

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILE 8672

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for distilled spirits over beer and wine. Perhaps most important, however--and independent of its overall level of consumption or its specific beverage preference--is Alaska's dramatic and alarming rate of increase in annual per capita consumption.

Recent epidemiological research indicates that an increasing rate of average annual consumption indicates an increasing prevalence of alcoholism--a fact that makes Alaska's rapid rate of increasing consumption all the more disturbing.

When compared to national consumption figures, the recent increases in Alaska's level of apparent consumption appears even more drastic. Alaska's level of annual consumption of absolute alcohol in 1958 was 27% greater than the national level--2.52 compared to 1.98 gallons of absolute alcohol per person, in the drinking age population. By 1975, Alaska's rate of per capita annual consumption was 57% greater than the nation's--4.54 compared to 2.90 gallons of absolute alcohol per person. In other words, while average annual consumption for the nation had increased by 46% from 1958 to 1975, for Alaska it had increased by 80%.

In short, the apparent consumption of absolute alcohol in Alaska since statehood is characterized by three facts. First, the quantity of absolute alcohol consumed annually by Alaskans has been, and still is, relatively high by both international and national standards. Second, the apparent consumption of absolute alcohol in Alaska has increased steadily since statehood--a trend consistent with international and national patterns. Finally, and most importantly, the rate of increasing annual consumption is alarmingly greater for Alaskans than the rate of increase for the national average--almost twice the rate of increase.

Consumption of Beverage Alcohol and Prevalence of Alcoholism

The relationship between the rate of consumption of beverage alcohol and the rate of alcoholism in a population has been a topic of increasing research investigation. One major position states that the overall level of consumption of beverage alcohol in a population determines both the prevalence of alcoholism and the extent and nature of alcohol-related organic pathologies.

According to this formulation, as the rate of average annual consumption increases, so does the rate of excessive drinkers; and so, too, does the rate of alcohol-related mortality.

Given the fact, then, that consumption levels in Alaska have increased substantially since statehood, it follows that death in the state due to cirrhosis of the liver and alcoholism should show a similarly proportional

increase, if this theoretical formulation holds true. The dramatic increases in Alaska's annual average consumption of absolute alcohol since 1958 have indeed been matched very closely by equally significant increases in the death rate due to cirrhosis of the liver, and alcoholism.

It is evident that the relationship between increasing annual consumption and chronic excessive use, along with increasing annual rates of alcohol-related mortality, is particularly well demonstrated in Alaska.

That Alaska can be classified as a high consuming population goes without question. Excessive drinking of beverage alcohol appears to approach normative drinking patterns, rather than representing deviant behavior. In populations with a relatively high rate of average annual consumption, alcoholism is more likely the result of social practices, whereas in low consuming populations, it is more likely the result of individual psychopathology or sociopathology. Given the relationship between excessive consumption and moderate consumption, attention must be focused on factors that affect rates of consumption in a population, in order to reduce the prevalence of alcoholism.

Factors Affecting Consumption of Beverage Alcohol

A number of factors that affect consumption--the number and type of retail outlets for beverage alcohol, closing hours, and taxation of beverage alcohol, are also government measures for the regulation and control of the sale and consumption of beverage alcohol in Alaska. Available information regarding these factors indicates that consumer accessibility is greater in Alaska, and that government control measures are considerably more relaxed than in other states.

Compared to national averages, there are twice as many retail liquor outlets per 1000 persons in Alaska. In addition, there are fewer prohibited hours of sale in Alaska than in most other states. Further, the relative price of beverage alcohol in Alaska has actually decreased by 40% in the period from 1970 to 1975.

Taxation. 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 Alaska, the Consumer Price Index (CPI) for alcoholic beverages in Alaska increased by .3% (three-tenths of one percent) in the period from 1970 to 1975. The CPI for all items increased 41.2% during the same time period.

Average disposable income increased by 92%, while real disposable income (average disposable income adjusted for CPI changes) increased 35.7%. In effect, the consumer price of all commodities from 1970-1975 increased by more than 40%, while the price of beverage alcohol increased by only .3%--which means that, in relation to all other commodities, the price of alcohol decreased by more than 40%.

According to the Distilled Spirits Council, 50% to 75% of the price of alcohol is comprised of taxes--federal and state; thus, if taxes do not change, the price of alcohol obviously 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.

It would seem that, particularly applied to Alaska, the relationship between increasing annual average consumption and decreasing relative price of beverage alcohol is quite clear. Along with the relatively greater accessibility, the decreasing price helps explain the dramatic increases in consumption that were noted for Alaska.

As the overall level of average annual consumption is allowed to increase, so does the prevalence of chronic excessive use and thus, the prevalence of hazardous consumers, and alcohol-related pathologies.

Alcohol-Related Mortality

It has already been demonstrated that increasing average annual consumption is associated with increasing rates of death due to cirrhosis of the liver and alcoholism. Although it is impossible to conclusively link alcohol to a precise portion of mortality for other causes of death, national and international studies have established that heavy drinkers have a mortality rate that is two to four times higher than those who are not. Given the rates of mortality in Alaska for causes of death known to be frequently related to excessive drinking, and the relatively high level of consumption, alcohol involvement in the deaths of Alaskans is

With respect to such "risk populations" in general, specific-cause mortality data show that two subpopulations in Alaska are characterized by especially high mortality: (1) the young, as mentioned above, and (2) the state's Native population, whose overall rate of death in Alaska is more than twice that of non-Natives.

The regional distribution of fatalities in Alaska indicated that overall death rates were highest in the less populous regions of the state, but that overall mortality was concentrated in the Southeastern Region. The pattern of mortality distribution also shows that Native death rates were greatest in the Northern Region (least densely populated region in the state), while the highest non-Native rate of mortality occurred in the Southeastern Region.

In the aggregate, these trends and apportionments of mortality in Alaska suggest a confluence with other, known characteristics of the effects and consequences of excessive consumption in the state.

Alcohol-Related Arrests

The greatest impact on the criminal justice system of alcohol-related crimes derives primarily from the commission of misdemeanor type offenses. A large percentage of violent crimes is considered to be alcohol-related: homicide-64%, rape-34%, and aggravated assault-41%. But arrests for all violent crimes, and robbery, only account for about four percent of the total number of arrests for all offenses in the state.

Arrests for alcohol-related misdemeanors account for about 39% of the total number of arrests for all offenses, for both adult and juvenile arrests for all offenses. If juvenile and adult arrests are separated, then 47% of all adult arrests are for alcohol-related misdemeanor offenses. This group of adults is primarily male (85%), and accounts for 87% of all arrests for alcohol-related offenses.

Although the greatest volume of arrests for alcohol-related offenses is in the urban settings, where most of the population lives, the greatest relative impact is in the rural-city settings. In these settings, a somewhat greater percentage of all arrests is for Part II type offenses. More significantly, however, nearly half (48%), of all arrests were for alcohol-related offenses, compared to 39% in urban settings, and 34% in rural settings.

Most of the adult arrests for alcohol-related offenses were for OMVI, for both male and females. Females, however, showed a pattern of alcohol-related arrests more evenly divided among the offenses of OMVI, disorderly conduct, and liquor law violations, whereas male alcohol-related arrests were very definitely concentrated on the OMVI offense.

For juvenile arrests for alcohol-related offenses, about two-thirds were for liquor law violations. Liquor law violations and assaults together accounted for 85% of all juvenile arrests for alcohol-related offenses.

Although there was not enough information to adequately address the impact of alcohol-related arrests on the court and corrections components of the criminal justice system, it appears that misdemeanors would again be emphasized. Forty-eight to 75% of all misdemeanor cases filed with the district court were for alcohol-related offenses in 1975. Also, 42% to 78% of all misdemeanor convictions were for alcohol-related offenses.

During the period from 1971 to 1975, the number of releases for jail sentences of ten days or longer for alcohol-related offenses decreased by 72%, most likely in relation to the decriminalization of public drunkenness provided in the Uniform Act (1972). Also, during 1975, more than 50% of all served sentences fewer than ten days were for alcohol-related offense. In addition, the recidivism rate for alcohol-involved

offenses was established to be about 43%.

Alcohol and Traffic Safety

In Alaska, as elsewhere, most people killed after drinking and driving have a very high blood alcohol concentration (BAC). During 1975, 46% of the motor vehicle fatalities involved alcohol. Most drivers convicted for OMVI have very high BAC's. The average BAC for OMVI drivers in the state is almost twice the statutory legal limit of impairment.

Research information clearly demonstrates the increasing probability of involvement in any kind of crash with increasing BAC levels, as well as the increasing likelihood of responsibility for the crash with increasing BAC's. The probability for crash involvement begins to increase appreciably above .05%BAC. The presumptive limit for intoxication for conviction for OMVI is .10%BAC. The average BAC of arrested OMVI drivers in 1975 was .18%. Ninety-two percent of all OMVI arrests recorded BAC's above .10%.

