

**DISTRICT OF COLUMBIA**  
**OFFICIAL CODE**

**TITLE 24.**  
**PRISONERS AND THEIR TREATMENT.**

**CHAPTER 6.**  
**REHABILITATION OF ALCOHOLICS.**

**2001 Edition**

# DISTRICT OF COLUMBIA OFFICIAL CODE

## CHAPTER 6. REHABILITATION OF ALCOHOLICS.

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# CHAPTER 6. REHABILITATION OF ALCOHOLICS.

## SUBCHAPTER I. GENERAL.

### § 24-601. PURPOSE.

The purpose of this subchapter 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.

(Aug. 4, 1947, 61 Stat. 744, ch. 472, § 1; Aug. 3, 1968, 82 Stat. 618, Pub. L. 90-452, § 3(a).)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 24-521.

1973 Ed., § 24-521.

### § 24-602. DEFINITIONS.

For purposes of this subchapter:

(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 Superior Court of the District of Columbia.

(3) The term "Mayor" means the Mayor of the District of Columbia.

(Aug. 4, 1947, 61 Stat. 744, ch. 472, § 2; Aug. 3, 1968, 82 Stat. 618, Pub. L. 90-452, § 3(a); July 29, 1970, 84 Stat. 570, Pub. L. 91-358, title I, § 155(a).)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 24-522.

1973 Ed., § 24-522.

##### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of

Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-603. PUBLIC HEALTH PROGRAM; DELEGATION OF POWERS BY MAYOR.**

(a) The Mayor 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; and
- (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 Mayor 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 subchapter.

(Aug. 4, 1947, 61 Stat. 744, ch. 472, § 3; Aug. 3, 1968, 82 Stat. 619, Pub. L. 90-452, § 3(a); June 3, 1997, D.C. Law 11-275, § 18, 44 DCR 1408.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 24-523.

1973 Ed., § 24-523.

#### *Legislative History of Laws*

Law 11-275, the "Second Criminal Code Technical Amendments Act of 1996," was introduced in Council and assigned Bill No. 11-909, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on November 7, 1996, and December 3, 1996, respectively. Signed by the Mayor on December 24, 1996, it was assigned Act No. 11-520 and transmitted to both Houses of Congress for its review. D.C. Law 11-275 became effective on June 3, 1997.

#### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-604. PUBLIC INTOXICATION; CONFIDENTIAL RECORDS.**

(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 clause (1) of this subsection, shall be taken to a detoxification center, by the Mayor. 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 § 24-603(a).

(b)(1) Any person who is taken into custody for violating § 25-1001 shall be brought to a detoxification center where he shall either be admitted as a patient or transported by the Mayor 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 § 24-607. 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 § 25-1001) 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.

(c) The registration and other records of a detoxification center shall remain confidential and may be disclosed only:

(A) To medical personnel for purposes of:

(i) Diagnosis;

(ii) Treatment; or

(iii) Court testimony;

(B) To police personnel for purposes of investigation of criminal offenses and complaints against police action;

(C) To authorized personnel for purposes of pre-sentence reports; or

(D) With the prior written consent of the client, for the purposes of and in accordance with Chapter 2A of this title.

(d) The Mayor 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.

(Aug. 4, 1947, 61 Stat. 745, ch. 472, § 4; Aug. 3, 1968, 82 Stat. 619, Pub. L. 90-452, § 3(a); Mar. 13, 2004, D.C. Law 15-105, § 58, 51 DCR 881; Dec. 4, 2010, D.C. Law 18-273, § 209, 57 DCR 7171.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 24-524.

1973 Ed., § 24-524.

##### *Effect of Amendments*

D.C. Law 15-105, in subsec. (b), substituted "§ 25-1001" for "§ 25-128" in pars. (1) and (2).

D.C. Law 18-273 rewrote subsec. (c), which had read as follows:

"(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."

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 209 of Data-Sharing and Information Coordination Emergency Amendment Act of 2010 (D.C. Act 18-530, August 6, 2010, 57 DCR 8099).

For temporary (90 day) amendment of section, see § 209 of Data-Sharing and Information Coordination Congressional Review Emergency Amendment Act of 2010 (D.C. Act 18-582, October 20, 2010, 57 DCR 10118).

#### *Legislative History of Laws*

Law 15-105, the "Technical Amendments Act of 2003", was introduced in Council and assigned Bill No. 15-437, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on November 4, 2003, and December 2, 2003, respectively. Signed by the Mayor on January 6, 2004, it was assigned Act No. 15-291 and transmitted to both Houses of Congress for its review. D.C. Law 15-105 became effective on March 13, 2004.

Law 18-273, the "Data-Sharing and Information Coordination Amendment Act of 2010", was introduced in Council and assigned Bill No. 18-356 which was referred to the Committee on Health and Human Services. The Bill was adopted on first and second readings on June 1, 2010, and June 29, 2010, respectively. Signed by the Mayor on July 20, 2010, it was assigned Act No. 18-489 and transmitted to both Houses of Congress for its review. D.C. Law 18-273 became effective on December 4, 2010.

#### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-605. VOLUNTARY ADMISSION TO INPATIENT CENTERS; INFORMATION PROGRAM; INVOLUNTARY DETENTION.**

(a) Any person may voluntarily request admission to the inpatient center authorized in § 24-603(a), and no person committed under § 24-607 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 § 24-607. 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.

(Aug. 4, 1947, 61 Stat. 745, ch. 472, § 5; Aug. 3, 1968, 82 Stat. 620, Pub. L. 90-452, § 3(a).)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 24-525.

1973 Ed., § 24-525.

## **§ 24-606. OUTPATIENT TREATMENT; TREATMENT WHERE RECOVERY UNLIKELY; COORDINATION OF TREATMENT PROGRAMS.**

(a) A chronic alcoholic shall be encouraged to consent to outpatient and aftercare treatment for his illness at the types of facilities authorized in § 24-603(a). 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 1 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, supporting services and residential facilities shall be provided.

(c) The Mayor 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 § 24- 607. 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.

(Aug. 4, 1947, 61 Stat. 745, ch. 472, § 6; Aug. 3, 1968, 82 Stat. 621, Pub. L. 90-452, § 3(a).)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 24-526.

1973 Ed., § 24-526.

#### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-607. COMMITMENT BY COURT ORDER.**

(a) The Court may, on a petition of the Corporation Counsel on behalf of the Mayor, filed and heard before the period of detention for detoxification and diagnosis expires, order a person to be committed to the custody of the Mayor 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) thirty days in the case of the first or second such commitment within any 24- month period; or (2) ninety days in the case of the third or subsequent such commitment within any 24-month period.

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

- (i) 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;
- (ii) Is charged with a violation of § 25-128 and is acquitted on the ground of chronic alcoholism; or
- (iii) Is convicted of a violation of such § 25-128.

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

- (i) The person is a chronic alcoholic;
- (ii) Adequate and appropriate treatment provided by the Mayor is available for the person; and
- (iii) In the case of a person described in sub-subparagraph (iii) of subparagraph (A) of paragraph (1) of this subsection, he constitutes a continuing danger to the safety of himself or of other persons.

(B) 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 sub-subparagraph (iii) of subparagraph (A) of paragraph (1) of this subsection, if the Court does not make the finding described in sub-subparagraph (ii) of subparagraph (A) 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 § 25-128.

(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 1 such petition may be filed in any 6-month period. The limitation prescribed in the preceding sentence shall not apply in the case of petitions based on newly discovered evidence.

(d) The Mayor 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 Mayor may transfer any other committed person from inpatient to outpatient status, and any committed person 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.

(Aug. 4, 1947, 61 Stat. 745, ch. 472, § 7; Aug. 3, 1968, 82 Stat. 621, Pub. L. 90-452, § 3(a).)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 24-527.

1973 Ed., § 24-527.

##### *References in Text*

Section 25-128, referred to in subsection (b)(1)(A)(ii) and (iii) and (2)(B) of this section, is part of Title 25, D.C. Official Code, which title was amended and enacted by D.C. Law 13-298, effective May 3, 2001. For disposition of the subject matter of former Title 25, see the Disposition Table preceding § 25- 101.

##### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-608. LIMITATION OF APPLICATION OF CHAPTER.**

The provisions of this subchapter 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.

(Aug. 4, 1947, 61 Stat. 745, ch. 472, § 8; Aug. 3, 1968, 82 Stat. 622, Pub. L. 90-452, § 3(a).)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 24-528.



## **§ 24-609. AUTHORITY OF MAYOR TO CONTRACT.**

The Mayor 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 subchapter.

(Aug. 4, 1947, 61 Stat. 745, ch. 472, § 9; Aug. 3, 1968, 82 Stat. 622, Pub. L. 90-452, § 3(a).)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 24-529.

1973 Ed., § 24-529.

#### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-610. PROGRAMS FOR ALCOHOLIC EMPLOYEES.**

(a) The Mayor 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 subchapter.

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

(Aug. 4, 1947, 61 Stat. 746, ch. 472, § 10; Aug. 3, 1968, 82 Stat. 622, Pub. L. 90-452, § 3(a).)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 24-530.

1973 Ed., § 24-530.

#### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-611. PROGRAM FOR INMATES IN CORRECTIONAL INSTITUTIONS.**

The Mayor 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.

(Aug. 4, 1947, 61 Stat. 746, ch. 472, § 11; Aug. 3, 1968, 82 Stat. 622, Pub. L. 90-452, § 3(a).)

### *HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 24-531.

1973 Ed., § 24-531.

*Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-612. PROGRAM FOR JUVENILES AND YOUNG ADULTS.**

The Mayor 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.

(Aug. 4, 1947, 61 Stat. 746, ch. 472, § 12; Aug. 3, 1968, 82 Stat. 622, Pub. L. 90-452, § 3(a).)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 24-532.

