

## Public Law 90-452

August 3, 1968  
[H. R. 14330]

## AN ACT

To provide a comprehensive program for the control of drunkenness and the prevention and treatment of alcoholism in the District of Columbia, and for other purposes.

District of  
Columbia Alco-  
holic Rehabilita-  
tion Act of 1967.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That this Act may be cited as the "District of Columbia Alcoholic Rehabilitation Act of 1967".

67 Stat. 104.

SEC. 2. (a) Section 28 of the District of Columbia Alcoholic Beverage Control Act (D.C. Code, sec. 25-128) is amended—

(1) by amending the second sentence of subsection (a) to read as follows: "No person in the District of Columbia, whether in or on public or private property, shall be intoxicated and endanger the safety of himself or of any other person or of property.";

(2) by striking out "this section" in subsection (b) and inserting in lieu thereof "subsection (a) of this section"; and

(3) by adding after subsection (b) the following new subsection:

"(c) Any person in the District of Columbia who is intoxicated in public and who is not conducting himself in such manner as to endanger the safety of himself or of any other person or of property, shall be dealt with in accordance with section 4 of the Act of August 4, 1947 (as amended by the District of Columbia Alcoholic Rehabilitation Act of 1967)."

(b) Section 400 of the Revised Statutes of the United States relating to the District of Columbia (D.C. Code, sec. 4-143) is amended by adding at the end thereof the following new sentence: "A member of the police force who deals with an individual in accordance with section 4(b) of the Act of August 4, 1947 (as amended by the District of Columbia Alcoholic Rehabilitation Act of 1967) shall not be considered as having violated this section."

61 Stat. 744.

SEC. 3. (a) The Act of August 4, 1947 (D.C. Code, secs. 24-501—24-514, 25-111a) is amended by striking out sections 1 through 13 and inserting in lieu thereof the following:

"SECTION 1. The purpose of this Act is to establish a comprehensive program in the District of Columbia for the prevention of alcoholism and the rehabilitation of alcoholics, discourage abuse of alcoholic beverages, and provide for medical, psychiatric, and other scientific treatment of chronic alcoholics; to minimize the deleterious effects of excessive drinking; to reduce the financial burden imposed upon the people of the District of Columbia by the abusive use of alcoholic beverages, as is reflected in accidents, inefficiency of personnel, and absenteeism; and to establish methods of handling intoxication and alcoholism that will benefit the individual involved and more fully protect the public. In order to accomplish this purpose and alleviate intoxication and chronic alcoholism, all public officials in the District of Columbia shall take cognizance of the fact that public intoxication shall be handled as a public health problem rather than as a criminal offense, and that a chronic alcoholic is a sick person who needs, is entitled to, and shall be provided appropriate medical, psychiatric, institutional, advisory, and rehabilitative treatment services of the highest caliber for his illness.

Definitions.

"SEC. 2. For purposes of this Act—

"(1) The term 'chronic alcoholic' means any person who chronically and habitually uses alcoholic beverages to the extent that (A) they injure his health or interfere with his social or economic functioning,

or (B) he has lost the power of self-control with respect to the use of such beverages.

“(2) The term ‘Court’ means the District of Columbia Court of General Sessions.

“(3) The term ‘Commissioner’ means the Commissioner of the District of Columbia.

“SEC. 3. (a) The Commissioner shall establish and maintain an effective public health program in the District of Columbia to provide a continuum of appropriate services to intoxicated persons and chronic alcoholics. Such program shall coordinate all District of Columbia services for intoxicated persons and chronic alcoholics and shall include at least the following facilities which shall be available to both males and females:

“(1) One or more detoxification centers, which shall be located within the District of Columbia, which shall have a total capacity of not more than 150 beds, and which shall provide appropriate medical services for intoxicated persons, including initial examination, diagnosis, and classification.

“(2) An inpatient extended care facility which shall have a capacity of not more than 800 beds and which shall provide intensive study, treatment, and rehabilitation of chronic alcoholics. Such facility shall not admit intoxicated persons.