The great majority of licensed drivers have generally clear driving records, a very low rate of previous crash involvement, and account for very few OMVI convictions, or other traffic convictions. The great majority of licensed drivers--80 to 90%, also register no measurable BAC during random road stops; only about 3 to 5% show BAC levels above .10%. This contrasts very sharply with the subpopulations of drivers involved in crashes, and drivers convicted for OMVI. The average BAC of these drivers is almost twice that of the limit of legal impairment. They account for an extremely disproportionate number of prior convictions for OMVI, as well as other serious and minor traffic violations and accident involvement.

Given the array of information available about these drivers, it is logical and valid to conclude that the great majority were indeed drunk, independent of one's precise definition of the term. While the conclusion seems obvious, the information available also allows the inference that a very high proportion of these drivers also qualify for the label of "problem-drinker". As such, these problem drinker drivers are valid clients for the alcoholism treatment and rehabilitation as well as for the judicial-correctional system.

This group of people is generally well known to the courts, accounting as they do for so many traffic violations and accidents. In Alaska, about 22% of all adult arrests are for OMVI. Of those convicted, two out of ten had at least one prior OMVI conviction, 18 of 20 had at least one prior major traffic conviction (reckless, negligent, careless, etc.), and 13 out of 20 had one or more traffic accidents. Drivers convicted of OMVI tend to be young, between 18 and 39 years old, non-Native, and male.

- The general trends of increasing consumption in Alaska, along with increasing numbers of licensed drivers, roadways, and vehicle-miles driven, can be expected to continue. Given the nature of these increases--
- a younger population, less driving experience, increasing consumption of alcohol, and increasing recreational driving, the extent of alcohol involvement in crashes will probably increase.

Alcohol Abuse and Health and Social Service

There are also a number of other indicators of the impact of excessive drinking that comprise the general category of reported morbidity, including both diseases and trauma. This category represents the incidence of various adverse events as reported in the utilization of inpatient and outpatient health services, and other social services. The information needs to be approached with a great deal of caution, since the inadequacies of the reporting systems, combined with the differing philosophical, financial, and administrative practices of the various health and social service agencies, aggregate to mainly underrepresent the impact of this category of service. Further, this information does not reflect the nature or extent of the need for services in the population, but rather the nature and extent of the reported utilization by the agencies.

The findings point to the lack of inclusion of the effects of alcohol abuse and alcoholism in the reporting systems of the agencies that concern themselves with alcohol-related health and social services. In spite of the inadequacies of the reporting systems, the limited information did show a system wide impact that can be felt in inpatient and outpatient hospital services, emergency room services, mental health services, alcoholism and drug abuse programs, and in field services provided by public health nurses, as well as in reported cases of child abuse and neglect.

In addition, some of the very limited client data available suggests that there may be disparities in the characteristics of treated clients and the theoretical subpopulations at risk. Much more investigation is needed, but it seems that only a small and rather concentrated segment of the range of "at risk" persons is being encountered by the various health and social service agencies.

Generally it can be expected that the existing minimal indications of the already pervasive impact of alcoholism and alcohol abuse on health and social services will increase dramatically in the near future. The increases have begun to show in the period from 1973 to 1975, as more effective reporting systems were developed. The future increases will in part reflect the further development of better reporting systems (as well as changes in third party payment schedules for alcoholic disorders), but increases are also predictable in relation to the present patterns of increasing average annual consumption of beverage alcohol.

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ALCOHOL ABUSE AND ALCOHOLISM

Continuing efforts to deal with the impact of alcohol abuse on the quality of life in Alaska resulted, during 1976 and 1977, in a number of approaches and suggestions. A "Governor's Inter-departmental Coordinating Committee on Alcoholism" made its final report to the Governor in January, 1977.

Many of the recommendations were incorporated in an extensive package of bills prepared as a part of the CJPA's Standards and Goals project. This legislation, which emphasized issues of taxation and local control as prevention measures, was not passed by the Tenth Alaska Legislature and is in committee to be heard in the second session.

The CJPA has identified seven areas of immediate concern to the criminal justice system.

1. Establishment of non-medical detox centers

The Uniform Alcoholism Act (which decriminalized public intoxication) was adopted in 1972 without adequate development of facilities to serve as alternatives to jails. The resulting problems were particularly acute in rural areas, where detox and sleep-off facilities were virtually nonexistent. The ninth Alaska legislature passed what was intended as remedial legislation which provided that public inebriates may be taken into protective custody and, as a last resort, held involuntarily for up to twelve hours in a "state or municipal detention facility", i.e. jail.

No data is available concerning the effect of this legislation on jail intake in either urban or rural areas. One innovative application is found in the operating procedures of the North Slope Borough Department of Public Safety, which describes its "Drunk Release Program" as follows:

Operating Procedures Manual Reference: Chan. 214 and 301

A. "Drunk Release Program"

A major part of our crime prevention program is the detention of those persons so intoxicated as to represent a definite threat to themselves and a lesser threat to others. Of the following purposes behind this program, one additional feature will be added:

1. Protection of the person intoxicated
2. Protection of others from intoxicated persons
3. Non-criminal detention, processing and release

The additional feature will be an attempt to reduce "returnees" to this system by making referrals to the Barrow Council on Alcoholism for interviews, counseling and treatment. While it is assumed that no enforcement of this diversion method can be made, there is room for a very light push in the general direction--that push being in the form of "voluntary referrals" directly from their release. These referrals will be a consistent part of this program.

The method of "voluntary referrals" will be as follows:

- A. At time of release by any officer, the person detained will receive a direct invitation (with officer assistance) to meet with personnel of the Barrow Council on Alcoholism presently located in the Youth Center. They are to be encouraged to go directly from release to BCA for initial intake.
- B. Since there is no legal provision for enforcement of referrals, a strong recommendation by the officer releasing will be encouraged.
- C. An alternative method is to call up the BCA and ask for a staff person to come to the station and make the request and invitation directly to the person released from detention.

The Governor's Inter-departmental Coordinating Committee on Alcoholism made the following recommendations:

- Amend the Uniform Act (AS 47.37) to allow sleep-off facilities to hold "intoxicated persons" and/or "incapacitated persons" for up to 72 hours involuntarily.
- Provide the funds to operate a statewide network of sleep-off facilities...
- Require all sleep-off facilities to employ at least one person with Emergency Medical Training on each shift seven days a week.
- Require an initial medical examination within 24 hours.
- Require hospitals and physicians to admit intoxicated persons to hospitals if they also present other severe complicating medical problems.
- Require sleep-off facilities to conduct an evaluation for the purpose of disposition and referral of the patient prior to his release at the end of 72 hours.

The Committee recommended the establishment of sleep-off centers in Juneau, Ketchikan, Valdez, Yakutat, Wrangell, Petersburg, Seward, Unalaska, Cordova, Kotzebue, Barrow and Kenai. An estimate for establishment of these centers in single or double-wide trailers was \$439,050 in capital expenditures and \$2,193,750 in annual operating expenses (including 117 total staff).

The report also recommended a needs assessment to determine whether sleep-off centers should be established in Dillingham, Galena, Fort Yukon and Glenallen-Copper Center, should funds be available. The report encouraged other communities without jails or sleep-off centers to develop statistics which could be used to determine the need for and probable utilization of sleep-off centers.

At a June, 1977 meeting of the Governor's Advisory Board on Alcoholism, it was decided to establish detox facilities in Kenai, Kotzebue and Juneau, and to expand the existing facility in Bethel.

2. Establishment of alcohol prevention and rehabilitation programs in rural areas

The lack of effective alcoholism treatment programs in rural areas is widely acknowledged. The Alaska Federation of Natives, in their 1976 Resolutions, point out that:

- there are inadequate and inefficient alcoholism treatment centers in rural Alaska
- there are no current alcoholism prevention programs
- there is a lack of emphasis in existing alcoholism, drug abuse and mental health programs specifically relating to the treatment of juveniles
- group homes, receiving homes, and alcoholism treatment facilities are not available for the treatment of non-delinquent youths in most of the regional service centers of Alaska.

Among the AFN recommendations were:

- that the Department of Health and Social Services establish as a top, on-going priority, alcoholism prevention programs for rural Alaska, and that the Department work closely with local communities to determine the kind of treatment facilities needed and the appropriate kind of alcoholism services.
- that the problem of treatment of alcoholism as it relates to juveniles and families in rural Alaska be addressed; that more emphasis be placed on research and treatment of juveniles.

- that group homes, receiving homes and alcoholism treatment facilities be made available on a regionalized basis and that the Legislature make financing available so that small communities can develop programs that will deal with juveniles before these children enter the juvenile justice system, and that they be funded on a regionalized basis (i.e., Nome, Kotzebue, Ft. Yukon, Bethel, Dillingham, Barrow, Kodiak, Yukon Delta, Copper Center and Ketchikan, etc.)

