

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILE 8672
1427 SCOMM 52: JOINT SPEC. COMMITTEE ON LOCAL OPTION LAWS 1985-86

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Behavioral Health Division
825 L Street
Anchorage, Alaska 99501

ANCHORAGE, MOA/BHD

Phone - 264-4744

Contact person - Jim Parsons

Services - Monitoring of subcontractors providing alcohol and drug treatment services in Anchorage area.

Fees - Sliding fee scales

Eligibility - Anyone in need of treatment for substance abuse.

Akeela House, Inc.
2804 Bering Street - Residential
504 W. 25th - Outpatient/Administration
Anchorage, Alaska 99503

ANCHORAGE, MOA/BHD

Phone - 561-5405

Contact person - C. Joe DiMatteo, Director

Services - Provides a residential facility for abusers as an alternative to incarceration in addition to self referrals and agency referrals; provides vocational training for re-entry into the community. Provides alcohol information, outreach and referral information for the Anchorage area. Outpatient services are provided for adults and families.

Fees - sliding fee scale

Eligibility - Anyone in need of substance abuse treatment services.

Cook Inlet Native Association
670 W. Fireweed Lane
Anchorage, Alaska 99503

ANCHORAGE, MOA/BHD

Phone - 278-4641

Contact person - Doug Modig, Director

Services - Referral services for CINA area villages and Anchorage area
Provides intermediate residential care and outpatient/aftercare services.

Fees - None

Eligibility - Natives Statewide in need of intermediate and outpatient care.

Center for Drug Problems
520 East 4th Avenue, Suite 102
Anchorage, Alaska 99501

ANCHORAGE, MOA/BHD

Phone - 276-6430

Contact person - Cynthia Aiken, Director

Services - Individual and group counseling, methadone maintenance, detoxification, drug-free and social survival skill training.

Fees - Counseling - free, methadone maintenance - \$35.00/month, methadone detoxification - \$50.00, one time.

Eligibility - Methadone maintenance - proven 2 year addiction to opiates, detoxification - currently addicted to narcotics, over age 18.

Salvation Army Clitheroe Center
Comprehensive Services
P.O. Box 6567
Anchorage, Alaska 99502

ANCHORAGE, MOA/BHD

Phone - 243-1181 (intake and referral) or 276-2989 (outpatient)

Contact Person - Dr. Ray Dexter, Director

Services - Outpatient aftercare, individual and group counseling, long-term residential care (120-180 days), short-term residential care (5-6 weeks), emergency medical services, detoxification, specially equipped van, community service patrol.

Fees - Sliding fee scale

Eligibility - Anyone in need of alcohol treatment services

Salvation Army
Comprehensive Out-Patient/DWI Unit
Alcohol Services
2501 Blueberry
Anchorage, Alaska 99503

ANCHORAGE, MOA/BHD

Phone - AC 907-276-2898

Contact person - Noni Turvil, Unit Supervisor

Services - Outpatient group, family and individual counseling, aftercare, and vocational rehabilitation, court referral specialist, and community seminars.

Fees - Sliding fee based on ability to pay.

Eligibility - Alcoholism primary problem, problem drinkers as well as alcoholics

Volunteers of America
Hiland Road
Eagle River, Alaska 99577

ANCHORAGE, MOA/BHD

Phone - 694-3336

Contact Person - Jeeni Swyter, Director

Services - Provides Adolescent Residential Center for Help (ARCH) for youth, ages 12-17, who have a substance abuse problem, outpatient and aftercare.

Fees - Sliding fee scale

Eligibility - Youth desiring help with a substance abuse problem.

Alaska Council on Prevention
7521 Old Seward Hwy., Suite A
Anchorage, Alaska 99502

ANCHORAGE

Phone - 349-6602

Contact person - Barbara Bailey, Director

Services - Serves as an information and education service agency for alcoholism in Alaska through programs such as, "Here's Looking at You", Employee Assistance, Media Development, and Alcohol Awareness Week, Information and Education.

Fees - None

Eligibility - Open to the Public

Aleutian/Pribilof Islands Association, Inc.
1689 C Street
Anchorage, Alaska 99501

ANCHORAGE

Phone - 276-2700

Contact person - Kathy Sutcliffe, Director

Fees - Sliding Scale

Eligibility - Resident of the Aleutian/Pribilof Area

Aleutian/Pribilof Islands Association, Inc. (Continued)

Services:

The Aleutian/Pribilof Islands Association proposes to develop and implement a regional alcoholism program aimed at prevention and early intervention. A/PIA will provide an alcoholism intervention specialist, to be located in Unalaska at the Aleutian Counseling Center.

A/PIA is also providing training, travel and associated costs for one community paraprofessional from each community in the region. The trained individuals will return to their homes and provide outreach, consultation and education services to individuals, families and the community.

A/PIA also will provide for referral and transportation services from the Chain to Anchorage for individuals suffering from acute problems related to alcohol abuse and in need of emergency treatment.

The Center for Alcohol and Addiction Studies
University of Alaska, Anchorage
3211 Providence Ave.
Anchorage, Alaska 99504

ANCHORAGE

Phone - 786-1801

Contact person - Tom Lonner, Ph.D., Director
Ken Duff, Training Coordinator

Services:

1. Training and Education
Coordination of efforts toward Statewide University System delivery of certification-linked substance abuse counselor training; Statewide Annual School on Addiction Studies. Continuing education and training programs. Member of State Training Agency Network.
2. Research and Evaluation
Conduct research projects to gain knowledge about substance abuse in Alaska and to help reduce the impact of substance abuse. Current research involves; 1) identification of current trends in drug use as they relate to demographic, attitudinal and personality characteristics, and to identify the frequency, quantity, context and consequences of drug use; and 2) assess the potential social impacts of the use and abuse of alcohol and other drugs which may be associated with major construction projects in the state. Assists substance abuse programs in developing more useful and valid program procedures.

Fees:

1. Training and Education - based on designated registration costs and availability of academic credits.
2. Research and Evaluation - dependent on nature and extent of services requested.

Alcohol Safety Action Programs
ASAP Misdemeanor Services
941 West 4th Avenue, Room 209
Anchorage, Alaska 99501

ANCHORAGE

Phone - 274-8611 x 735

Contact person - Emily McKenzie

Services - Provides for court liaison, screening, diagnosis, referral and follow-up services as a diversion program for first time offenders and misdemeanor referral from court to treatment.

Fees - None

RurAL CAP
P.O. Box 3-3908
Anchorage, Alaska 99501

ANCHORAGE

Phone - 279-2511

Contact person - Joan Cannelos

Services - Include continuing use of the LearnAlaska network; publication of a newsletter and revision/distribution of handbooks and resource list; education, consultation and technical assistance to individual villages on request; and continued coordination and cooperation with regional alcohol/drug abuse staff and other prevention grantees. Responsibility for cost sharing and planning activities will continue to be shifted to village participants, with RurAl CAP staff providing technical assistance, coordination and administration.

Fees - Determined on Individual Basis

Eligibility - Rural Community

North Pacific Rim
903 W. Northern Lights Blvd.
Suite 203
Anchorage, Alaska 99503-2496

ANCHORAGE

Phone - 276-2121

Contact person - Joanie Cleary

Services - Coordinate and provide prevention and education activities in rural communities.

Fees - None

Eligibility - Communities of Tatitlek and Chenega.

Kuskokwim Native Association
Community Counseling Center
Box 106
Aniak, Alaska 99557

ANIAK

Phone - 675-4445

Contact - Susan Soule

Services - Prevention education, emergency services, assessment and referral, intensive outpatient program, alcohol abuse groups, aftercare/follow-up, support services.

Fees - None

Eligibility - Open to all: targeted for episodic binge drinkers, chronic drinkers, women ages 14-30, parents of abused and neglected children.

Ikayugtut, Inc.
P.O. Box 730
Barrow, Alaska 99723

BARROW

Phone - 852-6569

Contact person - Reverend James Armstrong

Services - Outpatient counseling services, aftercare, consultation, treatment, family therapy.

Fees - Information not available.

Eligibility - Available to all.

North Slope Borough/Substance Abuse Treatment Services
Box 69
Barrow, Alaska 99723

BARROW

Phone - 852-4673

Contact - Phyllis Brister, Acting Program Coordinator

Services - Alcohol education, information, and referral. Also, sober fellowship, individual, and group outpatient counseling; outreach to the P.H.S. hospital, Barrow Court system and Department of Public Safety. Additionally, E.A.P. (Employee Assistance Program) coordination, and substance abuse prevention. These services are provided in Barrow and the North Slope Borough villages.

Fees - Sliding fee schedule for services, based on income, family size and ability to pay.

Eligibility - Available to all who are concerned about substance use, abuse, addiction.

Phillips Alcoholism Treatment Center (PATC)

BETHEL

P.O. Box 388 (Location behind courthouse bldg. on Airport Rd. in downtown Bethel)
Bethel, Alaska 99559

Phone - 543-2129

Contact person - George Ives, Director

Services - Outpatient counseling, aftercare coordination, drug abuse information and counseling, court liaison, 30 day residential program, A.I.S.

Hours - Outpatient - Monday through Friday at 12:00 noon to 9:00 p.m. Other times by special appointment.

Fees - Services will be provided to everyone regardless of their ability to pay. The Veterans' Administration has approved our rate schedule of \$40.70 per out-patient counseling visit. The V.A. will be billed at that rate for each eligible veteran. Others will be billed according to the approved sliding fee schedule.

Eligibility - Services are provided to all who need or request them.

Yukon-Kuskokwim Health Corp. Alcoholism Program

BETHEL

Box 528

Bethel, Alaska 99559

Phone - 543-3321

Contact - Carl Berger, Director; Louie Andrew, Regional Technical Assistant.

Services - Provides technical assistance, such as proposal writing, to new area alcoholism programs seeking funds: Referral, early intervention, outpatient, aftercare, prevention and education services provided in several villages.

Fees - None

Eligibility - Available to all

Southwestern Regional Training Program

BETHEL

Yukon-Kuskokwim Health Corporation

Box 528

Bethel, Alaska 99559

Phone - 543-3321

Contact person - Carl Berger, Health Director; Laurie Marum, Trainer

Services - Level I, II Counselor Certification-linked Training, training plan assistance, internship program development for Southwestern Communities funded by Office of Alcoholism and Drug Abuse and Family Violence programs. Member of State Training Agency Network.

Fees - Based on Credits offered and credit level.

Eligibility - Counselors pursuing Alcoholism and Drug Abuse Certification from SOADA funded programs, family violence programs, and other human services.

Cordova Mental Health and Alcohol Clinic
Cordova Community Hospital
P.O. Box 160
Cordova, Alaska 99574

CORDOVA

Phone - 424-7131

Contact - John Crowley, Hospital Administrator

Services - Information, counseling, consultation, education, and substance abuse awareness, outpatient treatment, aftercare, outreach and prevention education consultation.

Fees - Sliding scale based on income.

Eligibility - The general public, all ages.

Copper River Mental Health & Substance Abuse Services
Drawer H
Copper Center, Alaska 99574

COPPER CENTER

Phone - 822-5241 Ext. 227

Contact person - Roy White/Paula Miller

Services - Combined Mental Health and Alcohol program offering referral, outpatient, outreach, crisis intervention, aftercare, information/education.

Fees - Based on ability to pay.

Eligibility - Open to all interested persons.

Craig Youth Center
P.O. Box 184
Craig, Alaska 99921

CRAIG

Phone - 826-3243

Contact - Wendy Swearingen, Director

Services - Structured and recreational activities will be offered to all area youth between the ages of 6-18. Consultative and educational information will be targeted to all area youths identified as "at risk" concerning alternatives to substance abuse. Consultative services and improving parenting skills presentations will be targeted to all area youth and their families who are identified as "at risk".

Craig Youth Center (Continued)

The proposed service strategies for structured and recreational activities include woodcarving, metalwork, macrame, silk screening, cooking, native culture, small engine repair, upholstery, basketweaving, art, preservative making, building small tables, etc. and various other kinds of structured learning activities. Recreational activities will include dances, tournaments, pool, foosball, softball, volleyball, pajama parties, board games, fund-raising events and many other activities.

Fees - None

Eligibility - Area Youth

Bristol Bay Area Health Corporation Alcohol Program
P.O. Box 10235
Dillingham, Alaska 99576

DILLINGHAM

Phone - 842-5266 or 842-5267

Contact Person - Bob Wallman, Alcohol Program Coordinator

Services - Outpatient, outreach, aftercare, follow-up, court diversion, referral, alternative activities, prevention/education, Alcohol Information School, and technical assistance to Dillingham and 31 other communities in the Bristol Bay Region.

Fees - Sliding fee scale, based on ability to pay for outpatient services. Alcohol Information School - \$50.00 flat fee.

Eligibility - Anyone with an alcohol problem or drug problem, including family members.

Fairbanks Native Association, Inc.
Regional Center for Alcohol and Other
Addictions
310 1/2 First Ave.
Fairbanks, Alaska 99701

FAIRBANKS

Phone - 452-1648

Contact person - Banarsi Lal, Director, Alcohol & Drug Abuse Services

Services - Administrative Office (452-1648); Detox (Short and Long-Term) Intermediate (456-1053 or 456-1045); Halfway House (452-8761); Drop-In Center (456-7948); Youth Drug Abuse Prevention Program (452-5085); Outpatient/Aftercare Services (456-1101 or 456-1041); Fairbanks Alcohol Safety Action Program (452-6144); Community Services (456-1041); Substance Abuse Counselor Training (452-7045)

Fairbanks Native Association, Inc. (Continued)

Fees - Detoxification - \$73.34 per bed/day
Short-Term (30 Day) Care - \$46.79 per bed/day
Long-Term Care - \$21.32 per bed/day
Diagnostic Evaluation - \$25.00 per person
Alcohol Information School - \$25.00 per person
Outpatient - \$60.00 (six counseling sessions)

Eligibility - Sincere desire for sobriety.

KILA, Inc.

FAIRBANKS

Fairbanks Substance Abuse Center
Treatment Division
Education/Prevention Division
Outreach/Training Division
3098 Airport Way
Fairbanks, Alaska 99701

Phone - 452-5715

Contact person - Barbara Breedon, Program Manager

Services - Drug related counseling, communication training, discussion groups, parent effectiveness training, youth effectiveness, school presentations, health curriculum consultation, alternatives to drug use methadone program, outpatient, drug abuse/detoxification, referral, outreach.

Fees - \$50.00 initially for complete laboratory and psychological work-up.
\$15.00 per week for counseling/treatment.

Eligibility - Treatment Division 1) methadone - current physiological addiction to an opiate; 2) other drug - addiction or previous abuse; 3) incarceration on a drug related charge, Education/Prevention Division and Outreach/Training Division - interested persons.

Tanana Chiefs Conference - Regional Prevention

FAIRBANKS

201 First Avenue
Fairbanks, Alaska 99701

Phone - 452-2446

Contact person - Mark Mattaini, Director

Services - The TCC Regional Prevention Project provides information, education and prevention services in the northern region. This year the project is divided into five separate program components: Youth Prevention, Broadcast Services, Fetal Alcohol Syndrome Prevention, Village Local Option Support, and Provider Conferences.

Fees - None

Eligibility - Request for Services

Upper Yukon Alcoholism Program
P.O. Box 21
Ft. Yukon, Alaska 99740

FT. YUKON

Phone - 662-2526

Contact - Evelyn Wiszincka.

Services - In addition to services provided to the city of Fort Yukon, six villages are also served on an itinerant basis. The program delivers services on an outpatient basis only. The following services are provided: Prevention, Out-reach, Treatment, Referral, Consultation/Education, and Follow-up.