“(3) Outpatient aftercare facilities which may include clinics, social centers, vocational rehabilitation services, and supportive residential facilities and which shall have a total capacity of not more than 600 beds.

“(b) The Commissioner may—

“(1) establish or designate an agency of the District of Columbia government, and

“(2) designate any officer or employee of the District of Columbia government,

to carry out any of his functions, powers, and duties under this Act.

“SEC. 4. (a) Except as otherwise provided in subsection (b) of this section, any person who is intoxicated in public—

“(1) may be taken or sent to his home or to a public or private health facility, or

“(2) if not taken or sent to his home or such facility under paragraph (1), shall be taken to a detoxification center,

by the commissioner. Reasonable measures may be taken to ascertain that public transportation used for such purposes shall be paid for by such person in advance. Any intoxicated person may voluntarily come to a detoxification center for medical attention. The medical officer in charge of a detoxification center shall have the authority to determine whether a person shall be admitted to such center as a patient, or whether he should be referred to another health facility. The medical officer in charge of such center shall have the authority to require any person admitted as a patient under this subsection to remain at such center until he is sober and no longer incapacitated, but in any event no longer than 72 hours after his admission as a patient. If the medical officer concludes that such person should receive treatment at a different facility, he shall arrange for such treatment and for transportation to that facility. A detoxification center may provide medical services to a person who is not admitted as a patient. A patient in a detoxification center shall be encouraged to consent to an intensive diagnosis for alcoholism and to treatment at the inpatient and outpatient facilities authorized in section 3(a) of this Act.

“(b) (1) Any person who is taken into custody for violating section 28 of the District of Columbia Alcoholic Beverage Control Act (D.C. Code, sec. 25-128) shall be brought to a detoxification center where he shall either be admitted as a patient or transported by the Commis-

sioner to another appropriate medical facility for treatment. The police officer who took such person into custody for violating such section shall leave a violation notice for such person with the medical officer in charge of the detoxification center. After such person is sober and no longer incapacitated, the medical officer in charge of the detoxification center shall detain him as long as is reasonably necessary to conduct a diagnosis for alcoholism. If such person is diagnosed as a chronic alcoholic the medical officer shall, after a review of such person's record, recommend to the Corporation Counsel whether a criminal charge should be filed against such person for violating such section in order to institute civil commitment proceedings under section 7 of this Act. If such a criminal charge is not filed, no entry relating to such person's arrest for violating such section shall be made on any arrest or other criminal record. If the Corporation Counsel concludes that a criminal charge should be filed, the medical officer in charge of the detoxification center shall deliver to such person the violation notice that had been left with him. If such person is not diagnosed as a chronic alcoholic the medical officer in charge of the detoxification center shall deliver to him the violation notice that had been left with the medical officer and such person shall, after he is released by the center, be handled as in any other criminal case.

"(2) Any person who is taken into custody in the District of Columbia for violating any criminal provision applicable in the District of Columbia (other than such section 28) and who appears to be intoxicated may be taken by the police to a detoxification center where he may be admitted as a patient for an immediate medical evaluation of his condition. As soon as it is determined that he is not in medical danger he shall be handled by the police as in any other criminal case. If his health is in danger, he may be detained either at the detoxification center or at some other appropriate medical facility until the danger has passed, and he shall then be handled as in any other criminal case. Such security conditions shall be maintained as are commensurate with the seriousness of the offense. In appropriate cases where there is no danger to the safety of any person, the police may leave with the medical officer in charge of the detoxification center a violation notice which shall be delivered to such person when he is released from the detoxification center.

Records.

"(c) The registration and other records of a detoxification center shall remain confidential, and may be disclosed only to medical personnel for purposes of diagnosis, treatment, and court testimony, to police personnel for purposes of investigation of criminal offenses and complaints against police action, and to authorized personnel for purposes of presentence reports.

"(d) The Commissioner shall promptly develop, in cooperation with the police, procedures for taking or sending an intoxicated person to a detoxification center, his residence, or a public or private health facility if no criminal charge is brought against such person.