Information provided by the State Office of Alcoholism, the National Council on Alcoholism/Alaska Region and the Alaska Native Commission on Alcohol and Drug Abuse shows that there are "prevention" programs of one type or another in a number of rural areas, and that more are planned in the near future (see Available Systems and Resources for Prevention/Diversion). Thus the AFN statement that "there are no current alcoholism prevention programs" must reflect a sense of frustration with the performance of current programs, or perhaps with the fact that no one, as yet, has actually found an effective way to prevent alcoholism which has universal, or even widespread, application.

The Governor's Interdepartmental Coordinating Committee on Alcoholism noted that nationally some of the most successful residential treatment programs are those that do not use government grants for funding, but which rely primarily on reimbursement for services given. They add:

The size and stability of existing rehabilitation programs in the state are not adequate to meet the needs of this type of service. Patients who can pay and/or who have insurance coverage for this kind of care are typically transported "outside". It would be a functional and economic benefit to the State to have such a facility/program available within Alaska. It would afford existing smaller local programs with an inpatient resource within the State. It would also keep the money paid for treatment within the State.

The Coordinating Committee recommended:

- The State should provide funding for the establishment of a quality, short-term residential, intensive treatment program which is directed primarily toward those rural and urban clients who are covered by public or private insurance or able to pay their own way.
- This facility should be centrally located but not directly adjacent to a large metropolitan area.
- This facility should not exceed 70 beds and should have an average patient stay of 30 days.
- The program should be available to residents from throughout Alaska and serve both urban and rural populations.

The report also recommended establishment and initial operation of a long term domiciliary care and rehabilitation facility for the chronic public inebriate.

- The primary client population for this program should be the court-committed chronic public inebriate and/or those addicted individuals in need of long-term in-residence care who choose to commit themselves voluntarily for a period of 90 days or longer.
- The program should be operated by the State for a period of five years, at the end of which the program should be evaluated to determine whether or not it should be contracted to the private sector.

Realistically, perhaps, Alaska should work to get one stable residential facility in a central location, and then move to establish community-operated residential facilities in the regional service areas.

The Interdepartmental Coordinating Committee on Alcoholism made the following recommendation: "Because of the predominance of alcoholism problems in rural communities, because of the limitation on available resources in rural communities, and because of the importance of skilled help for the alcoholic:

- It is recommended that the primary direction and identity of the Community Mental Health outpatient program be that of an alcoholism treatment service.
- Rural alcoholism, drug abuse, and mental health professionals and paraprofessionals should be cross-trained in all three areas.
- It is our recommendation that rural alcohol, drug abuse, and mental health outpatient services maintain their separate identities and budgets but that they colocate in order to facilitate cooperation in patient care and facilitate cross-training for personnel in all areas.
- Existing local community alcoholism programs should provide information and referral services on an ongoing basis as part of their normal activities.
- Existing local community alcoholism programs should be required to develop formal referral networks with all health, social services, judicial and law enforcement agencies in their local catchment area.

Currently, the strategy of the State Office of Alcoholism is to establish major rehabilitation centers in Fairbanks, Anchorage, and an as yet to be determined site in Southeast. Existing programs in Fairbanks and Anchorage will provide the nucleus for these programs. Programs in other areas will utilize these treatment centers.

A spokesman for the State Office of Alcoholism indicates that most rural areas share a set of social/cultural/economic/political processes which have created conditions leading to high rates of alcoholism but which are not amenable to rehabilitative efforts. The Office recognizes two major areas for prevention efforts as (1) local control and (2) an apparent lack of recreational opportunities, particularly during the winter months.

3. Establishment of screening and treatment programs for alcohol offenders

There are a variety of programs in urban areas in Alaska which presently provide or have the potential to provide alcohol screening treatment services. Presently these programs operate independently and may be duplicative or may leave gaps in services needed in a particular community. Through an LEAA discretionary grant the Criminal Justice Planning Agency has recently funded a TASC (Treatment Alternatives to Street Crime) program for the Anchorage area. One of the major functions of this project is to coordinate the efforts of the many alcohol-related services in the Anchorage area. The State Planning Agency should monitor the project closely to determine if its techniques can be transferred to other communities or regional areas through the use of the State's Technical Assistance Program.

Very little is known about the extent of alcohol screening and treatment programs available in smaller cities and rural areas of Alaska. Existing data does demonstrate the need for these services. According to surveys conducted by the Corrections Task Force for Standards and Goals and the Public Opinion surveys conducted by the Criminal Justice Planning Agency, the problem of alcohol related crime is more severe in rural areas than it is in urban areas. In a survey of police chiefs throughout rural Alaska, the Corrections Task Force found that rural communities attributed from 36% to 98% of all arrests to the problem of alcohol abuse. Victimization rates in rural northwest Alaska were higher than Southeast, Anchorage or Fairbanks. Also, rural respondents in the statewide survey of public opinion felt that alcohol was a basic cause of crime (22% for crimes against people; 13% crimes against property) whereas less than 3% of the respondents from more urban areas surveyed identified alcohol as a basic cause of crime.

The Criminal Justice Planning Agency should compile all data regarding alcohol abuse programs in all regions of the state which may provide screening and/or treatment services to the criminal justice system. The gaps in services should be identified, and a method for coordinating existing services must be established.

4. Development of alcohol abuse curricula

There is general agreement that long-range planning in the area of alcohol abuse must focus on primary prevention and that the schools provide the logical focus for such efforts. At present three approaches are being taken to the development of alcohol abuse curricula, and are at various stages of development.

The core of a kindergarten through 12th grade curriculum has been developed by the National Council on Alcoholism/Alaska Region, and is currently in use on an experimental basis in Kenai and Fort Yukon. The curriculum has also undergone preliminary review in the Anchorage area. The Council estimates that it would take one year of work by an educator (who would consult with students, parents, educators and agency staffs statewide) to complete the curriculum, prior to training teachers to use it.

A sub-committee of the Governor's Interdepartmental Coordinating Committee on Alcoholism recommended the development of an academic curriculum package by the State Department of Education. This is seen as a three-year program with the first year devoted to the initial development of the curriculum and the beginning of teacher training, the second year for field testing and further teacher training, and the final year for duplication of multi-media curriculum packages and on-site regional training. The three-year program would have a price tag of somewhat over \$300,000 and would aim at reaching 52 school districts and 93,000 students in grades K through 12. The curriculum would coordinate other existing programs (including the NCA curriculum described above and a program currently in use in Anchorage, described below).

Wonder Park Elementary School in Anchorage is currently using a curriculum prepared in Washington and which may be made available free of charge by the National Institute of Alcohol Abuse and Alcoholism in the near future. This program, which has been enthusiastically received, is called, "Here's Looking at You" (Teachers Edition) and is now available for \$15.00 from:

Educational Service District #110
1410 S. 200th St.
Seattle, Washington 98148

Wonder Park is one of seven Anchorage elementary schools participating in a Teacher Training Program prepared by the University of Alaska Center for Alcohol and Addiction Studies. This program provides instruction in the dynamics of human behavior and how they relate to alcohol and drug use and other forms of deviancy. The approach is aimed at providing incentives for the development of community programs and involves both parents and teachers. It is currently being broadcast by KAKM in Anchorage once a week for ten weeks. Parents were invited to participate and may either view the programs in their homes or go to the schools where they participate with the teachers in group discussions and activities related to the training materials. Participating teachers receive graduate credit from the University. The complete training program has also been provided in Tok.

An Office of Alcoholism FY '78 budget item to provide a curriculum was not funded, but will be resubmitted in FY '79.

5. Improvement of correctional treatment programs

The Interdepartmental Coordinating Committee on Alcoholism recommended to the Governor that the Division of Corrections should:

- provide treatment within correctional facilities for alcoholic inmates
- ensure that appropriate aftercare and follow-up are provided for all alcoholic inmates upon their parole
- make referral and aftercare available to alcoholic inmates who have completed their full sentence.

It is the position of the Criminal Justice Planning Agency that while alcoholism training should certainly be made available to correctional personnel, it would be counterproductive for the Division of Corrections to have to develop a cadre of trained alcoholism counselors. Both management of treatment and continuity of care can be improved by the use of existing community resources. Corrections' clients should have access to services funded either through the state Office of Alcoholism or by local communities. These services should be provided within institutions, and should also be available to clients when they return to their communities. The role of Corrections personnel should be to make referrals and encourage participation in community programs. The State Office of Alcoholism agrees with this position, and has instructed all local programs to work closely with the Division of Corrections and other components of the criminal justice system.

The Criminal Justice Planning Agency is presently funding two alcoholism counseling programs in Corrections as described in "Available Resources". In one, funding has been provided for a Corrections staff member to establish and run A.A. groups (and related courses and activities) in the Anchorage area. It is the intent of the grant that inmates will be encouraged, on their release from jail, to return to the A.A. meetings as community members.

The second approach, currently being used in Juneau, is to provide funds to a local alcoholism treatment agency (the Juneau Alcoholism Central Agency) to make services available to the population of the Juneau Correctional Center. Continued service is thus automatically available when an inmate is released on parole or completes his sentence. Community services are available to probationers as members of the community.

