In Crisis or Intoxicated? A Distinction and a Difference.

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Law enforcement officers in Connecticut have broad and sweeping powers particularly in the areas of protective custody of intoxicated individuals and detention of persons in psychiatric crisis. Despite these abilities, many police officers in Connecticut do not understand the distinctions between the two and the duties owed to those whom they encounter. Admittedly, recognizing the nuances between someone who may be intoxicated and suffering from a mental illness and the garden variety stumbling 21 year-old who may have had one too many may be difficult for the untrained eye. However, once a police officer hits the streets they cannot afford to be untrained or unaware of their responsibilities to the public.

In October of 2010, I lectured at Central Connecticut State University on the proper practices and the probable cause requirements of Police Emergency Exam Requests. Due to the number of questions asked at the seminar and the number of emails I received subsequently, I realized that regardless of the size of the agency or the demographic of the population they policed the misconceptions on when, how and why police officers must act in situations regarding mental illness and intoxication was universal.

The term "co-occurring disorder" is well known to those who stay connected to the mental health community. For those who are not familiar with this term, *Psychology Today* states that a co-occurring disorder was "formerly known as dual diagnosis or dual disorder. Co-occurring disorders describe the presence of two or more disorders at the same time. For example, a person may suffer substance abuse as well as bipolar disorder". The substance abuse component could be any chemical affliction, but more often than not the abuse centers on drugs and/or alcohol. As such, a consumer suffering from a co-occurring disorder will be a common, if not a frequent, issue police officers will deal with when they are faced with a person in psychiatric crisis.

Recognizing the effects of a co-occurring disorder by a responding police officer is essential. Use of illegal drugs and the trappings of the serial inebriant make detecting a psychiatric condition difficult, but not impossible. Physical behaviors along with other known or observed attributes can separate the true condition from the obvious outward signs. These powers of observation may take time to acquire. However, knowledge of the law concerning these matters must be either in your "tool box" or at your fingertips.

Our Connecticut General Statutes (C.G.S.) are divided into "Titles" and "Chapters". Police officers will recognize the phrase "Title 14" as motor vehicle law and "Title 53a" as the penal code, but what is "Title 17a" or "Chapters 319i or 319j"? Title 17a of the C.G.S. is entitled *Social and Human Services and Resources*. I realize that

many of you will stop reading and exclaim, “Here we go . . . this guy wants us to be social workers and not cops!” Well, to be honest . . . I do expect police officers to display the compassion and knowledge of a “social worker” while acting as a police officer and so do the lawmakers of the Connecticut General Assembly as police officers play a key role in the implementation of these statutory schemes.

C.G.S. 17a-503 and the Police Emergency Examination Request (P.E.E.R.) form are well known to all Connecticut cops. I am sure that many of your fellow officers have given the P.E.E.R. form “nicknames” like the “Crazy Coupon” or the “ Psycho Sheet”. As such, I don’t need to dwell on these less than dignified labels or utilization of the form, but it is important to understand that powers and authority granted to law enforcement officers under this statute are contained within Chapter 319i (*Persons with Psychiatric Disabilities*) of Title 17a. This “physical” location within the statute books is a huge distinction, as the use of the 17a-503 powers and the documentation on the P.E.E.R. form are specifically designed to deal with **persons with psychiatric disabilities and not intoxicated people.** Intoxication may present itself as a symptom of a co-occurring disorder but it is the underlying “psychiatric disability” that triggers the application of C.G.S. 17a-503. A complete text of C.G.S. 17a-503 is available on line at www.cga.ct.gov/2011/pub/chap319i.htm#Sec17a-503.htm.

Intoxicated people, who are not suffering from a “psychiatric disability”, are addressed in Chapter 319j of Title 17a, more specifically C.G.S. 17a-683. C.G.S 17a-683 is entitled, in pertinent part, Police assistance for intoxicated persons - Protective custody of person incapacitated by alcohol. Although 17a-683 is contained within the same “Title” as 17a-503, it has nothing to do with persons in psychiatric crisis or persons with psychiatric disabilities. It addresses the police response and responsibilities to those who are incapacitated by alcohol and nothing more. In fact, *Addiction Services* is the name of Chapter 319j. A complete text of C.G.S. 17a-683 is available on line at http://www.cga.ct.gov/2011/pub/chap319j.htm#Sec17a-683.htm

The confusion and misunderstanding I encountered at and after my lecture dealt with the use of C.G.S. 17a-503 as a mechanism to detain, seize and transport intoxicated persons. The argument was that a “drunk person is gravely disabled” so they can be detained and examined under C.G.S 17a-503. The fact that a “drunk” may be gravely disabled or a danger to themselves is undisputed. However, as I stated earlier in this article, the factor that triggers the authority given to the police under C.G.S. 17a-503 is not in the words gravely disabled or danger to themselves or others it is the fact that a psychiatric disability may lead to danger or grave disablement. Intoxication, in and of itself, is not a psychiatric condition. It is a level of sobriety. Some will say that alcoholism is a disease, and it is. However, the intent of the law as evidence by the distinction made in the in the Chapter locations for 17a-503 (319i, *Persons with Psychiatric Disabilities*) and 17a-683 (319j, *Addiction Services*) dictates the application of the law and the situations in which it is applied. Hence, the state of sobriety known as intoxication was not intended to suffice as the psychiatric disability identified in 17a-503 and 17a-683 was designed to deal with issues related to excessive alcohol or drugs.

C.G.S. 17a-503 and 17a-683 are used for different things at different times. Do not misinterpret the intent of the law. Use the “tools” available to you wisely and prudently and never as an uninformed choice. I hope that this article will help you in your day-to-day endeavors on the street and in your communities. Please remember, knowing what is right is the first step in doing what is best.