Fees - Sliding Scale

Eligibility - Residents of Yukon Flats Subregion

Yukon-Koyukuk M.H./Drug & Alcohol Program
Box 17
Galena, Alaska 99741

GALENA

Phone - 656-1266

Contact person - Director, Under recruitment
Kathleen Esmailkas, Alcoholism Coordinator

Services - Alcohol Counseling, prevention, consultation, treatment, family therapy.

Fees - Sliding Scale

Eligibility - Open clinic, willingness to participate.

Alcoholism and Drug Abuse Central Agency
210 Admiral Way
Juneau, Alaska 99801

JUNEAU

Phone - 586-5280

Contact person - Richard Miller, Director
William Platt, Treatment Director

Services - Inpatient treatment services, individual and group therapy, films, step study detoxification, 24 hour care, crisis line, outreach, alcohol information school (AIS), emergency, intermediate, long term and outreach care services; also aftercare, and prevention education.

Fees - \$75.00 - outpatient services; sliding scale for other services.

Eligibility - Desire to get sober.

National Council on Alcoholism - Juneau
147 S. Franklin
Juneau, Alaska 99801

JUNEAU

Phone - 586-1688

Contact Person - Karen Lawfer

Services - Individual/vocational/educational counseling, A.A., education, referral, EAP (ASAP) Alcohol Safety Action Program.

Fees - Sliding Scale

Eligibility - Anyone desiring sobriety.

Gastineau Manor Halfway House
306 W. 8th St.
Juneau, Alaska 99801

JUNEAU

Phone - 586-3536

Contact person - Betty Tompkins, Director

Service - Intermediate care, group and individual counseling, vocational education. Halfway House.

Fees - \$350/month and up, depending on income level.

Eligibility - Over 18, with alcohol problem.

Alcohol Safety Action Programs
Alaska Highway Safety Planning Agency
Pouch N
Juneau, Alaska 99811

JUNEAU

Phone - 465-4374

Contact - T. Michael Lewis

Services - Provides for court liaison, screening, diagnosis, referral and follow-up services as a diversion program for first time offenders and misdemeanor referral from court to treatment.

Fees - None

Eligibility - Programs are currently operating in Anchorage, Fairbanks, Juneau, Kodiak, Sitka, Wasilla, Ketchikan, Kenai, Homer, Valdez, Tok, Bethel, Dillingham, Kotzebue, Nome, Barrow.

Southeast Alaska Regional Health Corp.

JUNEAU

Niles Cesar, Director

P.O. Box 2800

Juneau, Alaska 99803

Contact Person: David Bond

Phone - 789-2131

Services - Outpatient counseling, outreach, aftercare, and community information/education, referral, crisis intervention, alcohol information school. Programs in Angoon, Haines, Hoonah, Hydaburg, Kake, Klukwan.

Fees - Free or sliding scale

Eligibility - anyone.

Cook Inlet Council on Alcohol and Drug Abuse

KENAI

P.O. Box 882

Kenai, Alaska 99611

Phone 283-3658

Contact person - Kevin Murphy, Director

Services - outpatient, aftercare, AIS, ASAP, outreach, referrals, follow-up, prevention education services. Provider to Kenai, Soldotna, and Homer.

Fees - Based on sliding fee scale.

Eligibility - Interested or referred persons.

Gateway Mental Health Program

KETCHIKAN

Wesley Terwilliger, Director

Ketchikan Comprehensive Alcohol Program

3134 Tongass Ave.

Ketchikan, Alaska 99901

Phone - 225-4154

Contact person - Charlie Laub

Services - The program has three components: A quarter way, intensive, 30-day facility, a halfway house and an information and referral office. Provides individual, group, and family counseling with A.A. involvement. Detox available and 24 hour hotline.

Fees - Vary according to ability to pay.

Eligibility - Open, individuals must be sober to stay in houses during treatment.

Ketchikan Youth Services

KETCHIKAN

Box 7202

Ketchikan, Alaska 99901

Phone - 225-2540

Contact person - Paul Young, Director

Services - Provide recreational alternatives, prevention education, consultation and referral.

Fees - None

Eligibility - Open to youth ages 12 thru 18

Kodiak Council on Alcoholism

KODIAK

Box 497

Kodiak, Alaska 99615

Phone - 486-3535 Office

486-5382 Hope House Treatment Center

Contact persons - Mr. Bob Aldrich, Executive Director

Services - Information and Education, film and literature library, individual and group outpatient counseling, family consultations, referral services, 30 day inpatient problems, diagnostic screening, alcohol information school, residential treatment.

Fees - sliding scale

Eligibility - Persons or families adversely affected by substance abuse.

Northwest Regional Alcoholism Program

KOTZEBUE

Manilaq Association

Marie Schwind, Director

P.O. Box 256

Kotzebue, Alaska 99752

Phone - 442-3311

Contact - Dan Thomas, Director

Services - Emergency care, outreach, outpatient care, aftercare, alternatives, residential treatment, prevention education and referral in surrounding villages.

Fees - None

Eligibility - None

McGrath-Anvik Educational Mental Health Association
P.O. Box 167
McGrath, Alaska 99627

McGRATH

Phone - 524-3781

Contact person - Susan Rogge, Director

Services - Community education, individual, group and family counseling, crisis intervention, mental health and public health Antabuse Program, outpatient treatment, after care, outreach, prevention.

Fees - Sliding scale based on income and family size.

Eligibility - Anyone

Norton Sound Health Corporation
Comprehensive Alcohol Program
P.O. Box 966
Nome, Alaska 99762

NOME

Phone - 443-5411

Contact person - Betty Hannigan, Director, Community Services

Services - Emergency & Medical detox; 9-bed 45-day intermediate residential center (3-bed halfway); individual, family, and group outpatient; outreach; program-wide aftercare; village volunteer counselors; correspondence alcohol education course; teen group; court diversion (ASAP); community prevention education; technical assistance for village program development; 24-hour crisis intervention; jail services; employment assistance program.

Fees - Sliding scale, no charge if low income, third party is encouraged.

Eligibility - Open to all (residential center - 18 and older)

Petersburg Council on Alcoholism & Drug Abuse
215 Indian St.
Box 1066
Petersburg, Alaska 99833

PETERSBURG

Phone - 772-3552

Contact person - Larry Blank, Director 772-4557

Services - Information and referral, outpatient counseling, group counseling, Alcohol Information School, public school presentations, films, lectures, literature, outreach, aftercare, prevention/education, and OMVI diversion, DROP-IN center, "Alternative to Drinking Club Room".

Fees - Alcohol Information School - \$30.00 for 4 sessions. Mortimer-Filkins testing - \$50.00 per person. All other fees are on a sliding scale, according to income. No one will be refused services because of inability to pay.

Eligibility - Anyone with an alcohol or drug abuse problem, or anyone affected by an alcohol or drug abuse problem.

Petersburg Youth Services

PETERSBURG

212 Indian St.

P.O. Box 842

Petersburg, Alaska 99833

Phone - 772-4422

Contact person - Denise Perlich, Director

Services - Prevention, drop-in center, community recreation activities.

Fees - None

Eligibility - Available to all youth.

S. Kachemak, Inc. Alcoholism Program

SELDOVIA

P.O. Box 197

Seldovia, Alaska

Phone - 234-7807

Contact Person - Edith-Helen Hilts, Director

Services - Community education, out patient, aftercare, outreach

Fees - Ability to pay

Eligibility - Alaskan natives of the area

Seward Life Action Council

SEWARD

P.O. Box 1045

Seward, Alaska 99664

Phone - 224-5257 or 24 hour crisis line 224-3027

Contact person - , Executive Director

Services - Combined Mental Health and Alcoholism/Drug Abuse Program. Out-patient services, outreach, aftercare, information and referral, prevention education, 24 hour on-call crisis intervention services, consultation, Employee Assistance Program (EAP), and brief stay detoxification and recovery component, Alcohol Information School (AIS) and ASAP screening.

Fees - Based on sliding scale. ASAP screening \$30.00/AIS - \$75.00

Eligibility - no specific requirements.

Sitka Council on Alcoholism and Other Drug Abuse, Inc.
Information, Referral, and Outpatient Office (IRO)
207 Moller Street
Sitka, Alaska 99835

SITKA

Phone - 747-3636

Contact person - Mac Armstrong

Services - Information, community education, group and individual counseling, emergency care, outpatient and intermediate care, outreach, aftercare, prevention education and court diversion.

Fees - A sliding scale based on income.

Eligibility - All people having alcohol or other drug related social and personal problems.

Sitka Council on Alcoholism and Other Drug Abuse, Inc.
Alcoholism Therapy Services (ATS) - Hopital Mt. Edgecumbe
P.O. Box 4310
Mt. Edgecumbe, Alaska 99835

SITKA

Phone - 966-2438

Contact person - Mac Armstrong (747-3636)

Services - Sixteen bed facility for inpatient care.

Fees - No fee for eligible participants.

Eligibility - Clients must be admitted by a physician and eligible under IHS, PHS, or VA guidelines.

Sitka Council on Alcoholism and Other Drug Abuse, Inc.
Aurora's Halfway House
207 Moller
Sitka, Alaska 99835

SITKA

Phone - 966-2435

Contact person - Mac Armstrong (747-3636)

Services - Provides a sheltered environment for up to 14 persons.

Fees - Room and board \$337.00/month, adjusted on basis of in-kind services.

Eligibility - Preference given to those recently discharged from ATS or other treatment programs, limited space available for persons requiring support in crisis situations.

Southeastern Regional Training Program
Sitka Council on Alcoholism and Drug Abuse
207 Moller Street
Sitka, Alaska 99835

SITKA

Phone - 747-3636

Contact person - John Sullivan

Services: Level I, II Counselor Certification linked training, training plan assistance, internship program development for Southeastern Communities funded by Office of Alcoholism and Drug Abuse and family Violence programs. Member State Training Agency Network.

Fees: Based on credits offered and credit level.

Eligibility: Counselors pursuing Alcoholism and Drug Abuse Certification from SOADA funded programs, family violence and other human service programs.

Sitka Teen Club
P.O. Box 1034
Sitka, Alaska 99835

SITKA

Phone - 747-3500

Contact person - Under Recruitment

Services - Social and recreational activities, tutoring, counseling, job opportunities, referrals, workshops, weekly group meeting for affected youth.

Fees - N.A.

Eligibility - All teenagers and their families.

Upper Tanana Alcoholism Program
P.O. Box 83
Tok, Alaska 99780

TOK

Phone - 888-5185

Contact Person - , Program Coordinator

Services - Outpatient, outreach, referral, criminal justice diversion and prevention and education. Operates service network of rural counselors in several locations.

Fees - Sliding scale

Eligibility - Open to the public

Valdez Counseling Center

VALDEZ

P.O. Box 307

Valdez, Alaska 99686

Phone - 835-2838

Contact - David H. Hoxworth, Director

Services - Outpatient, outreach, aftercare, follow-up, 24 hr. emergency telephone service, alcohol education/prevention services, ASAP, AIS.

Fees - Based on sliding fee scale.

Eligibility - None - open to all persons.

Alaska Alcohol Rehabilitation Services

WASILLA

Nugen's Ranch

P.O. Box 1545

Wasilla, Alaska 99687

Phone - 376-4534

Contact person - Leonard Nugen, Director

Services - Long term care for chronic alcoholics

Fees - Based on ability to pay

Eligibility - Extensive eligibility requirements based on long term chronic abuse of alcohol.

Mat-Su Council on Alcoholism

WASILLA

Box 2270

Wasilla, Alaska 99687

Phone - 376-4001

Contact person - Andy Brennan, Director

Services - Outpatient counseling, outreach, aftercare, referrals, ASAP, AIS school, prevention, education, intensive outpatient treatment, and court intervention program.

Fees - Sliding scale; plus intensive treatment fee scale.

Eligibility - Open to all interested persons.

Wrangell Council on Alcoholism & Related Drug Dependencies

WRANGELL

P.O. Box 1108

Wrangell, Alaska 99929

Phone - 874-3338

Contact Person - Merry Warner, Director

Services - Information and referral, individual and group outpatient, after care, outreach, family counseling, Alcohol Information School (AIS) ASAP screening, youth education, emergency care, employee assistance, and prevention education.

Fees - Sliding Fee scale.

Eligibility - Any person in need of services.

Yakutat Alcoholism Program

YAKUTAT

Box 6

Yakutat, Alaska 99689

Phone - 784-3775

Contact person - Vivian Lewis, Director

Services - Information referral, outreach, outpatient counseling, and aftercare.

Fees - None

Eligibility - Anyone

PRIVATE SECTOR PROVIDERS

Charter North Hospital
2530 DeBarr Road
Anchorage, Alaska 99504

Phone - 338-7575

Services - The alcoholism and substance abuse component of the Charter North Hospital is composed of a six bed detoxification unit, thirty alcoholism and substance abuse beds, and four drug abuse beds. The alcoholism and substance abuse program is structured for rehabilitation, beginning with detoxification and continuing through a twenty-eight day program of education and counseling. The program utilizes an open medical staff model with patients admitted by and under the care of the individual patient's physician who defines the specific treatment regime customized to address the therapeutic needs of the individual.

Fees - Contact hospital for more information.

Eligibility - Anyone.

Veterans Administration
Alcohol Treatment Unit
Outpatient Clinic Annex
801 B Street, Suite 203
Anchorage, Alaska 99502

Phone - 279-0627

Services - A full range of counseling services including Social Work Services, vocational counseling, and job club. Outpatient medical care is also offered by the unit. Groups are held Monday through Thursday evenings. The Monday night group focuses on the first time D.W.I. offender, and includes the realities of drinking and driving, with the legislation and consequences of a D.W.I.; family and social roles surrounding drinking; alternatives to drinking; and the medical psychological and social problems that result from drinking.

Group counseling is augmented by individual sessions, which gives the veteran an opportunity to discuss the material that he is learning with his primary counselor. A typical treatment plan is from twelve to fourteen weeks long, in order to give the client time to work out his or her specific problems and needs.

There is no cost to eligible veterans, and in most cases the family may also be counseled at no cost. Hours of operation are from 7 a.m. to 8 p.m. by appointment. Additional information may be obtained by calling the number listed above or coming to our offices.

Employee Assistance Consultants of Alaska
4790 Business Park Boulevard, Bldg. D, Suite 7
Anchorage, Alaska 99503

Phone - 562-2812

Contact person - Darryl Logan

Services - A private firm that contracts to provide counseling programs for employees throughout the state. Our Employee Assistance Program offers confidential personal problem evaluation, counseling and referral services for all employers and family members. Services available to employees cover counseling and referral in the following areas: alcohol/drug, educational, legal, financial, marital/family, medical, psychiatric, and psychological.

Fees - Contact program for more information

Human Affairs, Inc.
3601 'C' Street
Suite 300
Anchorage, Alaska 99503

Phone - 562-0794

Contact Person - Pat Wilson, Director

Services - This private Corporation provides Employee Assistance Programming for business, industry, State and local governments. Services range from Evaluation and referral through ongoing long term counseling. Management consultation by request. Company employee population served range from 13 to 3400.

Fees - Contact program for more information

Northpoint, Inc.
406 West Fireweed Lane, Suite 103
Anchorage, Alaska 99503

Phone - 338-7686

Contact Person - Obed Nelson

Services - Northpoint's primary outpatient treatment program is a six-week program involving three days per week for three hours each day. The primary program is followed by a six-month program of weekly aftercare sessions.

Fees - Contact program for more information

Eligibility - Anyone

Genesis, Inc.