The eventual success of either of these approaches will depend on the involvement and support of probation/parole officers, who can do a great deal to ensure continuity of the programs.

During 1979 CJPB will support a comparative evaluation of the two approaches to include recommendations for the course of future development of alcoholism programming in corrections.

6. Strengthen enforcement capacity of the Alcoholic Beverage Control Board

At present the Alcoholic Beverage Control Board has a staff of five investigators with three based in Anchorage and two in Fairbanks. Licensed establishments are distributed as follows:

1st Judicial District (Southeast)	257
2nd Judicial District (Northwest)	2
3rd Judicial District (Anchorage, Valdez)	66
4th Judicial District (Fairbanks)	245

The Board's investigators work with local and state law enforcement agencies to investigate applications before licenses are issued. They perform routine surveillance of licensed establishments and investigate complaints.

Although no statistics are available, ABC staff estimate on the basis of complaints and observations that 75% of licensed establishments serve intoxicated persons and about 25% are serving minors.

Revenue sharing provides that municipalities with law enforcement capability will receive the revenues from their licensing fees for the purpose of enforcement. This is seldom carried out, however, and enforcement is generally seen as the responsibility of the ABC Board.

Various resolutions to the problem of enforcement have been proposed: the Governor's Management and Efficiency Review (May, 1970) indicates that, "the activities mandated to the Board are being carried out effectively. However the investigative staff needs to be enlarged to provide adequate coverage for Southeast Alaska." The Review Committee recommends the addition of one investigator.

On the other hand, Convention Resolution #76-27 of the Alaska Federation of Natives (1976) states that the "level of staffing and funding is absolutely disgraceful considering the ABC Board's statewide enforcement responsibilities--especially in rural Alaska." The resolution recommended:

- that the Governor and the Legislature increase the ABC Board's funding to at least \$1,000,000; and
- that sufficient positions of that funding be devoted to providing adequate enforcement of State and local alcohol beverage control laws in rural areas, and
- that sufficient portions of that funding also be devoted to investigate and overhaul the present alcohol control procedures and to develop new and better coordination of control procedures throughout the State; and
- that such procedures should be enacted as law and fully funded no later than July 1, 1978 (FY 79).

The recent Director of the ABC Board recommended, in April 1977, the reorganization of the enforcement staff to include an upper level administrative position (Range 21 or 22) to be responsible for the activities of five investigators in Anchorage, three in Fairbanks and two in Southeast. She feels that the administrator of the enforcement unit should be experienced in investigation of "white collar" and organized crime.

The State Office of Alcoholism and the CIPA concur regarding the need to strengthen the ABC Board, and to diversify its membership to represent a broader spectrum of interests.

7. Use of alcohol as a mitigating circumstance; penalties for driving while intoxicated

The law states that voluntary intoxication is not to be used as a mitigating circumstance except in "specific intent" cases. It is commonly felt, however, that it is quite frequently used by both judges and juries. There is less agreement as to whether or not it is appropriate.

Senate Bill 206, "An act relating to sentencing", currently in committee, attempts to strengthen the existing law and to address the issue of whether intoxication is "voluntary" in the case of an alcoholic. This bill, commonly referred to as the "Presumptive Sentencing Bill", defines conditions that may be considered aggravating or mitigating in the determination of sentences.

In no event may punishment be mitigated or reduced because of voluntary alcohol or other drug intoxication or chronic alcoholism or other drug addiction.

Current pending legislation also addresses penalties for operating a motor vehicle while intoxicated. Senate Bill 38, "An act relating to driving under the influence of intoxicating liquor or drugs", amends AS 28.35.030 as follows:

1st conviction--a minimum sentence of not less than three days shall be imposed (in addition to the previous fine of not more than \$1,000 or imprisonment for not more than one year or both).

2nd conviction--within five years of first, imprisonment not less than ten days (from three days presently required).

3rd or subsequent conviction--within five years of second, imprisonment not less than 30 days (from ten days presently required).

The Division of Corrections estimates the impact of this legislation on their facilities in the first year at an average of six prisoners a day x 365 days x \$48 a day per inmate, or a total expenditure of \$105,000. This cost estimate does not address the issue of already-crowded short-term holding facilities. Neither does it address the problem of small communities where the state does not have contracts for jail services.

The proposed legislation does nothing to reduce discretion on the part of police and D.A.'s, and thus to ensure that those with money and/or influence are as likely to be prosecuted as those with "nothing going for them".

Problem Statements

20. At present there are a total of seven alcoholism programs in the state (only one in a rural area) with either detoxification or sleep-off capability. In other areas intoxicated individuals who are held in protective custody must be housed in local jails where they may be held for twelve hours.
21. There is a need for coordination and consolidation of efforts to ensure that at least one quality curriculum is available for use on a statewide basis. This should involve careful evaluation of already available materials and approaches.
22. Effective prevention and rehabilitation programs are generally not available in rural Alaska. Additional emphasis needs to be placed on juvenile problems of alcoholism and drug abuse.
23. There is a need to provide alcohol screening and treatment services throughout the State of Alaska and to coordinate the efforts of existing services.
24. The present enforcement capacity of the Alcohol Beverage Control Board is insufficient to regulate and control the liquor industry.
25. Many feel that the use of intoxication as a mitigating circumstance is contrary to a perceived "sense of justice". Proposed legislation which increases penalties for OMVI is an attempt to force the public to take the issue of drinking and driving more seriously. To be effective, the legislation should be amended to reduce opportunities for plea-bargaining, sentence reduction, and discretion in charging.
26. Alcoholism treatment programs are generally inadequate within correctional settings, and must be provided by the Division of Corrections when community services are not available. Community-based programs, funded locally or by the State Office of Alcoholism, should be extended to provide services within correctional institutions, as well as upon the offender's return to the community.

Alcohol Abuse and the Police In Rural Alaska

**The North Slope Borough and
City of Barrow Experience**

Kim L. Moeller

**Second Edition
January 1979**

**North Slope Borough
Department of Public Safety**

FOREWORD

This monograph will consider not only the results of a specific program of alcohol abuse intervention such as demographic age distribution, male/female incidents, and how the intervention affects the incidence of crime and types affected, but also how the process is set up, how it functions, what the risks are, the legal basis for such a program, costs, operational evaluations, and how it was implemented. This can be made concrete by showing how it was accomplished by the North Slope Borough Department of Public Safety. It does not represent universal answers; however, it can illustrate a type of solution to a particular problem: alcohol abuse and its effects on crime and public safety. The last section contains suggestions on how it can be designed, initiated, and locally evaluated. Modifications to the whole program or parts of it may also be useful to administrators of rural police departments and can act as a guide to a new systems approach to the problems of alcohol abuse in rural Alaska.

This program could not have been completed without the valuable assistance and support of a number of key individuals. In Barrow, the continual support and recommendations of the Task Force on Alcoholism in early December of 1976, more especially the aid and encouragement of the Magistrate, Mrs. Sadie Neakok, and the Assistant Magistrate, Mrs. Charlotte Brower. Magistrate Brower assisted with the data on death records as well as influenced the continuation of the program when others faltered. Data collection was critical to evaluating the program, and its consistent and careful preparation was accomplished monthly by Records and Identification Clerk, Becky Farmer. Assistance in editing is also acknowledged through the time consuming efforts of Dawn Wilson.

Similar acknowledgements are due Mayor Eben Hopson, who sustained the program and supported other critical efforts of this department and the recommendations of the Task Force on Alcoholism. In the ordinary line of command in any police or public safety agency, there are critical personnel who will make a policy or program designed by administrative directive either work or fail to work. Officer in Charge of the Barrow Division, Lt. James Christensen, was the officer who both pushed and administered the program throughout 1977.

PREFACE

Since the Department of Public Safety was established by Borough Code in July of 1976, a large part of its time has been devoted to changing the images of the police, to the role of police in rural Alaska, and to developing new programs and solutions to old and long-identified problems. The department has concentrated on developing its own resources and new solutions while the State has decreased its resource people and levels of service to outlying areas of the bush. This concentration on local resource development has led to whole new approaches to old problems.

In late 1975 the State of Alaska, Criminal Justice Planning Agency began looking into common reports that alcohol abuse and crime were indelibly linked to one another; however, no subsequent records or data specifically identified what that relationship was. All law enforcement agencies in the state, and more particularly the rural areas, were asked and encouraged to keep data on alcohol abuse and its effects on rates and types of crimes. The formal procedure for this program was established by Public Safety late in 1976 when Barrow, after being dry for a full year, had voted to sell liquor at a community-owned liquor store. The process was a reaction to events of 1975 when the city had an abnormally high incidence of abnormal deaths related to alcohol, an abnormal number of suicides, and an incidence of crime that was not characteristic of past years.

This monograph and others will be published to illustrate the experience of Public Safety in Barrow and the North Slope and hopefully to delineate new programs and methods tried and tested. These ideas afford other rural areas of Alaska the opportunity to change and/or increase efforts at reducing crime.

Kim L. Moeller
Director

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WHY HAVE A DETENTION PROGRAM?

