

Sec.	
2452.	Medical assessment and treatment of juvenile offenders.
2453.	Juvenile detention centers.
2454.	Model Indian Juvenile Code.
2455.	Law enforcement and judicial report.

SUBCHAPTER VI—INDIAN ALCOHOL AND SUBSTANCE ABUSE TREATMENT AND REHABILITATION

2471 to 2478. Transferred or Repealed.

SUBCHAPTER I—GENERAL PROVISIONS

§ 2401. Congressional findings

The Congress finds and declares that—

(1) the Federal Government has a historical relationship and unique legal and moral responsibility to Indian tribes and their members,

(2) included in this responsibility is the treaty, statutory, and historical obligation to assist the Indian tribes in meeting the health and social needs of their members,

(3) alcoholism and alcohol and substance abuse is the most severe health and social problem facing Indian tribes and people today and nothing is more costly to Indian people than the consequences of alcohol and substance abuse measured in physical, mental, social, and economic terms,

(4) alcohol and substance abuse is the leading generic risk factor among Indians, and Indians die from alcoholism at over 4 times the age-adjusted rates for the United States population and alcohol and substance misuse results in a rate of years of potential life lost nearly 5 times that of the United States,

(5) 4 of the top 10 causes of death among Indians are alcohol and drug related injuries (18 percent of all deaths), chronic liver disease and cirrhosis (5 percent), suicide (3 percent), and homicide (3 percent),

(6) primarily because deaths from unintentional injuries and violence occur disproportionately among young people, the age-specific death rate for Indians is approximately double the United States rate for the 15 to 45 age group,

(7) Indians between the ages of 15 and 24 years of age are more than 2 times as likely to commit suicide as the general population and approximately 80 percent of those suicides are alcohol-related,

(8) Indians between the ages of 15 and 24 years of age are twice as likely as the general population to die in automobile accidents, 75 percent of which are alcohol-related,

(9) the Indian Health Service, which is charged with treatment and rehabilitation efforts, has directed only 1 percent of its budget for alcohol and substance abuse problems,

(10) the Bureau of Indian Affairs, which has responsibility for programs in education, social services, law enforcement, and other areas, has assumed little responsibility for coordinating its various efforts to focus on the epidemic of alcohol and substance abuse among Indian people,

(11) this lack of emphasis and priority continues despite the fact that Bureau of Indian Affairs and Indian Health Service officials

publicly acknowledge that alcohol and substance abuse among Indians is the most serious health and social problem facing the Indian people, and

(12) the Indian tribes have the primary responsibility for protecting and ensuring the well-being of their members and the resources made available under this chapter will assist Indian tribes in meeting that responsibility.

(Pub. L. 99-570, title IV, § 4202, Oct. 27, 1986, 100 Stat. 3207-137.)

Editorial Notes

REFERENCES IN TEXT

This chapter, referred to in par. (12), was in the original "this subtitle", meaning subtitle C of title IV of Pub. L. 99-570, Oct. 27, 1986, 100 Stat. 3207-137, known as the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986, which is classified generally to this chapter. For complete classification of subtitle C to the Code, see Short Title note below and Tables.

Statutory Notes and Related Subsidiaries

SHORT TITLE

Pub. L. 99-570, title IV, § 4201, Oct. 27, 1986, 100 Stat. 3207-137, provided that: "This subtitle [subtitle C (§§ 4201-4230) of title IV of Pub. L. 99-570, enacting this chapter, amending section 1302 of this title, and enacting provisions set out as a note under section 1302 of this title] may be cited as the 'Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986'."

RULE OF CONSTRUCTION FOR PUB. L. 100-690

Pub. L. 100-690, title II, § 2219, Nov. 18, 1988, 102 Stat. 4222, provided that: "Except as otherwise provided in this Act or the amendments made by this Act [see Tables for classification], nothing in this Act or the amendments made by this Act shall be construed to affect the obligation of the United States to any Indian or Indian tribe arising out of any treaty, statute, Executive order, or the trust responsibility of the United States owing to such Indian or Indian tribe. Nothing in this section shall exempt any individual Indian from the sanctions of 'user accountability' provided for elsewhere in this Act: *Provided*, That no individual Indian shall be denied any benefit under Federal Indian programs comparable to those 'means tested' safety net programs otherwise excluded under this Act."

§ 2402. Purpose

It is the purpose of this chapter to—

(1) authorize and develop a comprehensive, coordinated attack upon the illegal narcotics traffic in Indian country and the deleterious impact of alcohol and substance abuse upon Indian tribes and their members,

(2) provide needed direction and guidance to those Federal agencies responsible for Indian programs to identify and focus existing programs and resources, including those made available by this chapter, upon this problem,

(3) provide authority and opportunities for Indian tribes to develop and implement a coordinated program for the prevention and treatment of alcohol and substance abuse at the local level, and

(4) to¹ modify or supplement existing programs and authorities in the areas of education, family and social services, law enforce-

¹ So in original.

ment and judicial services, and health services to further the purposes of this chapter.