1569 South Bragaw Street
Anchorage, Alaska 99508

Phone - 338-2116

Contact Person - Brian Kelly

Services - Genesis is a private treatment agency that provides intensive outpatient care for five weeks, plus aftercare for six (6) months. Treatment consists of a combination of education sessions, individuals therapy, group therapy, and related activities provided to detoxified alcoholics and their families. Their goal is total abstinence.

Fees - Contact program for more information.

Eligibility - None

Integrated Counseling Service

1st National Executive Center
100 Cushman Street, Suite 310 H
Fairbanks, Alaska 99701

Phone - 452-5230

Contact Person - Pat Malloy, Ph.D.

Services - Community wide service provider for individuals and families seeking to redirect their energies in achieving a new life style. Areas of expertise include marriage, family and child counseling, employee assistance programs, alcohol information programs, alcohol and drug abuse counseling, and pre-sentence evaluations for the court system. The spiritual/religious aspects of recovery are integrated into the individualized treatment planning.

Fees - Dependent on type of program required.

Eligibility - Client's willingness to participate.

Far North Recovery Center

P.O. Box 873349
58 1/2 Mile Parks Highway
Houston, AK 99687

Phone - 892 - 7529

Contact - David L. Davis, Executive Director

Services - Far North is a private non-profit community centered organization that provides residential intermediate care. They have targeted people who are in crisis through the courts, referral agencies, crisis centers and voluntary admissions.

Fees - Contact program for more information.

YOUTH SUBSTANCE ABUSE PROGRAMS INITIATED OCTOBER 1984

Aleutian/Pribilof Islands Association, Inc.
1689 C Street
Anchorage, Alaska 99501

ANCHORAGE

Phone - 276-2700

Contact Person - Kathy Sutcliffe

Services - Will develop and implement a Natural Helper program in four villages.

Kuskokwim Native Association
Community Counseling Center
Box 106
Aniak, Alaska 99557

ANIAK

Phone - 675-4445

Contact - Susan Soule

Services - The project will hire two local youth to establish a youth education/prevention program in the village of Aniak.

Yukon Kuskokwim Health Corporation
Box 528
Bethel, Alaska 99559

BETHEL

Phone - 543-3321

Contact - Carl Berger

Services - Will provide for a prevention worker to team with an existing Village Alcohol Education Counselor in one village.

Bristol Bay Area Health Corporation
P.O. Box 10235
Dillingham, Alaska

DILLINGHAM

Phone - 842-5266 or 842-5267

Contact - Bob Wallman

Services - Will provide intensified substance abuse education in the schools and community. Education will be aimed at involving youth in community activities and increasing community knowledge and ability to make appropriate steps towards local solutions.

McGrath-Anvik Educational Mental Health Association

McGRATH

P.O. Box 167

McGrath, Alaska 99627

Phone - 524-3781

Contact - Susan Rogge

Services - The project will provide for a substance abuse counselor to deliver education, refusal skills training, modified natural helpers, and a student assistance project to four schools in the Iditerod School District.

Minto Village Council

MINTO

Box 29

Minto, Alaska 99758

Phone - 798-7112

Contact - Carlos Frank

Services - The project provides for the establishment and operation of a Teen Center for information, education, peer counseling and coordination of youth activities in Minto.

City of Tanana

TANANA

P.O. Box 181

Tanana, Alaska 99777

Phone - 366-7159

Contact - Anne M. Lilley

Services - To operate a Teen Center in Tanana to provide a drug free setting for an education and peer counseling program.

Cook Inlet Council on Alcohol and Drug Abuse (Tyonek)

TYONEK

Tyonek, Alaska 99682

Phone - 583-2201

Contact - Peter Mikuliak

Services - The project will permit further development of the teenage Peer Counselors to be used in the implementation of a village Community School program.

REVIEW BOARD ON ALCOHOLISM

3331489-TE31485
Annie S. Bowen, Chairperson
Review Board on Alcoholism
8431 E. 17th Avenue
Anchorage, Alaska 99504

2796661-TE31487
Ose Matsutani, Director
Review Board on Alcoholism
Alaska Native Medical Center
P.O. Box 7-741
Anchorage, Alaska 99501

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Arlene W. Nelson
Review Board on Alcoholism
Box 3147
Ketchikan, Alaska 99901

4863237-TE31486
R. Holmes Johnson
Review Board on Alcoholism
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Kodiak, Alaska 99615

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Peggy Colletta
Advisory Board on Drug Abuse
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Anchorage, Alaska 99502

2433857-TE7186
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Advisory Board on Drug Abuse
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Anchorage, Alaska 99503

4435434-TE21585
Julie K. Perkins
Advisory Board on Drug Abuse
Box 813
Nome, Alaska 99762

2834955-TE31585
Alexander P. Shadura
Advisory Board on Drug Abuse
P.O. Box 3907
Kenai, Alaska 99611

GLOSSARY

Aftercare -

The process of providing continued contact which will support and increase the gains made to date in the treatment process.

Education -

The dissemination of relevant information specifically aimed at increasing the awareness, receptivity, and sensitivity of the community and stimulating social action to increase the services provided for people with problems associated with the use of alcohol.

Inpatient Care -

The process of providing care to persons who require twenty-four hour supervision in a hospital or other suitably equipped medical setting as a result of acute or chronic medical and/or psychiatric illnesses associated with alcohol abuse and/or alcoholism.

Intermediate Care -

The process of providing alcoholism treatment services in a full, twenty-four hour residential milieu therapy setting, or a partial (less than twenty-four hours) residential milieu therapy setting.

Medical Care -

Those diagnostic and treatment services that, under the laws of the jurisdiction in which the program is located, can only be provided by a licensed physician.

Outpatient Care -

The process of providing nonresidential diagnostic and alcoholism treatment services on both a scheduled and a nonscheduled basis.

Outreach -

The process of reaching into a community systematically for the purposes of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter and accept the service delivery system.

Prevention -

- A. Primary Prevention: includes activities designed to alter societal conditions and address the needs of potential substance abusers before abuse begins and its negative consequences occur. Thus, primary prevention as the term is used in this section, refers to strategies which address the problem of substance abuse before the identifiable development of the problem.
- B. Secondary Prevention: includes early intervention activities designed to address problems of substance abuse early in their development and before addiction or other severe consequences occur.
- C. Tertiary Prevention: includes treatment and rehabilitation services, focused upon the smaller numbers of people already experiencing the negative consequences of alcohol and/or other drug abuse.



RECORDS CERTIFICATION



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**WORKING PAPERS:
DESCRIPTIVE ANALYSIS OF THE IMPACT OF ALCOHOLISM AND
ALCOHOL ABUSE IN ALASKA, 1975**

VOLUME V

**EXECUTIVE SUMMARY: DESCRIPTIVE ANALYSIS OF THE IMPACT OF ALCOHOLISM
AND ALCOHOL ABUSE IN ALASKA, 1975**

Final Report

November, 1977

Prepared by

**Analysis of Alcohol Problems Project
Dennis Kelso, Ph.D.
Project Director**

Prepared for

**State Office of Alcoholism
Robert L. Cole, Coordinator
Department of Health and Social Services
State of Alaska**

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Acknowledgements

WORKING PAPERS: DESCRIPTIVE ANALYSIS OF THE IMPACT OF ALCOHOLISM AND ALCOHOL ABUSE IN ALASKA, 1975 (FIVE VOLUMES)

- Volume I The Economic Impact of Alcoholism and Alcohol Abuse
in Alaska, 1975
- Volume II An Analysis of State Legislation Pertaining to Regu-
lation and Control of Beverage Alcohol and Alcoholism
and Alcohol Abuse, Alaska, 1975
- Volume III Alcoholism and Alcohol Abuse Programs, Services
Delivery Systems, Alaska, 1975
- Volume IV Social Systems Indicators of Alcoholism and Alcohol
Abuse in Alaska, 1975
- Volume V Executive Summary: Descriptive Analysis of the Impact
of Alcoholism and Alcohol Abuse in Alaska, 1975

Prepared by

Analysis of Alcohol Problems Project
State Office of Alcoholism

Dennis Kelso, Ph.D.
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University of Alaska, Anchorage
Volumes VI and V

FOREWORD

There is no topic in Alaska more familiar, more controversial, and simultaneously more opaque than alcoholism. Almost as if the problems and concerns associated with it were an intrinsic part of the Alaskan experience, everyone seems to have something to say about it. Newspaper articles and radio talk shows debate public drunkenness. Political campaigns are waged, promising greater priorities for the alcohol problem. Even the national wire services carry stories dubbing alcoholism "the bane of Alaska." From the person on the street, to merchants and city councils, to the most specialized of government and health officials--everyone seems to agree that alcoholism and alcohol abuse constitute the greatest human problem facing the state.

In short, there is no shortage of opinion in Alaska about alcoholism and alcohol abuse. In point of fact, however, there is precious little else except opinion. Theories abound as to the causes of problem drinking. Definitions of the very nature of the "problem" are as numerous as the dozens of State agencies, officials, organizations, and interest groups created (or simply compelled) to deal with it. Concerning what to do about it, feelings range all the way from simple apathy, to lip-service, to honest concern, to almost ideological fervor operating at the limits of reason. This is not to say that the public concern is in error: it is not. It is instead to say that, without foundation, not much can be done to seriously respond to that concern.

For so volatile and perduring a problem, there has been in Alaska virtually no significant statewide research to date. What research has been conducted, has been fragmentary and poorly disseminated. Most often, as well, it has largely been based on concepts and models transplanted from other, inapplicable regions of the country. In all cases, such research has confined itself to a single problem or single aspect of a problem. Never, in other words, has an attempt been made to comprehensively conceptualize the problem in terms of all its major manifestations and attendant effects. By no means is this a denigration of any prior research efforts anywhere, for such was not their ambition. The time has simply come for a particular kind of undertaking: an integrated information and data base capable of addressing Alaska's alcoholism and alcohol abuse problems in all their important interrelationships.

The Analysis of Alcohol Problems Research Project, organized in September of 1975, began just such an undertaking. In response to the question of what (in its entirety) constitutes the problem of alcoholism and alcohol abuse in Alaska, the Project assumed as its province the full context of

the intended and unintended consequences of the sale, distribution, and consumption of beverage alcohol in the state. Formally stated, the mission of the Project became the systematic collection of valid and reliable information for implementation of Alaska's Uniform Alcoholism and Intoxication Treatment Act. (The adoption of this act in 1972 essentially established policy for the State by decriminalizing public drunkenness and defining alcoholism as a public health problem.)

Throughout the Project, the nature of the research process was considerably less difficult to specify than the nature of the topic. With the health and medical services community exhibiting as much variance within its own ranks as between itself and the law enforcement or educational communities, little agreement existed as to how "alcoholism" and "alcohol abuse" should be defined. Considerable agreement existed, however, on the fact that alcoholism and alcohol abuse impact the general public and the social system in a variety of ways. Alcoholism program client loads, child abuse, automobile accidents, alcohol-related crime, etc.--all became, from this perspective, equally valid and interconnected ways of looking at alcohol's impact on Alaskan society. In the same sense, they also thereby provided a composite basis for relating the many extant definitions of the problem (e.g., as a public health problem, mental health problem, criminal justice problem, child welfare problem, etc.).

For this reason, the Project took as its focus the measurable indicators of alcohol's impact on Alaska's social system, and on selected specific subsystems: the economy, health and medical services delivery system, criminal justice system, et al. The intention was not be exhaustive, for such was impossible given the limitations of resources and time available for conduct of the study. Nor was the intention to be definitive, as the general paucity of useful information which plagues research efforts in Alaska made such a goal unrealistic. (In many cases, even basic information is not systematically reported or collected, nor kept in summary fashion.) Rather, the ambition was to develop a research methodology capable of being implemented at once, but also capable of being elaborated and refined on a continuing basis. Such an instrumentality, it was hoped, would serve the dual purpose of linking for the first time the several major areas (e.g., economic, legislative, programmatic, social, et al) related to alcohol affairs in Alaska, and of constellating and grounding future alcohol-related research efforts in the state.

It should be said that such concentration on the collective effects of alcoholism and alcohol abuse was not intended to preclude genuine concern for the health and well being of individual alcohol abusers and their families. From the perspective taken, and because of the limitations mentioned, it was not possible to address such highly relevant questions as to whether alcoholism is a disease, addiction, defensive coping mechanism, etc.; or whether it derives from genetic transmission, learned

behavior, cultural assimilation, or--in Alaska's case--a set of environmental factors so pervasive but elusive of description that it might quite unjokingly be called the "Arctic Factor". These remain, nonetheless, serious questions, and their omission had only to do with the fact that a need for the multiple-definition approach described above was considered more pressing.

The beginnings of this kind of multiple-definition approach are contained in the present report, Working Papers: Descriptive Analysis of the Impact of Alcoholism and Alcohol Abuse in Alaska, 1975. The title is preceded by the term "Working Papers" because this is the first time that alcohol-related information of this scope has been collected and put to use, and because a great deal more information is still missing. For these reasons, reaction to the content of this report is not only seriously invited, but regarded as indispensable. Only by such review and response, it is felt, will the efforts initiated by this project and report yield more complete and comprehensive information about the impact of alcoholism and alcohol abuse upon Alaskan society.

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PART I INTRODUCTION

The information presented in the volumes of this study has provided a description of the nature and extent of alcohol problems in the state, from a variety of perspectives. One does not have to read this report to know that alcoholism and alcohol abuse are problems in Alaska. That is common knowledge to Alaskans. However, alcohol problems can be described in many different ways--in terms of individual cases, public health problems, social problems, and overall population problems. There seems to be a tendency to view alcoholism and alcohol abuse in terms of the particular effect with which one is familiar or concerned, or to perceive only one large undifferentiated problem. In view of the differences of opinion, and the lack of available research and information in Alaska regarding descriptions and analyses of alcoholism and alcohol abuse, there is need to specify the problems which are alcohol-related rather than continue to use such very broad ambiguous terms as "alcoholism". For certain levels of discourse, such terms are wholly appropriate, but for the purposes of social problem solving, a more refined specification of problems is required. This was the general concern of this report.

There does seem to be common agreement that no one factor or cause is capable of adequately explaining or describing alcoholism or alcohol abuse at either the individual or population level of concern. But there does not appear to be a common understanding of the specific nature, relative magnitudes, or interrelationships of the various effects of alcohol abuse. In addition, the extent and nature of the problems differ from one group or locality to another. These differences in perception are also influenced by differing social, cultural, economic and personal value systems, as well as by the information obtained through research findings.

Because of this diversity of views, many different official and voluntary organizations and agencies become involved with one another. It thus becomes very important to have general agreement on the part of those involved as to the goals and objectives to be achieved and the mutual understanding of the approaches and methods to be used. This common agreement and understanding are particularly important for the formation and development of a general alcohol policy for the state, which is the primary responsibility of the state legislature. Without such agreement and understanding among those involved, the actions taken are likely to be confusing and ineffectual, or even counterproductive.

The increasing prevalence of alcohol-related problems is not confined to the state of Alaska. It is also apparent on a national and international level. The extent and obviousness of the problems are more marked in Alaska, however. In response to this international trend and the need to develop common agreement regarding the goals and objectives to reduce and prevent alcohol problems and develop mutual understanding about the methods and approaches to be used, the World Health Organization suggests that governments: 1) investigate the extent and seriousness of the individual, public health, and social problems associated with the current use of alcoholic beverages and the trend toward increasingly higher levels of consumption; 2) examine the magnitude of the human and financial costs of alcohol-related health and social problems as compared with the private and governmental revenues and other benefits related to the production and consumption of alcoholic beverages; 3) examine current government policies regarding the regulation and control of consumption, particularly taxation in relation to the average purchasing power of the population; and, 4) eliminate mass media advertising of alcohol beverages.