In late 1975, G.U., a 55-year-old alcoholic, who had been treated several times within a month for alcohol overdoses and drinking Lysol, was found by his grandmother locked in her home after she had come home from the Post Office. Barrow Police responded to her call and found that G.U. had committed suicide after nonchalantly saying goodbye to his grandmother as she left to check the mail. He was a likeable and affable person in the community until delerium tremens drove him to suicide.

A short time later, E.T., a 25-year-old female, could not be awakened by a friend at whose home she had been drinking the night before. Again, Barrow Police responded and found E.T. on the floor next to her bed, apparently dead without any trauma. Autopsy later showed that she had drunk so much and so fast the night before that she died from a massive overdose of alcohol. (Her blood alcohol content was .39%). She had never been an alcoholic.

Within weeks of the above reports, E.K., a male, was reported to have frozen to death a short distance from Barrow after drinking all the previous day. It was later determined that E.K. had purposely committed suicide by freezing as a result of severe alcoholic depression.

At the end of 1976, a dry year for Barrow, R.S., a three-month-old boy was reported not breathing by a highly intoxicated mother. Investigation of R.S.'s death showed that the mother had passed out from the effects of alcohol, fallen on her baby and smothered him to death. For many in the community of Barrow this incident represented the last straw of complacent acceptance.

Each anecdote illustrates only a small aspect of the problem of alcohol abuse as seen from year to year. The connections between each began to reach several important people concerned with public safety in Barrow. The result was a Task Force on Alcoholism which met on December 7, 1976. The task force began the job of identifying those common factors that led to these deaths.

Several years ago the Barrow Volunteer Fire Department began to see an emerging pattern of fire deaths. From three to eight people per year were dying in home fires. Causes were examined, and it was found that most home fires were caused by an intoxicated person smoking and passing out from the effects of alcohol. They also discovered that no home fire resulting in deaths of occupants was caused by purely mechanical faults which prohibited occupants from escaping early enough to save their lives.

In combination with the above findings, the police found through experience that most crimes were committed by persons at various levels of intoxication. It was rare indeed to have any type of serious crime committed by someone who was stone cold sober. In fact all serious personal crimes had been committed by people who either were drunk or had

been drinking shortly before. Resolution of these crimes was easy, but the problem increased year after year. It was time to document the facts relating to crime and alcohol.

A Composite Contemporary View of the Alcohol Abuse Problem

Today, the analysis of facts, collection of statistics, and reviews of every unnatural death and major crime have produced a conclusion which others have hinted at or stated without documentary support. The scene was set for some solutions when unnatural deaths began to reach the level of natural deaths--a potentially socially repulsive situation. The composite was produced by combining fire deaths, suicides, and crime data into a cause and effect relationship. The cause--alcohol abuse. The effect--fire deaths, suicides, and crime. A very pragmatic approach led to a very simple principle.

The department determined that a significant reduction in all three above areas might be accomplished if intervention between alcohol abuse and its ultimate effects could be accomplished. Intervention is the key principle. The work of the task force did not center around treatment of alcoholism nor rehabilitation. It was almost unanimously agreed that any effort to reduce problems identified by those means could and probably would bog down both the program and personnel resources. The resources were not present nor likely to be funded by any state or local agency. The solution must be simple, cost effective, and not require new resources. The police were the only available agency which had the existing resources. Only the police had 24-hour community coverage, facilities that could conceivably be used, and funding that was not dependent upon any outside agency or shaky cycle. However, a major problem had occurred just previous to initiating such a program.

Police and the Legal Problem

In 1974 a case involving statutory laws of arrest in incidents of Drunk on a Public Highway (DOPH) and Drunk in Public (DIP) came to the attention of the Alaska Supreme Court. The decision illustrated a case in which an individual had been arrested for Drunk in Public, was searched before being placed in detention, and subsequently charged with a felony crime as a result of stolen property being found on his person. The result of that court review struck down both DOPH and DIP as infringements upon the right of the individual and treating an intoxicated person as someone who had committed a crime by being drunk. The landmark case originated on the streets of Barrow.

Police departments throughout the State cheered the decision because it took the huge burden of managing drunk tanks, with its personnel and costly paperwork, off them and placed it elsewhere. It was placed in the medical community, as a medical rather than a police problem.

While urban police cheered, rural police were puzzled. What were they going to do about intoxicated persons, especially those incapacitated, when no sophisticated medical facilities (nor willing medical personnel) were available? People in the Arctic, incapacitated ten steps from their front door, let alone out on the streets, would quickly

freeze to death. The urban police cheered and sighed with relief while rural police had to find another answer.

Legislation was almost immediately responsive with Alaska Statute AS 47.37 and an amendment that allowed for the public inebriate to be taken into protective custody and, as a last resort, held involuntarily for up to twelve hours in a "state or municipal detention facility", i.e. jail. The only major difference from prior law was the complete decriminalization of public intoxication. Hence, public drunks were not "arrested" and formally charged, with attendant booking, etc. They were detained for their own protection. A great distinction has now been made between "arrest" and "detention".

The 1976 amendment stated: If no treatment facility or emergency medical service is available, a person who appears to be incapacitated by alcohol in a public place shall be taken to a state or municipal detention facility in the area, if that appears necessary for the protection of the person's health or safety.

The Basis for Initiating a Detention Program

The detention program, by its title and statutory requirements, represents a new term for police custody that must be categorically separated from "arrest". The new term is "detention". With the legal problem not only solved but showing in its content a method by which a program could legally be initiated, the answer appeared and was clearly defined. The burdens of paperwork (case reports), mugging and booking, and other associated ills of the old system of DOPH and DIP were eliminated. The principle was then reasonably sound, and the method was opened through legislation--particularly in the rural areas of Alaska.

With community support and work by the task force, the North Slope Borough initiated a program in January of 1977. The department wanted to push its program, gain community support, and obtain a specific data base from which to evaluate the results. The following premises were used as a basis for the detention program:

1. If alcohol abuse is intercepted during its initial course, there should be a reduction in the commission of crimes by intoxicated persons.
2. Interception, although not necessarily decreasing suicide attempts, should effect a reduction in successful suicides.
3. With interception, there should be a reduction in residential fires and resultant fatalities.

The program is described in detail in the next chapter.

Why Treatment Was Not Considered in the Program

It has been generally agreed that alcoholism is a disease that cannot be completely cured by any method known to science except complete abstention. Even abstention must be supervised and rigidly enforced.

In addition to the a above-stated problem, composite evaluation of past incidents showed that almost all crimes, suicides and fire deaths were caused by alcohol abuse and not alcoholism. The alcoholic was not part of the overall problem to be addressed. The alcohol abuser made up 95% of the public problem.

Very few, if any, police departments wish to get involved in the medical, psychological, and physiological aspects of alcoholism treatment. It simply takes too much secondary effort by an agency that has a more primary responsibility to the public--that of dealing with crime. Hence, the program began with no intention of dealing with treatment nor becoming involved in rehabilitation. If there was an existing agency to deal with treatment, certainly referrals would be made. If not, treatment and rehabilitation were not even considered. The primary principle of the program was intervention.

The Dittman Survey and Alcohol/Crime Perceptions

The Dittman survey had some interesting findings which are highly applicable to a drunk-detention program in rural areas of Alaska. Some of the findings support both the concept of the program and also the connections between alcohol abuse and crime. In the report,

"The most striking regional difference was found in the area of alcohol use as the basic cause of crime. Respondents in the Northwest, but not in other areas, saw it as a cause of both crimes against people (22% of respondents) and against property (13% respondents). At the other extreme not one respondent in Anchorage saw alcohol alone as the basic cause of crime".

The reports statement that "Alcohol is seen as a basic factor only in rural Alaska..." not only reflects the perceptions of rural Alaskans, but also is representative of facts not yet measured properly by agencies and police departments in those areas. With a consistent effort at data collection there will be a core of facts which will support the people's perceptions and also show the need for a drunk-detention program until such time as State programs/agencies initiate facilities for Sleep-Off Centers and Detoxification programs through Public Health Service Hospitals serving rural areas.

Another section of interest in the Dittman report concerns police issues. Again, a shift in attitude between urban and rural areas is indicated from the public survey. Response to the survey's question regarding where the emphasis of police activities should be placed showed that "In rural....Alaska, a majority of the public favored emphasizing innovative preventive activities over traditional patrol and arrest activities". The rural prevalence of traditional life styles would also indicate that police procedures which are standard for urban areas are not necessarily useful nor preferred over altered methods of patrol and prevention.

II

THE DETENTION PROGRAM:

AN OVERVIEW

For our purposes, a Detention Program is an administrative policy initiated by the community and police-agency head to control the problems related to alcohol abuse. All of the elements can be found in any police agency of almost any size. It is specifically designed for those rural areas of Alaska which have neither medical delivery systems directed to alcoholism or alcohol abuse nor the attendant facilities.