1973 Ed., § 24-532.

*Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-613. EVALUATIONS AND RECOMMENDATIONS BY MAYOR; PUBLICATIONS; COMPREHENSIVE PLAN.**

(a) The Mayor shall maintain a continuing evaluation of his programs and shall conduct pilot and demonstration projects to improve his programs, 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 Mayor 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 Mayor shall develop a comprehensive plan to implement the objectives and policies of this subchapter, 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 and Human Services. In developing such plan, the Mayor shall make every effort to utilize funds, programs, and facilities authorized under federal legislation.

(Aug. 4, 1947, 61 Stat. 746, ch. 472, § 13; Aug. 3, 1968, 82 Stat. 623, Pub. L. 90-452, § 3(a).)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 24-533.

1973 Ed., § 24-533.

*Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

*Transfer of Functions*

The functions of the Department of Health, Education and Welfare was transferred to the Department of Health and Human Services by the Act of October 17, 1979, 93 Stat. 675, Pub. L. 96-88, § 509.

## **§ 24-614. COST OF TREATMENT.**

(a)(1) Except as otherwise provided in paragraph (2) of this subsection, if a person receives care, treatment, or any other services under this subchapter: (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 Mayor, 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 Mayor may require. The liability of any person described in clause (B) of this paragraph shall be determined by the Mayor after notice to such person that services have been or will be rendered under this subchapter and the Mayor 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 90 days prior to the date of issue of such notice. The Mayor shall determine the ability of the person who received services under this subchapter (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 Mayor 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 § 24-527 (a), the Mayor 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 § 24-527 (b), such examination may be conducted by the Mayor at any time after the court serves notice of the hearing to be conducted under subsection (b) of such section. In all other cases the Mayor may conduct an examination at any time.

(2) Any person described in clause (B) of paragraph (1) of this subsection who is liable to the District of Columbia under this section may apply to the Mayor to have such liability waived. The Mayor 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 subchapter or because of other factors similarly affecting the relationship between such person and such recipient. The Mayor shall prescribe procedures for the filing and hearing of such application under this paragraph.

(b) The Mayor may bring an action against a person made liable under subsection (a) of this section for all or any part of the cost of services provided under this subchapter 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 Mayor under this section shall be deposited in the Treasury of the United States to the credit of the District of Columbia.

(Aug. 4, 1947, ch. 472, § 14; Aug. 3, 1968, 82 Stat. 623, Pub. L. 90-452, § 3(a).)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 24-534.

1973 Ed., § 24-534.

*Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **§ 24-615. DONATIONS.**

The Mayor 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 subchapter. Gifts of money and the proceeds from the liquidation of any other gift shall be deposited in the General Fund of the District of Columbia as established in the Revenue Funds Availability Act of 1975. The Mayor shall use such donations and gifts to carry out the purposes of this subchapter.

(Aug. 4, 1947, ch. 472, § 15; Aug. 3, 1968, 82 Stat. 624, Pub. L. 90-452, § 3(a); Jan. 22, 1976, D.C. Law 1-42, § 5(b), 22 DCR 6316.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 24-535.

1973 Ed., § 24-535.

#### *Legislative History of Laws*

Law 1-42, the "Revenue Funds Availability Act of 1975," was introduced in Council and assigned Bill No. 1-161, which was referred to the Committee on the Budget. The Bill was adopted on first and second readings on July 29, 1975, and October 7, 1975, respectively. Signed by the Mayor on October 24, 1975, it was assigned Act No. 1-59 and transmitted to both Houses of Congress for its review.

#### *Change in Government*

This section originated at a time when local government powers were delegated to a Board of Commissioners of the District of Columbia (see Acts Relating to the Establishment of the District of Columbia and its Various Forms of Governmental Organization in Volume 1). Section 401 of Reorganization Plan No. 3 of 1967 (see Reorganization Plans in Volume 1) transferred all of the functions of the Board of Commissioners under this section to a single Commissioner. The District of Columbia Self-Government and Governmental Reorganization Act, 87 Stat. 818, § 711 (D.C. Code, § 1-207.11), abolished the District of Columbia Council and the Office of Commissioner of the District of Columbia. These branches of government were replaced by the Council of the District of Columbia and the Office of Mayor of the District of Columbia, respectively. Accordingly, and also pursuant to § 714(a) of such Act (D.C. Code, § 1-207.14(a)), appropriate changes in terminology were made in this section.

## **SUBCHAPTER II. OMITTED AND REPEALED PROVISIONS.**

**§ 24-631. [OMITTED]**

**§ 24-632. [OMITTED]**

**§ 24-633. [OMITTED]**

**§ 24-634. [OMITTED]**

**§ 24-635. [OMITTED]**

**§ 24-636. [OMITTED]**

**§ 24-637. [OMITTED]**

**§ 24-638. [OMITTED]**

**§ 24-639. [OMITTED]**

**§ 24-640. [OMITTED]**

**§ 24-641. [OMITTED]**

**§ 24-642. [OMITTED]**

**§ 24-643. [OMITTED]**

**§ 24-644. ADVISORY COMMITTEE.[REPEALED]**

(Aug. 3, 1968, 82 Stat. 624, Pub. L. 90-452, § 3(c).)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 24-514.