The goals of the present research roughly parallel the first three suggestions of the World Health Organization. Volume I addresses the economic costs and benefits of the sale and consumption of alcoholic beverages in Alaska. Volume II examines state legislative statutes, policies and regulations pertaining to regulation and control of beverage alcohol and alcoholism and alcohol abuse. Volume IV examines the nature and extent of individual, public health and social problems related to beverage alcohol consumption.*

Because this report is long and detailed and its parts interrelated, a summary of contents and the major points of each volume are presented below in Part III. This Part provides an overview of the entire report, and indicates to those interested in specific issues where a more complete discussion can be found. The next section, Part II, presents the same findings, but in different contexts and with more or less detail as the relationships between various items are discussed. This synthesis presents related findings in terms of population sub-groups, social systems and overall population units of analysis.

*Work on Volume III has been indefinitely suspended.

particularly true in countries with a traditional consumption of distilled spirits. This is also the case in Alaska, where distilled spirits are the preferred alcoholic beverage. During the last eighteen years, the average annual consumption of distilled spirits has increased by 64%, whereas the consumption of beer has increased by 86%, and wine consumption has increased 178%. In terms of the gallonage consumed, distilled spirits are still very clearly the beverage of choice, accounting for 53% of all absolute alcohol consumed in 1975 in Alaska.

The important point is that alcoholism and alcohol abuse, and alcohol-related problems, cannot be linked to any particular type of alcoholic beverage; it is the absolute alcohol consumed, not the type of drink, which determines the effect on a person.

Geographic Area

Although the prevalence of problem drinkers could not be estimated by geographic area, there are some indications that the relative impact of alcohol-related problematic behavior is greater in rural-city areas (smaller cities which serve as regional centers). The general death rate, which in Alaska contains a high percentage of alcohol-related causes of death, is higher in the less densely populated areas. (The availability and accessibility of medical facilities is also a consideration.)

Rural-city areas also evidence the greatest percentage of alcohol-related arrests relative to total arrests for all offenses. In the rural-city areas, 48% of arrests for all offenses were for alcohol-related offenses, compared to 39% and 34% for urban and rural areas.

While these two indicators are far from conclusive evidence, they at least suggest that alcohol plays a somewhat greater part in the individual and social problems of rural-city areas than it does in the urban areas.

Race

Natives, who comprise about 17% of the State's population, are disproportionately represented in alcohol-related mortality; 43% of all suicides, 38% of homicide victims, 60% of alcoholism deaths, 25% of cirrhosis of the liver deaths occur among the Native population. For all violent deaths the death rate (per 1000 persons) is 3.21 for Natives, compared to .25 for non-Natives. More generally, the overall crude death rate is 7.36 for Natives and 3.51 for non-Natives.

PART II. INTEGRATED SUMMARY OF ALL VOLUMES

Attempts to control alcohol abuse can be cast into three general categories. First, anti-abuse efforts can be focused on certain groups of individuals which have high rates of alcohol-related problems. Second, after considering the different effects of alcohol abuse (e.g., drunk driving, increased mortality, lost production, etc.) appropriate resources can be allocated to various social systems to identify individuals who need assistance and to reduce and prevent these effects. Finally, measures can be taken which affect the general population in such ways that the prevalence of excessive consumption of beverage alcohol will be discouraged and minimized, and thus, the individual, public health and social problems associated with excessive levels of consumption will be reduced and prevented.

Since those who design and implement alcohol policy will be using one or more of these methods, more probably a combination of them, the findings presented in each of the volumes of this report are integrated and presented in the following section according to these general methods and labeled as--target groups of individuals, social system problems, and general population problems.

A. GROUP CHARACTERISTICS OF INDIVIDUALS WITH ALCOHOL RELATED PROBLEMS

Specific Types of Alcoholic Beverages

In addition to standard demographic groups (e.g., area, race, age, sex, and occupation), analyses of alcohol abuse have often considered the type of alcoholic beverage consumed. Beer and wine, for instance, have often been touted as "beverages of moderation." However, "hard drinkers" do not necessarily drink "hard liquor". In fact, the preferred alcoholic beverage for most Americans is beer. Further, characteristics of drunk drivers indicate that beer is the alcoholic beverage of preference.

The international increase in the average annual consumption of beverage alcohol represents an increase in the consumption of all three major beverage types. But the increased consumption is marked by a gradual shift away from the consumption of distilled spirits and toward greater consumption of lighter alcoholic beverages. This has been

In addition, 67% of all client admissions to state-funded alcohol programs were Natives.

There is also an overrepresentation of Natives in arrests for alcohol-related violent offenses. Natives account for 42% of all homicide arrests, 44% of aggravated assault arrests, and 31% of arrests for forcible rape--all offenses which have a strong relationship with alcohol abuse. However, for the misdemeanor offense of OMVI, which accounts for 22% of all adult arrests, only 14% of the total arrests were Natives. Arrests for alcohol-related misdemeanor offenses account for 39% of all arrests, whereas arrests for violent crimes account for only four percent of all arrests.

Age

Younger persons also appear to be overrepresented in relation to alcohol problems. Persons in the age group 15 to 34 account for 51% of all accidental deaths, 70% of all suicides, and 65% of all homicide victims. Violent deaths tend to be associated with alcohol abuse and affect younger persons more than older persons. Yet older persons show the effects of long term excessive consumption of alcohol in that over 88% of deaths for alcoholism and cirrhosis of the liver occur among persons over 35; 70% of deaths for these causes occur among persons over the age of 45. The effects of alcohol abuse among older persons cannot be discounted, particularly in view of the fact that Alaska has a relatively young population, yet also has a very high rate of death due to alcoholism, 418% higher than the national average. Death due to alcoholism is, of course, far more common in the age category from 45 to 54 because of the progressive nature of the disease.

Most generally, available evidence suggests that heavy drinkers have a rate of death that is two to four times higher than persons who are not heavy drinkers. The alcohol-related mortality information for Alaska demonstrates this general trend very well.

With regard to alcohol-related crime, adults (over 18) account for 70% of arrests for all offenses, but 87% of all arrests for alcohol-related offenses. With regard to specific alcohol-related offenses, adults account for from 95% to 98% of arrests for OMVI, disorderly conduct, drunkenness and vagrancy. About 64% of the number of persons convicted for OMVI were between the ages of 18 and 39. Juveniles, however, account for about 52% of all arrests for liquor law violations, and 64% of the arrests for non-aggravated assaults.

Younger persons also comprise the greatest bulk of the estimated problem drinkers group--about 63% are between the ages of 20 and 40.

Sex

Drinkers with problems are primarily males, 82%, according to the Marden procedure for the estimation of problem drinkers. It should be noted however, that this method under-enumerates the unemployed, many of whom are women. Female problem drinkers, 18% of the total, seem to be concentrated in the age category from 30 to 49, which accounts for 78% of their estimated number. Males, on the other hand, tend to be concentrated in the age group from 20 to 40, about 70% of their estimated number is in this category. For females, the largest percentage of problem drinkers is in the 30-39 age group (47%), whereas for males, the largest percentage is in the age group of 20 to 29(46%).

Males also account for the greatest majority of alcohol-related arrests, (85%). The pattern of arrests for alcohol-related offenses for males and females is also different. Almost half, (43%) of all male arrests are for the offense category of OMVI. However, female arrests for alcohol-related offenses tend to be more evenly distributed for the offense categories of OMVI, disorderly conduct, and liquor law violations.

Similarly, client admissions to alcoholism treatment programs are predominately males, (76%).

Occupational Category

The application of various procedures for the estimation of the prevalence of problem drinkers resulted in an estimate of approximately 30,000 drinkers with problems, in 1975. One of the three procedures that resulted in about the same estimate, the Marden method, provides an estimate according to occupational category. This procedure estimated about 31,700 drinkers with problems in the state. Of this group: 15,630 were employed civilian males; 5,800 were females (employed and unemployed); 5,740 were military men and women; and, 4,530 were unemployed civilian males.

Employed males (civilian and military) constitute 67% of the total estimated number of drinkers with problems; employed and unemployed females comprise 18% of the total (occupational information for females is not available for Alaska); and, unemployed males make up about 14% of the total number of drinkers with problems.

The occupational distribution of drinkers with problems showed that craftsmen and kindred workers, primarily in the age group of 20 to 29, constitute the largest single target group of drinkers with problems, about 14% of the total. However, the remaining number of estimated employed drinkers with problems was distributed fairly evenly over the categories of managers and administrators, professional workers, laborers, operatives,

and service workers; each of these categories represents from four to eight percent of the total. Males in the military in Alaska, aged 20 to 29, constitute a disproportionate share of the population of drinkers with problems, relative to their number in the total population.

The estimated number of female drinkers with problems is probably very low due to lack of appropriate information.

Unemployed male drinkers with problems make up about 14% of the total number of drinkers with problems. But 44% of this group is in the age group of 20 to 29. This estimation category reflects more the rate of unemployment in the Alaskan labor force, rather than the public inebriate population.

The relative distribution of drinkers with problems shows that these persons are primarily employed--in skilled, professional, and managerial jobs, both males and females, but predominately males, civilian and military, and not at all characterized as "skid row", or "down-and-out" type of persons.

B. SOCIAL SYSTEMS

Criminal Justice System

Although a great number of the violent crimes against persons are alcohol-related--64% of all criminal homicides, 34% of all forcible rape cases, and 41% of aggravated assault cases have been linked to alcohol abuse--violent crimes against persons comprise only four percent of all arrests in the state. It is the alcohol-related misdemeanors which have the greatest impact on the criminal justice system. Those misdemeanor arrests for alcohol-related offenses account for 39% of all arrests statewide, and about 60% of all misdemeanor filings in district court, and cost the criminal justice system a total of about \$11.76 million in 1975. This figure represents more than three-quarters (77%) of the total cost of alcohol-related crime to the criminal justice system, which amounted to \$15.263 million. These dollar figures do not include any cost to victims, or economic consequences of the criminal activity, just the costs to the enforcement, prosecution, court and corrections components of the criminal justice system. The total cost of \$15.263 million for alcohol-related crime amounts to slightly over 30% of the total criminal justice system expenditures.

The impact of alcohol-related crime on the criminal justice system in Alaska is relatively greater than would be expected based on projections derived from national findings. Nationally, the economic impact of alcoholism and alcohol abuse on the criminal justice system accounts for about 1.7% of the total costs attributable to alcoholism and alcohol abuse.

In Alaska, alcohol-related costs to the criminal justice system account for 11.3% of the total costs attributable to alcoholism and alcohol abuse in the state. This relatively greater impact of alcohol-related crime in Alaska contributed to the total economic cost attributable to alcoholism and alcohol abuse in Alaska in 1975, which amounted to \$131.2 million, and which is about 65% greater than the corresponding estimate based on adjusted national findings.

When consideration is given to the relative distribution of alcohol-related costs to the criminal justice system, and the manner in which financial resources are allocated for alcohol-related crime, two striking facts emerge. First, the cost for alcohol-related law enforcement is disproportionately greater relative to the distribution of budgeted costs for criminal justice system components, and municipal governments bear a relatively heavy burden for this alcohol problem.

Approximately one-third of the criminal justice system budget is allocated for law enforcement, yet alcohol-related law enforcement accounts for over one-half (52%) of the total alcohol-related costs to the criminal justice system. In addition, municipal police departments account for about 68% of the total arrests for all offenses in the state, compared to the remaining 32% provided by the Alaska State Troopers. Furthermore, with regard to alcohol-related arrests, municipal police departments account for 74% of all arrests for alcohol-related offenses. Local governments must thus bear the financial burden for the control of this alcohol problem.

Part of the law enforcement effort of local police departments provides services for the enforcement of liquor laws. But this function is delegated by the State Legislature for the control of the sale of alcohol, and is accompanied by a rebate from the alcohol beverage license fees. However, the burden on local law enforcement for alcohol-related activity is far greater than liquor law enforcement. It includes a whole range of arrests that are associated with excessive alcohol consumption.

Other State policy, as provided in the Uniform Act, also places the burden for initiation of responses for the control of alcohol problems on the local governments, and provides limited assistance through a financial grant-in-aid program through the State Office on Alcoholism for alcohol treatment programs, but no assistance for law enforcement.

The State further encourages local control for alcohol problems by the local option provision which allows local areas to prohibit the sale of alcoholic beverages. However, if this option is exercised, the license fee rebate for associated law enforcement activity is precluded. In addition, local governments find no relief in that they are prohibited from imposing a special tax on the sale of alcoholic beverages at the local level. If the localities are to be innovative in developing methods

of controlling alcohol abuse, or even able to meet their needs in this area, they should not be denied the mechanisms to do so. Localities need the alternative of being able to experiment with a local tax on alcohol in order to provide money for local treatment and prevention programs, and as a way of controlling excessive consumption and associated anti-social acts. Such provisions would provide realistic alternatives for local responsibility for alcohol problems, other than merely the exercise of the local option.

The great majority of the impact of alcohol-related crime on law enforcement comes from arrests for misdemeanor offenses. More specifically, consideration of only those offenses considered to be "100% alcohol-related"--driving while intoxicated (or OMVI), liquor law violations, drunkenness, non-aggravated assaults, disorderly conduct, and vagrancy, accounted for 39% of all adult and juvenile arrests for all offenses. This estimate has to be considered conservative since individual arrests for all offenses could not be investigated for alcohol involvement.

The greatest volume of arrests for alcohol-related offenses is, of course, in the major urban areas of the state. The greatest relative impact, however, is in the rural-cities, or regional centers in the state. In these settings, almost half, 48%, of arrests for all offenses were for alcohol-related offenses. It is in these areas where the burden on local law enforcement for alcohol-related crime is greatest.

Analysis of the characteristics of individuals arrested for the designated alcohol-related offenses indicates that adults (over 18 years old) account for 87% of all such arrests. The great majority of this group is male --85%. The offense of OMVI accounts for the greatest majority of arrests for males and females. Arrests for OMVI constitute the largest single category of arrests in the state. Females, however, showed a pattern of alcohol-related arrests more evenly divided among OMVI, disorderly conduct, and liquor law violations, whereas male arrests were very definitely concentrated on the OMVI offense.

Although juvenile arrests for alcohol-related offenses account for only 13% of all such arrests, they comprise about two-thirds of all arrests for liquor law violations. These arrests, together with arrests for assaults, comprised 85% of all juvenile arrests for alcohol-related offenses.

Another significant fact that emerges from the economic impact of alcohol-related crime on the criminal justice system is that slightly less than one-quarter of the cost of alcohol-related crime is attributed to the corrections component--punishment and rehabilitation.

Of course, the passage of the Uniform Act, 1972, which decriminalized drunk in public offenses, may have reduced the correctional system's need for money for alcohol-related crime offenders somewhat. Nevertheless, the high proportion of offenses which are alcohol-related, the high proportion of misdemeanor court filings and convictions which are alcohol-related (48 to 75%), the fact that those incarcerated for alcohol-related offenses had the second highest recidivism rate (43%) among 1971 and 1972 jail releases, and the fact that more than 50% of all sentences served for fewer than ten days in 1975 were for alcohol-related offenses, indicate that funds spent on effective treatment and rehabilitation for alcohol offenders would ultimately save the state criminal justice system money. The obvious additional individual benefit is the potential for earlier identification of drinkers with problems and intervention in the alcohol abuse pattern.

