
Haines	16	13	25	42	5	10
Healy	2	1	0	0	5	5
Homer	25	106	85	127	107	23
Hoonah	27	35	51	10	22	7
Juneau	205	435	303	314	397	126
Kenai	153	269	297	210	252	84
Ketchikan	181	306	309	395	397	113
Kodiak	79	168	120	129	208	70
Kotzebue	83	90	101	254	368	121
Naknek	5	1	28	25	9	12
Nenana	3	17	6	0	20	8
Nome	11	15	80	163	159	69
Palmer	150	250	311	328	312	248
Petersburg	18	54	83	30	45	17
Seward	66	87	83	75	50	17
Sitka	17	2	11	5	1	4
Tok	19	8	18	16	19	13
Unalaska	19	13	28	23	59	22
Valdez	18	16	55	71	57	20
Wrangell	21	55	60	46	62	18
Yakutat	6	18	14	14	10	0

Table 6 – Court Cases by Community 1995 – 2000; Data Source: Alaska Court System

4. Characteristics of Offenders. The investigators were able to describe offenders in terms of two different characteristics. The first is the age of the offender and the second is the number of offenses that the individual had over the period 1995 through 2000.

a. ***Age of Offenders.*** The mean age of individuals with court cases is relatively high with the mean being 18.06 and the median being 18.31. The mode for this data set was 18.1, which occurred 457 times. There were 318 missing values due to quality assurance problems with birth dates.

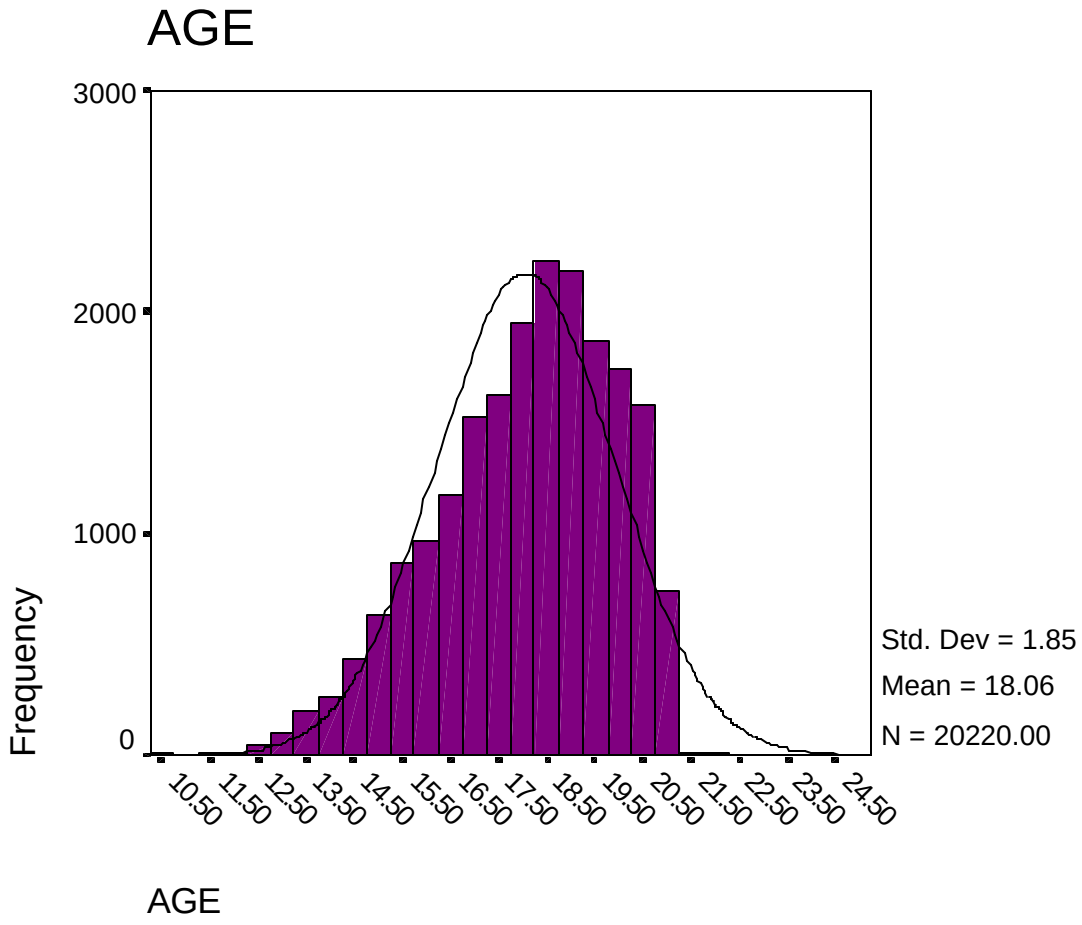

Figure 11 – Mean Age of Offenders; Data Source: Alaska Court System

b. ***Number of Offenses per Individual.*** By developing a unique identifier, the investigators were able to unduplicate the individuals, allowing for an analysis of the numbers of times that individuals had cases in the court. For the 20,538 individual cases, there were 12,902 unique individuals. Of the total number of unique individuals, 72.1% had only one violation. The highest number of cases for any one individual was 20, with two individuals having 20 cases each. When examining the impact of individuals on the overall caseload, 54.7% of the cases involve individuals with more than one violation, a group that comprises only 27.9% of the

population studied. The chart below shows a frequency distribution for numbers of violations per unique individual.

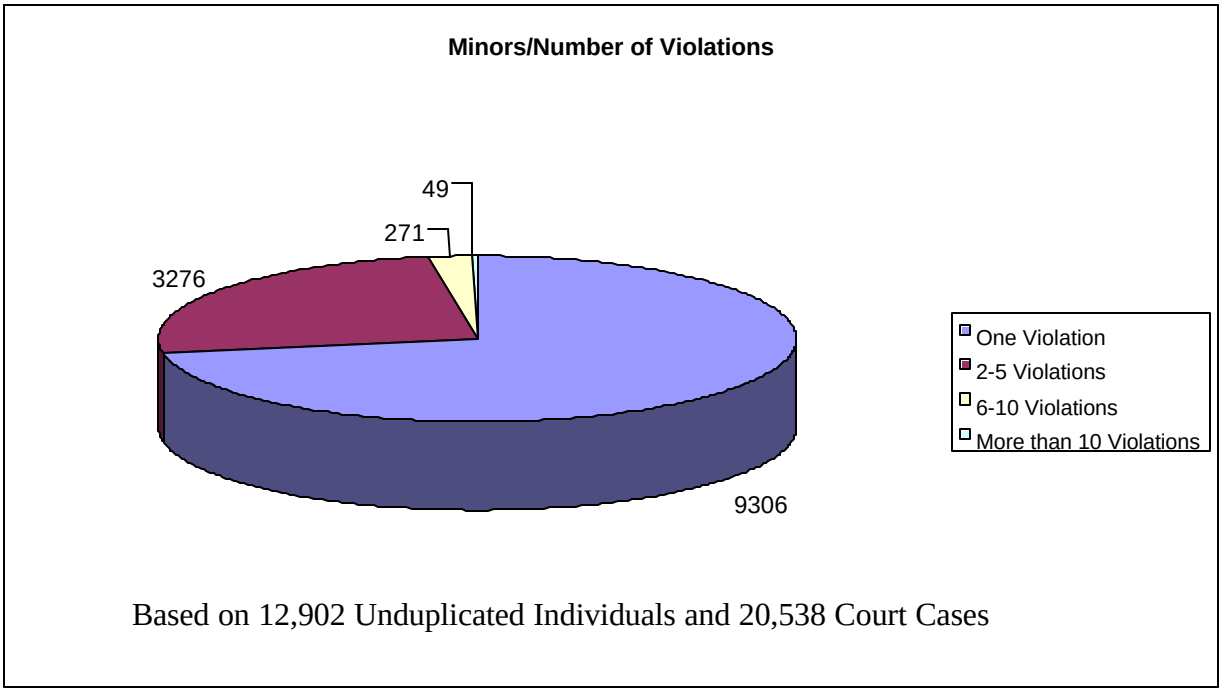

Figure 12 – Frequency of Cases for Individuals; Data Source – Alaska Court System

5. Disposition of Cases. The court records reflect all cases filed with the court, regardless of disposition. In considering disposition of the cases by the court, investigators examined actual disposition, fines, and the interval between the offense and the disposition date.

a. ***Disposition.*** The disposition reflects the official outcome of the case. There are, however, some areas in which the disposition may not provide a complete picture. For example, there are cases in which, through an agreement between the parties, the youth completes requirements mutually agreed to and, upon satisfactory completion, the case is dismissed. This makes it impossible to know, without examining individual case records, whether a case was dismissed s a result of an agreement to complete certain requirements or whether it was dismissed due to some flaw in the case. One relevant factor to consider when examining the disposition trends is that the "default judgment" disposition was not in effect for the entire period. Default judgment is when the person cited does not show up for their hearing or communicate with the court in any other way. In these cases, the maximum penalty is usually (but not always) assigned. The default judgment disposition was not used significantly until 1998. It went from less than 1% of the case dispositions in 1997 to 5.5% in 1998 to 18.9% in 1999. While the default judgment disposition carries a fine, the data do not reflect the success in actually collecting these fines. The 2000 data relating to disposition is not meaningful since, at the time of this writing, 32% of the cases were pending disposition. The percentage of cases dismissed has decreased steadily from a high of 38.1% in 1995 to 11.6% in 1999. The following chart illustrates the trends in case dispositions from 1999 through 2000.

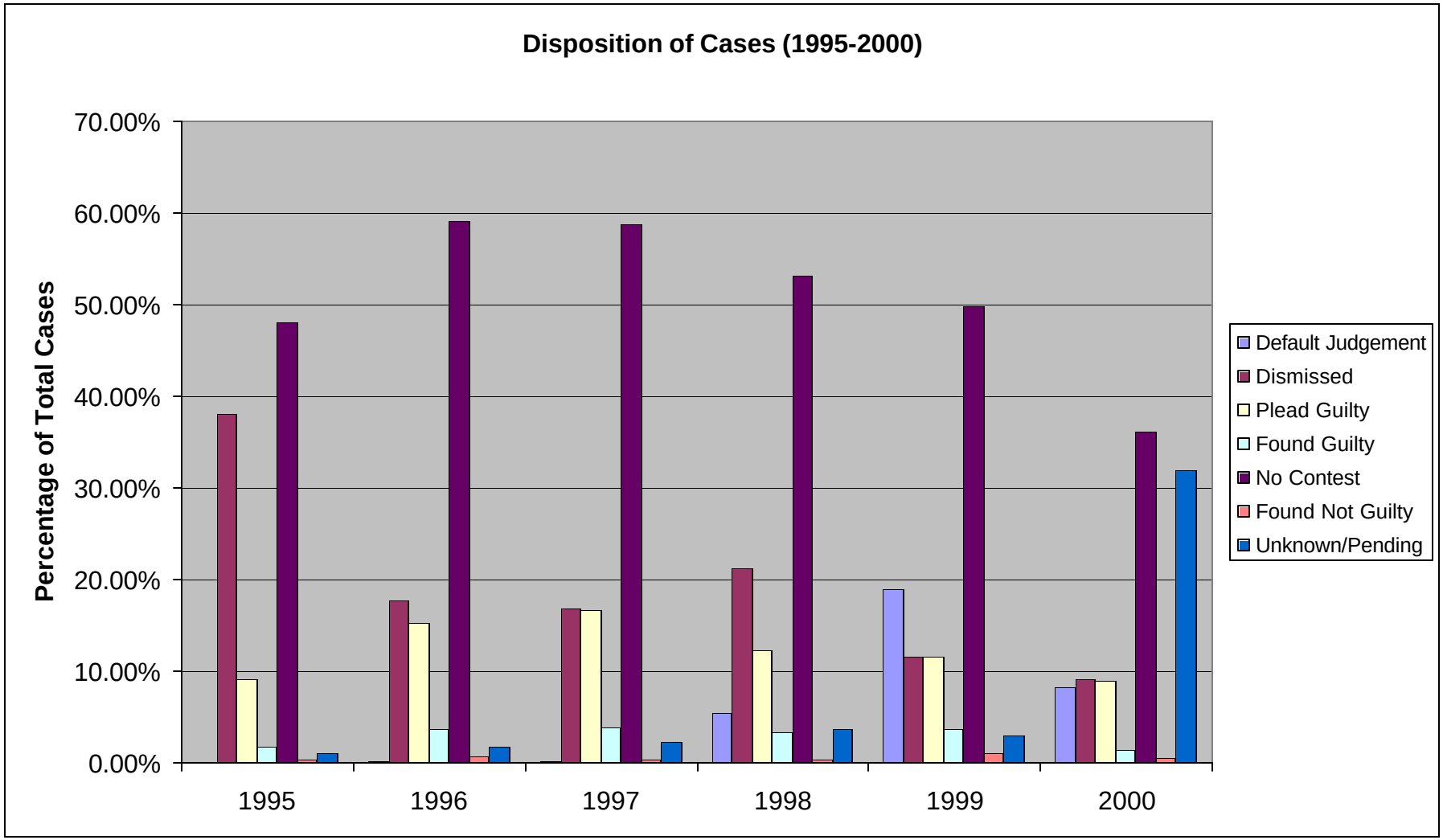

Figure 13 – MCA Case Dispositions – 1999 – 2000; Data Source – Alaska Court System

Another area of interest regarding dispositions is the trend in dispositions for individuals with frequent violations compared to the total population of cases. Investigators found the trends very similar. The following table represents the distribution of case dispositions among the entire population of cases compared to the dispositions of the cases for the 20 individuals with the most number of cases each.

Case Disposition	Entire Population (n=20,358)	20 Individuals (n=322)
No Contest	52.0%	55.9%
Dismissed	18.0%	18.0%
Plead Guilty	12.6%	11.2%
Default Judgment	6.8%	6.5%
Found Guilty	3.0%	3.4%
Found Not Guilty	0.6%	0.0%
Pending or Unknown	6.2%	1.6%
Deferred Prosecution	0.2%	0.0%
Miscellaneous	0.6%	3.4%

Table 7 – Disposition of Court Cases 1995 – 2000; Data Source: Alaska Court System

b. ***Fines and Effective Fines***. Another dimension of court system processing of cases is the fines imposed and the amount of fine suspended (the combination of which defines the effective or net fine). For this examination the investigators examined the imposed and effective fines for cases not dismissed or found not guilty. An additional analysis was conducted on fines and effective fines that also excluded default judgment cases since these are cases where the individuals do not take part in the process. In these cases, the fine awarded is typically the maximum allowed, $300. The chart below shows both the average fines and effective fines for cases both including and excluding default judgment cases.

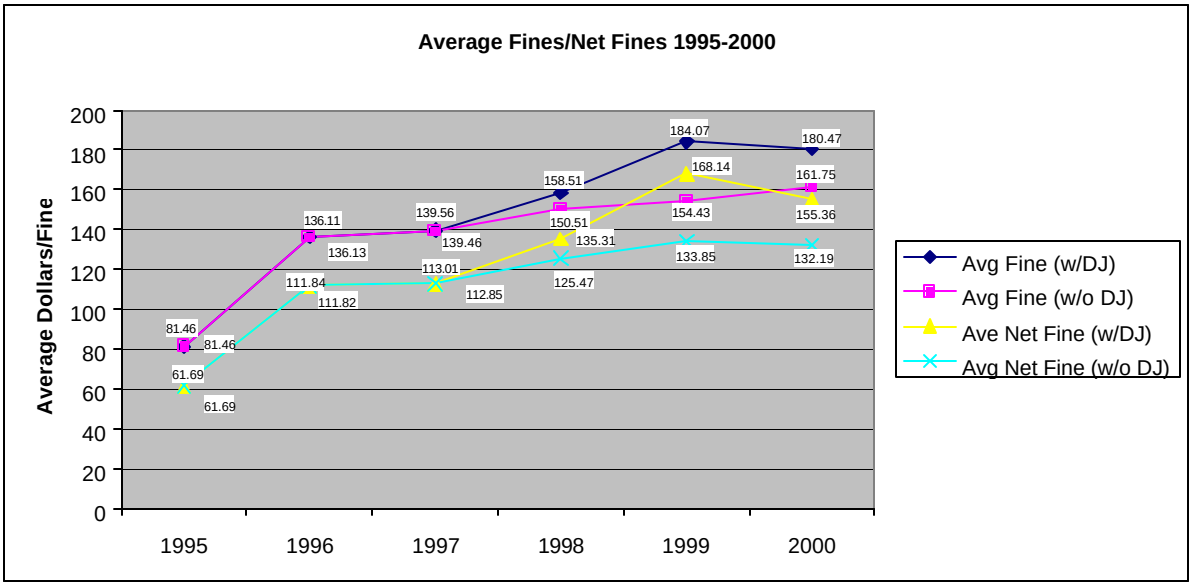

Figure 14 – Average Fines and Net Fines 1995 – 2000; Data Source – Alaska Court System

In an examination of the net fines for the cases of the 20 individuals with the greatest number of cases each, the investigators noted a pattern of awarding $100 fines for the first one or two and quickly moving to $300 net fines for subsequent violations. In the cases of these 20 individuals that were not dismissed, 49.6% of all effective fines were $300 and 39.5% were for $100. The remaining 10.9% were amounts between $100 and $300.

Additionally, average fines overall have increased from $81.46 in 1995 to $180.47 in 2000, a 121.5% increase. The effective or net fine increased by an even greater percentage from $61.69 in 1995 to $155.36 in 2000, a 151.8% increase. Part of this increase can be attributed to a greater number of default judgment cases since 1998, however, even if the default judgment cases are not considered, fines still increased by 98.6% for fines and 114.3% for effective or net fines.

c. ***Time Interval between the Offense Date and the Disposition Date.*** There is ample literature that suggests that imposition of consequences for underage drinking is most effective when they are implemented with minimum delay following the offense.[79] The investigators examined the intervals between offenses and case dispositions for the data provided from the court system. Problems encountered and data limitations were discussed in sub-paragraph B.2.d of this section. Despite these limitations, an analysis was conducted to determine the average length of time between offense and disposition. Because of the problem with dates, cases with intervals longer than 400 days were excluded from this analysis (2.5% of the cases). With those cases excluded, the mean time between offense and disposition was 50.4 days. Because the mean is skewed upward by a few very high intervals, the median, 20 days, is a better indication of central tendency in this case. The most commonly found interval, the mode, was 10 days. When examined on an annual basis, there was relatively little change in the mean between 1995 (55.0 days) and 1998 (60.3 days). The average for 1999 was 43.4 days, however, this could be a reflection more of the measurement toward the end of the study period than any real change in processing. Of all of the data examined, this particular measure is the most unreliable because of the problems with the raw data. The averages for the intervals are very high, yet the median and mode are both considerably lower. Additional study of this particular area is recommended prior to drawing any conclusions.

4. Conclusions. The data provided by the Alaska Court System provided a complete picture of the minor consuming cases processed by the court between 1995 and 2000. The cases processed by the court have increased steadily over the period continuing a trend that the Division of Family and Youth Services witnessed in the early to mid-90s. Along with that increase has come an increase in fines awarded by the court and a corresponding decrease in the number of case dismissals. Further, in imposing fines, the judges and magistrates are routinely awarding increased fines for individuals with multiple violations, and awarding the maximum penalty in those cases more than half of the time. This is consistent with information obtained in key informant interviews with judges and magistrates across the state. The average age of individuals who are cited for minor consuming violations has remained relatively stable at just over 18 years of age. Finally, although they comprise only 27% of the individuals cited, those with multiple violations account for 54% of the court minor consuming cases.

[79] National Highway Transportation Safety Administration and National Institute on Alcohol Abuse and Alcoholism, Sentencing and Dispositions of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors, Washington, DC, 2000

C. Alaska Trauma Registry Data. The Alaska Department of Health and Social Services, Emergency Medical Services Section maintains the Alaska Trauma Registry. The Alaska Trauma Registry is a database of hospitalized injuries in Alaska. "Out-of-hospital" deaths are not included. Data entered into the Trauma Registry relates to trauma that is treated at trauma centers and for which the patient is subsequently hospitalized. Data collected includes admission data, diagnosis, service provided, disposition, etc. Several key data fields relevant to this study provide an indication as to whether alcohol was involved in the accident or trauma, whether the injury was caused by attempted suicide, and whether the individual died as a result of their injuries. For this report, the investigators were able to obtain information for the period 1991 through 1998.

1. Alcohol-Related Injuries. In this section, information relating to alcohol-related injuries requiring hospitalization for persons ages 20 and younger is presented. Because of the changing population over time, the investigators have converted the raw injury numbers to rates per 100,000 population. In the graph that follows, the trend of injuries to youth from 1991 to 1998 is presented followed by a tabular presentation that shows raw numbers both statewide and for the 17 target communities in this study.