(Pub. L. 99-570, title IV, §4203, Oct. 27, 1986, 100 Stat. 3207-138.)

§ 2403. Definitions

For purposes of this chapter—

(1) The term “agency” means the local administrative entity of the Bureau of Indian Affairs serving one or more Indian tribes within a defined geographic area.

(2) The term “youth” shall have the meaning given it in any particular Tribal Action Plan adopted pursuant to section 2411 of this title, except that, for purposes of statistical reporting under this chapter, it shall mean a person who is 19 years or younger or who is in attendance at a secondary school.

(3) The term “Indian tribe” means any Indian tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in, or established pursuant to, the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.)) which is recognized as eligible for special programs and services provided by the United States to Indians because of their status as Indians.

(4) The term “prevention and treatment” includes, as appropriate—

(A) efforts to identify, and the identification of, Indians who are at risk with respect to, or who are abusers of, alcohol or controlled substances,

(B) intervention into cases of on-going alcohol and substance abuse to halt a further progression of such abuse,

(C) prevention through education and the provision of alternative activities,

(D) treatment for alcohol and substance abusers to help abstain from, and alleviate the effects of, abuse,

(E) rehabilitation to provide on-going assistance, either on an inpatient or outpatient basis, to help Indians reform or abstain from alcohol or substance abuse,

(F) follow-up or after-care to provide the appropriate counseling and assistance on an outpatient basis, and

(G) referral to other sources of assistance or resources.

(5) The term “service unit” means an administrative entity within the Indian Health Service or a tribe or tribal organization operating health care programs or facilities with funds from the Indian Health Service under the Indian Self-Determination Act [25 U.S.C. 5321 et seq.] through which the services are provided, directly or by contract, to the eligible Indian population within a defined geographic area.

(6) The terms “Urban Indian”, “Urban Center”, and “Urban Indian Organization” shall have the same meaning as provided in section 1603 of this title.

(Pub. L. 99-570, title IV, §4204, Oct. 27, 1986, 100 Stat. 3207-138; Pub. L. 100-690, title II, §2202, Nov. 18, 1988, 102 Stat. 4217.)

Editorial Notes

REFERENCES IN TEXT

The Alaska Native Claims Settlement Act, referred to in par. (3), is Pub. L. 92-203, Dec. 18, 1971, 85 Stat. 688, as amended, which is classified generally to chapter 33 (§1601 et seq.) of Title 43, Public Lands. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 43 and Tables.

The Indian Self-Determination Act, referred to in par. (5), is title I of Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2206, which is classified principally to subchapter I (§5321 et seq.) of chapter 46 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of this title and Tables.

AMENDMENTS

1988—Par. (6). Pub. L. 100-690 added par. (6).

SUBCHAPTER II—COORDINATION OF RESOURCES AND PROGRAMS

§ 2411. Inter-departmental Memorandum of Agreement

(a) In general

Not later than 1 year after July 29, 2010, the Secretary of the Interior, the Attorney General, and the Secretary of Health and Human Services shall develop and enter into a Memorandum of Agreement which shall, among other things—

(1) determine and define the scope of the problem of alcohol and substance abuse for Indian tribes and their members and its financial and human costs, and specifically identify such problems affecting Indian youth,

(2) identify—

(A) the resources and programs of the Bureau of Indian Affairs, Office of Justice Programs, Substance Abuse and Mental Health Services Administration, and Indian Health Service, and

(B) other Federal, tribal, State and local, and private resources and programs,

which would be relevant to a coordinated effort to combat alcohol and substance abuse among Indian people, including those programs and resources made available by this chapter,

(3) develop and establish appropriate minimum standards for each agency’s program responsibilities under the Memorandum of Agreement which may be—

(A) the existing Federal or State standards in effect, or

(B) in the absence of such standards, new standards which will be developed and established in consultation with Indian tribes,

(4) coordinate the Bureau of Indian Affairs, Department of Justice, Substance Abuse and Mental Health Services Administration, and Indian Health Service alcohol and substance abuse programs existing on October 27, 1986, with programs or efforts established by this chapter,

(5) delineate the responsibilities of the Bureau of Indian Affairs, Department of Justice, Substance Abuse and Mental Health Services Administration, and the Indian Health Service to coordinate alcohol and substance abuse-related services at the central, area, agency, and service unit levels,