Funds for rehabilitation need not, of course, be given to correctional programs alone. Greater cooperation between courts and alcohol treatment and rehabilitation agencies (as well as corrections agencies) could lead to the development of systematic sanctions which would not involve incarceration, but which would attempt to treat the underlying alcohol problem. The effectiveness of court-coerced and monitored enrollment and attendance in alcohol treatment programs for certain types of offenders has shown some impressive results in demonstration sites around the country. While it is probable that in some cases of alcohol-related crime the alcohol problem is only a symptom of and underlying social or psychological problem, the systematic availability of alcohol rehabilitation services within the purview of the court would make the identification of individual problems and designation of available treatment resources an effective part of the court's arsenal of sanctions, and contribute to the prevention of future offenses that would not occur without the excessive consumption of alcohol.

Drunk Drivers and Traffic Safety

The offense of OMVI creates a major problem for the criminal justice system and for public safety. Certainly, the offense cannot be committed without the excessive consumption of beverage alcohol, and it is the largest arrest category in the state--22% of all adult arrests for all offenses; in numbers, about 3300 in 1975, and increasing (39% increase from 1973 to 1975). At least 46% of all traffic fatalities in the state involved alcohol (determined by chemical testing), and 80% of all traffic fatalities in Anchorage involved alcohol, in the same year. Furthermore, the economic cost of excess motor vehicle traffic accidents attributable to alcohol was estimated to be \$19.7 million in 1975. (The term excess reflects adjustments made in the calculations in view of the fact that traffic accidents occur even without the consumption of alcohol).

A profile of those convicted for OMVI indicates that these offenders are genuinely dangerous drivers, and they also constitute a fairly small but distinctive group. The average blood alcohol concentration (BAC) for arrested persons was .18%, on a scale in which .10% BAC is the statutory limit, and .05% BAC indicates the beginning lower level of impaired ability and judgement. Furthermore, two out of ten convictions had had at least one prior conviction for OMVI, 18 out of 20 had had at least one prior major traffic violation (reckless, negligent, etc.), and 13 out of 20 had had at least one traffic accident.

There is no indication that police have routinely exceeded proper limits in making arrests for OMVI--92% of those arrested had BAC levels above the statutory limit of .10%, and 71% had BAC levels above .15% (a 160 pound person would have to consume nine drinks of 86 proof liquor within two hours to reach a .15% BAC). Furthermore, the rate of arrest was only 15 per 1000 licensed drivers (not indicative of special enforcement efforts), and the court conviction rate was 89% in 1975.

The limited personal characteristics information for persons convicted of OMVI shows that the typical person convicted of OMVI is a non-Native male between the ages of 18 and 39. Of all convicted OMVI drivers, 88% were males, and 64% were between 18 and 39 years of age.

It is difficult to interpret the court sentencing patterns for drivers convicted of OMVI. During 1975, 93% of the OMVI convictions were fined an average of \$316, with an average of \$92 suspended; 78% were sentenced to an average of 14 days in jail, with ten days suspended; about four percent received no sentence or fine. But these averages include both first offenders and multiple offenders. If one considers the extent of alcohol-related traffic accidents, the high BAC levels of persons arrested, and the number of arrests and rearrests for OMVI, one may consider the sentencing patterns too lenient for individual and public deterrence, if indeed deterrence is possible. If, on the other hand, one considers that a major portion of this group of drinking drivers is problem drinkers, then perhaps the sentencing patterns have been too severe, or inappropriate.

The information that is available for drivers convicted of OMVI allows a logical and valid conclusion that, not only are the overwhelming majority of these drivers drunk and impaired, independent of one's precise definition of "drunk", but also, that a very high proportion of these drivers may be classified as problem-drinker-drivers. As such, they are valid clients for alcoholism treatment and rehabilitation, as well as for the judicial-correctional system. This area has been the subject of relatively extensive demonstration and research nationally, with the result that the coordinated and integrated efforts of the criminal justice system and the alcohol treatment system produces more satisfactory outcomes than each system can produce on its own.

Lost Production

Many alcoholics and alcohol abusers do not engage in any form of antisocial behavior. Nevertheless, excessive consumption of alcohol by workers in the labor force is generally considered to cause diminished productivity. These workers are considered to produce less because of the combined effects of alcohol abuse and absenteeism, increased injury rates, premature death and associated industrial costs. Since these workers produce less than they can, because of alcohol, society suffers as a result of fewer goods being produced, and therefore, consumed. The economic cost of diminished productivity can be measured indirectly and provides an estimation of the impact of alcoholism and alcohol abuse on society that is very significant but much less apparent than alcohol-related crime or traffic accidents.

In 1975, the economic cost of lost production due to diminished productivity of alcohol-troubled workers, and the result of occupational injuries attributable to excessive consumption of alcohol amounted to \$61.8 million. This figure represents 43% of the total economic cost associated with the alcoholism and alcohol abuse in the state, which amounted to \$131.2 million, and constitutes the largest single cost category. Comparison of this figure with a corresponding estimate based on the projection of national findings to Alaska indicates that this area produces a relatively greater impact, in relation to the other cost categories.

The relative magnitude of this cost is quite startling, and serves to focus attention on the subtle pervasiveness of the social impact of excessive consumption of alcohol. In addition, it serves to confirm the distribution of the estimated prevalence of drinkers with problems, which indicates that the greatest majority of drinkers with problems are workers in the labor force.

The Marden procedure for the estimation of the prevalence of drinkers with problems, which was one of the three procedures found to be generally applicable to Alaska, yielded an estimate of about 31,700 drinkers with problems in the state in 1975. Of this number, 15,630 were employed males, 5,800 were females (employed and unemployed), 5,740 were military men and women, and 4,530 were unemployed civilian males.

Employed males, both civilian and military, made up 67% of the total estimated number of drinkers with problems. Employed and unemployed females comprised 18% of the total, and unemployed males made up about 14% of the estimated number of drinkers with problems. The occupational distribution of drinkers with problems indicates that craftsmen and kindred workers, primarily in the age group of 20 to 29, comprise the largest single target group of problem drinkers, about 14% of the total.

However, the remaining number of estimated problem drinkers is distributed fairly evenly over the occupational categories of managers and administrators, professional workers, laborers, operatives and service workers--each of these categories represents from four to eight percent of the total. Thus, the great majority of persons at risk for alcohol abuse are primarily persons employed--in skilled, professional, and managerial jobs, both males and females, but predominately civilian and military males between the ages of 20 and 40.

It is obviously in the best interests of each individual involved, and of society in general, to prevent alcoholism and alcohol abuse, and to identify and treat cases as early as possible in the progression of the alcohol abuse patterns. Although treatment and rehabilitation programs are treated separately in another section, it should be noted at this time that the State Workman's Compensation Policy makes it more difficult to return the recovered alcohol abuser to productive labor. Currently, a finding that an occupational injury was solely attributable to the excessive consumption of beverage alcohol would disqualify a claimant. If this provision was designed to punish or deter a person from being intoxicated on the job, it is apparently not working. Only one in approximately 14,800 claims was denied for this reason, yet it was estimated that about 15% of the occupational injuries are alcohol-related. Therefore, only a very few workers will be denied any benefits while many who have alcohol problems will not be encouraged, or required, to enter treatment programs. As an alternative, benefits could be conditioned on vocational and alcohol rehabilitation programs, or only a certain percentage of the benefits could be paid for such services.

In addition, the State could encourage early diagnosis and treatment of alcoholism and alcohol abuse by requiring health insurance plans to cover alcoholism and alcohol abuse as a primary diagnosis for both inpatient and outpatient treatment. Such a provision could encourage the craftsmen, managers, professional workers, and all other occupational categories of alcohol-troubled workers, who constitute the largest percentage of alcohol abusers, to seek treatment and rehabilitation. Furthermore, such a provision would enable employers and supervisors to encourage better work performance and production for alcohol-troubled workers with the availability of the treatment and rehabilitation support system.

Excess Mortality

Mortality rates and the events underlying the various causes of death would certainly still occur, even if alcohol did not exist. Nonetheless, it is a fact that the excessive consumption of beverage alcohol does contribute to mortality rates a certain additional increment which otherwise would not be there. Generally, it is considered that heavy drinkers

have a mortality rate that is two to four times higher than those who are not heavy drinkers. Because of this increased rate of premature death, society again loses the potential contributions that would otherwise have been made.

In dollar terms, lost production due to excess mortality attributable to alcoholism and alcohol abuse in Alaska cost \$24.6 million in 1975, not counting any health costs or aid to families depending on the alcohol abuser. This particular cost made up 19% of the total economic cost of alcoholism and alcohol abuse in 1975.

The magnitude of the economic cost of excess mortality reflects in different and more common terms, dollars, what is also indicated in the information regarding the relationship between excessive consumption and alcohol-related death. A valuable indicator of alcohol's involvement in Alaska's mortality rates is the extremely high rate of death due directly to alcoholism. Alaska's alcoholism mortality rate has dramatically increased by 153% from 1959 to 1975; in 1975 the alcoholism rate of death was 418% higher than the nationwide average.

Another major indicator of alcohol's impact on Alaskan mortality is the rate of death due to cirrhosis of the liver, since alcoholic cirrhosis of the liver is the result of long term excessive consumption of beverage alcohol. During the period from 1959 to 1975, the rate of death for this cause increased by 142% in Alaska.

The increases in rate of death due to alcoholism and cirrhosis of the liver correspond very closely to the increases in average annual consumption of alcohol in Alaska. Mortality directly associated with excessive consumption of alcohol is an indicator of the prevalence of alcoholism in a population. Also, theoretically, the rate of alcoholism is directly related to the rate of average annual consumption in a population. The pathological relationship between the rates of death due to alcoholism and cirrhosis of the liver, and the average annual consumption of alcohol is particularly well demonstrated in Alaska. The relationship is discussed more in Section C.

More generally, Alaska's rate of death due to violent causes--a mortality category greatly influenced by alcohol abuse, ranges from two to five times the national rate, depending on the specific cause of death. Violent causes of death account for almost 40% of all deaths in the state. Over 68% of all accidental deaths were linked to transportation in one form or another (water, motor vehicle, aircraft, drownings), a fact particularly relevant in view of Alaska's peculiar lifestyle. It is known that at least 46% of all traffic fatalities involved alcohol in 1975.

With respect to the human consequences of alcohol-related excess mortality, it results that the younger and middle age ranges of the population suffer the highest rates of significant if it is remembered that in 1970 almost 85% of the statewide population was under the age of 44, and that the 15-44 age-bracket stands as the greatest population at risk in the state with respect to alcoholism, and violent death. Section C discusses measures to help deal with these events.

Health and Medical Care, and Social Services

Part of the adverse consequences of the excessive consumption of beverage alcohol includes the need for more extensive health, medical and social services, than would otherwise pertain, were it not for the abuse of alcohol. The impact of these consequences places an additional burden on the health and social service delivery system. These services would still have to be provided, even if alcoholism and alcohol abuse did not exist, but because of excessive consumption, excess resources are utilized that would otherwise be available for alternative uses.

The economic impact of alcoholism and alcohol abuse on the health and medical care delivery system, that is, the cost of the utilization of excess services only, was determined to be \$13.3 million in 1975 in Alaska. This cost figure includes the costs of excess hospital services, physicians' services, nursing care, drugs, and other professional services. But it does not include indirect costs associated with health and medical care users, such as illness, disability and premature death attributable to excessive consumption of alcohol, which were included in the costs of lost production.

The comparison of this figure with the estimate that could be projected from national findings, that is, Alaska's share of the national cost of excessive health and medical services due to alcoholism and alcohol abuse, indicates that the \$13.3 million is a relatively low expenditure for this cost category. The \$13.3 million represents about 10% of the total economic cost of alcoholism and alcohol abuse in Alaska. National findings show that about 27% of the total national costs are accounted for by excess health and medical services.

In view of the fact that the total economic cost of alcoholism and alcohol abuse in Alaska exceeds Alaska's share of the national estimate by 65%, and in view of the constant and rapidly increasing rate of average annual consumption in Alaska for the last eighteen years, and in view of the higher rates of alcohol-related mortality, as well as the extent of

alcohol-related crime, and the estimated number of over 30,000 drinkers with problems in this state, the difference in the costs estimates suggests that the need for alcohol-related health and medical care is even greater than the present cost estimate indicates.

Part of the reason for the underrepresentation of need may be due to the fact that health and medical services are generally less available and less accessible in Alaska, compared to nationwide information. In addition, the use rate of available hospital beds is considerably lower in Alaska, compared to national averages. This is in part related to the generally younger population of the state and consequently the reduced demand for hospital services in the first place, and also the potentially shorter required length of stay once admitted. Available national information indicates that the average length of stay of alcohol abusers is about 45% longer than for non-abusers, independent of the admission diagnosis. This is due to the fact that abuse of alcohol serves to complicate and extend treatment for most other health and medical problems. Altogether, this additional information indicates that the need is probably greater than the health and medical services system presently feels.

Furthermore, a decrease in the utilization of the health and medical care due to alcoholism and alcohol abuse cannot be realistically expected. Admissions to hospitals for the primary diagnosis of alcoholic disorders, not counting admissions categories complicated by alcohol abuse, has increased by 28% between 1973 and 1975. It is likely that reported admissions for alcoholic disorders will increase in relation to the increases in the extent of third party payment for such admissions. Considering the fact that Alaska's population is fairly young, and that alcohol-related illnesses and diseases are progressive, it is probable that the need for health care and medical care services will increase in the following years if the trend of increasing annual consumption is not reversed.

Part of the pervasiveness of alcoholism and alcohol abuse includes generation of adverse individual and social events beyond the individual alcoholic and alcohol abuser. The economic consequence of this is the possible additional cost of public and private social services and assistance to others in addition to alcoholics and alcohol abusers, including foster care, daycare, homemaker services and social work services.

The estimated economic cost, based on actual expenditures, made for provision of public social services and assistance attributable to alcoholism and alcohol abuse was found to be about \$3.5 million. In addition, public assistance payments, or alcohol-related transfer payments for AFDC, AD and Medicaid cases total \$3.1 million. In economic terms, the cost of social services is a true economic cost, but transfer payments

are not. However, transfer payments do represent a transfer of part of the burden of reduced income due to alcoholism from the alcoholic and family to the taxpayer.

Furthermore, although this cost estimate only represents less than three percent of the total economic cost of alcoholism and alcohol abuse in the state, it is more than five times greater than the corresponding national estimate for Alaska. Thus, relative to the other cost areas, social welfare costs due to alcoholism and alcohol abuse indicate a disproportionately greater impact in Alaska.

Direct Alcohol Programs

Despite the need for prevention and treatment of alcohol abuse to reduce traffic fatalities, accidents, crime, lost production, excess mortality, and health care and social service costs, the society seems unwilling to commit its resources to that end and unable to reach very many of those in need of rehabilitation.

A cost analysis for nine statewide agencies reporting expenditures for alcoholism and alcohol abuse programs indicated that about \$3.7 million was spent for such programs in FY 1975. Of this amount, 32% was spent for prevention, and 55% for treatment and rehabilitation. The Federal government accounted for the bulk, 82%, of the money spent; State funds accounted for less than 12%. The total cost of such programs amounted to less than three percent of the total economic cost of alcoholism and alcohol abuse in the state in 1975.

While the resources committed to prevention and treatment may be relatively small, the need for such services clearly outweighs the use of such programs. Although the number of problem drinkers in Alaska was estimated to be about 30,000 in 1975, only about 3,600 persons were admitted to local alcoholism treatment programs in FY 1976. A cost analysis of both statewide and local alcoholism programs showed a total cost of about \$5.76 million for FY 1976. The willingness of the state to allocate resources consistent with the evident problem seems somewhat hesitant. About 63% of the total funds came from Federal sources, while only 23% came from State funds. Local government contributions amounted to about 12%, either in cash or in-kind contributions. The remaining 2% came from third party payments (primarily Veterans Administration and Bureau of Indian Affairs). Certainly the burden for the financing of Alaska's alcohol prevention, treatment and rehabilitation presently rests with Federal and State authorities. As mentioned elsewhere, local governments have been hampered by statutes and policies inconsistent with the policy of the Uniform Act, in their ability to initiate and develop programs. Similarly, the extent to which third party payments contribute to the cost of services is very slight and could be developed more by the State.

Clearly, it is in the best interests of the entire population, as well as in the individual's best interest, to encourage treatable persons with alcohol problems to enter effective programs, and provide the resources and/or mechanisms for the development of such programs. Client characteristics information suggests the clients admitted to local alcohol treatment programs represent only a small, concentrated segment of the entire distribution of alcohol-troubled persons, as identified by alcoholism prevalence procedures and investigations of persons involved in alcohol-related traffic fatalities, arrests for OMVI, other alcohol-related arrests, etc.

If the State is to implement the policy of the Uniform Act, it must (1) encourage the earlier identification of all types of alcohol abusers and entry into treatment programs (e.g., through coordination with employers, courts, health and social services, etc.); (2) determine the effectiveness of different treatment modalities and programs; (3) allocate the funds necessary to meet the need for adequate education, prevention, and treatment programs; and/or (4) modify present state statutes and policies to enable local governments to initiate and develop local prevention and treatment programs and to rapidly develop and increase the extent to which third party payments may help pay for alcoholism services.

Money spent for the development of effective programs should not be regarded as charity to any particular group of people, but rather, as insurance against the very high costs of crime, lost production, excess mortality, and health and social services which are attributable to alcoholism and alcohol abuse.

C. ALCOHOL PROBLEMS AND THE
GENERAL POPULATION

INTRODUCTION

The fact that one can isolate and describe demographic groups and social systems affected by alcohol abuse should not obscure the fact that alcohol abuse pervades the entire population and must also be addressed as a population problem. In 1975, the number of drinkers with problems in the state numbered about 30,000, which represents about 15% of the drinking age population. The State also clearly qualifies itself as a high alcohol-consuming population. Not only is the annual per capita consumption of 4.54 gallons of absolute alcohol 57% greater than the national average, but the average annual consumption in Alaska increased by 80% from 1958 to 1975, whereas the corresponding increase for the nation was only 46%. The rapidly and dramatically increasing rate of annual consumption was matched only by a corresponding increase in the rate of death directly related to alcohol consumption--cirrhosis of the liver and alcoholism.

Numerous other indicators point to the widespread impact of alcoholism and alcohol abuse in the entire state. The estimate of the statewide economic impact of alcohol problems amounted to a conservative \$131.2 million (1975).

While various groups and agencies can try to cope with the existing problems of alcohol abuse, it is clear that a comprehensive and consistent state legislative policy is necessary.

STATE POLICY

Since 1933, the primary responsibility for formulating an alcohol policy rests with each of the states. In Alaska, the legislature did not meet this responsibility until 1972, fourteen years after statehood, and even then the legislature's statement of policy was merely added to the statutes, with little regard for its relationship to other laws. The Uniform Act contains the only clear statement of legislative policy about alcohol abuse. The policy of the Uniform Act is to treat and rehabilitate those abusing alcohol, and to decriminalize alcoholism and intoxication.

In addition to the stated purpose of the Act, five other inherent policies appear in the body of the Act, all reflecting the public health approach to alcohol abuse. First, alcohol abuse is to be treated comprehensively through research, educational programs, treatment programs and facilities, and cooperation among interested groups. Second, the State must respect the autonomy and decisions of the person being treated, unless that person is incapable of rational thought, in which case the function of the state is to protect his or her safety. Third, programs should reflect the fact that alcoholics, intoxicated persons, and persons incapacitated by alcohol may have different needs. Fourth, treatment should occur at the local level whenever possible.

In passing the Uniform Alcoholism and Intoxication Treatment Act in 1972, the legislature chose to attack the problems of alcohol abuse from a public health perspective. The Uniform Act attempts to solve the problem of alcohol abuse by preventing it and treating those who already abuse alcohol, rather than by relying on the criminal justice system to deter abuse per se. However, other laws have not been changed to reflect the public health orientation of the Uniform Act. If the State is to deal with alcohol-related problems as efficiently as possible, some attempt must be made to form a cohesive alcohol policy.

One of the major policy conflicts involves the control of sales on one hand and the control of abuse on the other. Statewide regulations, licensing procedures, and the ABC Board emphasize an economically stable liquor industry, divorced from criminal activities, but do not treat alcohol as a dangerous drug. The Uniform Act assumes that it is. The effects of alcohol are treated as a public health hazard, yet little is

done to control the sale of the substance itself. If alcohol were officially designated as a dangerous drug, the ABC Board would have stronger grounds for implementing sales regulations which discourage abuse when such control measures are identified by scientific research. Although the Uniform Act primarily addresses alcohol abuse as an illness, it recognizes that alcohol abuse also has direct social consequences from which the public must be protected.

GOVERNMENT CONTROL MEASURES

The primary control measures the state government has available are in the areas of price, number of outlets, hour of sale, and public education. Of course, measures which affect the price and availability of beverage alcohol will have an impact on the entire drinking population. Since the problem is the abuse of alcohol, the question of why the utilization of measures which influence consumption in general must be considered. Why make it more difficult for every drinker to obtain alcohol when only some drinkers abuse it? The main justification comes from research indicating that the number of problem drinkers in a population increases as the average annual consumption increases. In other words, the more one drinks, and the more often one drinks, the more one participates in, and contributes to, the problem of abusive consumption by others.

Although there is no generally accepted theory that explains the cause of alcoholism and alcohol abuse, it does appear that excessive consumption is more likely to be the result of the prevailing drinking patterns and social practices of groups with high annual per capita consumption. In populations having lower levels of annual per capita consumption, excessive drinking is less common and not encouraged, and the cases of alcohol abuse are more likely the result of individual psychopathology or sociopathology. In a high-consuming population, as in Alaska, relaxed government controls on the sale and consumption of beverage alcohol serve to encourage more frequent and socially accepted drinking. As more people consume more beverage alcohol and do so on more frequent occasions, the average annual consumption increases, and so does the prevalence of excessive drinking. In short, the primary justification for measures which affect the entire drinking population is the effect which the entire drinking population has on the proportion of drinkers who consume excessive amounts of beverage alcohol.

This case is particularly well demonstrated in Alaska. As mentioned previously, Alaska can clearly be considered a high-consuming population. The annual per capita consumption exceeds the national average by 57%. But more importantly, the rate of increase in average annual consumption

has been continuous and dramatic--an 80% increase in the eighteen years after statehood. That this continuous increase in consumption is directly related to the rate of increase of excessive consumption is demonstrated by the corresponding increase in the rate of death due directly to excessive consumption of beverage alcohol.

The major implication of the application of this framework, and its high degree of suitability to the Alaskan situation, is that in order to reduce and prevent the number of drinkers with problems in the state, and thus reduce and prevent the alcohol problems associated with the current levels of consumption, the increasing average annual consumption must be at least stabilized, and if possible, reduced.

The three main factors available to the government in Alaska for affecting annual rates of consumption are price, availability and education. These are discussed separately below. Because some of the state responsibility and authority for the control of sale and consumption of alcohol has been delegated to localities, their problems with general control measures are also presented separately.

Price

Taxes affect the consumer price of alcoholic beverages, and there are strong indications that the price of alcohol relative to personal disposable income is closely related to overall consumption and the prevalence of alcoholism.

In a license state such as Alaska, where retail sales are allowed by only those licensed by the state, rather than through direct government outlets, the consumer price of alcoholic beverages will be primarily determined by government taxes. The influence of taxation on consumer price is substantial however, since from 50 to 75% of the consumer price is made up of state and federal taxes. As a result, if taxes do not change, then the consumer price of beverage alcohol does not behave like other non-controlled commodities in the free market. In Alaska, the excise tax on beverage alcohol has not changed since 1961, and this situation provides a very good example of the relationship between the decreasing relative consumer price of alcohol and the increasing average annual level of consumption.

In Alaska, during the period from 1970 to 1975 (complete data prior to 1970 are not available), the Consumer Price Index of all items increased by over 41%. The Consumer Price Index for alcoholic beverages increased by only .3% (three tenths of one percent). During the same period average disposable income increased by about 92%, while real disposable income increased by almost 36%. In net effect, while the relative purchasing power of Alaskans increased by 36%, the price of all commodities increased by over 41%, and the price of alcoholic beverages increased by only .3%--which means that the price of alcohol actually decreased by 40%. The decrease in relative price of alcohol has been matched by a

corresponding increase in the average annual consumption of alcohol. It would seem that, particularly as applied to Alaska, the relationship between increasing average annual consumption and decreasing relative price of beverage alcohol is well demonstrated.

Alcohol Revenue and Expenditures

The primary thrust of the above statements presents the state's taxing authority as a primary prevention measure, which costs the state no additional money for stabilizing consumption and thus the incidence and prevalence of alcoholism. There is another view concerning taxation that attempts to balance the social costs of alcohol abuse with the revenue generated from the sale and consumption of alcoholic beverages. The main points of this position are that revenue for alcohol-related expenditures ought to come from alcohol consumers, and that alcohol revenues should be spent for alcohol-related programs. Essentially, this position holds that the excise tax is a "user tax", which forces the consumer to pay the costs associated with consumption of the item. A user tax on alcohol, like all user taxes, assumes that one should pay according to one's level of consumption, and not according to one's ability to pay. Some claim that the moderate drinker is required to pay for the abuse of problems caused by excessive drinkers. Actually not, heavy drinkers consume a disproportionate amount of beverage alcohol. According to the liquor industry, about 30% of beer drinkers consume 70% of all beer consumed. It is the drinkers who consume the most, who would be most affected by the tax. Moderate drinkers would be paying, to a certain extent, for their role in perpetuating the acceptability of drinking.

The second major point of this position involves the use of alcohol-generated revenue. Accordingly, alcohol revenues should at least pay for the social costs of alcohol abuse. The social costs of alcohol abuse are not all limited to the costs of alcohol prevention and treatment programs. As mentioned, in 1975, the total economic cost of alcoholism and alcohol abuse in the state amounted to about \$131.2 million. This includes costs for lost production, crime, excess deaths, excess health and medical services, etc., attributable to alcohol abuse. The total economic benefit of the sale and consumption of alcoholic beverages amounted to about \$91.7 million. An additional economic benefit in the form of federal dollars designated for alcohol-related programs, in the amount of \$3.4 million, must be added to the above figure for a total economic benefit of \$94.1 million.

From the point of view of the state government, alcohol-related expenditures totalled about \$24.8 million. At the same time, alcohol-related revenues amounted to about \$10.4 million--\$7.5 million from fees and taxes associated with the sale and consumption and another \$2.9 million from federal and other sources. However, only about \$1.7 million of state money was allocated to alcoholism prevention and treatment programs.

Thus, in terms of the user tax, or even just in terms of a balance of revenues and expenses, the cost of alcohol-related problems far exceeds the economic benefit generated by the sale and consumption of beverage alcohol. Similarly, the money allocated to alcoholism prevention and treatment programs compares very unfavorably to the tax revenue presently being generated.

The present static tax on alcoholic beverages has had the effect of making alcoholic beverages relatively cheaper for the drinker, and the costs of alcohol abuse more expensive for the state as a whole. Because the excise tax has not been tied to the relative cost of living, the relative price of alcohol has, in effect, become much lower than other noncontrolled commodities. Furthermore, another effect of the static tax has also been a form of subsidization of the alcoholic beverage industry by the state legislature.

The excise tax can be viewed as a no-cost form of primary prevention of alcoholism by reducing the increasing rate of average annual consumption and the associated problems and costs, or it can be viewed as a revenue source for the support of the social costs associated with abusive consumption. It can also be viewed both ways simultaneously.

The tax formula need not be a matter of consideration each year. It could simply be formulated in terms of the consumer price index, average disposable income, and average annual consumption. Once the formulation is established, the tax could be self adjusting--increasing or decreasing within the framework specified. In restructuring the excise tax, consideration should also be given to the absolute alcohol content and not beverage preferences. It should be established on the basis of the absolute alcohol content of each beverage, independent of the type of beverage. There is no basis for the differential tax rate on absolute alcohol in beer or wine. Alcohol problems are just as likely to result from the excessive consumption of beer or wine, as distilled spirits. It is the absolute alcohol consumed that is important, not the solution it is in.

Availability

The general availability of alcoholic beverages is another factor affecting levels of annual consumption. In Alaska, in 1975, there were twice as many retail outlets (per 1000 persons) as the national average. In addition, fewer hours of prohibited sales were imposed on license holders in Alaska, than in most other states. While it cannot be maintained that either limiting the number of licensed outlets, or increasing the number of hours of prohibited sale will directly change consumption patterns, these control measures nevertheless have an affect on consumption. The complex relationship between licensing regulations, numbers of outlets, hours of sale, urban or rural influences, price, legal age of consumption, etc.,

makes it very difficult to determine which measures have what affect. However, it has been noted that in countries that have the highest levels of overall consumption and alcohol-related deaths, alcoholic beverages are easily obtained and relatively inexpensive. The same trend is evident in Alaska. Information presented regarding the exercise of the limited control measures available to governments indicates that formal controls appear to be more relaxed than in many other states.

Education

Educational efforts are much less controversial than price or availability measures. This may be related to the difference in the potential immediate outcomes, and the number of intervening variables involved in these different approaches. But further consideration shows that both the taxation measures and the availability measures, as control measures, are also educational in their effect. The approach taken by the government, and the policies and the actions that demonstrate that approach provide the tone for the public. Further, the daily and constant contact that the drinking population has with the various control measures instituted by the state serve to inform and educate in direct experiential ways.

Infrequent public service admonishments to not abuse alcohol have dubious force when contrasted to the multitudinous array of drinking establishments that seem to be open endlessly, the relatively low price of the substance, and the increasing number of occasions that have become appropriate for drinking, all of which are constantly in view in the form of industry advertising.

Certainly different approaches could be studied as to the type of messages and the best media available for more effective information and education campaigns for the reduction and prevention of alcohol abuse and alcohol-related problems. But the context in which these messages are offered also tells something to the receiver about the relative worth, or importance of that message. The government, and its designated agencies, stand in the position to set the attitude of the state for the public regarding the alcohol problems in the state and the goals and approaches that pertain, not only in the statements of public officials, but in the exercise of the control measures for which it has authority.

One of the major policy conflicts involves the control of sales on the one hand, and the control of abuse on the other. At least part of the reason for this is the lack of a suitable forum for the discussion of possible control measures, including educational programs, restrictions on advertising, etc. The Uniform Act provides for the existence of an Interdepartmental Coordinating Committee, made up of a number of agencies concerned with the control of abuse of alcohol, but does not specifically include the Alcohol Beverage Control Office or its Board. The ABC Board

has delegated responsibility for statewide regulations and procedures and taxation, but is not directed to treat alcohol as a dangerous drug, and does not have responsibility for the unintended consequences of the abuse of alcohol. Further, the ABC Board, which is required to have two members from the alcohol beverage industry, is not required to have any members representative of public health or alcoholism programming.

The lack of legislatively specified coordination between the ABC Board and the Interdepartmental Coordinating Committee certainly does not serve to promote the communication necessary for the identification and development of effective educational programs (sales and consumption patterns, related factors, control measures available, types of educational materials needed, distribution of materials, related intervention and treatment programs, etc.) In short, the current governmental structure does little to bridge the schism between the control of sales and the control of abuse of alcohol, which is essential for effective coordination of efforts.

Local Controls

While the primary responsibility for the creation and development of a statewide alcohol policy rests with the State Legislature, some responsibility has been delegated to local government. One of the main local control measures to deal with alcohol problems is the local option to go "dry", whereby a locality may prohibit the sale of alcoholic beverages. Although this procedure is allowed under present legislation, it is hampered by the ability of common carriers to transport alcohol to "dry" communities as cargo via mail, telephone, or telegram order, and by the present alcohol license fee rebate system.

According to this system, municipalities receive the license fees generated by licensed outlets within their boundaries to be used in enforcement of state liquor laws. Communities that choose to exercise the local option will not generate license fees and thus not receive those fees, yet will probably still have law enforcement problems associated with excessive consumption of alcohol purchased elsewhere but consumed within the local area. For the local option provision to be a potentially effective local measure, revisions in the present revenue-sharing mechanism are necessary so that localities are not, in effect, punished for their action. Similarly, provisions regarding the transportation of alcoholic beverages to dry communities by common carrier, which become retail outlet extensions in these communities, need attention.

No matter what type of alcohol policy a local government may adopt, however, it will inevitably have the responsibility for coping with alcohol-related problems--the burden of alcohol-related law enforcement activities, and local treatment programs rests with local areas. Indeed, the Uniform Act encourages the local initiation and development of prevention and treatment

programs. While the municipalities cannot escape the financial burdens of alcohol-related problems, they are prohibited by statute from using special local taxes on alcoholic beverages to generate local revenue. They must somehow generate revenues in other ways, and/or apply for the rather limited amount of state and federal funding for alcohol prevention, intervention and treatment programs. This type of funding is, of course, not only very limited at any one time, but also temporary. This conflict in notions of responsibility and response, and availability of resources could not be judged as good potential for the development appropriate prevention and treatment programs which must be able to endure over long periods of time in order to be effective.

It would appear that the inconsistencies in state policies regarding the control of alcohol consumption and alcohol abuse also have the effect of inhibiting, if not prohibiting, the type of responses required of local areas, for more effective control of alcohol abuse. State funds are not provided in the manner and extent necessary, and at the same time, local municipalities are prevented from generating revenues from the sale of alcohol from the users of alcohol. The prohibition of a special sales tax on alcohol also, of course, prohibits local governments from experimenting with price control as a method of prevention of excessive consumption of alcohol.

PART III. VOLUME SUMMARIES AND MAJOR POINTS

This Part contains a summary of the contents and major points of interest to be found in each of the volumes.

A. VOLUME I. THE ECONOMIC IMPACT OF ALCOHOLISM AND ALCOHOL ABUSE IN ALASKA, 1975

SUMMARY

Volume I investigates and describes the economic impact on Alaska of alcoholism and alcohol abuse. Major goals of the volume include the identification and estimation of financial benefits deriving from the sale and consumption of beverage alcohol, and determination of the economic cost of alcoholism and alcohol abuse for the state as a whole. Findings and methodologies for each of the cost categories utilized are presented. Further, the absolute and relative magnitude of economic costs for each category are analyzed, then compared with corresponding estimates based on national findings. Finally, a separate part of the volume examines the fiscal revenues and expenditures for state government which are directly attributable to the sale and consumption of beverage alcohol.

The economic benefit is defined as the total value added to production in the state; the economic cost is the value of resources which would be available for other purposes if there were no alcoholism or alcohol abuse in Alaska.

This volume of the study is broken down into sections according to the particular benefit or cost being analyzed. The method used to calculate each figure is discussed, and where estimates are required due to lack of data, the bases for the estimates are explained.

The analytic sections are: economic benefits, including federal monies; the economic costs of lost production, alcohol-related motor vehicle accidents, the criminal justice system, health and medical services, social services and public assistance, and statewide alcoholism and alcohol abuse programs.

MAJOR FINDINGS

Economic Benefit of Sale and Consumption of Beverage Alcohol

The estimation of economic benefit of the sale of beverage alcohol in the

State of Alaska was calculated through the value added approach, that is, through determination of the total value added to state production by the beverage alcohol industry. This was approximated by the difference between sale (at both the wholesale and retail level) and the costs of the intermediate products. The estimated wholesale value added was computed to be \$8.7 million and the retail value added was \$83.0 million, for a total value added to state production of \$91.7 million in 1975.

Certain federal dollars that come into the state as a result of the sale and consumption of beverage alcohol may also be viewed as a benefit to the state. These funds totaled \$2.4 million in 1975. Thus, the total economic benefit of the sale and consumption of beverage alcohol amounted to \$94.1 million in 1975.

Economic Cost of Lost Production

The economic cost of production lost due to alcoholism and alcohol abuse was examined within three major considerations: (1) the diminished productivity of alcohol-troubled workers which results from the loss of efficiency and absenteeism due to alcohol; (2) the labor lost as a result of occupational injuries; and (3) the work not performed (foregone earnings) due to the premature death of the alcohol abuser.

Reduced productivity for men was determined through use of national sample studies on the effect on family income of alcohol abusers. Available data allowed the particularization of economic cost estimation according to male head of households, income differentials and prevalence of alcoholism and alcohol abuse by age groupings. The results were adjusted for inflation to produce a net loss of \$47.8 million in 1975 for reduced productivity for male alcohol abusers.

Reduced productivity for women was approached differently in that no similar study as that for males was available for analysis of female loss of income due to excess drinking. The prevalence of female alcohol abusers was determined by the Marden procedure and a diminished productivity figure of 25% was used, as suggested by the National Council on Alcoholism. An economic cost of \$9.69 million was determined for diminished productivity for females in the 1975 work force in Alaska.

The economic cost of lost production due to occupational injuries resulting from alcohol abuse was determined by the analysis of costs incurred by the three plans providing compensation to employed workers in the state. This economic loss was estimated to be \$4.3 million after the costs due to mortality were excluded.

The economic cost of lost production due to excess mortality attributable to alcoholism and alcohol abuse was estimated separately for males and females. The estimation was based on national sampling information and

applied within the income, age and sex differentials in Alaska. The economic cost was found to be \$2.8 million for females and \$21.8 million for males.

The total economic cost of lost production attributable to alcoholism and alcohol abuse is summarized in the chart below according to the major categories for analysis.

Diminished Productivity	-	\$ 57.5 million
Females--\$9.7 million		
Males--\$47.8 million		
Occupational Injuries	-	4.3 million
Excess Mortality	-	24.6 million
Females--\$2.8 million		
Males--\$21.8 million		
Total		\$ 86.4 million

Economic Costs of Alcohol-Related Motor Vehicle Accidents

Alcohol abuse is often associated with traffic accidents; however, automobile accidents would occur even without alcohol abuse. The estimation of economic costs thus involved determination of excess costs, not just a percentage of total motor vehicle accident costs. Three types of accidents (fatalities, injuries, and property damage) were considered separately since costs differ substantially according to accident type. Excess economic cost for all accidents attributable to alcohol abuse amounted to \$19.7 million 1975. In order to provide an economic cost figure not redundant with any other category of costs, the cost associated with loss of future earnings--\$10.7 million--was calculated and extracted to yield a figure of \$9.0 million.

The Economic Cost of Alcoholism and Alcohol Abuse to the Criminal Justice System

The overall economic cost of alcoholism and alcohol abuse for the criminal justice system was calculated for different categories of crime and for the separate components of the system--enforcement, courts, rehabilitation and "other" (essentially planning and support services). This cost estimate concerns the cost to the system rather than social cost of criminal acts to victims. In this economic sense, the resources used for alcohol-related crimes could have been utilized in alternative ways had these acts not taken place.

Total economic costs for all components of the system for all categories of offenses amounted to \$15.3 million. Separate system component costs were: enforcement--\$7.95 million; court costs--\$1.97 million; corrections costs--\$3.78 million; and other costs--\$1.56 million.

Economic Costs of Health and Medical Care Associated with Alcoholism and Alcohol Abuse

In this Part, an estimate was made of the economic cost of the impact of alcoholism and alcohol abuse on the health and medical care system. Here again the estimated economic costs refer to system costs, the cost of providing the services to consumers. The primary interest was in estimation of excess economic costs, cost of services due to alcoholism and alcohol abuse that would not have been necessary without alcoholics or alcohol abusers.

Economic cost estimates were made for a variety of categories of health and medical care--hospital services, physicians' services, nursing care, drugs and other professional services.

In addition, non-institutional costs--administration and planning, health care administration, research and training--were determined and discussed as much as available data would allow.

The total estimated economic cost for health and medical care services for alcoholics and alcohol abusers totalled \$13.3 million. Indirect costs associated with health and medical care users such as illness, disability and premature death attributable to alcoholism and alcohol abuse were estimated and reported in the Part on Lost Production.

Economic Cost of Alcoholism and Alcohol Abuse and Social Services and Public Assistance

Part of the pervasiveness of alcoholism and alcohol abuse includes generation of adverse individual and social events beyond the individual alcoholic and alcohol abuser. The economic consequence of this is the possible additional cost of public and private social services and assistance to others in addition to alcoholics and alcohol abusers, including foster care, daycare, homemaker services and social work services.

Economic cost estimates, based on actual expenditures, were made for provision of public social services and assistance attributable to alcoholism and alcohol abuse. The estimated economic cost for alcohol-related social services was found to be about \$3.5 million. In addition, public assistance payments, or alcohol-related transfer payments for AFDC, AD and Medicaid

cases totaled \$3.1 million. In economic terms, the cost of social services is a true economic cost, but transfer payments are not. However, transfer payments do represent a transfer of part of the burden of reduced income due to alcoholism from the alcoholic and family to the taxpayer.

Economic Cost of Direct Program Services for Alcoholism and Alcohol Abuse

A variety of statewide administrative organizations in Alaska provide for direct alcoholism and alcohol services such as prevention, treatment, rehabilitation, training and research, as well as planning, coordination and administration. Financial information regarding the operation of eleven primary statewide organizations was obtained and expenditures were analyzed for all alcohol-related components. The total cost for all programs for all alcohol-related components totaled almost \$3.7 million in 1975. This cost is independent of the costs in any other economic cost category considered. The program expenditures were distributed as follows: treatment-rehabilitation--55%; prevention--32%; administration--7%; training--6%; and research--1%.

Impact of Alcoholism and Alcohol Abuse on State Government Revenues and Expenditures

This Part of the Volume examined the expenditures and revenues of state government and identified amounts attributable to the sale and consumption of beverage alcohol and alcoholism and alcohol abuse. Revenues and expenditures were delineated by use and source of funds in order to more clearly separate the inflow and outflow of alcohol-related dollars.

Total state government expenditures attributable to alcoholism and alcohol abuse totaled about \$24.8 million in 1975. Total state government revenues amounted to about \$10.4 million.

Conclusion

This Part provided a summary of the total economic cost attributable to alcoholism and alcohol abuse for each category considered, and the total economic benefit for the entire State of Alaska. The absolute and relative magnitude of the economic cost for each and all categories was reviewed and compared with corresponding national information.

The total economic cost attributable to alcoholism and alcohol abuse amounted to \$131.2 million for the State of Alaska during 1975. The

largest percentage of the total economic cost, 65 percent, was derived from lost production due to alcoholism and alcohol abuse. This category itself is rather broad and includes costs associated with diminished productivity, occupational accidents and foregone earnings due to premature deaths.

Alcohol-related costs to the criminal justice system accounted for about 12% of the total and alcohol-related health and medical care costs contributed about 10% of the total cost. Motor vehicle accidents (excluding excess mortality costs) represented 7% of the total and social services and direct alcohol service programs each accounted for less than 3% of the total.

The total economic benefit to the state was calculated to be \$94.1 million.

In comparison with national findings, the total economic cost attributable to alcoholism and alcohol abuse, \$131.2 million for the state, was found to be 65% greater than a corresponding adjusted national estimate. The finding that the actual economic cost for alcoholism and alcohol abuse was greater than might be projected from national findings was not surprising, as discussed in this Part, but the magnitude of the difference is dramatic.

Further comparison of the distribution of the findings of this study with corresponding national findings for each of the categories studied indicated additional distinguishing characteristics of the economic cost of alcoholism and alcohol abuse in the State of Alaska. When adjusted for the overall difference in total economic cost, the categories of lost production and the criminal justice system contributed a disproportionately greater percentage of the total cost, compared to national findings. In addition, health and medical care costs and motor vehicle accidents were relatively less important in overall contribution to the total cost.

A summary of the total economic cost attributable to alcoholism and alcohol abuse for the state of Alaska in 1975 is provided below:

ECONOMIC COST OF ALCOHOLISM AND ALCOHOL ABUSE, 1975

Lost Production	\$ 86.4 million
Criminal Justice System	15.3 million
Health and Medical Care	13.3 million
Motor Vehicle Accidents (excluding mortality costs)	9.0 million
Direct Alcohol Services	3.7 million
Social Services	<u>3.5 million</u>
Total Cost	\$131.2 million

Comment

The final estimate of total cost of \$131.2 million is probably conservative. The estimate may contain some double counting, but if so, the effects are minimal. Also, as with most types of descriptive statistics, the total cost estimate is more reliable than any of the separate elements.

However, the conservative nature of the total estimate is primarily due to the inability to include all that could possibly be considered in this investigation, because of the lack of reliable data.

In addition, future estimates of the economic cost of alcoholism and alcohol abuse will probably increase considerably as more becomes known about the relationship of alcohol and human behavior and its physiological effects on the body. This will open additional areas of consideration and also allow development and refinement of estimation procedures.

B. VOLUME II. AN ANALYSIS OF STATE LEGISLATION
PERTAINING TO REGULATION AND CONTROL OF BEVERAGE
ALCOHOL, AND ALCOHOLISM AND ALCOHOL ABUSE, 1975

SUMMARY

Volume II of the Study, which summarizes and analyzes the State's alcohol-related legislation, is divided into three parts.

Part One presents an overview of the alcohol-related policies of the State and Federal governments and the relationships between them.

Part Two is a compilation of all alcohol-related legislation in Alaska, apparently the only one in existence. The laws and regulations are summarized, with citations given to the Alaska Statutes and the Administrative Code. Since alcohol-related legislation is scattered throughout the statutes, the following order was adopted in organizing Part II: (1) Sales, including statewide regulations, local controls, licensing provisions and the ABC Board; (2) Revenue, including licenses and taxation; (3) Criminal sanctions and civil disabilities; (4) Treatment, rehabilitation and education of alcoholics and alcohol abusers, including the Uniform Act and Article 4 on Alcoholics; (5) Administrative agencies concerned with alcohol abuse.

While Part II presents the laws, Part III summarizes the apparent policies and purposes of these laws, using the same organizational scheme. The various policies are also compared to the only alcohol policy explicitly stated by the legislature--that in the Uniform Alcoholism and Intoxication Treatment Act. The conclusion identifies the major areas of conflicting policy, and suggests some legislative remedies.

MAJOR FINDINGS

Despite the resurgence of Federal interest in alcohol abuse in the 1960's, the primary responsibility for formulating an alcohol policy rests on the states. In Alaska, the legislature did not meet this responsibility until 1972, fourteen years after Statehood, and even then the legislature's statement of policy was merely added to the statutes, with little regard for its relationship to other laws.

Given the fact that, since 1933, it has been the state's responsibility to regulate the sale and distribution of alcohol, one would expect to find a policy statement on alcohol in Alaska's statutes enacted at statehood. In fact, however, no such legislative policy exists in Title 4; it was left to the Supreme Court of Alaska to "discover" and enunciate the state's alcohol policy in Boehl v Sabre Jet Room Inc., 349 P2d 585 (Alaska 1960). Finally, in 1972, the legislature enacted the Uniform Alcoholism and Intoxication Act, which does contain a statement of policy.

The policy of the Uniform Act, which follows, but broadens, the public inebriate laws, is to treat and rehabilitate those abusing alcohol, and to decriminalize alcoholism and intoxication. Because the Uniform Act contains the only clear statement of legislative policy, and reflects the most recent attitudes towards alcohol abuse, it is assumed for the purposes of this study that the policies of the Uniform Act are the policies of the state.

In addition to the stated purpose of the Act, five other inherent policies appear in the body of the Act, all reflecting the public health approach to alcohol abuse. First, alcohol abuse is to be treated comprehensively through research, educational programs, treatment programs and facilities, and cooperation among interested groups. Second, the State must respect the autonomy and decisions of the person being treated, unless that person is incapable of rational thought, in which case the function of the state is to protect his or her safety. Third, programs should reflect the fact that alcoholics, intoxicated persons, and persons incapacitated by alcohol may have different needs. Fourth, treatment should occur at the local level whenever possible. Finally, the Uniform Act recognizes that, while alcohol abuse is an illness, it can also have direct social consequences from which the public must be protected.

In passing the Uniform Alcoholism and Intoxication Treatment Act in 1972, the legislature chose to attack the problems of alcohol abuse from a public health perspective. The Uniform Act attempts to solve the problem of alcohol abuse by preventing it, and treating those who already abuse alcohol, rather than by relying on the criminal justice system to deter abuse per se. However, other laws have not been changed to reflect the public health orientation of the Uniform Act. If the State is to deal with alcohol-related problems as efficiently as possible, some attempt must be made to form a cohesive alcohol policy.

One of the major policy conflicts involves the control of sales on one hand and the control of abuse on the other. Statewide regulations, licensing procedures, and the ABC Board emphasize an economically stable liquor industry, divorced from criminal activities, but do not treat alcohol as a dangerous drug. The Uniform Act assumes that it is. The effects of alcohol are treated as a public health hazard, yet little is done to control the sale of substance itself. If alcohol were officially designated as a dangerous drug, the ABC Board would have stronger grounds for implementing sales regulations which discourage abuse when such control measures are identified by scientific research.

Because of the vital role of the ABC Board in controlling sales of alcohol, the legislature should also consider requiring at least one member to have experience with the prevention and treatment of alcohol abuse.

Because the legislature has delegated some of its power to control the sale of alcohol to the municipalities, some changes in the laws need to be made in order to help them exercise that power. If municipalities are to carry some of the state's burden in this area, they must be given the means to do it effectively. The first problem is the local option to go "dry". The current system of license fee rebates tends to discourage municipalities from exercising that option. Several alternatives are available. If the legislature wants to spend more money on treatment and abuse, the license fee revenue could be used for the grant-in-aid program. If the legislature wants to continue to direct the money to alcohol-related law enforcement costs, the money could be divided among the municipalities on the basis of population or some other formula which gave "dry" communities at least some of this revenue.

In order to discourage the importation of alcohol into "dry" communities, the legislature should also consider prohibiting common carriers from transporting alcohol from one part of the state to a "dry" community in the state.

The second problem is the prohibition against special local liquor taxes. If the localities are to be innovative in developing methods of controlling alcohol abuse, or even be able to meet their needs in this area, they should not be denied special local liquor taxes. Allowing such taxes would enable localities to experiment with tax as a way of controlling consumption, as well as providing money for local treatment and prevention programs, and would provide a realistic alternative for local responsibility for alcohol problems other than exercise of the local option.

The state's taxing power is also relevant to a cohesive alcohol policy. While a fuller discussion of the role the excise tax can play in controlling alcohol abuse or paying for its social cost is found in Volumes IV and V

of this Study. It can be said at this point that the stability of the excise tax during the last fifteen years, when compared with dramatic increases in the consumer price index, has resulted in a relative decline in alcohol prices (in excess of 40% since 1970, Volume IV). In effect, the legislature has subsidized the liquor industry. This treatment of alcohol as a mere luxury and source of general revenue is inconsistent with the Uniform Act's treatment of alcohol as a danger to public health.

In addition to a reluctance to control sales, some of the current statutes also reflect a punitive response to alcohol abuse which is inconsistent with the Uniform Act's emphasis on prevention and treatment. Both Workman's Compensation and private disability insurance can be denied one, if his or her injuries resulted from his or her intoxication. If these provisions are not necessary for the solvency of the fund or do not in fact deter abuse, consideration should be given to allowing compensation, at least if the compensation were used for treatment and vocational rehabilitation purposes.

In the area of insurance, the state should also consider requiring alcoholism to be covered as a primary diagnosis in the health insurance and health care payment plan for carriers in the state. This would allow treatment of alcoholism as such before the effects of the disease required more extensive (and probably expensive) medical intervention.

The punitive approach to alcohol abuse also seems to have found its way into Alaska's changes in the Uniform Act itself. While the Act as a whole favors voluntary treatment, and provision is made for the early release of one involuntarily committed on grounds of assault, no such provision is made for involuntary commitment on grounds of incapacity in Alaska's version of the Uniform Act. If there was a good reason for this change, it is not readily apparent. If it is a result of an oversight, the law should be changed. In addition, involuntary commitment proceedings allow an easy change to voluntary status during the proceedings, which typically results in voluntary entry to treatment and then voluntary exit almost immediately. Obviously, the intent and use of the involuntary commitment alternative has been effectively eliminated.

Consideration should also be given to another modification of the Uniform Act. Currently a person is committed to the custody of the Office of Alcoholism, while the emphasis on local treatment would be better served if the local treatment center had custody.

Finally, it should be obvious that a cohesive alcohol policy will not be effective unless administrative efforts are coordinated. While cooperation among all state agencies is desirable, the three most important are the ABC Board in regulating sales, the Department of Health and Social Services and Office of Alcoholism in preventing and treating abuse, and the criminal justice system (including the Courts, Division of Corrections, and Parole Boards) in protecting the public and rehabilitating offenders who abuse alcohol. Requiring at least one member of the ABC Board to have a public health background in alcoholism would help coordinate sales,

prevention and treatment policies. In addition, representation of the ABC Board on the Interdepartmental Coordinating Committee is essential. The possibilities for interaction between the Office of Alcoholism and the criminal justice system include cooperation in sentencing and parole procedures, although specific recommendations should come from the people who would be involved. Perhaps the greatest aid to interdepartmental cooperation, however, will be the formulation at the legislative level of a clear and coherent alcohol policy.

In brief, the inconsistencies in current laws fall into three categories. First, the conflict between a punitive and a health-oriented alcohol policy still exists in insurance provisions, the Uniform Act's provisions for early release, and the lack of communication between the courts and treatment agencies. Second, the state has delegated some of its responsibility to municipalities, while at the same time making it more difficult for them to meet that responsibility; e.g., the license fee rebate system which discourages the local option, the prohibition on special local liquor taxes, and the failure to allow commitment to local treatment centers. Finally, and perhaps most importantly, controls on the sale of alcohol through the ABC Board and the excise tax are totally divorced from the prevention and the treatment of alcohol abuse.

The legislature must make some adjustments in these three areas if it is to fulfill its responsibility for developing a cohesive alcohol policy. One can, of course, live with inconsistencies; but the inconsistency in this case makes it difficult for different state agencies which deal with alcohol-related problems to coordinate their efforts.

C. VOLUME IV. SOCIAL SYSTEMS INDICATORS OF ALCOHOLISM AND ALCOHOL ABUSE IN ALASKA, 1975

SUMMARY

Volume IV assembles and discusses a range of current data and information regarding the social impact on Alaska of alcoholism and alcohol abuse. The data compiled are regarded as conventional social system indicators, and discussed accordingly. Each part of the volume concentrates on a specific set of such indicators, with primary attention given to the prevalence of alcoholism in Alaska, the consumption of beverage alcohol, related mortalities, crime, and highway safety. A number of other, related indicators are also reviewed. Wherever possible, information is analyzed historically and compared with corresponding national (and where applicable, international) information and research findings.

Etiology of Alcoholism

There is little understanding about the underlying causes of alcoholism

or alcohol abuse. Because the addiction syndrome takes so long to become established in a person, its developmental antecedents are particularly obscure and difficult to isolate. A number of theories have been advanced to attempt to explain alcohol dependency in an individual, but no one theory suffices for all known manifestations and/or syndromes of alcoholism, alcohol abuse, alcohol dependence, alcohol addiction, etc. The crucial determinants in the developmental process are still unknown, and the very nature of the addictive process remains largely a matter of conjecture.

The main physiological theories are: (1) the genetotropic in which a person born with a high need for certain vitamins develops a chronic vitamin deficiency, which leads to a craving for alcohol once the person is exposed to it; (2) the genetic, which assumes an inherited susceptibility to alcohol; and (3) the endocrine, in which low thyroid is linked to alcoholism, although it is not clear that the alcoholism did not cause the thyroid disorder.

There are three psychological theories. The psychoanalytic, which is useful for treatment but difficult to measure, emphasizes alcohol abuse as a self-destructive mechanism or way of coping with frustration. The learning theory, which is supported by aversive conditioning experiments, suggests that drinking lowers anxiety, thereby teaching the person to drink to avoid problems. The third theory, which has not been very successful so far, attempts to identify "personality traits", (e.g., low tolerance, sociability, feelings of inferiority, and dependence-independence and love-hate conflicts) which are linked with alcohol abuse.

There are two sociological theories. The cultural theory assumes that alcohol reduces socially-caused anxieties and posits that alcohol abuse will differ from culture to culture according to the amount of anxiety created, the attitudes toward drinking, and the availability of other ways of reducing anxiety. The "deviant behavior" theory suggests that a person engages in "deviant" behavior because of the strain between goals and the means available to attain them or because his subculture does not consider the behavior deviant. This theory emphasizes, however, that it is the labeling of the behavior as "deviant" that reinforces and imprisons the person in his behavior.

Estimated Prevalence of Problem Drinkers

Although it is impossible to explain the causes of alcoholism and alcohol abuse, the social impact is not so deceptive. Various procedures have been developed to estimate the prevalence of alcoholics or alcoholic abusers, in a population group, that are based on a variety of measures that reflect some of the consequences of alcoholism and alcohol abuse.

The prevalence of alcoholism in a population group is a general, large scale, indirect indicator of the number of alcoholics or problem drinkers in that population. Independent of the specifics of the estimation procedure involved, the final count is generally considered to enumerate a subpopulation group loosely characterized by behaviors defined as problematic because of their relation to the consumption of alcohol.

Review and application of several estimation procedures for prevalence of alcoholism found each and all of the procedures deficient in some respects for a theoretically close estimation of prevalence in Alaska. Most of the deficiencies had to do with the interaction between the unique population characteristics of Alaska and the estimation procedures. Most of the procedures are useful primarily for population groups larger than the population of Alaska. This is to say that because of the relatively small size of Alaska's population, for the use of such procedures, the elements used in the computation procedures fluctuate in erratic ways that result in the distortion of their intended outcomes. Furthermore, such general characteristics of the population as the recent rapid growth rate, the cultural diversity, the high proportion of relatively younger persons, and the extreme fluctuations in the economic and employment situation, obtain to produce a less than stable population group amenable to these estimation procedures.

Nevertheless, it was concluded that there were approximately 30,000 problem drinkers in Alaska in 1975. This was based on the strength of the correspondence of the findings of the three major methods--Jellinek, Marden and Ledermann, and the fact that each method uses independent sources of data. This number must be considered an underestimate because of the interplay of the factors mentioned above.

One of these three methods, the Marden method, provides for a more refined specification of target groups within the total population of drinkers with problems. This procedure estimated about 31,700 drinkers with problems in the State of Alaska in 1975. About 15,630 were employed civilian males, and 4,530 were unemployed civilian males. There were about 5,800 civilian females (employed and unemployed) and about 5,740 military men and women (about 26 women). Of course, as with most estimation procedures more credibility must be given to the total number, than to any of the subdivisions.

Generally, the distribution of drinkers with problems was fairly evenly distributed over the occupational and analytic categories employed for estimation.

There are a disproportionate number of drinkers with problems in the groups analytically defined as "women", "military", "unemployed males". and "craftsmen and kindred workers". Collectively, these groups account for 65% of the estimated number of drinkers with problems, as defined by this procedure.

Some further explanation of this distribution is necessary however. The Marden procedure does not distinguish occupational categories for women. This group contains all employed women for all occupational categories, as well as unemployed women. Similarly, military personnel were treated collectively in this estimation, independent of the various occupational classifications they might occupy. These considerations leave the groups of unemployed males and males in the occupational category of craftsmen and kindred workers as showing a clear, relatively greater prevalence of problem drinkers, compared to the other occupational categories. In overall terms, however, civilian employed males (all categories) constitute a full 50% of all estimated drinkers with problems and 78% of all civilian male drinkers with problems.

The estimated number of drinkers with problems among employed males is greatest for the 20 to 29 age group, accounting for 36% of the estimated total for that group. However, 83% of that number is spread over the age group from 20 to 29 years of age. The prevalence of drinkers with problems among unemployed males is definitely greatest within the 20 to 29 age group, 44% of the total in that group. Similarly, but to a much greater degree, the greatest, and almost entire proportion of estimated problem drinkers in the military group is concentrated in the 20 to 29 age group (81%).

An overall comparison of the distribution of drinkers with problems for all males with that for all females shows definite differences. The greatest concentration of female problem drinkers is in the 30 -39 age group, which is older than their male counterparts. The greatest concentration for females is in two age categories--30-39(47%) and 40-49(31%) for a total of 78%. For all males the greatest percentage is concentrated in the age groups of 20-29 (46%) and 30-39 (24%) for a total of 70%.

Estimated Problem Drinkers:
Group Characteristics

Drinkers with problems in Alaska are primarily male (82%), compared to 18% females; drinkers with problems comprise about 15% of the drinking age population; they number approximately 31,000 (Marden procedure).

Civilian, employed males make up half of the estimated number of drinkers with problems in Alaska (during 1975) and 78% of all civilian male problem drinkers are employed. They are distributed fairly evenly over all age

and occupational categories. There are however, minor concentrations within the occupational category of craftsmen, and the age group of 20-29.

Males in the military comprise 18% of the total population of estimated drinkers with problems. Over 80% are in the 20-29 age category. Unemployed males comprise about 14% of the estimated population of drinkers with problems. About 44% of their numbers are concentrated in the 20-29 age group.

Females comprise about 18% of the total number of estimated drinkers with problems in the state. Of these numbers, 78% are in the age groups of 30-39 (47%) and 40-49 (31%).

Estimated Problem Drinkers:
Summary Remarks

The distribution of drinkers with problems in Alaska shows that males who are employed, particularly craftsmen and kindred workers, primarily in the age group of 20-29 years old, constitute the largest categorical target group.

It is clear that public inebriates do not constitute the greatest proportion of the population of problem drinkers; but unemployed male drinkers with problems are much younger than might have been expected.

Males in the military, aged 20-29, constitute a disproportionate share of the population of drinkers with problems, relative to their total numbers.

Females, unemployed and employed, aged 30-49, constitute a clearly identifiable target group.

Consumption of Beverage Alcohol

The per capita apparent consumption of alcoholic beverages in Alaska is high, viewed from various perspectives. As is true nationally and internationally, overall per capita consumption of beverage alcohol in Alaska has also steadily increased. The average level of per capita consumption for Alaska however, is relatively high by international comparison, and significantly higher than averages for the nation, national regions, and other states. Further, Alaska's increasing overall per capita consumption has been marked by a gradual shift away from consumption of distilled spirits towards lighter alcoholic beverages, but the shift is very slight. Alaska is distinguished from most other countries, the nation, most national regions, and states, by its continued and definitive preference