The police administrator, either through research in existing records or through personal knowledge, must identify characteristics found in unnatural deaths, suicides, and crime. Certainly if the result of research were the finding that less than a fourth of the problems or causes were related to alcohol abuse, then such a major effort as the detention program of the North Slope Borough's Department of Public Safety might not be all that viable. Yet, clearly, if one-half or more can be attributed to alcohol abuse, then a detention program should be given major attention and concern. A considerable number of conditions must be examined before such a program is initiated. For example:

1. Does a rural police department have time to accomplish the program?
2. Does the rural police department have relatively decent facilities for the program?
3. Is alcohol abuse identified by others in the community as a major problem, or is it so minor as to be the last of their concerns?
4. Is there overall commitment of the department to make it work?
5. After examining the risks involved, does there still remain a commitment to a detention program?
6. How can attendant medical problems or even life-threatening alcoholic trauma be provided for if it becomes necessary?

There are, of course, many more detailed questions about the functional aspects of such a detention program that also have to be answered. A careful and considerate approach must be maintained for the sake of the department and the community.

The North Slope Borough Department of Public Safety

Created in July of 1976, the department had been given the responsibility of delivering public safety service throughout the 88,000-square-mile, seven-village North Slope. The primary concern is delivery of law enforcement, fire protection, and emergency medical services to villages, including Barrow.

The present personnel level for Barrow and the Village Division is nineteen sworn personnel and seven support civilian personnel. The facility for detentions was built in late 1975 as a modification to an old fire station originally built in 1954. The facilities are certainly not modern and are probably representative of most rural areas in Alaska. The extent of available facilities for the detention program is four detention cells, a bathroom separating one cell from the others, and video monitoring equipment.

Present operational levels in Barrow provide for two primary one-man vehicles on patrol. Extensive medical kits are found in each of the primary patrol vehicles. Each Public Safety Officer is required by department policy to obtain Registered Emergency Medical Technician status. The same applies for communications personnel.

The Old Method of Daily Operations

Evaluating operations in terms of actual patrol experience and daily levels of service demands showed that service requests consumed the smallest amount of time. The majority of time was actually used in "driving around" and doing security checks. Several years of review showed that there was no deterrent to crime, including burglaries, by this use of patrol. The department had settled into a response-and-reaction method of operations. Virtually all work was accomplished solely upon reaction to service requests and citizen complaints. It was not unusual to find two officers responding to a single complaint for an eight-hour work shift. The entire operations of the department were reaction oriented.

In dealing with intoxicated persons, most often the officers on duty would stop, pick up the intoxicated or incapacitated person take him or her home. Twenty minutes later a family member would call and complain that A) they want him out; B) he is fighting; or C) he is beating his wife or kids. The patrol would respond, say "stop that", and leave. A recurrent cycle of behavior would be established by taking the intoxicated person home or to a friend's house. It was not unusual to have the person taken home and then found dead from fire or suicide a few hours later.

Another method used in dealing with intoxicated persons was to charge them with Disorderly Conduct, the most abused statutory law on the books. It required the drunk's taking a lazy swing at an officer or cussing one out to justify arrest, booking, and court prosecution. Both methods were exercises in futility. A more positive approach was needed.

The Detention Program Initiated

Two weeks of advance work initiated the program. The first week was spent in giving both written and oral directions to all Public Safety Officers. Staff meetings were formalized to deal with questions about how the program was to be accomplished. Meetings with health personnel and community health providers identified anticipated medical problems. The second week was spent in public explanation of the policy and program through the radio and television. The task force assisted with this phase of the program so that virtually every resident of Barrow would be aware of the program and how it would work in advance of its actual initiation on the streets, in the homes, and in public places.

The Barrow Experience

The first three months (January, February, March) presented a problem with the program that was not anticipated at first. It was found that few of the duty officers were excited about or interested in this program. Little progress was made and only a very slow increase was shown in detentions. With supervisory guidance, departmental meetings, and further convincing, the program began to take off in the proper direction. There was a great deal of confusion about the difference between "arrest" and detention. That confusion led Public Safety Officers to conflicts over the role that they were to take and their personal relationships to the treatment of those detained for public intoxication. It was found that officers were taking intoxicated members of families from their own homes and detaining them, under the assumption that they had the authority to do so. Booking forms were mislabeled as "arrests" rather than "detention only". Fingerprints and mug photos were being taken. A major confusion over the purpose and intent of the detention program existed.

A major complaint of experienced police officers was their reluctance to deal personally with people solely because they were intoxicated. They found it reprehensible and unprofessional to accomplish such mundane tasks as dealing with a person who was slobbering drunk. It did not tax their resources, but it certainly taxed their personal attitudes about the worth of someone very drunk. Another complaint about officers dealing with the program was their intransigence in identifying their role as police who dealt with crime and not the social ills of a community. They simply could not identify the cause-and-effect relationship of alcohol abuse to levels of crime.

However, with training sessions on the causes and processes of alcohol abuse, there came about a complete change in attitude and approach to the overall problem. The program began to work as detentions began to climb month by month. With this type of change, another interesting problem, not anticipated by supervisors and administrators arose.

After six months of experience and monthly charting of detentions, it was found that no one had anticipated answering the question: Where would it stop or level off? The surprising answer at the end of the year is that it never did level off or stop at any particular point. The result was the continuing overloading of facilities and extremely crowded conditions at the jail. On one occasion seventeen persons were detained in a six-hour period in a facility designed for a maximum single occupancy of four. The facility is simply not large enough to handle actual need. In any event, it was decided to continue the program in spite of the overloading, as its effectiveness at reducing crime, suicides, and unnatural deaths was becoming self-evident. At this point even community support grew for its continuance, with frequent calls from the general public asking that persons they had seen intoxicated on the streets be picked up and detained.

The highest level of detentions for intoxication was reached during the last month of the "wet" year, at one-hundred fifteen (115) persons detained for the month of December. It was also discovered that the most consistent average time required for an intoxicated person to sober up completely was between five and seven hours. Of those hours, the first was generally an excitement stage, and the remainder were occupied by sleeping. After the

mandatory eight hours from time of detention was reached, those still sleeping were allowed to sleep until they awoke and then were immediately released. Those awake at eight hours were immediately released.

Recidivism was obviously very high; however, it was soon discovered that those who had completed the process rarely, if ever, committed any crime or attempts at suicide within 72 hours of being released. In addition, it was also discovered that most of the crime that continued during the program was committed by individuals intoxicated but missed by the efforts of the program. Crimes occurring on the streets became nonexistent; most were committed in the offender's own home.

Actual Costs Evaluated for Continuing Impact

Initially, the only cost associated with start-up of the program was installation of a TV-monitor system. This system was installed with two separate goals in mind. First, direct observation by communications personnel to assist in identifying medical problems and abnormal activity (attempts at suicide, DT's, etc.). The second purpose was to reduce any cost impact by eliminating the necessity for hiring guards and providing around-the-clock observation (which would greatly increase actual dollars expended in the program). This simple, one-time cost alleviated a particular threat to the well-being of detainees--suicide attempts in the cells. As a matter of procedure, all property was removed and inventoried in the same manner as for criminal arrestees. Belts and shoes, as well as parkas and coats, were also removed. There were fifteen (15) actual suicide attempts within the cells. Fourteen were immediately prevented by duty personnel. One actually succeeded. (See Section IV: Problems, Costs and Evaluation).

The Results of the Drunk Detention Program in 1977

At the end of the first year, evaluation produced some unusual results. Some were planned as objectives while others were surprise results. The first surprise was the net total of detainees (664) which indicated a huge number of persons processed through the program. Certainly the total number was not indicative of the actual number of individuals detained in the program. Returnees were very common and probably comprise about one-half of the total. Hence, the actual number of individuals may well be closer to 330 ± 5 to 10. This figure represents well over twelve percent of the total population of the City of Barrow.

Another result was the discovery that the ceiling, or maximum level of detentions per month, was never actually reached during any time of the program. Appendix A shows that the single highest month of detentions was the last month of the year, December. The only interruption in steady monthly increases was September and October which reflected a diversion from the effort to the management of an unusual incidence of very serious crimes during those two months. Aside from that single influence, the chart demonstrates a steady upward trend--allowing only speculation on what the peak actually could have been. Also, there could possibly be an artificial limit in terms of man hours applied to the program.

Some of the major effects of the program were:

1. No deaths occurred by freezing.
2. Two suicides occurred as compared to an annual average of five to seven.

3. Service requests doubled, yet there was an overall decrease in reported crime.
4. Arrests, specifically the need for arrests, decreased by 35%.
5. A significant decrease in crimes against persons resulted.
6. A significant decrease in misdemeanor crimes resulted.
7. Two deaths by fire occurred, each alcohol related, and each in the victim's own home, compared to an annual average of five.
8. A significant reduction in investigative case work occurred, allowing for a huge increase in time available for the detention program.

With a continuance of the program throughout 1978, a complete data base will be available for detailed analysis, resulting from 1976 dry (no detentions), 1977 wet (detentions) through 1978 dry (detentions). A complete three-year data base analyzing alcohol abuse as it relates to the incidence of crime will be available by January of 1979.