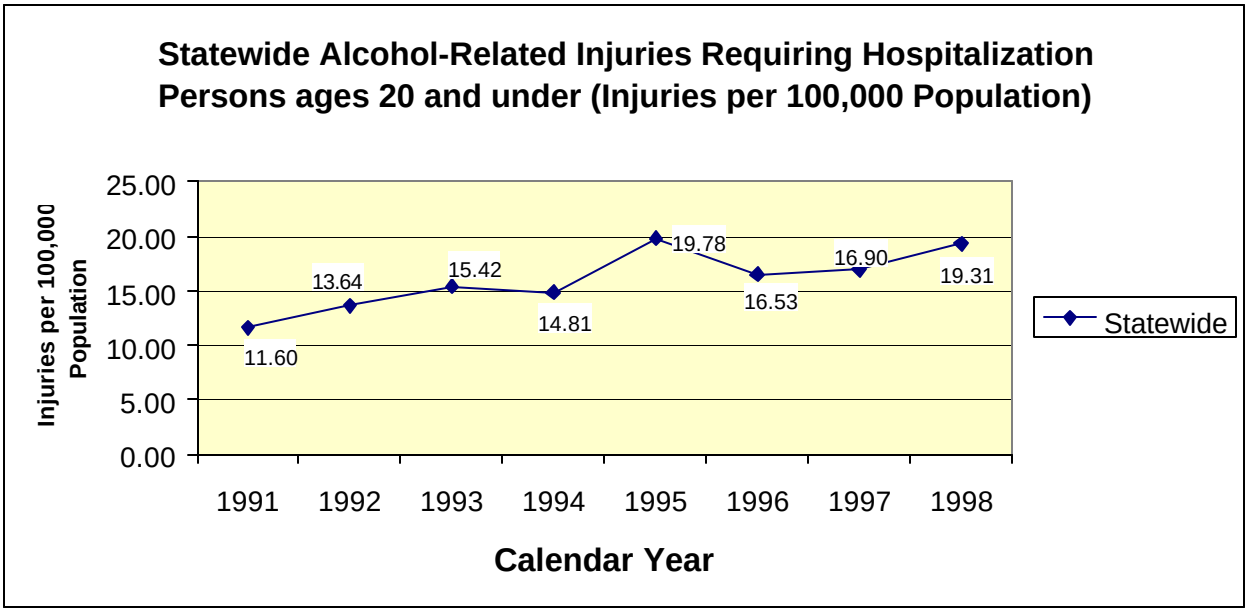

Figure 15 – Statewide Alcohol Related Injuries to Youth; Data Source – Injury Data – Alaska Trauma Registry; Population Data – Alaska Department of Labor and Workforce Development

Alcohol-Related Injuries Requiring Hospitalization (raw numbers), Persons Ages 20 and Younger (1991-1998)

City	1991	1992	1993	1994	1995	1996	1997	1998	Total
Alaska Total (youth)	66	80	92	89	119	100	103	120	**769**
Anchorage	19	18	20	22	26	22	14	16	**157**
Fairbanks	10	13	16	9	10	11	18	12	**99**
Juneau	2	6	0	2	3	2	0	2	**17**
Barrow	4	1	2	0	1	1	2	2	**13**
Nome	1	2	4	1	2	1	0	1	**12**
Bethel	2	3	0	1	5	4	2	6	**23**
Dillingham	0	0	0	1	3	2	1	2	**9**
Homer	0	0	1	3	1	1	1	0	**7**
Sitka	6	6	2	3	8	6	2	6	**39**
White Mountain	0	0	0	1	0	0	0	0	**1**
Gambell	0	0	1	0	1	0	0	0	**2**
Aniak	0	0	1	0	0	0	1	0	**2**
Toksook Bay	0	0	1	0	0	0	0	0	**1**
Nanwalek	0	0	0	0	0	0	0	0	**0**
Copper Center	0	0	0	0	0	0	1	0	**1**
Hoonah	0	1	2	0	1	0	0	0	**4**
Ruby	0	0	0	0	0	0	2	0	**2**
All Alcohol-Related Injuries (including Adults)	743	808	904	947	945	942	1028	1029	**7346**

Table 7 – Alcohol-Related Injuries Requiring Hospitalization (youth) 1991 – 1998; Data Source: Alaska Trauma Registry

a. ***Trends***. In both the graph and the raw number for Alaska statewide, there has been a slow, but steady increase in the alcohol-related injuries to youth recorded between 1991 and 1998. This is true even when considering the increase in population, as indicated in the graph, which shows injuries as a rate per 100,000 population. The trends in the target communities have not followed the statewide trend. Among the larger communities, Anchorage peaked in 1995 and started a downward trend while Fairbanks has shown a slight increase. Juneau has remained relatively flat.

b. ***Caveats***. When considering this data, there are certain issues or conditions that must be considered.

(1) Injuries versus Reported Injuries. The determination of alcohol involvement in an injury is a function of the examining physician. The increase in numbers statewide could be a result of more alcohol-related injuries or could be a result of a greater awareness on the part of physicians and a greater willingness to "go on record." There is also the question of individuals' reluctance to go to the hospital with injuries such as these, which results in under reporting. The injuries being examined here are generally serious injuries since this database only tracks those injuries that require admission to the hospital. While it is still possible that individuals may opt not to go to the hospital, this is far less likely than would be the case with relatively minor injuries.

(2) Small Number Problem. While the statewide analysis has sufficient numbers with which to draw conclusions about trends, the smaller communities and villages have so few occurrences that drawing conclusions about local trends is not valid. For example, the village of Ruby had no alcohol-related injuries from 1991 through 1996 but had two injuries in 1997. In 1998, again, they had no injuries. This problem with small numbers makes any meaningful analysis of trends on a local level problematic.

(3) Proximity to a Hospital. One of the factors logically impacting hospitalization rates is the proximity of the person to a hospital when the accident occurs. If the person is located within several miles of a hospital and presents for treatment at the emergency room, there is logically a higher probability of hospitalization associated with that injury than if the person is located in a remote village where the person must be air evacuated to hospital, particularly in cases of relatively minor injuries.

2. Suicide Attempts. When an injury occurs that requires hospitalization, the emergency room or trauma center identifies the cause of the injury. One of the possible causes is a suicide attempt. Given that physicians identify alcohol involvement and can identify suicide attempts as a possible cause, a count of the number of suicide attempts among youth in which alcohol was a factor can be obtained. Compared to the number of total alcohol-related injuries, the number of alcohol-related suicide attempts is relatively small statewide. In the individual communities, it is a relatively rare occurrence, which prevents any valid quantitative analysis on an individual community basis. The following chart shows graphically the trend in youth suicide attempts involving alcohol between 1991 and 1998. In the table that follows, the total number of suicide attempts for each of the target communities aggregated between 1991 and 1998 is presented.

Because of the small numbers, analysis on an annual basis is not helpful for any but the largest communities.

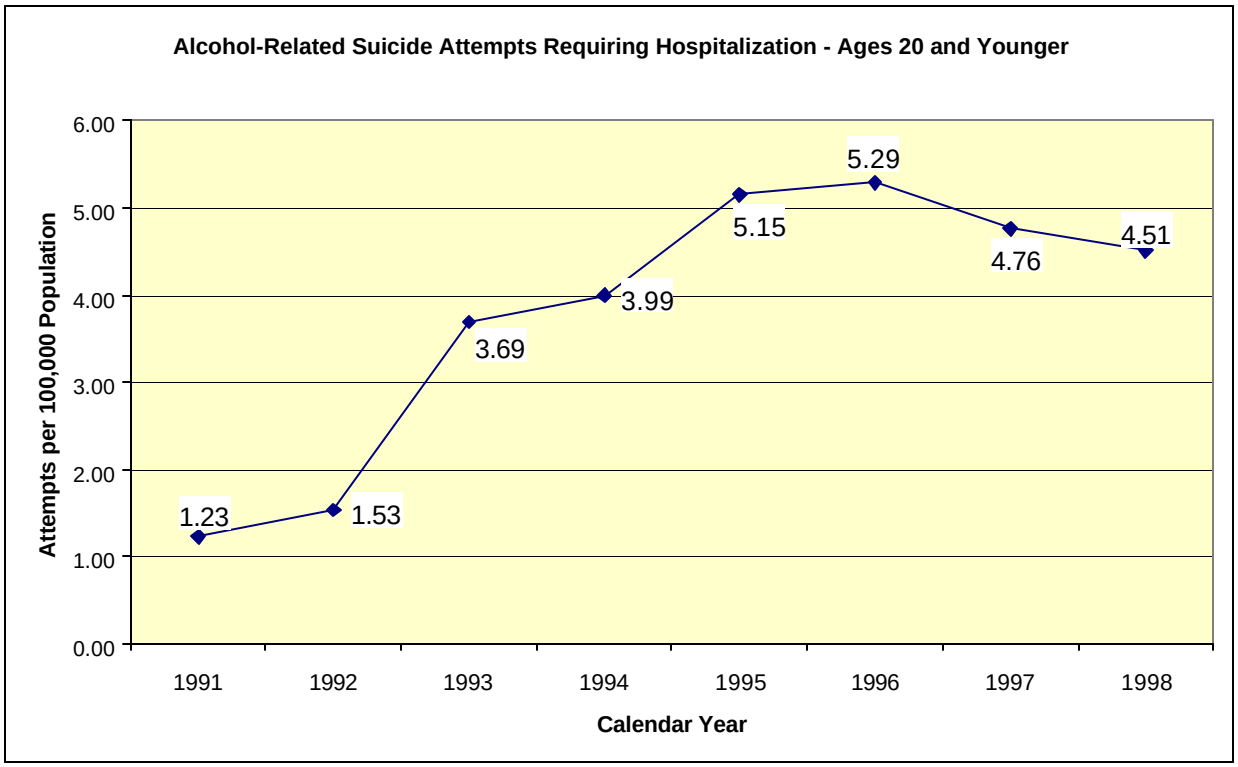

Figure 16 - Alcohol-Related Suicide Attempts; Data Source: Suicide Attempts – Alaska Trauma Registry; Population Data – Alaska Department of Labor and Workforce Development

City	Attempts 1991-1998
Anchorage	28
Fairbanks	31
Juneau	4
Sitka	7
Homer	1
Dillingham	4
Nome	4
Bethel	7
Barrow	2
Hoonah	0
Copper Center	0
Aniak	1
White Mountain	0
Toksook Bay	0
Ruby	2
Nanwalek	0
Gambell	2

Table 8 – Suicide Attempts Involving Alcohol (Youth) 1991 – 1998); Data Source: Alaska Trauma Registry

a. ***Trends.*** The trend in recorded alcohol-related suicide attempts is more pronounced than the trend in injuries in general. This applies only to the statewide data. As mentioned earlier, analysis of time series for individual communities is less helpful because of the extremely low numbers. The collection of poisoning data began July 1993, which has a large impact on the number of suicide attempts in the registry.[80] This is a strong probability that this accounts for a portion of the dramatic increase between 1992 and 1993.

b. ***Caveats.*** The caveats noted for alcohol-related injuries apply to alcohol-related suicide attempts as well.

3. Alcohol-Related Injuries Resulting in Death. As with alcohol-related suicide attempts, deaths due to alcohol-related injuries are a sub-set of alcohol-related injuries in general. The numbers for deaths are significantly lower than for suicide attempts and, thus, a time-series analysis is not helpful. The table below gives the aggregated numbers for each community as well as statewide, for the period 1991-1998.

City	Deaths 1991-1998
Alaska Total	24
Anchorage	6
Fairbanks	1
Juneau	1
Barrow	1
Nome	0
Bethel	1
Dillingham	0
Sitka	0
Homer	1
White Mountain	0
Gambell	0
Aniak	0
Toksook Bay	0
Nanwalek	0
Copper Center	0
Hoonah	0
Ruby	0

Table 9 – Alcohol-Related Injuries Resulting in Death (youth) 1991 – 1998; Data Source: Alaska Trauma Registry

4. Conclusions. Injuries to youth that require hospitalization, including suicide attempts and those injuries resulting in death, illustrate clear adverse consequences of underage drinking. The chart below provides a summary illustration of the alcohol-related injury trends of all ages, alcohol-related injuries to youth, and alcohol-related injuries to youth that were suicide attempts. Additionally, because the Alaska Trauma Registry consistently collects and maintains this data,

[80] Moore, M., Alaska Trauma Registry, personal communication, 6/26/00

it is an extremely valuable data set with which to track progress on a statewide basis. It is less useful when attempting to track progress on a local basis given the small numbers.

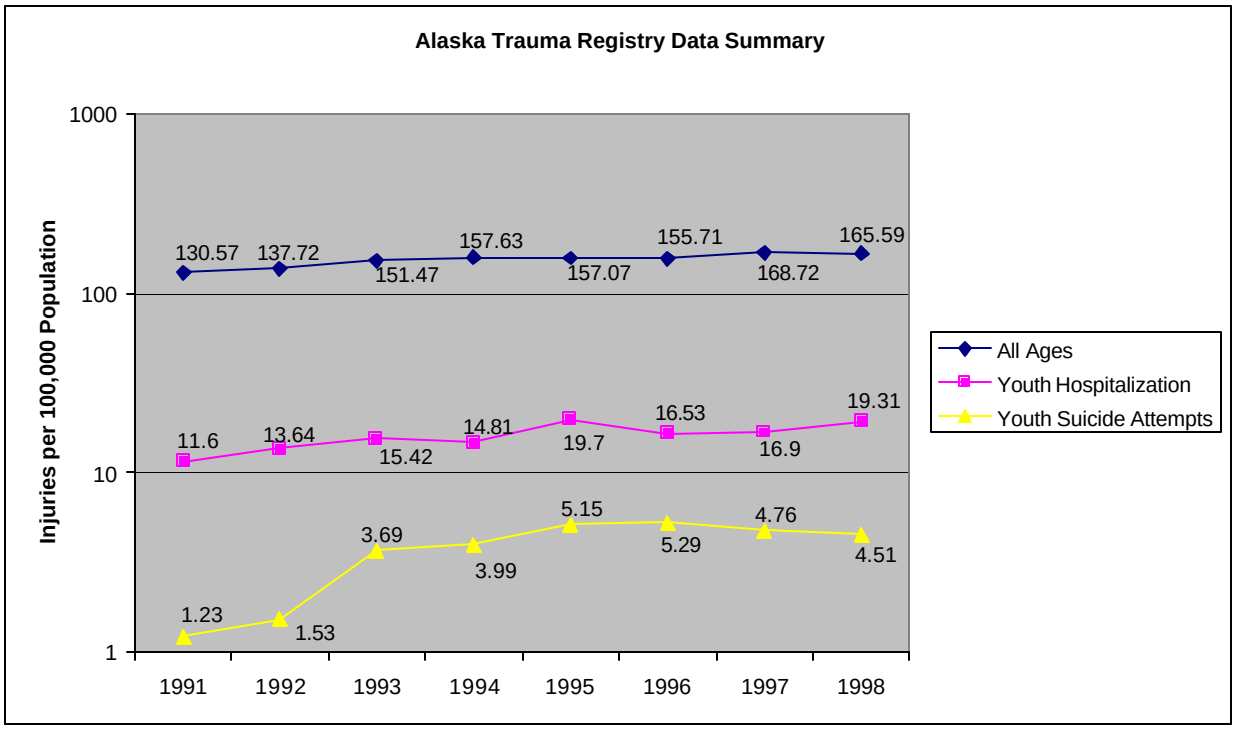

Figure 17 - Trauma Registry Data Summary; Data Source: Injury Data – Alaska Trauma Registry; Population Data – Alaska Department of Labor and Workforce Development

Note: The graph shown above is a logarithmic scale to show trend similarities. It is not intended to graphically illustrate the proportion of accidents between the three different sets.

D. Alaska Department of Transportation – Highway Traffic Accident Data. The Alaska Department of Transportation keeps detailed records on highway accidents in Alaska. Within this data set are data on the number of accidents in which the driver had been consuming alcohol as well as the age of the driver. The total number of accidents is categorized into groupings for accidents resulting only in property damage, minor injury, major injury, and death. The following graph represents the number of traffic accidents involving underage drinking drivers per 100,000 population statewide from 1990 through 1998. The table that follows details the number of such accidents broken out by category of injury or property damage.

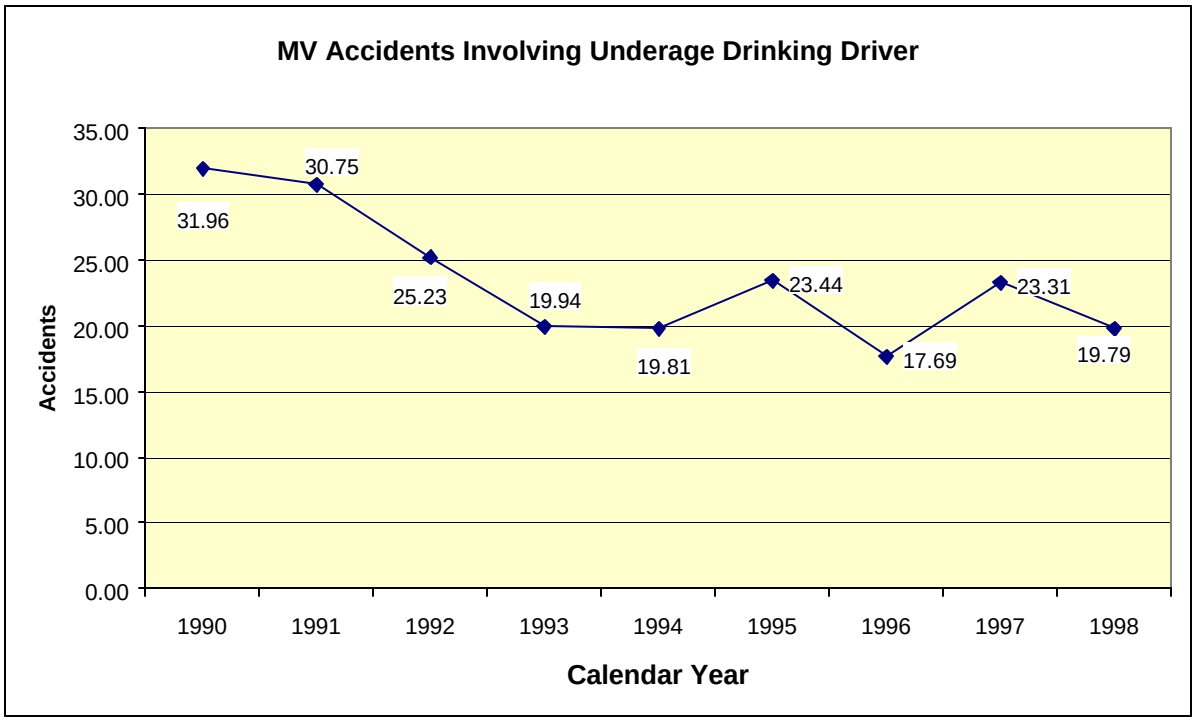

Figure 18 - Traffic Accidents Involving Underage Drinking Drivers; Data Source: Accident Data – Alaska Department of Transportation; Population Data – Alaska Department of Labor and Workforce Development

Year	Property Damage	Minor Injury	Major Injury	Fatalities	Total
1990	90	57	28	4	179
1991	93	61	19	2	175
1992	77	57	8	6	148
1993	71	40	7	1	119
1994	85	25	7	2	119
1995	98	38	4	1	141
1996	64	39	4	0	107
1997	98	37	6	1	142
1998	73	36	14	0	123

Table 10 – Auto Accidents Involving Underage Drinking Drivers 1990 – 1998; Data Source: Alaska Department of Transportation

The table below presents the number of accidents involving underage drinking drivers as a rate per 100,000 population by borough or municipality. Like many of the other data sets, the actual numbers for some of the boroughs, such as Kodiak or Denali, are so small as to render any trend analysis meaningless. The analysis is more meaningful for boroughs or municipalities with larger numbers of accidents such as Anchorage or Fairbanks.

Accident Rates* for Underage Drinking Drivers By Borough (Raw Numbers in Parentheses)			
Borough/Municipality	**1996**	**1997**	**1998**
Anchorage	18.17 (46)	23.18 (59)	22.80 (59)
Fairbanks	24.42 (20)	18.27 (15)	11.91 (10)
Kenai	15.00 (7)	31.47 (15)	8.19 (4)
Mat-Su	23.79 (12)	15.34 (8)	33.01 (18)
Juneau	17.14 (5)	16.88 (5)	23.15 (7)
Kodiak	14.32 (2)	14.76 (2)	7.22 (1)
Ketchikan	34.12 (5)	13.80 (2)	42.16 (6)
Sitka	23.12 (2)	22.98 (2)	22.78 (2)
North Slope	0.00 (0)	27.60 (2)	40.52 (3)
Haines	42.52 (1)	0.00 (0)	0.00 (0)
Bristol Bay	0.00 (0)	0.00 (0)	16.65 (1)
Denali	52.47 (1)	52.85 (1)	0.00 (0)
Yakutat	0.00 (0)	0.00 (0)	0.00 (0)
Unorganized	6.79 (6)	33.96 (30)	13.38 (12)

Table 11 – Accident Rates for Underage Drinking Drivers by Borough 1996 – 1998; Data Source: Accident Data - Alaska Department of Transportation; Population Data – Alaska Department of Labor and Workforce Development

***** Rate of accidents per 100,000 population

1. Trends. The rate of traffic accidents involving underage drinking drivers decreased through 1994 and has varied up and down since then. Statewide, the rate has decreased from nearly 32 per 100,000 population in 1990 to just over 19 per 100,000 population in 1998, a decrease of 40.6%. This trend is consistent with national trends that show the rates of traffic accidents involving underage drinking drivers decreasing.[81]

2. Caveats. Like the data from the Alaska Trauma Registry, this data is impacted both by the number of accidents that occur and the assessment of the on-site law enforcement officer handling the case. The data can also be impacted for minor, single-vehicle accidents by the

[81] National Highway Traffic Safety Administration/National Institute on Alcohol Abuse and Alcoholism, Sentencing and Dispositions of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors, Washington, DC, 2000

failure of the driver to immediately contact law enforcement officials after the accident allowing time for the alcohol to clear from their system.

3. Conclusions. Alcohol-related traffic accidents represent a major adverse consequence associated with underage drinking. The rate of accidents involving underage drinking drivers decreased consistently between 1990 and 1993 with a less pronounced decrease in 1994. The rates were mixed between 1994 and 1998 varying up and down but varying little between 1994 and 1998. The trends noted for underage drinking drivers were similar to those for accidents overall as noted in the chart below. The investigators could find no conclusive information supporting an explanation for the trends. National studies have suggested that similar declines on a national level occurring between 1976 and 1987 are at least partially a result of the increase in legal drinking age across the country to 21.[82] The data system maintained by the Department of Transportation is a rich database containing at least ten years of data that is in consistent format.

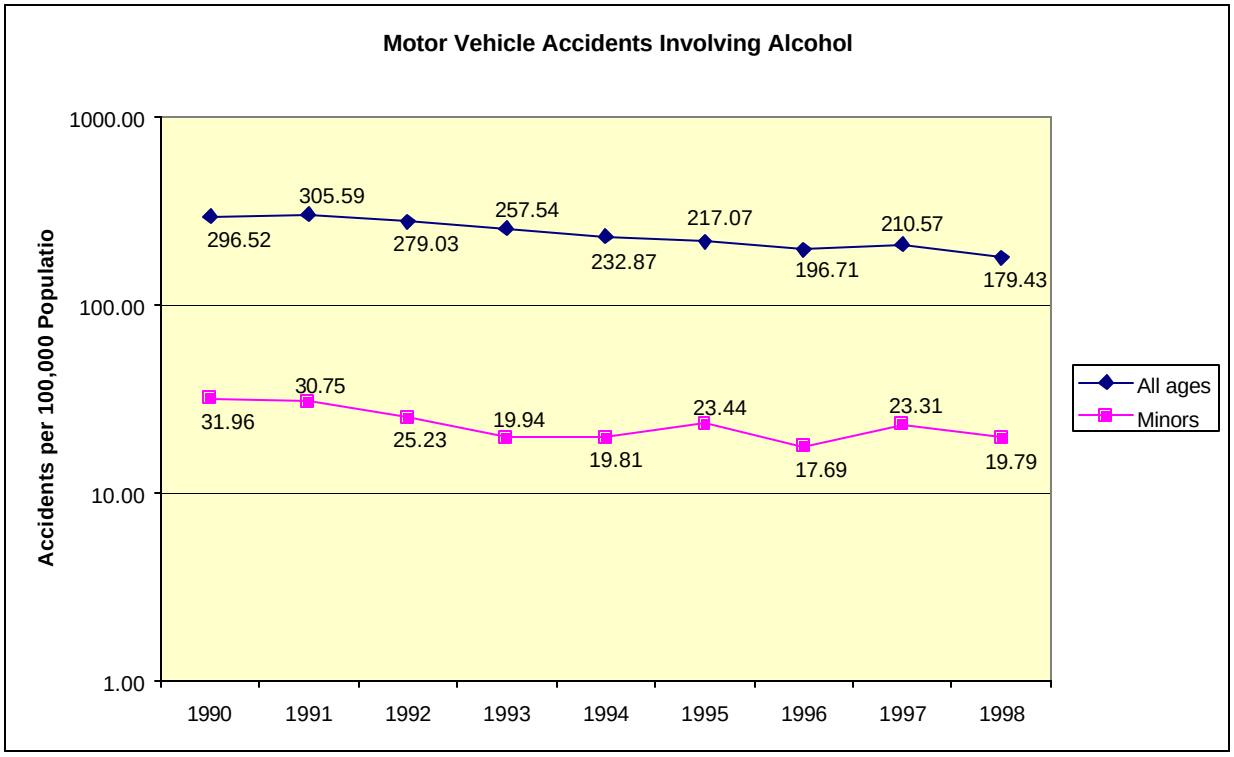

Figure 19 - Alcohol-Related Motor Vehicle Accidents; Data Source: Accident Data – Alaska Department of Transportation; Population Data – Alaska Department of Labor and Workforce Development

Note: The graph shown above is a logarithmic scale to show trend similarities. It is not intended to graphically illustrate the proportion of accidents for minors to the number of accidents for all ages.

[82] O'Malley, J.L. and Wagenaar, A.C., "Effects of minimum drinking age laws on alcohol use, related behaviors, and traffic crash involvement among American youth: 1976 – 1987," Journal of Alcohol Studies, 52 (5): 478-491, 1991

E. Alaska Division of Alcoholism and Drug Abuse. The Division of Alcoholism and Drug Abuse funds and coordinates an extensive substance abuse treatment system serving Alaskans. As a part of their management of this system, they collect data from each funded program that provides information on client characteristics as well as service information. This management information system has been operational since the mid-1980s and has been maintained to consistently collect and report data. As a part of the inquiry, the investigators obtained data on the number of clients served at the various programs in Alaska from 1992 through 1998. The graph below presents utilization information for youth 17 years of age and younger and for youth 18 to 20 years old as a rate of service per 100,000 population. The table following the graph provides the raw numbers of unduplicated individuals served each year. The final table in this sub-section presents the raw numbers of individuals served in each component of care during the period 1992-1998. The nature of this last analysis prevents using unduplicated clients since individuals may receive treatment in more than one component of care.

Note: It is important to note that these data are only for programs that are funded through the grant process by the Alaska Division of Alcoholism and Drug Abuse or through direct Budget Request Units (BRUs) since they are the only ones required to submit data to the Division. The data do not include clients served by private providers.

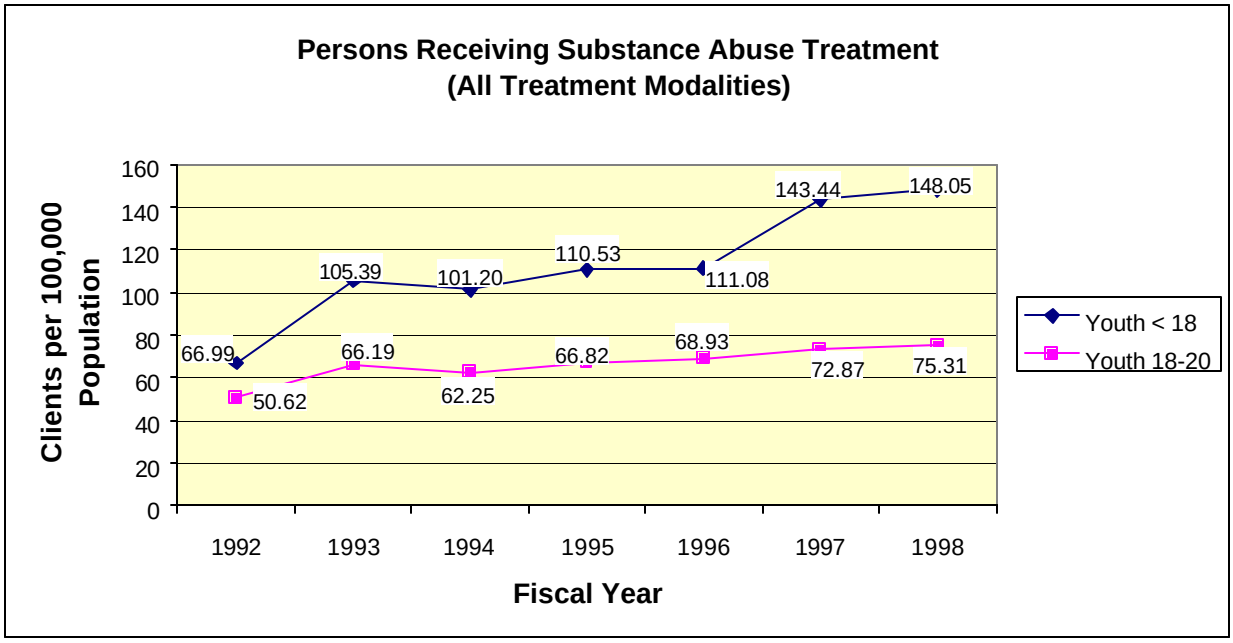

Figure 20 - Minors Receiving Substance Abuse Treatment Services 1992-1998; Data Source: Treatment Data – Alaska Division of Alcoholism and Drug Abuse; Population Data – Alaska Department of Labor and Workforce Development

Number of Clients Served 1992 - 1998		
Year	**Ages less than 18**	**Age 18 - 20**
1992	393	297
1993	629	395
1994	608	374
1995	665	402
1996	672	417
1997	874	444
1998	920	468

Table 12 – Substance Abuse Treatment Clients (youth) 1992 – 1998; Data Source: Alaska Division of Alcoholism and Drug Abuse

Substance Abuse Treatment to Adolescents by Component
1992 – 1998
(Actual Numbers – Duplicated Clients)

Year	Detox	Inpatient (Hospital)*	Short Term Residential*	Long Term Residential**	Outpatient	Intensive Outpatient	Continuing Care
1992	19/57	1/3	12/17	92/85	199/121	70/58	34/25
1993	37/40	1/0	38/24	188/108	245/168	147/101	69/23
1994	27/61	2/10	6/34	153/101	243/136	113/106	134/32
1995	18/63	3/17	10/30	164/101	306/161	80/114	158/46
1996	11/55	1/8	14/25	160/101	345/173	93/106	110/47
1997	13/56	2/12	7/25	150/109	385/176	218/139	179/53
1998	20/54	5/10	3/16	159/101	422/193	288/138	149/51

Table 13 – Substance Abuse Treatment to Adolescents by Component 1992 – 1998; Data Source: Alaska Division of Alcoholism and Drug Abuse

Number Reporting Format: Ages 17 & Younger / Ages 18 – 20

Notes: * Inpatient (Hospital) and Short-Term Residential length of stay 10 – 30 days.
** Long-Term Residential length of stay – greater than 30 days

1. Trends.

a. ***Overall Utilization.*** Since 1992 there has been a slow but steady increase in clients 18 to 20 years old with a more marked increase in those under 18 years of age, both in raw numbers and as a rate per 100,000 population. Part of this increase may be attributed to shorter lengths of stay allowing more individuals to access treatment. The treatment capacity of the adolescent residential treatment facilities has remained static through the 1990s.

b. ***Component Utilization.*** There are several key points to consider when examining the utilization by components. First, there is only one public program in Alaska that provides "Inpatient" services and that is the Juneau Recovery Hospital. Inpatient services are hospital-based. Other services in which clients reside during treatment are called "Residential" and are either short term (one month or less) or long term (more than one month). The inpatient services offered by the Juneau Recovery Hospital are adult services. The few youth served in that component most likely were 17 year olds who were close to their 18th birthday and were admitted as exceptions. The trend in providing residential services to adolescents in Alaska has increasingly favored long term residential. This data is supported by key informant interviews with residential programs that report average lengths of stay for adolescents (ages 17 and younger) between three and six months. Finally, the trend toward more intensive outpatient services can be partially attributed to an increase in programs that offer that service as well as third party payors who favor less restrictive treatment settings than residential.

(1) Emergency Services/Inpatient Treatment Trends. Adolescent emergency treatment (detoxification) and hospital-based inpatient utilization for both sub-groups of youth have been somewhat low compared to other modalities over the period 1992 to 1998. For youth ages 17 and younger, 19 clients used detoxification services in 1992 compared with 20 in 1998 with a maximum utilization of 37 clients in 1993 and a minimum of 11 in 1996. For youth ages 18 and older, there was less volatility in the utilization with 57 clients using services in 1992 and 54 in 1998 with an average for the period of 55.1 clients per year. Inpatient, hospital-based utilization was low for both groups with the 17 and younger population varying between one and five clients per year. This is to be expected since the state's only inpatient facility that provides data to the Division of Alcoholism and Drug Abuse is an adult facility that does not accept youth for treatment. The few youth who are reflected in the numbers were likely 17 years old with an imminent birthday. Inpatient utilization for the 18 and older population was slightly higher with rates increasing from three in 1992 to 10 in 1998, with a high of 17 in 1995.

(2) Short-Term Residential Treatment Trends. Utilization between both groups has also been low for short-term residential treatment. This is true primarily because the approved adolescent residential treatment programs in Alaska all have average lengths of stay longer than 30 days. For youth ages 17 and younger, the number receiving short-term residential services decreased from 12 in 1992 to three in 1998. Youth ages 18 and older have been more likely to receive short-term residential services since, within the statewide treatment system; they are provided services as adults and can access the adult residential centers. Even so, the numbers of 18 and older youth receiving short-term residential services varied between 17 in 1992 and 16 in 1998 with a high of 34 in 1994.

(3) Long-Term Residential Treatment Trends. Long-term residential treatment utilization by both population groups has increased between 1992 and 1998. For youth ages 17 and younger, utilization of long-term residential treatment increased by 72.8% (92 to 159) between 1992 and 1998. For youth ages 18 and older, the increase was not as dramatic, 18.8% (85 to 101). For both groups, however, the major increase occurred between 1992 and 1993 and has remained relatively flat since then. This is consistent with key informant interviews that indicated treatment facilities were operating at or near capacity. The three major publicly funded long-term treatment facilities have maintained their current capacity throughout the 1990s.

(4) Outpatient Treatment Trends. Utilization of Outpatient treatment for both groups has also increased between 1992 and 1998. For youth ages 17 and younger, utilization increased from 199 in 1992 to 422 in 1998 (112%). For youth ages 18 and older, the utilization increased from 121 to 193 (59.5%). The increase in utilization for outpatient treatment was relatively uniform compared to the quantum increase in long-term utilization noted in sub-paragraph E.1.b.3 above.

(5) Intensive Outpatient Treatment Trends. Intensive outpatient treatment utilization, expressed as a percentage, has increased more than any other component of care except continuing care between 1992 and 1998. Part of this is due to the emergence of intensive outpatient as an interim step between outpatient and the more expensive residential services. For youth ages 17 and younger, intensive outpatient utilization increased from 70 clients in 1992 to 288 in 1998, a 311% increase. The increase for youth ages 18 and older was 138% (58 to 138). Major increases in utilization were seen between 1996 and 1998.

(6) Continuing Care (Aftercare) Trends. Utilization of continuing care increased over the period with youth ages 17 and younger increasing from 34 clients to 149 (338%) while utilization for youth ages 18 and older increased just over 100% (25 to 51). This trend reflects the importance attached to continuing care by the Division of Alcoholism and Drug Abuse and the addictions field in general. A major study funded by the Division found that formal continuing care (aftercare) appeared to have the strongest impact on treatment success of any other post-treatment activity.[83]

2. Caveats. It is not possible to determine the extent to which the increase in individuals served is impacted (if it is impacted at all) by increased prevalence of chemical dependency. There are too many other variables that can impact utilization. Some of these variables are:

a. Increased awareness of alcohol problems among allied professionals resulting in more referrals to treatment;

b. Coverage of substance treatment by Medicaid beginning in the early 1990s; and

[83]Division of Alcoholism and Drug Abuse, Chemical Dependency Treatment Outcome Study, Juneau, AK, December 1998

c. Increased tendency of the courts to include treatment as a part of dispositions for criminal cases.

Investigators examined the question of whether increased treatment capacity could account for some of the increases in residential utilization, however, they found that treatment capacity at the three major publicly funded treatment facilities was constant during the period for which data was obtained.

The data made available by the Division of Alcoholism and Drug Abuse included a break out of utilization data by program. At first glance this might seem to help assess local conditions, however, this is not a good proxy for conditions in communities. The treatment network in Alaska is coordinated so that individuals are frequently referred to programs in communities other than their own. Reasons for these referrals range from bed availability to individual treatment needs. From the data provided, the investigators know only where the individuals were served, not where they live.

3. Conclusions. There has been, and continues to be, a steady increase in the numbers of individuals, including youth, served by the public programs funded through the Division of Alcoholism and Drug Abuse. Because of confounding variables, the investigators cannot say with any confidence whether this indicates an increase in prevalence or whether other factors are allowing more individuals to access needed services. The Division's database is a valuable source of information because the data has been consistently collected and because it covers a relatively long time span. There are pre-designed reports available through the Division that provide a wealth of information related to underage drinking.

F. Alaska Division of Family and Youth Services/Division of Juvenile Justice. Prior to 1999, Juvenile Justice was a component within the Alaska Division of Family and Youth Services. All juvenile justice system data was, therefore, collected and managed through the Division of Family and Youth Services data system, PROBER®. The Division of Family and Youth Services generated a report showing the number of alcohol-related cases involving juveniles from 1993 through 1999. When examining the data, however, readers should bear in mind that, in 1995, minor consuming cases were statutorily changed from being delinquent offenses to "violations" no longer under the jurisdiction of the Division of Juvenile Justice. The dramatic drop in cases after 1995 is directly related to that change. Section VIII.B provides a comparison of the rates of these cases to the district court cases, which began in 1995.

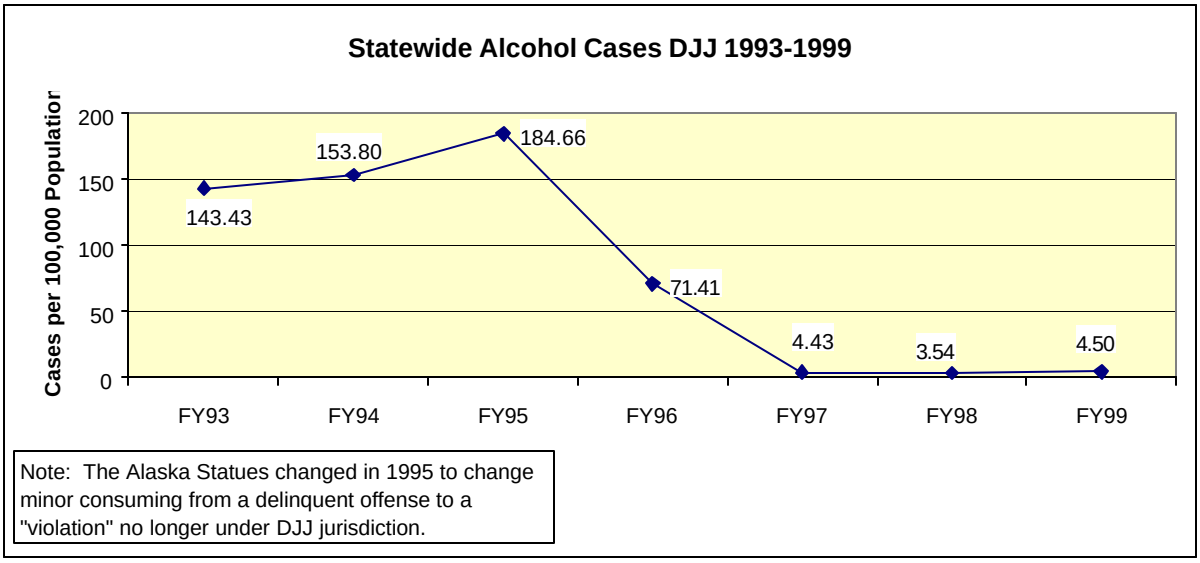

Figure 21 - Statewide DJJ Alcohol Cases 1993-1999; Data Source: Case Data – Alaska Division of Juvenile Justice; Population Data – Alaska Department of Labor and Workforce Development

G. Alaska Division of Motor Vehicles. The Alaska Department of Administration, Division of Motor Vehicles is responsible for oversight of drivers' licenses and invokes the revocation of minors' licenses in connection with alcohol-related charges (not limited to DUI charges). It maintains a database that allows them to track individuals whose licenses are administratively revoked and cross check them with later DUI offenses. The Division was able to provide investigators with reliable data for years 1994 through 1998 for both total revocations of minors' licenses as well as the number of minors with revocations that later had a DUI conviction.

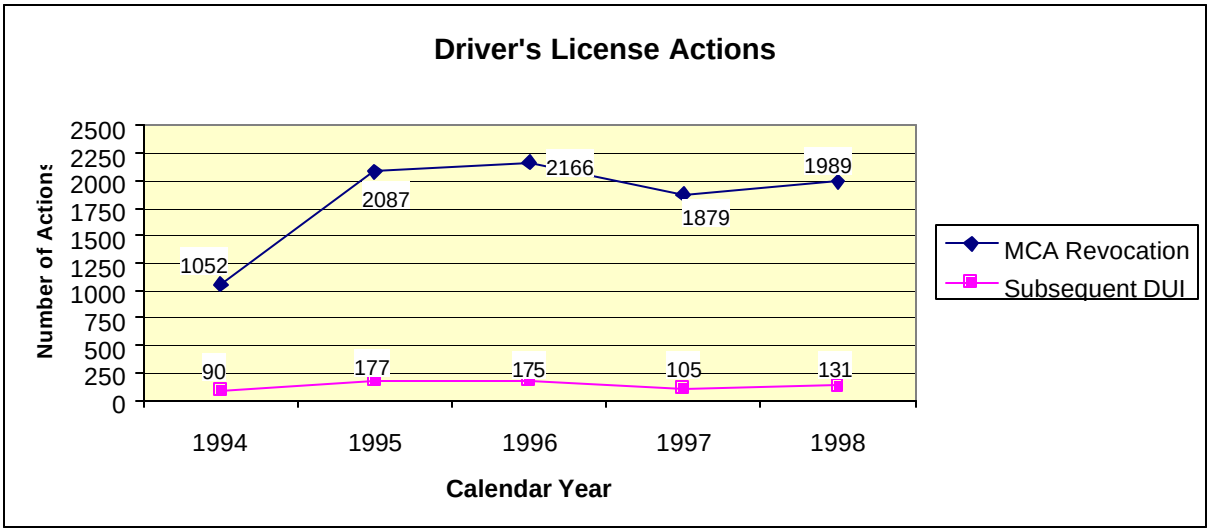

Figure 22 - Number of Driver's License Actions; Data Source: Alaska Division of Motor Vehicles

1. Trends. Generally, the number of persons with subsequent DUI action has been between 5% and 8.5% of the total MCA revocations since 1995. Mandatory revocation in connection with any alcohol-related offense was initiated in 1995, explaining the difference in the 1994 rate. Revocations peaked in 1995 and 1996, immediately after the statutory change and then dropped off in 1997. The rates picked up slightly in 1998, however, 1999 data should be examined before drawing any conclusions about this increase.

2. Caveats. This dataset is particularly valuable since driver's license action is concentrated in one organization, the Division of Motor Vehicles, which maintains this database. Further, both revocation of drivers' licenses and DUI convictions are matters of record and not generally open to interpretation. This helps to ensure consistency of data. This data alone, however, is not a perfect proxy for underage drinking prevalence. It can be impacted by law enforcement efforts as well as rural/urban issues where teens in many rural areas off the road system do not have drivers' licenses and so revocation data is not necessarily reflective of consumption patterns.

Another factor that creates uncertainty is that the subsequent DUI action is tied to a prior license revocation. These two events may have occurred in different years. For example, a person may have had a license revocation in 1995, which is reflected in the 1995 data. They may have had a subsequent DUI in 1997, which is reflected in the 1997 data. For this reason, the year-to-year

comparison of this particular measure is less useful than the data for revocations alone. The ratio of subsequent DUIs to revocations over the period 1995 through 1998 is .072 (7.2%).

3. Conclusions. The most striking indication from this data is that, at least in the last two years of data, the number of subsequent DUIs as a percentage of total individuals whose license is revoked is lower than for the year prior to the law change and the subsequent two years. Because there are only two years of data indicating this trend, caution is urged in concluding that this is a lasting effect. If one of the goals of mandatory license revocation is to reduce the likelihood of future alcohol-related offenses, particularly DUIs, then this measure should continue to be tracked.

IX. Conclusions.

A. General. In drawing conclusions from this inquiry, the investigators concentrate on four basic questions:

1. What is the prevalence and trends of underage drinking in Alaska?

2. What are impacts of underage drinking on the state and its citizens?

3. What efforts are being used to address underage drinking problems and how successful are they?

4. What data systems exist in Alaska that could be used to help monitor underage drinking and serve as outcome indicators for programs that address these problems?

In drawing conclusions, the investigators draw upon the perspectives of key informants, national and state literature on the subject, and data gathered from a variety of sources. No one source of information or methodology paints a complete picture. Only when all of the sources are considered together do patterns begin to emerge. Despite this approach, there are still gaps in available information. For example, one of the best indicators of underage drinking prevalence comes from self-report on surveys. In Alaska, this is complicated by participation issues. Alaska first participated in the Youth Risk Behavior Survey (YRBS) for students in 1995. It was conducted again in 1999, but the Anchorage School District decided not to participate. This prevents comparison of the 1995 and 1999 results.[84] Additionally, there is now a statute that requires positive parental consent prior to a student participating in such surveys. This is another issue that must be addressed to prevent impact on response rates and the ability to generalize results to the population. Also, trends can be noted through data analysis and correlations noted between variables, but proving causal relationships is much more difficult. In the end, there are many contributing variables that impact these data sets and establishing precise causal relationships is beyond the scope of this project. Despite these limitations, the investigators were able to draw some relevant and insightful conclusions from the inquiry.

B. Underage Drinking Prevalence and Trends. One of the best methods for estimation of underage drinking prevalence is the use of surveys. The investigators reviewed various reports of surveys conducted in Alaska and nationally. One of the problems noted in comparing the data from the surveys is that they sometimes use different age groupings. For example, YRBS studies group youth by middle school and high school while the National Household Surveys on Drug Abuse use age cohorts of 12 to 17 and 18 to 25. According to the 1999 Alaska YRBS, approximately 80% of all Alaskan high school youths have consumed alcohol at least once and approximately 50% were users of alcohol at the time of the survey (drank within the month prior to the survey). When examining binge-drinking patterns, the investigators note that about 34% of youth reported binge drinking (six or more drinks on a single occasion) in the month previous to the survey and 17% reported doing so on six or more occasions during the prior month.[85]

[84] Green, T., Alaska Division of Public Health, Personal Interview, June 2000
[85] Alaska Department of Education and Early Development/Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey 1999, Juneau, AK, 1999

These patterns are comparable to national underage drinking patterns. Review of the state and national surveys indicate that there are no major changes occurring in underage drinking prevalence patterns, at least over the past five to eight years.[86] The 1999 National Household Survey on Drug Abuse also concluded that alcohol consumption (binge drinking, heavy drinking, and current use) has remained relatively level through the 1990s. The percentage of youth ages 12 to 17 who used alcohol in the month prior to the surveys decreased slightly from 21.6% in 1994 to 19.0% in 1999. The percentage reporting binge drinking in the month prior to the surveys declined slightly from 8.3% in 1994 to 7.8% in 1999. Finally, those reporting heavy alcohol use increased slightly from 2.5% in 1994 to 3.6% in 1999. It is important to note that these changes all lie within the 95% confidence interval.[87] Unfortunately, the rigorous data required to support these analyses at the state level is not available at this time. In contrast, there has been a steadily increasing rate of MCA cases in the Alaska Court System between 1995 and 1999 and the rate of alcohol-related accidents involving minors that require hospitalization has increased over the period 1992 through 1998. Because of these conflicting indicators, investigators are not able to draw conclusions regarding the trend in underage drinking in Alaska. In terms of the age of onset of drinking, surveys examined indicate that more than half of those youth who have consumed alcohol first did so by the age of 14.[88] In summary, most youth have tried alcohol by the time they leave high school and more than half consider themselves to be alcohol users. They are introduced to alcohol early in their teens and 17% binge drink regularly.

C. Impacts of Underage Drinking. The impacts of underage drinking are also known as the adverse consequences. The investigators were able to collect reliable data to illustrate these effects through the number of alcohol-related accidents requiring hospitalization of youth including those who died, suicide attempts by youth involving alcohol, and traffic accidents involving underage drinking drivers. These are by no means the only adverse consequences. Other possible consequences (not examined in this project) include poor performance in school, negative effects on relationships and family, physical damage, and poor development of social skills. Based on the data examined, the rate of alcohol-related injuries to youth that require hospitalization is rising slowly with the rate per 100,000 population increasing from 11.60 in 1991 to 19.36 in 1998 (66.5%). Because the Trauma Registry began collecting information on poisonings in 1993, a more reliable comparison is probably the increase from 1993 to 1998, which was 25.2%.[89] Countering this trend, auto accidents involving an underage drinking driver have fallen over the past eight years from 31.96 in 1990 to 19.79 in 1998 (38.1% decrease). The corresponding rates for all ages decreased from 269.52 in 1990 to 197.43 in 1998 (33.4% decrease).[90] Rates of suicide attempts by youth where alcohol was a factor increased between 1991 and 1996 but began to decrease after that. This trend is complicated by the fact that the Trauma Registry began collecting information on poisonings, which impacts suicide data, in

[86] U. S. Centers for Disease Control, "Adolescent and School Health," Internet Web Site www.cdc.gov/nccdphp/dash/yrbs/pies99/natl.htm, August 2000
[87] Substance Abuse and Mental Health Services Administration, Summary of Findings 1999 National Household Survey on Drug Abuse, Rockville, MD, August 2000
[88] Southeast Regional Resource Center, Alaska Youth Survey Report: Juneau Douglas High School – Health 1st Semester, Anchorage, AK, 1998
[89] Alaska Trauma Registry, "Alcohol-Related Injuries Requiring Hospitalization," Unpublished report, Juneau, AK, July 2000
[90] Alaska Department of Transportation, 1998 Alaska Traffic Accidents, Juneau, AK, October 1999

1993. The rate increased from 1993 through 1996 from 3.69 per 100,000 to 5.29 per 100,000 (43.3% increase) but dropped after that to a rate of 4.51 per 100,000 in 1998 (14.7% decrease). [91] Based on the data collected, the negative impact of underage drinking is mixed with some consequences increasing slightly and others decreasing. The investigators no conclusive evidence to support a conclusion that, on balance, these consequences were either getting better or worse.

D. Efforts to Address Underage Drinking. Alaska is expending considerable effort to address underage drinking on a variety of levels.

1. Statutory Effort. The Alaska Statutes address the issue of underage drinking from a variety of perspectives. There are penalties for possession and consumption, furnishing alcohol to minors, minors being on a licensed premises, etc. These penalties include automatic revocation of drivers' licenses for alcohol-related violations. The main statute involving underage drinking, A.S. 04.16.050, was amended in 1995 to remove the offense of minor in possession or consuming alcohol from the juvenile justice system under the jurisdiction of superior court and move it to district court. It is now classified as a violation and is usually documented with a citation and handled in traffic court. Court system data clearly shows a consistent increase in the number of MCA cases between 1995 and 1999, which continues a trend seen in Juvenile Justice data from the early 1990s. It is important to note that MCA arrests and court cases do not represent adverse consequences of drinking but rather a measure of law enforcement effort. In examining adverse consequence data (sub-paragraph C above), the investigators noted no marked changes in adverse consequences corresponding with the change in statute in 1995. Prevalence data relating to underage drinking do not show any marked change occurring with the change in statute.

2. Law Enforcement Effort. Law enforcement organizations in the various communities across the state each deal with the issue of underage drinking in a way that best fits with the problems and resources of the community. In general, underage drinking law enforcement strategy at the community level is not an independent strategy but is a part of the overall law enforcement strategy. The most common approach to underage drinking by law enforcement officials is to issue a citation and release the youth to their parents or guardian. Larger communities, such as Anchorage and Fairbanks, may have other strategies such as undercover "sting" operations where underage individuals, under police supervision, go into licensed establishments and attempt to buy alcohol. The most notable of these efforts is the Enforcing Underage Drinking Laws grant the Alcoholic Beverage Control Board receives through the Alaska Division of Juvenile Justice and the Federal Office of Juvenile Justice and Delinquency Prevention. This effort places additional resources in the communities of Anchorage, Fairbanks, Juneau, Wasilla, and Nenana to provide extra officers, conduct "stings," gather intelligence, and break up underage drinking parties. By contrast, villages have only a Village Public Safety Officer (VPSO), Village Police Officer (VPO), or sometimes no formal law enforcement officials. When assessing the effectiveness of law enforcement, there are several different approaches to measurement including arrest rates, reduction in reported crime, and reduction of some other negative condition. If the measure of success is the number of arrests or convictions,

[91] Alaska Trauma Registry, "Alcohol-Related Injuries Requiring Hospitalization," Unpublished report, Juneau, AK, July 2000

then the Alaska Court System data clearly indicates steady and significant improvement over the period 1995 to 1999 with a 139.2% increase in MCA cases and a steadily decreasing rate of case dismissals from 38.1% of all cases in 1995 to 9.2% in 2000. Since there are conflicting data indicators about underage drinking prevalence, it is not possible to conclusively state whether the increase in MCA cases is due to increased consumption of alcohol by minors, by increased law enforcement effort, or some combination of factors. Drinking by minors is, for the most part, dealt with in the course of enforcing all relevant laws at the community level and, the aggressiveness of the effort is impacted by the presence of other problems/crimes and availability of resources. The intensity of law enforcement at the community level is also affected by the community norms and values; the community sense of what behavior is tolerated. If the community has a high tolerance for alcohol consumption in general, then underage drinking law enforcement does not tend to have a high priority with the community. According to law enforcement officials interviewed, this sense of community acceptance has an effect on law enforcement efforts.

3. Court System Efforts. The role of the Alaska Court System is to consider offenses and, where appropriate, award penalties. They are constrained when awarding consequences by the Alaska Statutes and local ordinances. The maximum fine for an MCA case is $300. There is no authority to require assessments or screenings and no authority to order a minor to treatment for an MCA violation. The district court and the juvenile justice system both have the authority to order assessments and/or treatment for misdemeanor offenses that involve alcohol. The courts are performing exactly as the law requires. There is an effort just beginning to use youth courts as a forum for addressing underage drinking problems, however, the role they will ultimately assume is unclear as is the statutory authority for handling underage drinking issues in youth courts. Rural villages have begun to use tribal and village councils to address issues of underage drinking and, although the investigators have no quantitative data to support this, the Alaska Department of Public Safety indicates that this method is more expeditious and effective in those communities than citations and disposition by the district courts.[92] In terms of judicial performance, as previously mentioned, the courts have processed increasing numbers of MCA cases annually with an aggregate increase between 1995 and 1999 of 139.2%. The amount of fines imposed, both total fines and net fines after suspension, have likewise increased steadily with an aggregated increase of 121.5% for total fines and 151.8% for net fines after suspension. When the sentencing patterns were examined on the most frequent offenders, investigators noted a pattern of increasing severity for subsequent offenses accompanied by fewer/lower suspended sentences.

4. Substance Abuse Treatment System Efforts. Substance abuse treatment is typically recommended for youth who are diagnosed as alcohol dependent. This is a small sub-set of the youth population that reports drinking. There is insufficient capacity in the youth residential treatment system with youth frequently having to wait two to five months for a treatment bed. This information was obtained through key informant interviews with residential treatment program staff with all indicating waiting lists of up to five months. This is another measure that is difficult to quantify. Waiting lists for residential substance abuse treatment are self-limiting in that youth in need of residential care often either go unserved or seek help elsewhere if they are required to wait longer than two to four weeks, according to the Director of Behavioral Health

[92] Norris, D., Captain, Alaska Department of Public Safety, Personal Interview, 9/29/00

Services for SEARHC in Sitka (parent organization of Raven's Way). Waiting lists cited by program directors are, in many cases, only estimates of the amount of time an individual would wait if they chose to wait. The long waiting lists at youth residential treatment programs are driven, at least in part, by the long durations of treatment, ranging from three to six months. In cases where residential services are indicated, the need is typically urgent. If appropriate resources are not available, alternative, possibly less appropriate, services are pursued. The result is that youth needing treatment are provided with some services but not always at the appropriate level or intensity.[93] This is even more critical if the only services available are through an outpatient program designed primarily for adults. Outside the urban areas, there are only rare programs that have outpatient treatment components designed specifically for youth. Most often, for outpatient services, youth are served through adult programs. The investigators cannot conclude that substance abuse treatment capacity limitations represent a major barrier to addressing the current underage drinking problem since there is no mechanism in place for intervening and referring youth to treatment who are caught drinking. There is some doubt, however, if the statute were changed to allow for court-ordered screening, assessment, and appropriate referral to treatment, whether sufficient treatment resources would be available to allow the change in statute to have an effect. This assessment is based on current treatment capacity, however, as noted in Section VI on Substance Abuse Treatment Resources for Minors, there are two significant capacity expansion efforts underway as of this writing that could remedy this situation.

5. Prevention, Education, and Advocacy Effort. The Alaska Division of Alcoholism and Drug Abuse is in the second year of a three-year prevention grant totaling $9 million targeted to teens. This, combined with the other ADA funded prevention programs, marks a significant effort toward addressing substance abuse problems for youth. Some of the most notable components of this project are the requirement for community planning and needs assessment, collaboration and partnerships, and a rigorous evaluation component. The project has not been in effect long enough to determine the level of success.

The institutions of education expend effort on a number of levels. Some schools have student assistance counselors to provide intervention, screening and assessment, and referral services for students who have alcohol problems. While most schools have student counselors, there are only a few that have trained, substance abuse student assistance counselors. The Association of Alaska School Boards is active in delivering prevention programs in partnership with local school boards and communities. Substance abuse education is also part of the health curriculum in all schools. The education institutions' interest in underage drinking is most clearly focused on removing the alcohol (and other drugs) and their effects from the education environment. Determining the effectiveness of these efforts is difficult and the investigators do not have sufficient data or information resulting from this inquiry to draw any conclusions. Because this study was conducted primarily during the summer months, access to education staff was severely limited. This is clearly an area where additional inquiry could be helpful.

It is in the area of advocacy that the investigators see perhaps the greatest promise. Organizations such as Mothers Against Drunk Driving and even tobacco prevention advocates have made great progress over the years. In examining current substance abuse prevention

[93] Hefley, P., Southeast Alaska Regional Health Consortium, Personal Interview, May 2000

programs the investigators found 14 specific strategies categorized as "best practices" and another two classified as "promising practices" by the Substance Abuse and Mental Health Services Administration that address environmental issues. Best practices are those strategies and programs that are deemed research-based by scientists and researchers at a variety of federal agencies and have been shown through substantial research and evaluation to be effective at preventing and/or delaying substance abuse. Promising practices are those that have been shown to be effective at some programs but without enough research to justify generalization. Environmental strategies, according to the Substance Abuse and Mental Health Services Administration, are strategies that establish or change written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population.[94] Environmental strategies represent the heart and soul of advocacy. The truest measure of their efforts is reflected in the changes in community norms and values. For example, driving under the influence is generally less accepted today than perhaps 30 years ago. Mothers Against Drunk Driving has played a major role in shifting public perception of the problem. The Homer organization Choices for Teens, Inc. is a wonderful example of how a community grassroots advocacy organization can mobilize and focus resources to change community perceptions. Working with teens, director Sabrina Hilstrand has shaped a working collaborative partnership with other community organizations that has generated a great deal of local excitement. A disadvantage of environmental strategies is that evaluation of efficacy is more difficult and usually involves relatively long observation periods. It remains to be seen whether this effort can effectively shift community norms and values. This is important because community norms and values were cited by the vast majority of key informants as major factors in underage drinking in the communities. Advocacy organizations can also impact the problem by advocating for changes in the laws and public policy. Another Alaska advocacy organization that has made a difference is Alaskans for Drug-Free Youth. They coordinate Red Ribbon Week, which is a celebration of sobriety and drug-free living among youth, and, in the past, have successfully advocated for changes in public policy.

E. Data Systems. The State of Alaska has in place some excellent data resources that provide information on underage drinking. The data analysis was detailed in Section VIII of this report. The strongest data systems for this purpose are the Alaska Court System information system, the Alaska Trauma Registry, the management information system of the Division of Alcoholism and Drug Abuse, the PROBER (or successor) of the Division of Family and Youth Services/Division of Juvenile Justice, and the Department of Transportation Highway Safety Data Base. The investigators found the data easy to access, the staff helpful and responsive, and the data consistent from year to year.

The data systems described in this report all collect data to serve the unique needs of the respective organizations. There are, in addition, other emerging data sources that could prove valuable in the future. One such data set will be maintained by the Department of Education and Early Development and will contain data on school suspensions and expulsions due to alcohol or drug use. Another database worth exploring is maintained by the Alaska Bureau of Vital Statistics. That database contains information on deaths that could prove useful if a method could be devised to clearly identify which of those deaths were attributable to alcohol. There is

[94] Western Region Center for the Application of Prevention Technologies (WEST CAP), Best Practices and Promising Practices, Reno, NV, November 1999

currently information in the database that relates to some instances of alcohol-related deaths, but it is inconsistent and does not cover the range of possibilities where alcohol can contribute to a death. While these two data sources provide additional insight into adverse consequences of underage drinking, one of the major gaps in data/information relates to actual prevalence of underage drinking. A data collection effort that could prove useful if successfully implemented is the YRBS. As previously noted, identifying prevalence of underage drinking is an important task and YRBS, which surveys students, could be one of the most reliable tools. The state will need to address barriers to participation to gain a response rate sufficient to generalize the samples to the population statewide.

The promise of such diverse and robust databases is that they can provide glimpses of the problem from different perspectives. With each different perspective comes a greater understanding of the breadth and depth of the problem. The difficulty with these databases is that they are all proprietary and accessible only through special effort by the maintaining organization, they are designed in terms of structure and format to meet the needs of the maintaining organization and are, most often, not well-suited to integration without a great deal of intervention. Using all of this potential data together in an integrated effort to describe the problem and/or progress in addressing the problem will require that it be gathered and analyzed, preferably by a central organization requiring an ongoing dedication of resources.

F. Final Note. Finally, the failure to intervene in underage drinking represents a lost opportunity to address future problems. Magistrates, judges, prosecutors, and law enforcement officials agree that alcohol is involved in most violent crimes against persons and property crimes committed by young adults. While it cannot be said with certainty that every one of these young adult offenders began drinking as a teen, youth with multiple MCA violations seem to be good candidates for future alcohol-related problems. Future studies that examine court data, Division of Juvenile Justice data, and public safety data could well provide more solid evidence of correlation between underage drinking and young adults who commit more serious crimes under the influence of alcohol.

G. Recommendations.

1. Increased law enforcement efforts have been made possible through the ABC Board and new funding. Evaluation of these efforts in coming years will be an important source of information that should be reviewed.

2. Case disposition for MCA's under existing statute disallows assessments or other treatment interventions. This was cause for concern for law enforcement, court personnel and treatment providers. Statutes should be reviewed for possible changes and/or improvements to allow for a broader range of sentencing alternatives.

3. One treatment component lacking in Alaska is that of assessment and referral for youth similar to the adult Alcohol Safety Action Program (ASAP). This may be an area worth further exploration, given the increase in the number of MCA cases shown by the court system data.

4. Alaska has recently undertaken a number of prevention efforts, many of which are research-based. The state may wish to consider a statewide approach to prevention strategies and funding for such. Additionally, the existing evaluation effort funded by Division of Alcoholism and Drug Abuse through the Institute for Circumpolar Health Studies holds promise as a potential source of policy information in this arena.

5. Environmental prevention strategies may play an important role in the state's efforts to address underage drinking, given the emphasis placed by key informants on community norms and values. This area deserves further exploration.

6. The YRBS survey represents a potentially data rich resource for prevalence information within Alaska. Efforts should be continued to ensure that this source of information is obtained in a manner that will ensure valid data.

7. Given the complexity and diversity of data on this issue, the state may wish to consider the feasibility of having a centralized entity collect information on the issue of underage drinking.

Appendices.

Appendix A	Substance Abuse Treatment Resources
Appendix B	List of Key Informants
Appendix C	Acknowledgements
Appendix D	Selected Alaska Statutes

Appendix A – Substance Abuse Treatment Resources.[95]

The following is a listing of all substance abuse treatment programs approved by the Alaska Division of Alcoholism and Drug Abuse by community arranged by region and size of community. It is important to note that there are resources available that are not state-approved treatment programs and, therefore, will not show up in this listing. An example of this is the village-based counselors who provide some substance-abuse services in rural villages. These individuals are typically provided through a given regional Alaska Native Health Corporation but do not constitute a "state-approved program." A description of the program approval process is provided in Section VI of the report. Additionally, this listing is for approved program components. Individual programs may offer specialized services within a component, such as intensive outpatient, or targeted long-term residential. These variations will not show up on this listing. The specialized services available in the sampled communities are described in Section VI of the report.

Note: Emergency Care = Detoxification; Intermediate Care = Residential Care (short term and long term), Aftercare = Continuing Care

Data Sources: Demographic data: Alaska Department of Community and Economic Development – "Alaska On-Line Community Database," 1999 estimates based on 1990 U. S. Census

Substance Abuse Treatment Program Information – Alaska Division of Alcoholism and Drug Abuse, Directory of Approved Alcoholism and Drug Abuse Programs, June 2000, Juneau, Alaska

Caution: This is a listing of state-approved programs. It is does not examine the issue of public funding of programs or allocation of resources. No inferences should be drawn about funding allocations based on this listing.

Southcentral Alaska

Urban Communities

Anchorage Population: 259,391 Racial Distribution: Alaska Native 6.4%
Caucasian 80.7%
Other 12.9%

Program	Services Offered
Akeela, Inc.	Intermediate Care
	Aftercare
	Outpatient Care

[95] Alaska Division of Alcoholism and Drug Abuse, Directory of Approved Alcoholism and Drug Abuse Programs, Juneau, Alaska, June 2000

Anchorage, continued	
Alaska Human Services (Private)	Outpatient Care
	Aftercare
The Ernie Turner Center	Intermediate Care
	Aftercare
Alaska Women Resource Center/New Dawn	Intermediate Care
	Aftercare
	Outpatient Care
Aleutian/Pribilof Island Association	Outpatient Care
	Aftercare
Arc of Anchorage/Bryn Mawr Program	Intermediate Care
	Outpatient Care
	Aftercare
Breakthrough/Providence Hospital (Private)	Emergency Care
	Aftercare
	Inpatient Care
	Outpatient Care
Narcotic Drug Treatment Center	Methadone Treatment
	Outpatient
	Aftercare
Salvation Army Clitheroe Center	Emergency Care
	Intermediate Care
	Outpatient Care
	Aftercare
Eastern Aleutian Tribes, Inc.	Outpatient Care
	Aftercare
Genesis Recovery Services, Inc. (Private)	Intermediate Care
	Outpatient Care
	Aftercare
Pacific Rim Counseling (Private)	Outpatient Care
	Aftercare
R.I.T.E., Inc. (Private)	Outpatient Care

Anchorage, continued	
Salvation Army Booth Memorial Family and Youth Services	Outpatient Care
	Aftercare
Southcentral Foundation Dena A. Coy	Intermediate Care
	Outpatient Care
	Aftercare
Starting Point (Private)	Outpatient Care
	Aftercare
Volunteers of America/Assist	Outpatient Care
	Aftercare

Eagle River Demographic information included with Anchorage

Program	Services Offered
Starting Point (Private)	Outpatient Care
	Aftercare
Volunteers of America/ARCH	Intermediate Care

Rural Hub Communities

Cordova Population: 2,435 Racial Distribution: Alaska Native 11.2%, Caucasian 79.5%, Other 9.3%

Program	Services Offered
Cordova Community Hospital Sound Alternatives	Outpatient Care
	Aftercare

Homer Population: 4,154 Racial Distribution: Alaska Native 3.6%, Caucasian 94.6%, Other 1.8%

Program	Services Offered
Cook Inlet Council on Alcohol and Drug Abuse (CICADA)	Outpatient Care
	Aftercare

Kenai Population: 7,005 Racial Distribution: Alaska Native 8.5%
Caucasian 88.6%
Other 2.9%

Program	Services Offered
Cook Inlet Council on Alcoholism and Drug Abuse (CICADA)	Outpatient Care
	Aftercare
Kenaitze Indian Tribe Nakenu Chemical Dependency Recovery Ctr	Outpatient Care
	Aftercare
Pacific Rim Counseling (Private)	Outpatient Care
	Aftercare

Kodiak Population: 8,839 Racial Distribution: Alaska Native: 12.7%
Caucasian: 63.3%
Other: 24.0%

Program	Services Offered
Kodiak Council on Alcoholism Safe Harbor	Intermediate Care
	Outpatient Care
	Aftercare

Palmer Population: 4,385 Racial Distribution: Alaska Native 7.6%
Caucasian 88.6%
Other 3.8%

Program	Services Offered
Starting Point (Private)	Outpatient Care
	Aftercare

Seward Population: 3,010 Racial Distribution: Alaska Native 15.2%
Caucasian 80.5%
Other 4.3%

Program	Services Offered
SeaView Community Services	Outpatient Care
	Aftercare

Soldotna Population: 4,140 Racial Distribution: Alaska Native 4.5%
Caucasian 93.8%
Other 1.7%

Program	Services Offered
R.I.T.E., Inc. (Private)	Outpatient Care
	Aftercare

Valdez Population: 4,164 Racial Distribution: Alaska Native 5.9%
Caucasian 88.7%
Other 5.4%

Program	Services Offered
Valdez Counseling Center	Outpatient Care
	Aftercare

Wasilla Population: 5,213 Racial Distribution: Alaska Native 5.3%
Caucasian 92.6%
Other 2.1%

Program	Services Offered
Nugens Ranch	Emergency Care
	Intermediate Care
	Aftercare
Mat-Su Council Recovery Center	Outpatient Care
Starting Point (Private)	Outpatient Care
	Aftercare
R.I.T.E., Inc	Outpatient Care
	Aftercare

Villages

Seldovia Population: 284 Racial Distribution: Alaska Native 15.2%
Caucasian 82.0%
Other 3.0%

Program	Services Offered
Seldovia Village Tribe Prevention Program	Outpatient Care
	Aftercare

Talkeetna Population: 363 Racial Distribution: Alaska Native 1.6%
Caucasian 98.4%
Other 0.0%

Program	Services Offered
Sunshine Community Health Center	Outpatient Care
	Aftercare

Western Alaska

Rural Hub Communities

Bethel Population: 5,471 Racial Distribution: Alaska Native 63.9%
Caucasian 33.2%
Other 2.9%

Program	Services Offered
Yukon-Kuskokwim Health Corporation Village Sobriety Project	Outpatient Care Aftercare
Yukon-Kuskokwim Health Corporation Behavioral Health - PATC	Intermediate Care Outpatient Care Aftercare
Yukon-Kuskokwim Health Corporation Family Spirit Project	Intermediate Care Outpatient Care Aftercare
Yukon-Kuskokwim Health Corporation	Outpatient Care
PAT/Dept. of Corrections	

Dillingham Population: 2,302 Racial Distribution: Alaska Native 55.8%
Caucasian 41.2%
Other 3.0%

Program	Services Offered
Bristol Bay Area Health Corporation	Social Detox
Alcoholism & Drug Abuse Program	Intermediate Care
	Outpatient Care
	Aftercare

Nome Population: 3,615 Racial Distribution: Alaska Native 52.1%
Caucasian 45.0%
Other 2.9%

Program	Services Offered
Norton Sound Health Corporation Behavioral Health Outpatient Services	Outpatient Care Aftercare

Villages

Aniak Population: 604 Racial Distribution: Alaska Native 70.7%
Caucasian 27.0%
Other 2.3%

Program	Services Offered
Kuskokwim Native Association	Outpatient Care
Community Counseling Center	Aftercare

Chevak Population: 763 Racial Distribution: Alaska Native 93.0%
Caucasian 5.0%
Other 2.0%

Program	Services Offered
Yukon-Kuskokwim Health Corporation	Outpatient Care
Chemical Treatment & Recovery Services	Aftercare

Hooper Bay Population: 1,028 Racial Distribution: Alaska Native 96.0%
Caucasian 3.9%
Other 0.1%

Program	Services Offered
Yukon-Kuskokwim Health Corporation	Outpatient Care
Village Sobriety Project	Aftercare

Scammon Bay Population: 484 Racial Distribution: Alaska Native 96.5%
Caucasian 2.9%
Other 0.6%

Program	Services Offered
Yukon-Kuskokwim Health Corporation	Outpatient Care
Chemical Misuse Treatment & Recovery Svcs	Aftercare

Northern Alaska

Rural Hubs

Barrow Population: 4,438 Racial Distribution: Alaska Native 63.9%
Caucasian 26.1%
Other 10.0%

Program	Services Offered
North Slope Borough H&SS North Slope Borough Counseling Service	Emergency Care
	Intermediate Care
	Outpatient Care
	Aftercare

Kotzebue Population: 2,932 Racial Distribution: Alaska Native 75.1%
Caucasian 23.1%
Other 1.8%

Program	Services Offered
Maniilaq Health Corporation Addiction & Support Services	Emergency Care
	Intermediate Care
	Outpatient Care
	Aftercare

Aleutians

Rural Hub Communities

Unalaska Population: 4,178 Racial Distribution: Alaska Native 8.4%
Caucasian 62.1%
Other 29.5%

Program	Services Offered
Aleutian/Pribilof Island Association Aleutian Counseling Center	Outpatient Care
	Aftercare

Villages

Sand Point Population: 842 Racial Distribution: Alaska Native 49.3%
Caucasian 32.4%
Other 18.3%

Program	Services Offered
Eastern Aleutian Tribes	Outpatient Care
	Aftercare

St. Paul Population: 673 Racial Distribution: Alaska Native 66.1%
Caucasian 21.5%
Other 12.4%

Program	Services Offered
Aleutian/Pribilof Island Association Pribilof Counseling Center	Outpatient Care
	Aftercare

Interior Alaska

Urban Communities

Fairbanks Population: 31,697 Racial Distribution: Alaska Native 9.2%
Caucasian 72.3%
Other 18.5%

Program	Services Offered
Fairbanks Native Association Graf-Rheeneerhaahii	Intermediate Care
	Aftercare
Fairbanks Native Association Lifegivers	Intermediate Care
	Outpatient Care
	Pregnant/Postpartum Care
	Aftercare
Fairbanks Native Association New Hope Center	Intermediate Care
	Aftercare
Pacific Rim Counseling (Private)	Outpatient Care
	Aftercare
Fairbanks Native Association Ralph Perdue Center	Emergency Care
	Intermediate Care
	Outpatient Care
	Aftercare
Tanana Chiefs Conference Family Recovery Camp	Intermediate Care
	Aftercare
Fairbanks Memorial Hospital (Private)	Outpatient Care
Family Recovery Center	Aftercare
The Unloading Zone (Private)	Outpatient Care
	Aftercare
Fairbanks Native Association Women & Children's Inner Healing Program	Intermediate Care
Tanana Chiefs Conference Yukon-Tanana Counseling Services	Outpatient Care
	Aftercare

Villages

Allakaket Population: 204 Racial Distribution: Alaska Native 93.8%
Caucasian 6.2%
Other 0.0%

Program	Services Offered
Allakaket Counseling Center	Outpatient Care
	Aftercare

Fort Yukon Population: 570 Racial Distribution: Alaska Native 85.0%
Caucasian 14.7%
Other 0.3%

Program	Services Offered
Council of Athabascan Tribal Government CATG Yukon Flats C.A.R.E.	Outpatient Care
	Aftercare

Healy Population: 646 Racial Distribution: Alaska Native 1.0%
Caucasian 99.0%
Other 0.0%

Program	Services Offered
Railbelt Mental Health and Addictions	Outpatient Care
	Aftercare

McGrath Population: 423 Racial Distribution: Alaska Native 47.0%
Caucasian 51.3%
Other 1.7%

Program	Services Offered
McGrath-Anvik Ed. & MH Services Four Rivers Counseling Services	Outpatient Care
	Aftercare

Minto Population: 204 Racial Distribution: Alaska Native 97.2%
Caucasian 2.8%
Other 0.0%

Program	Services Offered
Tanana Chiefs Conference Yukon Tanana Counseling Services	Outpatient Care
	Aftercare

Nenana Population: 435 Racial Distribution: Alaska Native 47.8%
Caucasian 50.1%
Other 2.1%

Program	Services Offered
Railbelt Mental Health & Addictions	Outpatient Care
	Aftercare

Tanana Population: 301 Racial Distribution: Alaska Native 78.3%
Caucasian 21.7%
Other 0.0%

Program	Services Offered
Tanana Tribal Council	Outpatient Care
Tanana Counseling Center	Aftercare

Tok Population: 1,235 Racial Distribution: Alaska Native 12.5%
Caucasian 85.7%
Other 1.8%

Program	Services Offered
Tanana Chiefs Conference	Outpatient Care
Upper Tanana Alcoholism Program	Aftercare

Southeast Alaska

Urban Communities

Juneau Population: 30,852 Racial Distribution: Alaska Native 12.9%
Caucasian 80.6%
Other 6.5%

Program	Services Offered
City and Borough of Juneau	Emergency Care
Chemical Dependency Division	Inpatient Care
	Outpatient Care
	Aftercare
Gastineau Human Services	Intermediate Care
	Outpatient Care
	Aftercare
Tongass Community Counseling Center (Private)	Outpatient Care
	Aftercare

Rural Hub Communities

Craig Population: 2,136 Racial Distribution: Alaska Native 22.9%
Caucasian 76.1%
Other 1.0%

Program	Services Offered
Communities Organized for Health Options COHO	Outpatient Care
	Aftercare

Ketchikan Population: 8,320 Racial Distribution: Alaska Native 15.7%
Caucasian 78.3%
Other 6.0%

Program	Services Offered
Gateway Center for Human Services Alcohol and Drug Abuse Services	Emergency Care
	Intermediate Care
	Outpatient Care
	Aftercare
Ketchikan General Hospital Recovery Center (Private)	Outpatient Care
	Aftercare

Petersburg Population: 3,415 Racial Distribution: Alaska Native 10.4%
Caucasian 86.6%
Other 3.0%

Program	Services Offered
Changing Tides Counseling Services	Outpatient Care
	Aftercare

Sitka Population: 8,681 Racial Distribution: Alaska Native 21.0%
Caucasian 74.0%
Other 5.0%

Program	Services Offered
SEARHC	Intermediate Care
Bill Brady Healing Center	
SEARHC	Intermediate Care
Raven's Way	Aftercare
SEARHC	Intermediate Care
Community Health Services	Outpatient Care
	Aftercare
Sitka Prevention and Treatment Services	Intermediate Care
	Outpatient Care
	Aftercare

Wrangell Population: 2,549 Racial Distribution: Alaska Native 20.0%
Caucasian 78.8%
Other 1.2%

Program	Services Offered
Avenues to Recovery	Outpatient Care
	Aftercare

Villages

Haines Population: 1,775 Racial Distribution: Alaska Native 18.2%
Caucasian 80.7%
Other 1.1%

Program	Services Offered
SEARHC	Outpatient Care
Community Family Services	Aftercare

Hoonah Population: 877 Racial Distribution: Alaska Native 67.2%
Caucasian 31.8%
Other 1.0%

Program	Services Offered
Hoonah Indian Association	Outpatient
	Aftercare

Hydaburg Population: 369 Racial Distribution: Alaska Native 89.1%
Caucasian 10.4%
Other 0.5%

Program	Services Offered
SEARHC	Outpatient Care
Community Family Services	Aftercare

Kake Population: 745 Racial Distribution: Alaska Native 73.2%
Caucasian 26.8%
Other 0.0%

Program	Services Offered
SEARHC	Outpatient Care
Community Family Services	Aftercare

Klukwan Population: 136 Racial Distribution: Alaska Native 87.5%
Caucasian 12.5%
Other 0.0%

Program	Services Offered
SEARHC	Outpatient Care
Community Family Services	Aftercare

Thorne Bay Population: 582 Racial Distribution: Alaska Native 1.2%
Caucasian 97.2%
Other 1.6%

Program	Services Offered
Community Organized for Health Options	Outpatient Care
COHO	Aftercare

Appendix B – List of Key Informants.

First	Last Name	Title	Agency	Community
Scott			Alcoholics Anonymous	Anchorage
Peter			Alcoholics Anonymous	Fairbanks
Linda			Alcoholics Anonymous	Juneau
Tillie	Abbott	Principal	Hoonah School District	Hoonah
Ron	Adler	Director	Gateway Center for Human Services	Ketchikan
Dawn	Augustus	Officer	Sitka Police Department	Sitka
Al	Ahlgren	Owner	Breeze Inn (alcohol sales)	Juneau
Cynthia	Aiken	Director	Narcotic Drug Treatment Center	Anchorage
Steven	Aluska	Director	Peace Making Circles	Bethel
Ruth	Alvarez	Medical Clinic	Hoonah Indian Association	Hoonah
Cliff	Ames	Director of Admissions	Alaska Children's Services	Anchorage
Kelly	Andalaro	Counselor	Pacific Rim Counseling Center	Fairbanks & Anchorage
Marge	Asbill	Supervisor of Counselors	Yukon-Koyukuk School District	Fairbanks/Ruby
Carol	Atkins	Clerk of Court	Alaska Court System	Bethel
Sidney	Baker	Trooper	Public Safety	Ruby
Duke	Ballard	1st Sgt	Alaska State Troopers	Bethel
Robert	Beasley	Police Chief	City of Hoonah	Hoonah
Mary	Becker	Director	Health Promotion	SEARHC
Ann	Bennett	Probation Officer III	Alaska Division of Juvenile Justice	Juneau
Loren	Berkoski	Superintendent	Dillingham City School District	Dillingham
John	Bilyeu	Investigator	Alcohol Beverage Control Board	Anchorage
Judy	Bixby	Adolescent Program Director	Lakeside Milam Treatment Program	Bothell, Washington
Ed	Branscum	Data Coordinator	ASSIST - Volunteers of America	Anchorage
Andy	Brennan	Ex. Director	Starting Point	Anchorage, Wasilla & Palmer
Aggie	Brett	Adolescent Counselor	Ralph Perdue Center	Fairbanks
Mike	Bricker	Director-Alcohol Program	Kuskokwim Native Association	Aniak
John	Brown	State Trooper	Alaska State Troopers	Nanwalek/Homer
Greg	Browning	Assistant Police Chief	Juneau Police Department	Juneau
Deborah	Burlinski	Magistrate	Alaska Court System	Dillingham

Bobette	Bush	Superintendent	Kuspuk School District	Aniak
Terri	Campbell	Drug Free Schools	Alaska Dept of Education & Early Development	Juneau
Deanna	Captan	Family Counselor	De'Nigwa Tribal Council	Ruby
Shelly	Carlson	Clinical Supervisor	Sitka Prevention & Treatment Services	Sitka
Meg	Carney	Executive Assistant	Mat-Su Recovery Center	Wasilla
Paul	Carr	Police Chief	North Slope Borough Police	Barrow
Eileen	Casey	Volunteer	Juneau Youth Services	Juneau
Sue	Charles	Magistrate	Alaska Court System	Aniak
Sue	Charles	Magistrate	Alaska Court System	Bethel
Shelly	Citron	Probation Officer II	Alaska Division of Juvenile Justice	Juneau/Hoonah
Tom	Clarke	Probation Officer III	Alaska Division of Juvenile Justice	Sitka
Stephanie	Cole	Statewide Administrator	Alaska Court System	Anchorage
Tom	Conley	Physician	Southeast Alaska Regional Health Consortium	Sitka
Candy	Conner	Probation Officer II	Alaska Division of Juvenile Justice	Glenallen/Copper Center
Brian	Connors	Community Services	Rural Alaska Community Action Program	Anchorage
Kathy	Covel	Counselor	Pacific Rim Counseling	Anchorage
Chris	Cromer	Intake Director	Charter North Hospital	Anchorage
Mike	Cutter	Director	Village Sobriety Project	Bethel
Elaine	Dahlgren	Coordinator	Volunteers of America	Anchorage
Carol	Davilla	Director	Family Recovery Center	Fairbanks
Nancy	Davis	Chief of Nursing/Public Health	Department of Health & Social Services	Juneau
Sandra	Deason	Counselor	Genesis House	Anchorage
Jon	Deisher	Director	Pacific Rim Counseling	Anchorage
Ron	DeLay	Director, Student Services	Juneau School District	Juneau
Dallas-Lee	Dexter	Supervising Counselor	Arctic Women in Crisis	Barrow
Rodney	Dial	Sergeant	Alaska State Trooper	Copper Center/Glenallen
Joan	Diamond	Advocate	Municipality Health Dept	Anchorage
Shannon	Dilley	Probation Officer II	Alaska Division of Juvenile Justice	Juneau
Charlene	Dolphin	Clerk of Court - Anchorage	Alaska Court System	Anchorage
Greg	Donewar	Police Chief	City of Dillingham	Dillingham
Dena	Doublex	Probation Officer II	Alaska Division of Juvenile Justice	Fairbanks
Johanna	Dybdahl	Secretary/Human Services	Hoonah High School/Hoonah Indian Association	Hoonah
Eva	Edwards	Information Systems Director	Dena A. Coy Treatment Center	Anchorage
Geoff	Engleman	State Trooper	Alaska State Troopers	Dillingham

Jenny	Espenshade	Director	Kenai Peninsula Youth Court	Homer
Roy	Evans	VPSO/retired	Alaska Dept. of Public Safety	Nanwalek
Walter	Evans	Probation Officer II	Alaska Division of Juvenile Justice	Bethel/Aniak
Susan	Faulkner	Prevention Specialist	Mat-Su Recovery Center	Palmer
Joe	Federici	Program Coordinator	Southcentral Foundation	Anchorage
Bob	Fedoroff	Superintendent	McLaughlin Youth Center	Anchorage
Matt	Felix	Director	National Council on Alcohol & Drug Dependence	Juneau
Georgia	Finau	Director	Healthy Nations	Juneau
Marilee	Fletcher	Deputy Director	Alaska Division of Alcohol & Drug Abuse	Juneau
Melinda	Freeman	Executive Director	Salvation Army Clitheroe Center	Anchorage
Bob	Froehle	Ass't Superintendent	McLaughlin Youth Center	Anchorage
Peter	Froehlich	District Court Judge	Alaska Court System	Juneau
Bradley	Gator	Magistrate	Alaska Court System	Nome
Neil	George	Director	Emergency Services Shelter	Barrow
Valerie	Gold	Intern	Alaska Native Justice Center	Anchorage
Carl	Gonder	Research Analyst	Alaska Dept. of Transportation	Juneau
Tamara	Green	Coordinator YRBS	Alaska Division of Public Health	Anchorage
Alice	Green	Village Counselor	Chugachmuit	Nanwalek
Marti	Greeson	Director	Mothers Against Drunk Driving – Anchorage	Anchorage
Doug	Griffin	Director	Alcohol Beverage Control Board	Anchorage
Dan	Harrelson	State Trooper	Alaska State Troopers	White Mountain
Pat	Hefley	Director	Behavioral Health Care Services SEARCH	Sitka
Karen	Hegyi	Magistrate	Alaska Court System	Barrow
Kristi	Helgen	Probation Officer III	Alaska Division of Juvenile Justice	Bethel/Toksook Bay
Raeann	Hendrickson	Evaluation Coordinator	New Dawn	Anchorage
Kerry	Hennings	Driver Services	Alaska Division of Motor Vehicles	Anchorage
Steve	Hernandez	Sergeant	Juneau Police Department	Juneau
James	Hibpshman	Sergeant - State Trooper	Public Safety	Homer
DeeDee	Higgins	Human Services	Chugachmuit Health Corp	Seldovia
Sabrina	Hilstrand	Director	Choices for Teens, Inc.	Homer
Bill	Hitchcock	Children's Master	Alaska Court System	Anchorage
Kathy	Hodges	Director	Graf Rheeneerhaajii	Fairbanks
Tony	Holmes	Counselor	Bristol Bay Area health Corporation – Mental Health	Dillingham
John	Holst	Superintendent	Sitka Borough School District	Sitka

Bruce	Horton	Magistrate	Alaska Court System	Sitka
Greg	Howard	Advocate/Minister	Presbyterian Church of Hoonah	Hoonah
Susan	Humphrey-Barnett	Director	Breakthrough Program - Providence Hospital	Anchorage
Tim	Hunyor	Sergeant	Alaska State Troopers	Nome
Bill	Hurr	Probation Officer III	Alaska Division of Juvenile Justice	Juneau
Marilyn	Irwin	Health Facilities Surveyor	Alaska Division of Alcohol & Drug Abuse	Juneau
Don	Jandt	Counselor	Choice for Teens, Inc.	Homer
Paul	Janowiec	Director	Bethel Group Home	Bethel
Simeon	John	Counselor	Yukon-Kuskokwim Health Corporation	Toksook Bay
Ed	Kalwara	Investigator	Alcoholic Beverage Control Board	Juneau
Michael	Kelley	Probation Officer III	Alaska Division of Juvenile Justice	Fairbanks
Valeria	Kelly	Director	Tongass Community Counseling Center	Juneau
Margaret	Krause	Probation Officer IV	Alaska Division of Juvenile Justice	Anchorage
Ed	Krause	Director	Copper River Native Association-alcohol program	Copper River
Jim	LaCoste	Vice Principal	Bethel High School	Bethel
Ann	LaFavor	Director	Unloading Zone	Fairbanks
Robert	Lane	Clinical Director	Alaska Human Services	Anchorage
Pat	Leeman	Supervisor	Bethel Youth Facility	Bethel
Karen	Ligon	Superintendent	Nome School District	Nome
Joe	Lind	Clinical Director	Ernie Turner Center/ANARC	Anchorage
Ed	Linzel	Counselor	Tongass Community Counseling Center	Juneau/Hoonah
Margaret	Lowe	Director	Arc of Anchorage – Bryn Mawr	Anchorage
Bruce	Landry	Probation Officer III	Alaska Division of Juvenile Justice	Dillingham
Wendy	Lyford	Area Administrator	Alaska Court System – 3rd Judicial District	Anchorage
Connie	Madden	Director	Alaskans for Drug Free Youth – D.A.W.N.	Nome
Geri	Mata	Youth Coordinator	Tlingit & Ha ida Central Council	Juneau
Ed	McClain	Director of Instruction	Kenai Peninsula School District	Nanwalek
Doug	McCoy	Director	Nome Community Center	Nome
Anne	McIlvain	Director	Juneau Youth Court	Juneau
Sandy	McIntosh	C Detachment	Alaska State Troopers	Anchorage
Craig	McMahon	Magistrate	Alaska Court System	Bethel
Sherry	McWhorter	Director	Salvation Army Booth Memorial	Anchorage
Stephen	Melton	Director	FASAP Misdemeanor Services	Fairbanks
Mark	Mew	Deputy Chief	Anchorage Police Department	Anchorage

Nat	Milner	Project Coordinator	Juneau Youth Services/Cornerstone	Juneau
Tom	Mize	Area Administrator	Alaska Court System – 2nd Judicial District	Fairbanks
Kym	Monroe	Probation Officer III	Alaska Division of Juvenile Justice	Nome
Martha	Moore	Research Analyst	Alaska Division of Public Health	Juneau
Jim	Morgan	Akeela House Manager	Akeela, Inc	Anchorage
Denise	Morris	Director	Alaska Native Justice Center	Anchorage
Randy	Moss	Director of Behavioral Health	Norton Sound Health Corporation	Nome
Margaret	Murphy	Magistrate	Alaska Court System	Aniak
Barbara	Murray	Probation Officer IV	Alaska Division of Juvenile Justice	Juneau
Valerie	Naquin	Director	Life Givers	Fairbanks
Shirley	Nash	Clerk of Court	Ak Court System 4th District	Fairbanks
Cindy	Nation-Cruckshank	Director	Women's Center for Healing	Fairbanks
Cheryl	Neimi	Data Coordinator	Juneau Police Department	Juneau
Neil	Neisham	Area Administrator	Alaska Court System – 1st Judicial District	Juneau
Gary	Neubauer	Probation Officer IV	Alaska Division of Juvenile Justice	Fairbanks
Doug	Norris	Captain/VPSO Program	Alaska State Troopers	Anchorage
Henry	Novak	Director	Cook Inlet Council on Alcoholism & Drug Abuse	Homer/Kenai
Karen	Nugen	Executive Director	Nugen's Ranch	Wasilla
Penny	O'Day	Administrator	Sitka Teen Center	Sitka
Kevin	O'Sullivan	Program Coordinator	Alaska Highway Safety Planning	Juneau
Jeanette	Olsen	Deputy Magistrate	Alaska Court System	Homer
Orpha	Oovevasenk	Village Counselor	Norton Sound Native Health Corporation	Gambell
Dave	Parker	Detective/Major Crimes	Anchorage Police Dept	Anchorage
Susan	Parks	District Attorney	Dept of Law	Anchorage
Derek	Peterson	Director, Child/Youth Advocacy	Association of Alaska School Boards	Juneau
Robert	Pitka	VPSO	Alaska Dept. of Public Safety	Toksook Bay/Gambell
Katherlene	Pruitt	Probation Officer I	Alaska Division of Juvenile Justice	Barrow
Nancy	Ratke	Director Underage Drinking	Chugachmuit	Nanwalek
Bruce	Richter	Captain/patrol supervisor	Anchorage Police Department	Anchorage
Greg	Roth	Director	Johnson Youth Center	Juneau
Karen	Schaff	Director	Volunteers of America/ARCH	Eagle River
Lee	Schmidt	Director	Bill Brady Healing Center	Sitka
Donna	Schultz	Probation Officer (retired)	Alaska Division of Juvenile Justice	Juneau
John	Sivertsen	Magistrate	Alaska State Court System	Juneau

Kevin	Seville	VPSO	Alaska Dept. of Public Safety	Nanwalek
Beth	Shober	Drug Free Schools	Alaska Dept. of Education & Early Development	Juneau
Dawn	Shultz	Counselor	Alcohol Program – Bristol Bay Health Corp	Dillingham
Ruth	Simpson	Substance Abuse Counselor	Tongass Community Counseling Center	Juneau
Joyce	Skaflestad	Magistrate	Alaska Court System	Hoonah
John	Skidmore	District Attorney	Alaska Dept. of Law	Dillingham
Kim	Smith	Probation Officer II	Alaska Division of Juvenile Justice	Homer
Ron	Smith	Magistrate	Alaska Court System	Fairbanks
T. Diane	Smith	Director	Alaska Youth Military Academy	Anchorage
Hal	Spakman	Superintendent	Mt. Edgecumbe School District	Sitka
Dixie	Spenser	State Trooper	Alaska State Troopers	Aniak
Julie	Staley	Title 4 Coordinator	South East Regional Resource Center	Juneau
David	Strouth	Social Worker III	Alaska Division of Family and Youth Services	Juneau/Hoonah
Rick	Svbodny	District Attorney	Alaska Dept. of Law	Juneau
George	Taft	Member	Alaskans for Drug Free Youth	Anchorage
Carrie	Talapa	Substance Abuse Counselor	Juneau Recovery Hospital	Juneau
Mary	Tangay	Secretary	Anchorage School Board	Anchorage
Ralph	Taylor	Police Chief	Nome Police Department	Nome
Andrea	Thomas	Coordinator	7 Circles –- SEARHC	Sitka
Terry	Thompson	Intake Coordinator	Old Minto Family Recovery Camp	Fairbanks
Christy	Tilden	Director	Alcohol Program – Bristol Bay Health Corp	Dillingham
Syrilyn	Tong	Sergeant	University of Alaska Fairbanks Police	Fairbanks
Mary	Tonsmeire	Director	Teen Health Clinic	Juneau
John	Vacek	District Attorney	Alaska Dept. of Law	Nome
Tamara	Venator	Coordinator	Youth Restitution Program	Anchorage
Pamela	Watts	Executive Director	Alaska Adv Board on Alcoholism & Drug Abuse	Juneau
Eric	Weatherby	Probation Officer III	Alaska Division of Juvenile Justice	Nanwalek
Daniel	Webber	Magistrate	Alaska Court System	Fairbanks/Ruby
James	Welch	Chief of Police	Fairbanks Dept of Public Safety	Fairbanks
Shelly	Whitson	Director	Raven's Way Adolescent Treatment	Sitka
Jean	Wilkinson	Magistrate	Alaska Court System	Copper Center
Dean	Williams	Superintendent	Nome Youth Facility	Nome
Gay	Willman	Case Manager	Copper River Native Association- Alcohol Program	Copper River
Margaret	Wilson	Coordinator	TCCC Regional Prevention Program	Fairbanks

Roger	Withington	Research Analyst	Alaska Division of Juvenile Justice	Juneau
Kelly	Wood	Prevention Specialist	National Council on Alcohol & Drug Dependence	Juneau
Ron	Woods	Area Administrator	Alaska Court System – 4th Judicial District	Fairbanks

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Appendix D – Selected Alaska Statutes.

The following Alaska Statutes are presented verbatim as they existed on October 1, 2000.

Statute	Title
A.S. 04.16.049	Access of Persons Under the Age of 21 to Licensed Premises
A.S. 04.16.050	Possession, Control, or Consumption By Persons Under the Age of 21
A.S. 04.16.051	Furnishing or Delivery of Alcoholic Beverages to Persons Under the Age of 21
A.S. 04.16.052	Furnishing of Alcoholic Beverages to Persons Under the Age of 21 By Licensees
A.S. 04.16.060	Purchase By or Delivery to Persons Under the Age of 21
A.S. 11.51.130	Contributing to the Delinquency of a Minor
A.S. 22.15.060	Criminal Jurisdiction
A.S. 28.15.183	Administrative Revocation of License to Drive
A.S. 28.15.184	Administrative Review of Revocation of a Minor's License
A.S. 28.15.185	Court Revocation of a Minor's License to Drive
A.S. 28.15.187	Administrative Revocation of a License to Drive For Use of False Identification
A.S. 28.35.030	Operating a Vehicle, Aircraft or Watercraft While Intoxicated
A.S. 47.12.010	Goal and Purposes of Chapter
A.S. 47.12.020	Jurisdiction
A.S. 47.12.030	Provisions Inapplicable
A.S. 47.37.170	Treatment and Services For Intoxicated Persons and Persons Incapacitated By Alcohol or Drugs
A.S. 47.37.180	Emergency Commitment
A.S. 47.37.190	Involuntary Commitment
A.S. 47.37.200	Hearing On Petition For Involuntary Commitment
A.S. 47.37.205	Procedure For Recommitment Following 30-Day Commitment
A.S. 47.37.205	Procedure For Recommitment Following 30-Day Commitment
A.S. 47.37.207	Unauthorized Absences: Return Facility

AS 04.16.049. Access of Persons Under the Age of 21 to Licensed Premises.

(a) A person under the age of 21 years may not knowingly enter or remain in premises licensed under this title unless

(1) accompanied by a parent, guardian, or spouse who has attained the age of 21 years;

(2) the person is at least 16 years of age, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining; or

(3) the person is under the age of 16 years, is accompanied by a person over the age of 21 years, the parent or guardian of the underaged person consents, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining.

(b) Notwithstanding (a) of this section, a licensee or an agent or employee of the licensee may refuse entry to a person under the age of 21 years to that part of licensed premises in which alcoholic beverages are sold, served, or consumed, may refuse service to a person under the age of 21 years, or may require a person under the age of 21 years to leave the portion of the licensed premises in which alcoholic beverages are sold, served, or consumed.

(c) Notwithstanding any other provision in this section, a person between 16 and 19 years of age may enter and remain within the licensed premises of a hotel, restaurant, or eating place in the course of employment if (1) the employment does not involve the serving, mixing, delivering, or dispensing of alcoholic beverages; (2) the person has the written consent of a parent or guardian; and (3) an exemption from the prohibition of AS 23.10.355 is granted by the Department of Labor and Workforce Development. The board, with the approval of the governing body having jurisdiction and at the licensee's request, shall designate which premises are hotels, restaurants, or eating places for the purposes of this subsection.

(d) Notwithstanding any other provision in this section, a person 19 or 20 years of age may be employed within the licensed premises of a hotel, restaurant, or eating place, may enter and remain within those premises for the purpose of employment, but may not in the course of employment, sell, serve, deliver, or dispense alcoholic beverages.

AS 04.16.050. Possession, Control, or Consumption By Persons Under the Age of 21.

(a) A person under the age of 21 years may not knowingly consume, possess, or control alcoholic beverages except those furnished persons under AS 04.16.051(b).

(b) A person who violates (a) of this section is guilty of a violation. Upon conviction in the district court, the court may impose a fine of not less than $100.

AS 04.16.051. Furnishing or Delivery of Alcoholic Beverages to Persons Under the Age of 21.

(a) A person may not furnish or deliver an alcoholic beverage to a person under the age of 21 years.

(b) This section does not prohibit the furnishing or delivery of an alcoholic beverage

(1) by a parent to the parent's child, by a guardian to the guardian's ward, or by a person to the legal spouse of that person if the furnishing or delivery occurs off licensed premises; or

(2) by a licensed physician or nurse to a patient in the course of administering medical treatment.

(c) Acts unlawful under AS 11.51.130 are not made legal by (b) of this section.

(d) A person acting with criminal negligence who violates this section is guilty of a class C felony if, within the five years preceding the violation, the person has been previously convicted under

(1) this section; or

(2) a law or ordinance of this or another jurisdiction with elements substantially similar to this section.

AS 04.16.052. Furnishing of Alcoholic Beverages to Persons Under the Age of 21 By Licensees.

A licensee or an agent or employee of the licensee may not with criminal negligence

(1) allow another person to sell, barter, or give an alcoholic beverage to a person under the age of 21 years within licensed premises;

(2) allow a person under the age of 21 years to enter and remain within licensed premises except as provided in AS 04.16.049;

(3) allow a person under the age of 21 years to consume an alcoholic beverage within licensed premises;

(4) allow a person under the age of 21 years to sell or serve alcoholic beverages.

AS 04.16.060. Purchase By or Delivery to Persons Under the Age of 21.

(a) A person under the age of 21 years may not purchase alcoholic beverages or solicit another to purchase alcoholic beverages for the person under the age of 21.

(b) A person may not influence the sale, gift, or service of an alcoholic beverage to a person under the age of 21 years, by misrepresenting the age of that person.

(c) A person may not order or receive an alcoholic beverage from a licensee, an agent or employee of the licensee, or another person, for the purpose of selling, giving, or serving it to a person under the age of 21 years.

(d) A person under the age of 21 years may not enter licensed premises where alcoholic beverages are sold and offer or present to a licensee or an agent or employee of the licensee a birth certificate or other written evidence of age, that is fraudulent or false or that is not actually the person's own, or otherwise misrepresent the person's age, for the purpose of inducing the licensee or an agent or employee of the licensee to sell, give, serve, or furnish alcoholic beverages contrary to law.

(e) A person under the age of 21 who is seeking to enter and remain in a licensed premises under AS 04.16.049(a)(2) or (3) may not misrepresent the person's age or having obtained the consent of the parent or guardian required by that section.

AS 11.51.130. Contributing to the Delinquency of a Minor.

(a) A person commits the crime of contributing to the delinquency of a minor if, being 19 years of age or older or being under 19 years of age and having the disabilities of minority removed for general purposes under AS 09.55.590, the person aids, induces, causes, or encourages a child

(1) under 18 years of age to do any act prohibited by state law unless the child's disabilities of minority have been removed for general purposes under AS 09.55.590;

(2) under 18 years of age to enter or remain in the same room in a building where the unlawful sale of a drug occurs unless the child's disabilities of minority have been removed for general purposes under AS 09.55.590;

(3) under 16 years of age to be repeatedly absent from school, without just cause; or

(4) under 18 years of age to be absent from the custody of a parent, guardian, or custodian without the permission of the parent, guardian, or custodian or without the knowledge of the parent, guardian, or custodian, unless the child's disabilities of minority have been removed for general purposes under AS 09.55.590 or the person has immunity under AS 47.10.350 or 47.10.398(a); it is an affirmative defense to a prosecution under this paragraph that, at the time of the alleged offense, the defendant

(A) reasonably believed that the child was in danger of physical injury or in need of temporary shelter; and

(B) within 12 hours after taking the actions comprising the alleged offense, notified a peace officer, a law enforcement agency, or the Department of Health and Social Services of the name of the child and the child's location.

(b) Contributing to the delinquency of a minor is a class A misdemeanor.

AS 22.15.060. Criminal Jurisdiction.

(a) The district court has jurisdiction

(1) of the following crimes:

(A) a misdemeanor, unless otherwise provided in this chapter;

(B) a violation of an ordinance of a political subdivision;

(C) a violation of AS 04.16.050 or AS 11.76.105;

(2) to provide post-conviction relief under the Alaska Rules of Criminal Procedure, if the conviction occurred in the district court.

(b) Insofar as the criminal jurisdiction of the district courts and the superior court is the same, such jurisdiction is concurrent.

AS 28.15.183. Administrative Revocation of License to Drive.

(a) If a peace officer has probable cause to believe that a person who is at least 14 years of age but not yet 21 years of age has possessed or used a controlled substance in violation of AS 11.71 or a municipal ordinance with substantially similar elements, possessed or consumed alcohol in violation of AS 04.16.050 or a municipal ordinance with substantially similar elements, operated a vehicle after consuming alcohol in violation of AS 28.35.280, or refused to submit to a chemical test under AS 28.35.285, and the peace officer has cited the person or arrested the person for the offense, the peace officer shall read a notice and deliver a copy to the person. The notice must advise that

(1) the department intends to revoke the person's driver's license or permit, privilege to drive, or privilege to obtain a license or permit;

(2) the person has the right to administrative review of the revocation;

(3) if the person has a driver's license or permit, the notice itself is a temporary driver's license or permit that expires 10 days after it is delivered to the person;

(4) revocation of the person's driver's license or permit, privilege to drive, or privilege to obtain a license or permit, takes effect 10 days after delivery of the notice to the person unless the person, within 10 days, requests an administrative review;

(5) if the person has been cited under AS 28.35.280 or under AS 28.35.285, that person, under AS 28.35.290, may not operate a motor vehicle, aircraft, or watercraft during the 24 hours following issuance of the citation.

(b) After reading the notice under (a) of this section, the peace officer shall seize the person's driver's license or permit if it is in the person's possession and shall deliver it to the department with a sworn report describing the circumstances under which it was seized.

(c) Unless the person has requested an administrative review, the department shall revoke the person's driver's license or permit, privilege to drive, or privilege to obtain a license or permit, effective 10 days after delivery to the person of the notice required under (a) of this section, upon receipt of a sworn report of a peace officer

(1) that the officer had probable cause to believe that the person is at least 14 years of age but not yet 21 years of age and has violated one of the offenses described in (a) of this section;

(2) that the peace officer has cited or arrested the person for

(A) a violation of AS 11.71, AS 04.16.050, AS 28.35.280, or 28.35.285; or

(B) possession or use of a controlled substance or alcohol in violation of a municipal ordinance with substantially similar elements;

(3) that notice under (a) of this section was provided to the person; and

(4) describing the circumstances surrounding the offense.

(d) The department shall impose the revocation required under this section

(1) for a first revocation, for a period of 30 days;

(2) for a second revocation, for a period of 60 days;

(3) for a third revocation, for a period of 90 days; or

(4) for a fourth or subsequent revocation, for a period of one year.

(e) Notwithstanding the provisions of AS 28.20.240 and 28.20.250, the department may not require proof of financial responsibility before restoring a driver's license, permit, or privilege that is revoked under this section.

(f) A revocation imposed under this section shall be consecutive to a revocation imposed under another provision of law, except that (1) a revocation imposed under this section shall be

concurrent with a prior revocation imposed under this section; and (2) a revocation imposed under this section for an offense for which a revocation is required under AS 28.15.185 shall be concurrent with a revocation imposed under AS 28.15.185 that is based on the same incident. A person whose driver's license, permit, or privilege was revoked for a period of at least 60 days under this section may apply for limited license privileges under AS 28.15.201(d). A person whose driver's license, permit, or privilege to drive was revoked for a period of more than one year under this section may apply for reinstatement as provided under (i) of this section.

(g) Except as provided under (h) of this section, the department may not issue a new license or reissue a license to a person whose driver's license, permit, or privilege to drive has been revoked under this section unless the person is enrolled in and is in compliance with, or has successfully completed,

(1) an alcoholism education or rehabilitation treatment program approved under AS 47.37, if the revocation resulted from possession or consumption of alcohol in violation of AS 04.16.050 or a municipal ordinance with substantially similar elements, from operating a vehicle after consuming alcohol in violation of AS 28.35.280, or from refusal to submit to a chemical test of breath in violation of AS 28.35.285; or

(2) a drug education or rehabilitation treatment program, if the revocation resulted from possession or use of a controlled substance in violation of AS 11.71 or a municipal ordinance with substantially similar elements

.

(h) The department may waive the provisions of (g) of this section if a person who is required to obtain drug or alcoholism treatment resides in an area where drug rehabilitation or alcoholism treatment is unavailable.

(i) A person whose driver's license, permit, or privilege was revoked under this section may apply for reinstatement of the person's driver's license as provided in this subsection. A person may apply to the department for reinstatement by filing a written request for review of the revocation imposed under this section with the department. The department shall issue a new license or reissue the person's driver's license

(1) as provided under AS 28.15.211(d) if the department finds that

(A) the application for reinstatement is filed at least one year after the person's license, permit, or privilege was revoked;

(B) the person complies with (g) of this section; and

(C) the person has not violated a provision of this title or a regulation of the department since the revocation; or

(2) immediately if

(A) the offense described under (a) of this section for which the person was cited or arrested is not prosecuted or the prosecution results in dismissal by a court; or

(B) a court or jury finds that the person is not guilty of the offense described under (a) of this section for which the person was cited or arrested.

(j) In this section, "peace officer" does not include a person employed by the Department of Corrections.

AS 28.15.184. Administrative Review of Revocation of a Minor's License.

(a) A person who has received a notice under AS 28.15.183(a) may make a written request for administrative review of the department's action. If the person's driver's license or permit has not been previously surrendered to the department, it shall be surrendered to the department at the time the request for review is made.

(b) A request for review of the department's revocation under AS 28.15.183 shall be made within 10 days after receipt of the notice under AS 28.15.183 or the right to review is waived and the action of the department under AS 28.15.183(c) is final. If a written request for a review is made after expiration of the 10-day period, and if it is accompanied by the applicant's verified statement explaining the failure to make a timely request for a review, the department shall receive and consider the request. If the department finds that the person was unable to make a timely request because of lack of actual notice of the revocation or because of factors of physical incapacity such as hospitalization or incarceration, the department shall waive the period of limitation, reopen the matter, and grant the review request.

(c) Upon receipt of a request for review, if it appears that the person holds a valid driver's license or permit and that the driver's license or permit has been surrendered, the department shall issue a temporary driver's permit that is valid until the scheduled date for the review. A person who has requested a review under this section may request, and the department may grant for good cause, a delay in the date of the hearing. If necessary, the department may issue additional temporary permits to stay the effective date of its action under AS 28.15.183(c) until the final order after the review is issued.

(d) A person who has requested a hearing under this section and who fails to appear at the hearing, for reasons other than lack of actual notice of the hearing or physical incapacity such as hospitalization or incarceration, waives the right to a hearing. The determination of the department that is based upon the officer's report becomes final.

(e) Notwithstanding AS 28.05.141(b), the hearing under this section may be held telephonically at the discretion of the hearing officer.

(f) A review under this section shall be held before a hearing officer designated by the commissioner. The hearing officer may

(1) administer oaths and affirmations;

(2) examine witnesses and take testimony;

(3) receive relevant evidence;

(4) issue subpoenas, take depositions, or cause depositions or interrogatories to be taken;

(5) regulate the course and conduct of the hearing;

(6) make a final ruling on the issue.

(g) The hearing for review of a revocation by the department under AS 28.15.183 shall be limited to the issues of whether the person was at least 14 years of age but not yet 21 years of age and whether the person possessed or used a controlled substance in violation of AS 11.71 or a municipal ordinance with substantially similar elements, or possessed or consumed alcohol in violation of AS 04.16.050 or a municipal ordinance with substantially similar elements, operated a vehicle after consuming alcohol in violation of AS 28.35.280, or refused to submit to a chemical test of breath in violation of AS 28.35.285.

(h) The determination of the hearing officer may be based upon the sworn report of a peace officer, if the sworn report is supported by probable cause based on personal observations as required under AS 28.15.183(a). The peace officer need not be present at the hearing unless either the person requesting the hearing or the hearing officer requests in writing before the hearing that the officer be present. If in the course of the hearing it becomes apparent that the testimony of the peace officer is necessary to enable the hearing officer to resolve disputed issues of fact, the hearing shall be continued to allow the attendance of the peace officer.

(i) Testimony given at the hearing is not admissible in a criminal trial unless the testimony given at the trial is inconsistent with testimony given at the hearing.

(j) If the issues set out in (g) of this section are determined in the affirmative by a preponderance of the evidence, the hearing officer shall sustain the action of the department. If one or more of the issues is determined in the negative, the department's revocation action shall be rescinded.

(k) If the action of the department in revoking a nonresident's privilege to drive a motor vehicle is not administratively contested by the nonresident driver or if the departmental action is sustained by the hearing officer, the department shall give written notice of action taken to the motor vehicle administrator of the state of the person's residence and to any state in which that person has a driver's license.

(l) Within 30 days of the issuance of the final determination of the department, a person aggrieved by the determination may file an appeal in superior court for judicial review of the hearing officer's determination. The judicial review shall be on the record without taking additional testimony. The court may reverse the department's determination if the court finds that

the department misinterpreted the law, acted in an arbitrary and capricious manner, or made a determination unsupported by the evidence in the record.

(m) The filing of an appeal under (l) of this section or a petition for review does not automatically stay the department's order or revocation. The court may grant a stay of the order or revocation under the applicable rules of court, after a motion and hearing, and upon a finding that there is a reasonable probability that the petitioner will prevail on the merits and that the petitioner will suffer irreparable harm if the order is not stayed.

AS 28.15.185. Court Revocation of a Minor's License to Drive.

(a) A person who is at least 13 years of age but not older than 17 years of age is subject to revocation, under (b) of this section, of the person's driver's license, privilege to drive, or privilege to obtain a license if the person is convicted of or is adjudicated a delinquent minor by a court for

(1) misconduct involving a controlled substance under AS 11.71 or a municipal ordinance with substantially similar elements; or

(2) an offense involving the illegal use or possession of a firearm that is punishable under AS 11 or a municipal ordinance with substantially similar elements.

(b) The court shall impose the revocation for an offense described in (a) of this section as follows:

(1) for a first conviction or adjudication, the revocation may be for a period not to exceed 90 days;

(2) for a second or subsequent conviction or adjudication, the revocation may be for a period not to exceed one year.

(c) When a person described in (a) of this section has been convicted of or adjudicated a delinquent minor for an offense listed in (a) of this section, the court may, upon petition of the person, review the revocation and may restore the driver's license, except a court may not restore the driver's license until

(1) at least one-half of the period of revocation imposed under this section has expired; and

(2) the person has taken and successfully completed a state approved program of drug education or rehabilitation if convicted or adjudicated of misconduct involving a controlled substance under AS 11.71 or a municipal ordinance with substantially similar elements; however, this paragraph does not apply to a person who resides in an area that does not offer a state approved drug education or rehabilitation program or a person that the court determines does not need drug education or rehabilitation.

(d) Notwithstanding the provisions of AS 28.20.240 and 28.20.250, upon conviction of an offense specified in (a) of this section, the department may not require proof of financial responsibility before restoring or issuing the person's driver's license.

AS 28.15.187. Administrative Revocation of a License to Drive For Use of False Identification.

(a) If a peace officer has probable cause based on personal observation that a person has used a driver's license as fraudulent or false identification as prohibited by AS 04.16.060(d), the peace officer shall read a notice and deliver a copy to the person. The notice must advise that

(1) the department intends to revoke the person's driver's license, privilege to drive, or privilege to obtain a license, or refuse to issue an original license to the person;

(2) the person has the right to administrative review of the revocation or determination not to issue an original license;

(3) if the person has a driver's license or a nonresident privilege to drive, the notice itself is a temporary driver's license that expires seven days after it is delivered to the person;

(4) revocation of the person's driver's license, privilege to drive, or privilege to obtain a license, or a determination not to issue an original license takes effect seven days after delivery of the notice to the person unless the person, within seven days, requests an administrative review.

(b) After reading the notice under (a) of this section, the peace officer shall seize the person's driver's license if it is in the person's possession and shall deliver it to the department with a sworn report describing the circumstances under which it was seized.

(c) Unless the person has requested an administrative review, the department shall revoke the person's driver's license, privilege to drive, or privilege to obtain a license, or refuse to issue an original license, effective seven days after delivery to the person of the notice required under (a) of this section, upon receipt of a sworn report of a peace officer

(1) that the officer had probable cause based on personal observations that the person used a driver's license as fraudulent or false identification as prohibited by AS 04.16.060(d);

(2) that notice under (a) of this section was provided to the person; and

(3) describing the circumstances surrounding the violation of AS 04.16.060(d).

(d) The department shall impose the revocation required under this section

(1) for a period of 60 days for a first revocation under this section; and

(2) for a second or subsequent revocation under this section for a period of 12 months.

(e) Notwithstanding the provisions of AS 28.20.240 and 28.20.250, the department may not require proof of financial responsibility before restoring a driver's license or privilege that is revoked under this section.

(f) A license revocation imposed under this section shall be consecutive to a license revocation imposed under another provision of law.

AS 28.35.030. Operating a Vehicle, Aircraft or Watercraft While Intoxicated.

(a) A person commits the crime of driving while intoxicated if the person operates or drives a motor vehicle or operates an aircraft or a watercraft

(1) while under the influence of intoxicating liquor, or any controlled substance;

(2) when, as determined by a chemical test taken within four hours after the alleged offense was committed, there is 0.10 percent or more by weight of alcohol in the person's blood or 100 milligrams or more of alcohol per 100 milliliters of blood, or when there is 0.10 grams or more of alcohol per 210 liters of the person's breath; or

(3) while the person is under the combined influence of intoxicating liquor and a controlled substance.

(b) Except as provided under (n) of this section, driving while intoxicated is a class A misdemeanor. Upon conviction

(1) the court shall impose a minimum sentence of imprisonment of

(A) not less than 72 consecutive hours and a fine of not less than $250 if the person has not been previously convicted;

(B) not less than 20 days and a fine of not less than $500 if the person has been previously convicted once;

(C) not less than 60 days and a fine of not less than $1,000 if the person has been previously convicted twice and is not subject to punishment under (n) of this section;

(D) not less than 120 days and a fine of not less than $2,000 if the person has been previously convicted three times and is not subject to punishment under (n) of this section;

(E) not less than 240 days and a fine of not less than $3,000 if the person has been previously convicted four times and is not subject to punishment under (n) of this section;

(F) not less than 360 days and a fine of not less than $4,000 if the person has been previously convicted more than four times and is not subject to punishment under (n) of this section;

(2) the court may not

(A) suspend execution of sentence or grant probation except on condition that the person serve the minimum imprisonment under (1) of this subsection;

(B) suspend imposition of sentence;

(3) the court shall revoke the person's driver's license, privilege to drive, or privilege to obtain a license under AS 28.15.181, and may order the motor vehicle or aircraft that was used in commission of the offense to be forfeited under AS 28.35.036.

(c) [Repealed, Sec. 34 ch 119 SLA 1990].

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

(e) A person who is sentenced to imprisonment for 72 consecutive hours upon a first conviction under this section and who is not released from imprisonment after 72 hours may not bring an action against the state or a municipality or its agents, officers, or employees for damages resulting from the additional period of confinement if

(1) the employee or employees who released the person exercised due care and, in releasing the person, followed the standard release procedures of the prison facility; and

(2) the additional period of confinement did not exceed 12 hours.

(f) [Repealed, Sec. 34 ch 119 SLA 1990].

(g) Notwithstanding (b) of this section, if the court imposes probation under AS 12.55.102 the court may reduce the fine required to be imposed under (b) of this section by the cost of the ignition interlock device.

(h) The court shall order a person convicted under this section to satisfy the screening, evaluation, referral, and program requirements of an alcohol safety action program if such a program is available in the community where the person resides, or a private or public treatment facility approved by the division of alcoholism and drug abuse, of the Department of Health and Social Services, under AS 47.37 to make referrals for rehabilitative treatment or to provide rehabilitative treatment. If a person is convicted under (n) of this section, the court shall order the person to be evaluated as required by this subsection before the court imposes sentence for the offense.

(i) A program of inpatient treatment may be required by the authorized agency under (h) of this section only if authorized in the judgment, and may not exceed the maximum term of inpatient treatment specified in the judgment. A person who has been referred for inpatient treatment under this subsection may make a written request to the sentencing court asking the court to review the referral. The request for review shall be made within seven days of the agency's referral, and shall specifically set out the grounds upon which the request for review is based. The court may order a hearing on the request for review.

(j) If a person fails to satisfy the requirements of an authorized agency under (i) of this section, the court

(1) may impose any portion of a suspended sentence; however, if the person was convicted under (n) of this section, the court shall impose a part or all of the remaining portion of any suspended sentence;

(2) may punish the failure as contempt of the authority of the court under AS 09.50.010 or as a violation of a condition of probation; and

(3) shall order the revocation or suspension of the person's driver's license, privilege to drive, and privilege to obtain a driver's license until the requirements are satisfied.

(k) Imprisonment required under (b)(1)(A) or (B) of this section shall be served at a community residential center or, if a community residential center is not available, at another appropriate place determined by the commissioner of corrections. The cost of imprisonment resulting from the sentence imposed under (b)(1) of this section shall be paid to the state by the person being sentenced provided, however, that the cost of imprisonment required to be paid under this subsection may not exceed $1,000. Upon the person's conviction, the court shall include the costs of imprisonment as a part of the judgment of conviction. Except for reimbursement from a permanent fund dividend as provided in this subsection, payment of the cost of imprisonment is not required if the court determines the person is indigent. For costs of imprisonment that are not paid by the person as required by this subsection, the state shall seek reimbursement from the person's permanent fund dividend as provided under AS 43.23.065. While at the community residential center or other appropriate place, a person sentenced under (b)(1)(A) of this section shall perform at least 24 hours of community service work and a person sentenced under (b)(1)(B) of this section shall perform at least 160 hours of community service work, as required by the director of the community residential center or other appropriate place. In this subsection, "appropriate place" means a facility with 24-hour on-site staff supervision that is specifically

adapted to provide a residence, and includes a correctional center, residential treatment facility, hospital, halfway house, group home, work farm, work camp, or other place that provides varying levels of restriction.

(l) The commissioner of corrections shall determine and prescribe by regulation a uniform average cost of imprisonment for the purpose of determining the cost of imprisonment required to be paid under (k) of this section by a convicted person.

(m) If the act for which a person is convicted under this section contributes to a motor vehicle accident, the court shall order the person to pay the reasonable cost of any emergency services that responded to the accident, if the convicted person or the convicted person's insurer has not already paid the cost of the emergency services. If payment is required under this subsection, the payment shall be made directly to the emergency service and shall be equal to the actual cost of responding to the accident or the previous year's annual average cost of responding to a motor vehicle accident, whichever is higher. In this subsection, "emergency service" includes a peace officer, fire department, ambulance service, emergency medical technician or emergency trauma technician.

(n) A person is guilty of a class C felony if the person is convicted of driving while intoxicated and has been previously convicted two or more times within the five years preceding the date of the present offense. For purposes of determining minimum sentences based on previous convictions, the provisions of (o)(4) of this section apply. Upon conviction, the court

(1) shall impose a fine of not less than $5,000 and a minimum sentence of imprisonment of not less than

(A) 120 days if the person has been previously convicted twice;

(B) 240 days if the person has been previously convicted three times;

(C) 360 days if the person has been previously convicted four or more times;

(2) may not

(A) suspend execution of sentence or grant probation except on condition that the person serve the minimum imprisonment under (1) of this subsection; or

(B) suspend imposition of sentence;

(3) shall revoke the person's driver's license, privilege to drive, or privilege to obtain a license under AS 28.15.181(c);

(4) may order as a condition of probation or parole that the person take a drug or combination of drugs, intended to prevent the consumption of an alcoholic beverage; a condition of probation imposed under this paragraph is in addition to any other condition authorized under another provision of law; and

(5) may also order forfeiture under AS 28.35.036 of the vehicle or aircraft used in the commission of the offense, subject to remission under AS 28.35.037.

(o) In this section,

(1) [Repealed, Sec. 17 ch 55 SLA 1994].

(2) "operate an aircraft" means to use, navigate, pilot, or taxi an aircraft in the airspace over this state, or upon the land or water inside this state;

(3) "operate a watercraft" means to navigate or use a vessel used or capable of being used as a means of transportation on water for recreational or commercial purposes on all waters, fresh or salt, inland or coastal, inside the territorial limits or under the jurisdiction of the state;

(4) "previously convicted" means having been convicted in this or another jurisdiction, within 10 years preceding the date of the present offense, of any of the following offenses; however, convictions for any of these offenses, if arising out of a single transaction and a single arrest, are considered one previous conviction:

(A) operating a motor vehicle, aircraft, or watercraft while intoxicated, in violation of this section or in violation of another law or ordinance with similar elements, except that the other law or ordinance may provide for a lower level of alcohol in the person's blood or breath than imposed under (a)(2) of this section;

(B) refusal to submit to a chemical test in violation of AS 28.35.032 or in violation of another law or ordinance with similar elements; or

(C) operating a commercial motor vehicle while intoxicated in violation of AS 28.33.030 or in violation of another law or ordinance with similar elements, except that the other law or ordinance may provide for a lower level of alcohol in the person's blood or breath than imposed under AS 28.33.030(a)(2).

AS 47.12.010. Goal and Purposes of Chapter.

(a) The goal of this chapter is to promote a balanced juvenile justice system in the state to protect the community, impose accountability for violations of law, and equip juvenile offenders with the skills needed to live responsibly and productively.

(b) The purposes of this chapter are to

(1) respond to a juvenile offender's needs in a manner that is consistent with

(A) prevention of repeated criminal behavior;

(B) restoration of the community and victim;

(C) protection of the public; and

(D) development of the juvenile into a productive citizen;

(2) protect citizens from juvenile crime;

(3) hold each juvenile offender directly accountable for the offender's conduct;

(4) provide swift and consistent consequences for crimes committed by juveniles;

(5) make the juvenile justice system more open, accessible, and accountable to the public;

(6) require parental or guardian participation in the juvenile justice process;

(7) create an expectation that parents will be held responsible for the conduct and needs of their children;

(8) ensure that victims, witnesses, parents, foster parents, guardians, juvenile offenders, and all other interested parties are treated with dignity, respect, courtesy, and sensitivity throughout all legal proceedings;

(9) provide due process through which juvenile offenders, victims, parents, and guardians are assured fair legal proceedings during which constitutional and other legal rights are recognized and enforced;

(10) divert juveniles from the formal juvenile justice process through early intervention as warranted when consistent with the protection of the public;

(11) provide an early, individualized assessment and action plan for each juvenile offender in order to prevent further criminal behavior through the development of appropriate skills in the juvenile offender so that the juvenile is more capable of living productively and responsibly in the community;

(12) ensure that victims and witnesses of crimes committed by juveniles are afforded the same rights as victims and witnesses of crimes committed by adults;

(13) encourage and provide opportunities for local communities and groups to play an active role in the juvenile justice process in ways that are culturally relevant; and

(14) review and evaluate regularly and independently the effectiveness of programs and services under this chapter.

AS 47.12.020. Jurisdiction.

Proceedings relating to a minor under 18 years of age residing or found in the state are governed by this chapter, except as otherwise provided in this chapter, when the minor is alleged to be or may be determined by a court to be a delinquent minor as a result of violating a criminal law of the state or a municipality of the state.

AS 47.12.030. Provisions Inapplicable.

(a) When a minor who was at least 16 years of age at the time of the offense is charged by complaint, information, or indictment with an offense specified in this subsection, this chapter and the Alaska Delinquency Rules do not apply to the offense for which the minor is charged or to any additional offenses joinable to it under the applicable rules of court governing criminal procedure. The minor shall be charged, held, released on bail, prosecuted, sentenced, and incarcerated in the same manner as an adult. If the minor is convicted of an offense other than an offense specified in this subsection, the minor may attempt to prove, by a preponderance of the evidence, that the minor is amenable to treatment under this chapter. If the court finds that the minor is amenable to treatment under this chapter, the minor shall be treated as though the charges had been heard under this chapter, and the court shall order disposition of the charges of which the minor is convicted under AS 47.12.120(b). The provisions of this subsection apply when the minor is charged by complaint, information, or indictment with an offense

(1) that is an unclassified felony or a class A felony and the felony is a crime against a person;

(2) of arson in the first degree; or

(3) that is a class B felony and the felony is a crime against a person in which the minor is alleged to have used a deadly weapon in the commission of the offense and the minor was previously adjudicated as a delinquent or convicted as an adult, in this or another jurisdiction, as a result of an offense that involved use of a deadly weapon in the commission of a crime against a person or an offense in another jurisdiction having elements substantially identical to those of a crime against a person, and the previous offense was punishable as a felony; in this paragraph, "deadly weapon" has the meaning given in AS 11.81.900(b).

(b) When a minor is accused of violating a statute specified in this subsection, other than a statute the violation of which is a felony, this chapter and the Alaska Delinquency Rules do not apply and the minor accused of the offense shall be charged, prosecuted, and sentenced in the district court in the same manner as an adult; if a minor is charged, prosecuted, and sentenced for an offense under this subsection, the minor's parent, guardian, or legal custodian shall be present at all proceedings; the provisions of this subsection apply when a minor is accused of violating

(1) a traffic statute or regulation, or a traffic ordinance or regulation of a municipality;

(2) AS 11.76.105, relating to the possession of tobacco by a person under 19 years of age;

(3) a fish and game statute or regulation under AS 16;

(4) a parks and recreational facilities statute or regulation under AS 41.21;

(5) AS 04.16.050, relating to possession, control, or consumption of alcohol; and

(6) a municipal curfew ordinance, whether adopted under AS 29.35.085 or otherwise, unless the municipality provides for enforcement of its ordinance under AS 29.25.070(b) by the municipality; in place of any fine imposed for the violation of a municipal curfew ordinance, the court shall allow a defendant the option of performing community work; the value of the community work, which may not be lower than the amount of the fine, shall be determined under AS 12.55.055(c); in this paragraph, "community work" includes the work described in AS 12.55.055(b) or work that, on the recommendation of the municipal or borough assembly, city council, or traditional village council of the defendant's place of residence, would benefit persons within the municipality or village who are elderly or disabled.

(c) The provisions of AS 47.12.010 – 47.12.260 and the Alaska Delinquency Rules do not apply to driver's license proceedings under AS 28.15.185; the court shall impose a driver's license revocation under AS 28.15.185 in the same manner as adult driver's license revocations, except that a parent or legal guardian shall be present at all proceedings.

AS 47.37.170. Treatment and Services For Intoxicated Persons and Persons Incapacitated By Alcohol or Drugs.

(a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help or a person who appears to be intoxicated in or upon a licensed premise where intoxicating liquors are sold or consumed who refuses to leave upon being requested to leave by the owner, an employee or a peace officer, may be taken into protective custody and assisted by a peace officer or a member of the emergency service patrol to the person's home, an approved public treatment facility, an approved private treatment facility, or another appropriate health facility. If all of the preceding facilities, including the person's home, are determined to be unavailable, a person taken into protective custody and assisted under this subsection may be taken to a state or municipal detention facility in the area.

(b) A person who appears to be incapacitated by alcohol or drugs in a public place shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved public treatment facility, an approved private treatment facility, or another appropriate health facility or service for emergency medical treatment. If no treatment facility or emergency medical service is available, a person who appears to be incapacitated by alcohol or drugs in a public place shall be taken to a state or municipal detention facility in the area if that appears necessary for the protection of the person's health or safety.

(c) A person who voluntarily appears or is brought to an approved public treatment facility shall be examined by a licensed physician or other qualified health practitioner as soon as possible. The department shall, by regulation, determine which health practitioners may be authorized to perform the examination. After the examination, the person may be admitted as a patient or referred to another health facility. The approved public treatment facility which refers the person shall arrange for transportation.

(d) A person who, after medical examination at an approved private treatment facility, or another appropriate health facility or service for emergency medical treatment, is found to be incapacitated by alcohol or drugs at the time of admission or to have become incapacitated by alcohol or drugs at any time after admission, may not be detained at a facility after the person is no longer incapacitated by alcohol or drugs. A person may not be detained at a facility if the person remains incapacitated by alcohol for more than 48 hours after admission as a patient. A person may consent to remain in the facility as long as the physician in charge considers it appropriate.

(e) A person who is not admitted to an approved public treatment facility, is not referred to another health facility, and has no funds, may be taken to the person's home, if any. If the person has no home, the approved public treatment facility shall assist the person in obtaining shelter.

(f) If a patient is admitted to an approved public treatment facility, family or next of kin shall be promptly notified. If an adult patient who is not incapacitated by alcohol or drugs requests that there be no notification of next of kin, the request shall be granted.

(g) A person may not bring an action for damages based on the decision under this section to take or not to take an intoxicated person or a person incapacitated by alcohol or drugs into protective custody, unless the action is for damages caused by gross negligence or intentional misconduct.

(h) If the physician in charge of the approved public treatment facility determines it is for the patient's benefit, an attempt shall be made to encourage the patient to submit to further diagnosis and appropriate voluntary treatment.

(i) A person taken to a detention facility under (a) or (b) of this section may be detained only (1) until a treatment facility or emergency medical service is made available, (2) until the person is no longer intoxicated or incapacitated by alcohol or drugs, or (3) for a maximum period of 12 hours, whichever occurs first. A detaining officer or a detention facility official may release a person who is detained under (a) or (b) of this section at any time to the custody of a responsible adult. A peace officer or a member of the emergency service patrol, in detaining a person under (a) or (b) of this section and in taking the person to a treatment facility, an emergency medical service, or a detention facility, is taking the person into protective custody and the officer or patrol member shall make reasonable efforts to provide for and protect the health and safety of the detainee. In taking a person into protective custody under (a) and (b) of this section, a detaining officer, a member of the emergency service patrol, or a detention facility official may take reasonable steps for self- protection, including a full protective search of the person of a detainee. Protective custody under (a) and (b) of this section does not constitute an arrest and no

entry or other record may be made to indicate that the person detained has been arrested or charged with a crime, except that a confidential record may be made that is necessary for the administrative purposes of the facility to which the person has been taken or that is necessary for statistical purposes where the person's name may not be disclosed.

(j) [Repealed, Sec. 21 ch 66 SLA 1996].

AS 47.37.180. Emergency Commitment.

(a) An intoxicated person who (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed, or (2) is incapacitated by alcohol or drugs, may be committed to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

(b) The certifying physician, spouse, guardian, or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the approved public treatment facility. The application must state facts to support the need for emergency treatment and be accompanied by a physician's certificate supporting the need for emergency treatment and stating that the physician has examined the person sought to be committed within two days before the certificate's date.

(c) Upon approval of the application by the administrator in charge of the facility, the person may be brought to the facility by a peace officer, a health officer, a member of the emergency service patrol, the applicant for commitment, the patient's spouse, the patient's guardian, or any other interested person. The person shall be retained at the facility to which the person was admitted, or transferred to another appropriate public or private treatment facility, until discharged under (e) of this section. However, a person may not be detained under this section for more than 48 hours unless a district or superior court judge has reviewed and approved the commitment application.

(d) The administrator in charge of an approved public treatment facility may refuse an application if in the administrator's opinion the application and certificate fail to sustain the grounds for commitment.

(e) When on the advice of the medical staff the administrator determines that the grounds for commitment no longer exist, the administrator shall discharge a person committed under this section. A person committed under this section may not be detained in a treatment facility for more than five days. If a petition for involuntary commitment under AS 47.37.190 has been filed within the five days and the administrator in charge of an approved public treatment facility finds that grounds for emergency commitment still exist, the administrator may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

(f) A copy of the written application for commitment and of the physician's certificate, and a written explanation of the person's right to legal counsel, shall be given to the person within 24

hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel.

(g) The administrator of an approved public treatment facility may accept an application for commitment under this section from a health facility and may authorize the health facility to hold the person who is the subject of the commitment petition at the health facility as long as medically necessary, before transferring the person to the approved public treatment facility. An administrator who accepts an application for commitment from a health facility shall comply with the provisions of (c) - (f) of this section if the person being committed is held for longer than 48 hours from the time the administrator accepts the application for commitment under this subsection. A person committed under this subsection shall be transported from the health facility to the approved public treatment facility as soon as the person is discharged from the health facility. If the person being committed under this subsection is physically present at the health facility at the time an application for extension of detention is filed under (c) of this section or is physically present at the health facility when a petition for involuntary commitment is filed under (e) of this section, the administrator accepting the application for commitment under this subsection shall inform the court of where the person being committed is being held and when the person being committed is expected to be capable of being transferred to the approved public treatment facility.

AS 47.37.190. Involuntary Commitment.

(a) A spouse or guardian, a relative, the certifying physician, or the administrator in charge of an approved public treatment facility may petition the court for a 30-day involuntary commitment order. The petition must allege that the person is an alcoholic or drug abuser who (1) has threatened, attempted to inflict, or inflicted physical harm on another and that unless committed is likely to inflict physical harm on another; or (2) is incapacitated by alcohol or drugs. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment. The petition must be accompanied by a certificate of a licensed physician who has examined the person within two days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal must be alleged in the petition. The certificate must set out the physician's findings in support of the allegations of the petition.

(b) After the petition is filed, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on

(1) the petitioner;

(2) the person whose commitment is sought or the person's guardian, if any;

(3) the attorney representing the person whose commitment is sought;

(4) the administrator in charge of the approved public or private treatment facility in which the committed person has been committed for emergency care; and

(5) any other person the court considers appropriate.

(c) A person who is the subject of a petition filed under this section does not have the right to a jury.

AS 47.37.200. Hearing On Petition For Involuntary Commitment.

(a) At the hearing for a 30-day commitment required under AS 47.37.190(b), the court shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person whose commitment is sought shall be present unless the court believes that being present is likely to be injurious to the person, in which case the court may conduct the hearing telephonically. The court may examine the person in open court, or, if advisable, examine the person out of court. If the person has refused to be examined by a licensed physician, the person shall be given an opportunity to request examination by a court-appointed licensed physician. If the person fails to request a medical examination and there is sufficient evidence to believe that the allegations of the petition are true, or, if the court believes that more medical evidence is necessary, the court may issue a temporary order committing the person to a private or public facility for a period of not more than five days for purposes of a diagnostic examination.

(b) If after hearing all relevant evidence, including the results of any diagnostic examination by the private or public facility, the court finds that grounds for involuntary commitment have been clearly established, the court shall issue an order of 30-day commitment to the private or public facility.

(c) A person committed for a 30-day period shall remain in the custody of a private or public facility for treatment for a period of not more than 30 days. At the end of the 30-day period, the person shall be automatically discharged unless the director of the approved public facility or approved private facility, before the expiration of the period, files a petition for recommitment under AS 47.37.205.

(d) A private or public facility must be capable of providing adequate and appropriate treatment for a person in its custody. A public facility may transfer a person in its custody from one approved public treatment facility to another if the transfer is medically advisable.

(e) A person committed to the custody of an approved public facility or an approved private facility shall be discharged at any time before the end of the period for which the person has been committed if either of the following conditions is met:

(1) further treatment is not likely to bring about significant improvement in the person's condition; or

(2) treatment is no longer adequate or appropriate.

(f) The court shall inform the person whose commitment or recommitment is sought of the right to contest the petition, to be represented by counsel at every stage of the proceedings relating to commitment and recommitment, to have counsel appointed by the court or provided by the court, if the person is unable to obtain counsel, and of the right to a jury trial if recommitment is sought under AS 47.37.205. The person whose commitment or recommitment is sought shall be informed of the right to be examined by a licensed physician of the person's choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall appoint a licensed physician for the examination.

(g) If a private treatment facility agrees with the request of a competent patient or the patient's parent, adult sibling, adult child, or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer the patient to the private treatment facility.

(h) A person committed under this chapter may at any time seek discharge from commitment by writ of habeas corpus under AS 12.75.

AS 47.37.205. Procedure For Recommitment Following 30-Day Commitment.

(a) At any time during a person's 30-day commitment, the director of an approved public facility or approved private facility may file with the court a petition for a 180-day commitment of that person. The petition must include all material required under AS 47.37.190(a) except that references to "30 days" shall be read as "180 days" and must allege that the person continues to be an alcoholic or drug abuser who is incapacitated by alcohol or drugs, or who continues to be at risk of serious physical harm or illness.

(b) Upon the filing of a petition for recommitment under (a) of this section, the court shall fix a date for hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served on

(1) the petitioner;

(2) the person whose recommitment is sought or the person's guardian, if any;

(3) the attorney representing the person whose recommitment is sought;

(4) the original petitioner under AS 47.37.190(a), if different from the petitioner for recommitment;

(5) any other person the court considers appropriate.

(c) If, not less than two days before the date set for a recommitment hearing under (a) of this section, the person being recommitted or the person's counsel or advisor files a written request

with the court, the court shall summon and impanel a jury of six residents of the judicial district to hear and consider evidence concerning the condition of the person being recommitted.

(d) At the hearing regarding recommitment for a 180-day period, the court or jury shall proceed as provided in AS 47.37.200 (a) and (b).

(e) The provisions of AS 47.37.200 (c) - (h) shall apply equally to periods of recommitment under this section, except that references to "30 days" shall be read as "180 days."

AS 47.37.207. Unauthorized Absences: Return Facility.

When a person committed under AS 47.37.190 – 47.37.205 is absent from a treatment facility without authorization, the administrator, or that person's designee, may contact peace officers who shall take the person into custody and return the respondent to the treatment facility.