"SEC. 5. (a) Any person may voluntarily request admission to the inpatient center authorized in section 3(a) of this Act, and no person committed under section 7 of this Act shall take precedence for purposes of admission over a person who voluntarily requests admission unless the person so committed is found by the Court to endanger the public safety. The medical officer in charge of the inpatient center is authorized to determine who shall be admitted as a patient. A complete medical, social, occupational, and family history shall be obtained as part of the diagnosis and classification at the inpatient center, and an effort shall also be made to obtain copies of all pertinent records from other agencies, institutions, and medical facilities in order to develop a complete and permanent history on each patient.

“(b) A program shall be developed for patients of the inpatient center who are diagnosed not to be chronic alcoholics which program shall be designed to inform them of the dangers of alcoholism.

“(c) In the case of a patient of the inpatient center who is diagnosed as a chronic alcoholic, he shall be given immediate, intensive treatment for chronic alcoholism at the inpatient center.

“(d) No patient may be detained at the inpatient center without his consent, except under an order of the Court issued under section 7 of this Act. Reasonable regulations for checking out of the inpatient center and for providing transportation may be adopted. If a patient checks out of the center against medical advice, he may be readmitted at the discretion of the medical officer in charge of the center.

“SEC. 6. (a) A chronic alcoholic shall be encouraged to consent to outpatient and aftercare treatment for his illness at the types of facilities authorized in section 3(a) of this Act. Any person may voluntarily request admission to outpatient treatment. The medical officer in charge of the outpatient treatment is authorized to determine who shall be admitted to such treatment. There shall be one central outpatient treatment office which shall coordinate the operation of all outpatient facilities, and particularly shall be responsible for locating residential facilities for indigent intoxicated persons and alcoholics.

“(b) For chronic alcoholics for whom recovery is unlikely, supportive services and residential facilities shall be provided.

“(c) The Commissioner shall be responsible, through the outpatient treatment programs, for coordinating all public and private community efforts, including welfare services, vocational rehabilitation, and job placement, to integrate chronic alcoholics back into society as productive citizens.

“(d) No person shall be required to participate in outpatient treatment without his consent unless required under an order of the Court issued under section 7 of this Act. Reasonable requirements may be placed upon such a person as conditions for his participation in such treatment. If a patient withdraws from outpatient treatment against medical advice, he may be readmitted at the discretion of the medical officer in charge of outpatient treatment.

“SEC. 7. (a) The Court may, on a petition of the Corporation Counsel on behalf of the Commissioner, filed and heard before the period of detention for detoxification and diagnosis expires, order a person to be committed to the custody of the Commissioner for inpatient treatment and care if (1) the Court determines that the person is a chronic alcoholic and that as a result of chronic or acute intoxication such person is in immediate danger of substantial physical harm, and (2) such person received notice of the filing of such petition within a reasonable time before the hearing held by the Court. The period of such commitment, computed from the date of admission to a detoxification center, shall not exceed (1) 30 days in the case of the first or second such commitment within any 24-month period, or (2) 90 days in the case of the third or subsequent such commitment within any 24-month period.

“(b) (1) The Court may, after making the findings prescribed in paragraph (2) of this subsection, commit to the custody of the Commissioner for treatment and care for up to a specified period of time a chronic alcoholic who—

“(A) is charged with any misdemeanor and who, prior to trial for such misdemeanor, voluntarily requests such treatment in lieu of criminal prosecution for such misdemeanor;

“(B) is charged with a violation of section 28 of the District of Columbia Alcoholic Beverage Control Act (D.C. Code, sec. 25-128) and is acquitted on the ground of chronic alcoholism; or

“(C) is convicted of a violation of such section 28.

The term of commitment of a chronic alcoholic ordered by the Court under this subsection may not exceed the maximum term of imprisonment authorized for the misdemeanor for which the chronic alcoholic was charged.

“(2) Before any person may be committed under this subsection, the Court shall, after a medical diagnosis and a civil hearing, find that—

“(A) the person is a chronic alcoholic;

“(B) adequate and appropriate treatment provided by the Commissioner is available for the person; and

“(C) in the case of a person described in subparagraph (C) of paragraph (1) of this subsection, he constitutes a continuing danger to the safety of himself or of other persons.

The Court shall give reasonable notice of such hearing to the person sought to be committed and his attorney. In the case of a person described in subparagraph (C) of paragraph (1) of this subsection, if the Court does not make the finding described in subparagraph (B) of this paragraph, the Court may sentence the person to a penal institution pending the availability of such treatment, but for a period not to exceed the maximum term of imprisonment authorized for a violation of such section 28.

“(c) A committed person may challenge by a petition for a writ of habeas corpus the applicability of such findings, except that no more than one such petition may be filed in any six-month period. The limitation prescribed in the preceding sentence shall not apply in the case of petitions based on newly discovered evidence.

“(d) The Commissioner may transfer a committed person who has been adjudged a continuing danger to the safety of himself or of other persons from inpatient to outpatient status only with permission of the Court. The Commissioner may transfer any other committed person from inpatient to outpatient status, and any committed persons from outpatient to inpatient status, without permission of the Court, but may not release a committed person without permission of the Court.

“(e) If any person subject to a commitment proceeding initiated under this section does not have an attorney and cannot afford one, the Court shall appoint one to represent him.

“Sec. 8. The provisions of this Act shall apply to chronic alcoholics who have not been determined to be mentally ill. The handling of a chronic alcoholic who has been determined to be mentally ill shall be governed by the provisions of chapter 5 of title 21 of the District of Columbia Code.

“Sec. 9. The Commissioner may contract with any appropriate public or private agency, organization, or institution that has proper and adequate treatment facilities, programs, and personnel, in order to carry out the purposes of this Act.

“Sec. 10. (a) The Commissioner shall be responsible for developing and maintaining, in cooperation with other District of Columbia agencies and departments, programs for the prevention and treatment of alcoholism and the rehabilitation of alcoholics among District of Columbia employees consistent with the intent of this Act.

“(b) The Commissioner shall also be responsible for fostering alcoholism rehabilitation programs in private industry in the District of Columbia.

“Sec. 11. The Commissioner shall be responsible for establishing and maintaining a program for the prevention and treatment of alcoholism and the rehabilitation of alcoholics in correctional institutions in the District of Columbia.

“Sec. 12. The Commissioner shall be responsible for establishing and maintaining, in cooperation with the schools, the police, the

courts, and other public agencies in the District of Columbia, an effective program for the prevention of intemperance and alcoholism, and the treatment and rehabilitation of incipient alcoholics, among juveniles and young adults.

"SEC. 13. (a) The Commissioner shall maintain a continuing evaluation of his programs and shall conduct pilot and demonstration projects to improve his programs, and shall from time to time submit to the Congress such recommendations for programs for the District of Columbia to further the rehabilitation of chronic alcoholics, prevent the excessive and abusive use of alcoholic beverages, and promote moderation in the use of such beverages.

"(b) The Commissioner shall prepare and publish materials, data, information, and statistics that relate to the problems of intoxication and alcoholism in the District of Columbia and that may be used in a program of public education directed toward the prevention of the excessive and abusive use of alcoholic beverages.

"(c) The Commissioner shall develop a comprehensive plan to implement the objectives and policies of this Act, and in so doing shall consult and collaborate with appropriate public and private agencies, institutions, and organizations in the District of Columbia, and with the Secretary of Health, Education, and Welfare. In developing such plan, the Commissioner shall make every effort to utilize funds, programs, and facilities authorized under Federal legislation.

"SEC. 14. (a) (1) Except as otherwise provided in paragraph (2), if a person receives care, treatment, or any other services under this Act—

"(A) such person (or his estate), and

"(B) such person's father, mother, spouse, or adult children, shall be liable (each according to his ability, as determined by the Commissioner, and in the order listed above) to reimburse the District of Columbia, for all or such part of the actual cost of providing such services, as the Commissioner may require. The liability of any person described in subparagraph (B) of this paragraph shall be determined by the Commissioner after notice to such person that services have been or will be rendered under this Act and the Commissioner has found that such person is able to reimburse the District of Columbia for all or a part of the cost of providing such services. Such person may not be held liable for the cost of any services rendered more than ninety days prior to the date of issue of such notice. The Commissioner shall determine the ability of the person who received services under this Act (or his estate) or his father, mother, spouse, or adult children, as the case may be, to reimburse the District of Columbia, by an examination conducted under oath. In any one case the Commissioner may conduct as many examinations as he determines are necessary to ascertain the ability of such person (or his estate) or his relatives to so reimburse the District of Columbia. In the case of a person committed under section 7(a) of this Act, the Commissioner may conduct such examination at any time after a petition for such person's commitment is filed under such section; and in the case of a person committed under section 7(b) of this Act, such examination may be conducted by the Commissioner at any time after the court serves notice of the hearing to be conducted under paragraph (2) of such section. In all other cases the Commissioner may conduct an examination at any time.

"(2) Any person described in subparagraph (B) of paragraph (1) who is liable to the District of Columbia under this section may apply to the Commissioner to have such liability waived. The Commissioner may waive such liability if he determines that it would be unreasonable to impose such liability because of the desertion or neglect of such person by the recipient of services under this Act or because of other factors similarly affecting the relationship between such person

and such recipient. The Commissioner shall prescribe procedures for the filing and hearing of such application under this paragraph.

“(b) The Commissioner may bring an action against a person made liable under subsection (a) for all or any part of the cost of services provided under this Act to require such person to satisfy such liability. In such an action the court may issue an order requiring any such person who is a party to such action to satisfy such liability in accordance with such terms as the court may prescribe. Such order may be enforced in the same manner as orders for alimony.

“(c) Sums collected by the Commissioner under this section shall be deposited in the Treasury of the United States to the credit of the District of Columbia.

“Sec. 15. The Commissioner may accept on behalf of the District of Columbia donations of services or gifts of real or personal property, tangible or intangible, which are made for the purpose of carrying out his functions under this Act. Gifts of money and the proceeds from the liquidation of any other gift shall be deposited in the Treasury of the United States to the credit of a trust fund account, which is hereby authorized, and may be invested and reinvested as trust funds of the District of Columbia. The Commissioner shall use such donations and gifts to carry out the purposes of this Act.”

(b) Section 14 of such Act is amended by striking out “SEC. 14” and inserting in lieu thereof “SEC. 16”.

(c) Section 15 of such Act is repealed.

SEC. 4. The amendments made by section 3 of this Act shall take effect on the ninetieth day following the date of its enactment.

Approved August 3, 1968.

63 Stat. 135.  
D.C. Code 25-  
111a.  
Repeal.  
D.C. Code 24-  
514.  
Effective date.

## Public Law 90-453

### AN ACT

August 3, 1968  
[S. 6]

To authorize the Secretary of the Interior to construct, operate, and maintain the initial stage of the Oahe unit, James division, Missouri River Basin project, South Dakota, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That the Secretary of the Interior is hereby authorized to construct, operate, and maintain in accordance with the Federal reclamation laws (Act of June 17, 1902 (32 Stat. 388), and Acts amendatory thereof or supplementary thereto) the initial stage of the Oahe unit, James division, Missouri River Basin project, South Dakota, for the principal purposes of furnishing a surface irrigation water supply for approximately one hundred and ninety thousand acres of land, furnishing water for municipal and industrial uses, controlling floods, conserving and developing fish and wildlife resources, and enhancing outdoor recreation opportunities, and other purposes. The principal features of the initial stage of the Oahe unit shall consist of the Oahe pumping plant (designed to provide for future enlargement) to pump water from the Oahe Reservoir, a system of main canals, regulating reservoirs, and the James diversion dam and the James pumping plant on the James River. The remaining works will include appurtenant pumping plants, canals, and laterals for distributing water to the land, and a drainage system.

SEC. 2. The conservation and development of the fish and wildlife resources and the enhancement of recreation opportunities in connection with the initial stage of the Oahe unit shall be in accordance with the provisions of the Federal Water Project Recreation Act (79 Stat.

Missouri River  
Basin project,  
S. Dak.  
Oahe unit.  
43 USC 371  
and note.

Recreation; fish  
and wildlife de-  
velopment.