III

NEEDS ANALYSIS, SYSTEM OBJECTIVES, AND APPROACH TO IMPLEMENTATION

Needs Analysis

Barrow. A city with a population of approximately 2600 has stabilized the number of personnel considered necessary for Public Safety Services at eleven officers, taking into account the seasonal peaks and declines in criminal activity, most officers had a great deal of time on their hands in which to take a more positive and preventive role in the community. Personal experience showed clearly that Barrow suffered from an abnormally high abuse of alcohol; however, there were no detailed records to back up the personal knowledge. When compared with other agency data and more especially sociological studies by the University of Alaska, Barrow was typical of native rural populations throughout the State of Alaska. When compared with the urban areas of Alaska, Barrow still displays some anomalies in the area of crime and alcohol abuse. Barrow and the North Slope Borough identified four problem areas. They were suicides, incidence of homicide, fire deaths, incidence of alcohol abuse. The Criminal Justice Planning Agency, through studies of the Uniform Crime statistics, showed a higher rate of incidence for all four areas in native rural Alaska. Barrow is considered to be typical of the norm in those statistics.

Because of its size, job availability, social and economic factors, and seasonal trade-offs in activity levels, Barrow is not representative of most other villages within the North Slope. Barrow is viewed as "the city" by such villages as Wainwright, Pt. Hope, Kaktovik, Nuiqsut, and Atkasook. These villages range in population from 150 up to 450. Barrow and these sister villages have similar problems of alcohol abuse and its results.

The North Slope Borough. Seven villages within the borough have slightly different community natures, but the problems of alcohol abuse and crime are even more accentuated in their life styles. What, in Barrow, is viewed as a minor incident will be perceived as a major problem in the village. This emphasis is the result of a lack of resources for dealing with the problem there. Hence, all the available data applicable to Barrow would be magnified in smaller communities lacking the facilities and personnel to manage them. Very little village data is available; however, personal experience again dictates that the same detention program would have an even greater effect in smaller communities. While the villages outside of Barrow are always "dry", what happens in Barrow has a direct influence on village life. A logical assumption is that the same is true of other regions of rural Alaska. The needs are interrelated and inseparable.

System Objectives

While the principle behind a drunk-detention program is simple, it must reflect specific objectives related to actual occurrences which point out the need for the program. If the objectives are not identified by detailed research it will be very difficult to attempt the introduction of the program to personnel in one's own department. Identifying specific objectives makes implementation much easier to push--both to the community at large and to the local police department. In developing these objectives, there are some hurdles to overcome that will reflect upon both the need and the methods used to implement the program. Several questions must be answered to implement the program.

Several questions must be answered to the general public's satisfaction:

1. Assuming widely accepted justification for such a program, how willing is the community to accept existing facility conditions?
2. What exactly is the objective and goal of the program? Can it be articulated clearly?
3. To what degree will the community continue to support the initial effort?
4. Should it make a difference in program implementation if the community is wet or dry?
5. If something goes wrong (such as suicide in a cell of someone detained) can the program survive criticism and continue?
6. Is there an adequate, trained staff attending the facilities? If not, are the community and the police agency willing to support training?
7. What modifications to facilities and assignment of personnel will the community support? How much will it cost?
8. Can the program demonstrate cost-effective management?

The pattern of research may be evident to the police administrator; however, it must also be shown to community leaders without bias and with a commitment of real concern over possible effects of the program.

The objectives for the Barrow drunk-detention program were identified by both the local task force and managers of the department. The "Task Force on Alcoholism Report" filed in December of 1976 identified the objectives and consolidated ideas from key agencies/personnel. They are:

- A. Death rates increase with the greatest impact on the younger people of the community.
- B. Adult and juvenile crime greatly increases.
- C. Family problems greatly increase with impact from the very young through young adults.
- D. Related medical problems greatly increase.
- E. Property damage increases.
- F. Family life structures are destructively influenced by alcohol abuse.

Research indicated that there were four goals to establish for the program to actually demonstrate that it worked. The first was a clear reduction in suicides since all suicides in the past were directly linked to high intoxication. The second was reduction in the number of house fires and individual death rates from fires directly caused by intoxication. The third was a clear decrease in crimes (initially unspecified by type). And the fourth was to remove "the drunks from our streets" since this was seen as a very negative community image. An adjunct to these goals was the elimination of deaths by freezing in the streets and byways of Barrow proper.

The latter goal was, by far, the easiest goal to initiate since it did not reflect upon any individual's social stature or standing in the community, but was clearly life-saving activity. This single goal was clearly directed towards the officers who would be responsible for the success or failure of the program. Normally being held publicly responsible for individual protection of life, the officer was individually instructed that common occurrences of freezing deaths resulted from intoxicated and incapacitated persons walking to and from parties and/or homes. This single goal reinforced the officer's feeling of responsibility towards intoxicated persons, and, at the same time, increased his motivation to stop and detain rather than "pass by the incapacitated". As a result, not a single person died of exposure in Barrow during 1977.

Approach to Implementation

Implementation was begun by the distribution of a written policy and description of the program to all department personnel as well as all task force members. Only tenacity kept the program from suffering collapse after the first few months when alcohol-related deaths continued to occur. The initial difficulty was the failure to adequately explain it to working personnel and measure what was asked of them against their own private attitudes towards this kind of program. It must be set in the mind of the police administrator that the program will be continued for at least a full year. It can then, and only then, be adequately and intelligently analyzed for results. After the first year it will be time to determine whether or not the program is of such value as to continue it indefinitely or for another trial period.

IV PROBLEMS, COSTS, AND EVALUATIONS

Data analysis and records kept by the department during calendar year 1977 have identified several specific problems that require not only mention but detailed explanation. They are critical to both the results and the continuance of the program. The most important problems are:

- * Officer personnel attitudes and demeanor in handling intoxicated persons.
- * Knowledge of alcohol abuse and stages of alcoholic influence.
- * Identification of procedures separating "arrest" from "detention".
- * Guarding against medical and mental problems occurring in the facility.
- * Handling suicide attempts in the facility.
- * Officer knowledge of Delirium Tremens.
- * Typical cycle of detainees' behavior and signs of critical events.
- * TV monitoring versus jail guards.
- * Present resource and emergency resource reactions.
- * Publicizing fully the operation of the program.
- * Officer risks and the use of physical restraint.
- * Length of needed detention time.

Identification of all the above areas is the result of an exhaustive study and evaluation of data, personal knowledge and observation, and feedback from both operational personnel and the community at large.

Attitudes

Critical to the program is a whole melange of psychological attitudes found in officer personnel. For many officers who have had little formal training and very negative experiences with intoxicated persons, the handling of drunks reflects the acting out of oftentimes very negative personal habits and attitudes. If an attitude is demonstrated that intoxicated people should be treated as less than normal, or as less than full human beings, the program will accentuate it. Officers will become extremely cynical, an attitude often causing verbal abuse and jeering, and frequently leading to fights between detainee and officer. Another more critical contact-related problem is lack of simple knowledge of the physical influences of alcohol on the body. This is especially important when an intoxicated person becomes combative. The restraint necessary is often very little, but only if knowledge of non-injurious methods are available; when they are not, it is quite possible to break a detainee's arm by using a come-along hold meant for sober persons--simply because the detainees ability to feel pain is extremely reduced.

Knowledge of Alcohol's Influence on Behavior

It is also important that officers be trained in understanding alcohol's effects, both physical and mental, upon the intoxicated person. It will be reflected in behavior ranging from frivolous to boisterous and extremely combative. Officers with full knowledge will immediately understand that intoxicated persons are far more subject to manipulation and control than the hardened

criminal or the mental case in a manic state. If treated properly and carefully, with a measure of respect, the drunk will later frequently thank officers for their assistance and apologize for uncontrolled behavior. It is very important to the individual detainee that he not be treated as a child nor suffer "loss of face" or a feeling of loss of self-respect. Often, these attitudes and feelings will remain even after the alcoholic haze has completely left. Contrary to popular belief, intoxicated persons more often than not remember how they have been treated and will not likely forget mistreatment and belittlement.

Identification Procedures in Arrest Versus Detention

This problem can easily be eliminated from the very beginning if more time is spent in preparing officers and encouraging their participation in the program--assumptions at the beginning frequently turn out to be completely wrong, sometimes to a fault. This area actually represents the detailed operational processes for the program. It should be gone over with officers of the line in advance of starting the program so a clear definition and a clear distinction is made between a person who is detained in a non-criminal manner and a person who is arrested in the normal criminal process. This department, with a full year of experience, has completely overcome this initial problem; however, the experience can benefit others who may want to initiate a similar program and prevent breakdowns in the initial stages which may threaten its continuation.

Medical and Mental Problems

Both problems must be addressed in advance and very carefully if disasters are to be prevented. There must be identified resource people who are immediately available for medical treatment. Also essential is the training of line officers to insure recognition of critical clues to oncoming medical trauma. Officers must understand that at the time a detainee is originally picked up he will be at a certain stage in his consumption and intoxication. There is a clear and critical difference. That difference can frequently make the difference between life and death. Hence, the detainee, for at least the first hour or so, must be watched very carefully for signs of the following physical trauma:

1. Severe depression and suicide attempts.
2. Severe physical depression leading to slow collapse of the central nervous system, i.e., breathing and heart dysfunction.
3. Severe manic behavior that will cause self injury in almost any facility or situation.
4. Aspiration, e.g., choking on own vomit, either while awake or asleep.

Virtually all of the above represent life-threatening situations which almost any detainee can experience. A key check-point principle in observation is any sudden change in behavior. If boisterous and loud, a sudden change to very calm, quiet behavior should be immediately checked in person. It is a common signal of either mental or physical behavior changes. If a subject suddenly goes to sleep and is not checked personally by someone, he or she could aspirate without moving a visible inch, causing death unobserved and unknown to those responsible for his care. Sudden calm also reflects a signal of impending suicide attempts. Attempts are limited only by the material and resources available and sheer imagination. Imagination is never lacking in those intent upon suicide. Pain thresholds are so high as to make the inconceivable a practical reality.

Depression of the central nervous system may occur an hour or more after an intoxicated person is detained, simply because his body and system have not, at the time of interception, completely absorbed the alcohol into the body. He could conceivably die from alcohol overdose an hour after being placed in detention.

Since this area was well planned and response systems were lined up in advance, such occurrences were fully prevented with the exception of a single suicide which occurred in a cell. The suicide occurred within five minutes of the time a highly boisterous, intoxicated female suddenly quieted down-- medical aid was immediate; however, it was also too late. The system of safeguards worked fine, but was not fast enough to prevent her death.

It should be a warning, not only to this department but others who detain intoxicated persons for any reason, that constant watchfulness and knowledge of the signals is critical.

Handling Suicide Attempts in the Detention Facility

As related above, during the report period fifteen recorded attempts at suicide occurred within the detention facility. Over 600 detainees were processed prior to a single successful attempt. While the occurrence was singularly tragic in and of itself, only one other suicide occurred in the Barrow population unattended and undiscovered. The normal attempts and actual successes for the year were prevented by the program since no other influencing factor can account for such positive results. It would be logical to deduce that attempts made in detention could and probably would have occurred outside the facility with a greater chance of success and complete anonymity. As it was, fifteen attempts were attended, stopped, and provided treatment.

A system was established to identify each person who attempted suicide at any time, resulting in special attention for those detained another time. Card index files were made (commonly called Field Interview or FI cards) and green notes were attached to the FI of anyone attempting suicide so that screening against such cards alerted communications and officer personnel to pay particular attention to them. Such attention to detail in all probability saved several lives during the course of the program.

Officer Knowledge of DT's

Erratic behavior by detainees frequently demonstrated the effects of Delirium Tremens. Locally, such medical terms are labeled the "snakes"-- one manifestation of the hallucinations suffered by those going through DT's. Such erratic behavior can be very dangerous if not understood and treated by proper medical authorities. Oftentimes a demented paranoia occurs that can be transferred onto officers and/or facility personnel. This sometimes leads to attacks, escape attempts, bizarre behavior, and suicide attempts. Personnel were instructed that should any of this special type of behavior occur, the detainee was to be immediately transported to the local hospital and admitted for treatment.

Typical Behavior Cycles of Detainees

No single cycle of behavior is typical of all cases. Most often a detainee was brought in, inventory searched, identified by name only, screened against FI cards, hat coat, belt and shoes removed, and was placed in a detention cell that is always lighted, cleaned daily, and has bedding available. Requests for coffee or water were always filled, and the detainee generally

went to sleep a short time later. Sleeping is common, but also dangerous if not properly observed. A simple procedure for observation is to stand outside the cell and count respirations--it is a good indication of the physical condition in which the intoxicated person is found. This cannot be done over a television monitor. It must be done in person with full knowledge of what signs respiration signals. It demonstrates a clear airway, normal breathing and normal sleep. It will immediately show problems with breathing, airway obstructions, and pre-comatose depression.

Another observation can be made in the same manner--that of uncontrolled urination or bowel movements. Such occurrences are a clear danger signal that requires immediate response and attention.

Frequently detainees will exhibit self-destructive behavior by beating their fists, feet, or heads against the walls of the cell. When this occurred, measures for first aid were carried out and a short waiting period was initiated. If absolutely necessary, detainees were physically restrained until the behavior ended.

TV Monitoring Versus Jail Guards

TV monitoring is a static method of observation that is dangerous for several reasons. It often can create false reliance upon mechanical means of observation. It is also not sufficiently clear enough to make visual checks of critical factors. It will not show breathing difficulties, potential aspiration, pre-comatose conditions, and other signals critical to detainee medical needs. On the other hand, it does provide a safe means to observe manic and erratic behavior; it insulates the observer from becoming a source for the venting of frustrations and potential attacks. The most significant method for calming the intoxicated person is leaving him or her alone, but discreetly observed. The best solution to observation and care is a combination of both. However neither should be relied upon alone to solve the problem of observation.

Emergency Resource Reactions

The Department of Public Safety is the center for all emergency communications in Barrow and the North Slope--including direct radio alerting of medical personnel at the PHS Hospital. Such communications, in addition to direct and immediate ambulance alerts, establishes the foundation for emergency resource reactions. In addition, trained emergency medical personnel are supplemented by department personnel in line officers as well as communications personnel. The result is an almost immediate response to any medical crisis within the facility. This resource must be initially evaluated and provided before such a program of drunk detentions is initiated. It serves to protect all parties concerned. It also prevents gross mismanagement of detainees in the program.

Publicity

The department insured that, with the cooperation of the task force, the whole community was informed about the program, how it would actually work and the potential benefits and risks involved. The public's complete awareness and support of the program saved it from complete destruction when the suicide occurred in December of 1977, the last month of the community-wide effort. Weekly and monthly the public was informed about its progress with radio announcements. Virtually all feedback from the general community was of a positive nature. The program could not be accomplished without full parti-

Officer Risk

It was found that officer risk was actually very small. There was greater risk to the intoxicated person than to officers. Intoxicated persons were found to be uncoordinated and unable, for the most part, to be successful in attacks on officers. Very few attacks occurred, and all were very minor. A primary reason for this was the publicity which informed not only the general public but detainees as well. Intoxicated persons knew in advance what was going to happen, and as a result there was no fear nor mystery associated with it.

Detention Time

Detention time is defined as the length of time necessary to hold the intoxicated person until complete remission of the effects. Initially the time was set at a maximum of eight hours. While only an unproven estimate, the eight hours' maximum time proved to be sufficient. Certainly any longer period of time would have caused a strain on facilities and cost overhead. A minimum was set at four hours. This also proved to be very valuable for those less intoxicated than others. No allowance should be made for more than a twelve-hour limit. An extension of this type would cause a breakdown in operations of the facility, disruption of detainees' time, considered valuable for family and job related needs, and an unnecessary burden upon program personnel and officers. The 4 to 8 hour limit proved to be very practical as well as acceptable to officers and the general public. It also prevented any misuse of the program by unnecessary detaining. It acted as one of many checks and balances.

Program Costs

Evaluation consisted of monthly data on the number of persons detained in the program and a comparison with prior years' incidence of crimes, fire deaths, and suicides. A monthly analysis also tells the administrator whether or not modifications are needed in the program as well as performance results by line officers in developing the program objectives. This can only be accomplished if a system of monthly data reporting has already been established. The department's experience illustrates that the ceiling of detainee pickups never was reached for the year 1977, as the last month of the year was the highest. The progression of numbers will act as anchors to the evaluative picture formed after the first few months. Community feedback is also an anchor to the evaluation process, in that negative feedback will indicate changes, modifications, or failure of the program. Such feedback represents a form of reality testing critical to its continuance.

Data for the previous year must also be handy for comparison on a month-to-month basis. If it is seen as effecting the reduction of the number of necessary arrests, reduction in misdemeanor complaints filed with the local court, and an overall reduction in the number of crimes reported, the administrator may want a certain part of the program reinforced and other parts de-emphasized. If, after three or four months, there is no difference in activity levels, there will have to be a reevaluation of the program and its effectiveness.

IMPLEMENTATION STEPS

Identify and Evaluate Effects of Alcohol Abuse

It is the police administrator's role to accomplish this task through available records of police, fire, and medical activities within his own community. Screening these results through local leaders who may well be aware of the impact of alcohol abuse will result in the formulation of cooperative efforts towards implementation of a drunk-detention program. The effort at identifying effects and causes will dictate the need for the program and a group of concerned and cooperative citizens and police personnel.

Short-Term Group Organization

The organizing of a short-term group will serve to initiate the program since it cannot be developed in a vacuum. The task force may be small in number but represent a group of community leaders. It certainly will not work on a principle of "white hat missionary zeal", nor a one-man showmanship project. