

UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT SUBCOMMITTEE
OF THE
COMMITTEES ON HUMAN RESOURCES WITH MEMBERSHIP FROM
COMMITTEES ON STATE GOVERNMENT

Report to the Members of the
Second Session of the Sixty-fifth General Assembly
Meeting in the Year 1974

F I N A L R E P O R T

UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT SUBCOMMITTEE OF THE COMMITTEES ON HUMAN RESOURCES WITH MEMBERSHIP FROM COMMITTEES ON STATE GOVERNMENT

The Legislative Council, at its August 15, 1973 meeting, authorized the establishment by the Standing Committees on Human Resources of a joint interim subcommittee to study the Uniform Alcoholism and Intoxication Treatment Act. As recommended by the Studies Committee of the Legislative Council, two members from each House on the ten-member Subcommittee were selected from the membership of the Standing Committees on State Government. The Subcommittee was authorized three meetings and included the following legislators:

Senator John S. Murray, Chairman
Representative W. R. Monroe, Vice Chairman
Senator Minnette F. Doderer
Senator Karl Nolin
Senator John N. Nystrom
Senator William N. Plymat
Representative Reid W. Crawford
Representative C. Raymond Fisher
Representative Mattie Harper
Representative James C. West

At its first meeting on October 8, 1973 the Subcommittee elected Senator John S. Murray to serve as Chairman and Representative W. R. Monroe to serve as Vice Chairman and identified the following issues:

1. Is there a change needed in the administration of alcoholism programs at the state level?
2. If the Subcommittee elects to adopt the Uniform Act or recommend legislation similar to the Uniform Act, should a commission administer the Act or should the final authority for supervising the administration at the state level rest with a division director within a designated agency?
3. What shall be the relationship between local alcoholism treatment centers and the state agency or commission designated to administer the Act?
4. Should and can decriminalization of public intoxication take place in Iowa and provide for both voluntary and involuntary treatment?
5. What should be the method of payment for treatment of alcoholics at medical facilities and treatment centers?

In response to questions raised by these issues, the Subcommittee invited and heard testimony from the director of the State Alcoholism Authority in the Office for Planning and Programming, the executive director and members of the Iowa Commission on Alcoholism, the Commissioner of Public Health, representatives of the Department of Social Services, directors of local alcoholism treatment centers, and other interested persons who would be affected by the enactment in this state of the Uniform Alcoholism and Intoxication Treatment Act.

The Subcommittee also received a summary on the enactment by seventeen states of the Uniform Act. At its first meeting it was brought to the attention of the Subcommittee that several of these states did not specifically repeal their public intoxication statutes for the reason that local treatment centers were not available to accept intoxicated persons who, under the Uniform Act, can no longer be arrested for public intoxication. Subsequently, the Subcommittee adopted the recommendation of the local alcoholism center directors in Iowa to take under consideration a revised draft of the Uniform Act which would provide for the arrest of intoxicated persons who refuse the alternative of treatment at an alcoholism center. Support for the revised draft of the Uniform Act and against the repeal of statutes providing penalties for public intoxication is based on the following arguments:

1. Mandatory transportation of intoxicated persons to treatment centers or to jails removes the burden on local law enforcement officers who are not prepared to assume the responsibility for releasing an intoxicated person who refuses assistance to a treatment center and who, in the absence of a law providing for the arrest of intoxicated persons, would be inclined to charge the person with another crime.
2. If the state provides for total decriminalization of public intoxication, input by the courts, which refer thirty percent of the cases for treatment, would be lost.
3. Detention and arrest has worked to motivate the alcoholic to voluntarily enter a treatment program where he otherwise would not.

Also at its second meeting and pursuant to receiving testimony indicating concurrence by the several state agencies concerned with the administration of alcoholism programs, the Subcommittee recommended that, with the exception of alcoholism programs administered and funded through the Iowa Department of Social Services, state administration of the comprehensive treatment program provided for in the Uniform Act should be consolidated into a single agency while preserving the individualism of local treatment centers. Pursuant to testimony received by the Subcommittee regarding the success of the Iowa Commission on Alcoholism, the Subcommittee agreed to designate a commission on alcoholism within the Department of Health as the policy-making body responsible for any state plan submitted for federal fund-

ing and for the comprehensive treatment program provided for in the Uniform Act. The Subcommittee also adopted the recommendations of the Commissioner of Public Health for further revision of the bill suggested by the local alcoholism center directors to establish a clear delineation of the responsibilities of the Department of Health and the commission on alcoholism created within the Department.

In regard to the appropriate funding of alcoholism programs in Iowa, the Subcommittee approved by a voice vote of five to four the section of the revised draft of the Uniform Act which provides for the allocation to the counties of a percentage of the gross sales made by the state liquor stores which is to be used for the treatment of alcoholics in facilities other than mental health institutes under the control of the Department of Social Services.²

At its third meeting, the Subcommittee adopted the revised draft of the Uniform Act and is submitting, for consideration by the Sixty-fifth Iowa General Assembly meeting in the year 1974, a bill to carry out the determinations of the Subcommittee as contained in this report.³

¹The attached minority report of the Subcommittee supports immediate decriminalization of public intoxication.

²Arguments against the earmarking of funds from the gross sales of liquor for the treatment of alcoholism are presented in the attached minority report of the Subcommittee.

³The Subcommittee has deferred any recommendation on the existing procedures used to commit alcoholics to mental health institutes in the state of Iowa; however, the revised version of the Uniform Act prepared for submission to the General Assembly repeals current provisions in the Code of Iowa relating to commitment in favor of the commitment procedures in the Uniform Act.

MINORITY REPORT

Senator John Murray, Chairman of the Subcommittee, submits the following minority report¹, which states reasons for disagreement on two issues relating to the revised version of the Uniform Alcoholism and Intoxication Treatment Act:

1. The modern approach to problems in this area emphasizes the philosophy that alcoholism is a sickness rather than a crime. The revised version of the Uniform Act provides the framework within which to handle alcoholism and public intoxication from the health standpoint. The drunk is to be picked up by either the police or the emergency service patrol and taken to a treatment center rather than the jail. Procedures for commitment to treatment centers are provided for those persons who protest. Therefore, retention of Iowa statutes providing for arrest and prosecution for public intoxication are unnecessary for the removal of the alcoholic from the streets and can only serve to delay the development of the practice intended to be encouraged through enactment of this Act.

The Subcommittee received testimony to the effect that local alcoholism centers are currently involved in educating communities and law enforcement agencies in the benefits of treatment rather than prosecution of alcoholics. The State of Iowa should reinforce this effort by providing for a comprehensive alcoholism treatment program while at the same time shifting the responsibility for the alcoholic from the law enforcement system to the treatment and rehabilitation system. We should repeal the crime of public drunkenness as we adopt this Act.

2. The argument for earmarking a percentage of the gross sales of liquor for the treatment of alcoholism is primarily based on the concept that funds from the sale of liquor ought to support treatment of alcoholism. If alcoholism is to be viewed for what it is, a sickness, then the funding of treatment programs should not be tied to an increase or decrease in liquor revenues. We should appropriate the amount necessary to support the program which will meet the problem, rather than have the size of the alcoholism program dictated by the amount of liquor sold. Earmarking a percentage of the gross sales of liquor for treatment of alcoholics is a method of circumventing the normal legislative appropriations process and a method which we do not use in support of other worthwhile educational and health programs. We should not earmark funds for this alcoholism program as the revised version stipulates.²

¹Representative Reid Crawford concurs in full with the minority report.

²Senator Karl Nolin is also recorded as opposing the earmarking of liquor revenue for alcoholism treatment programs.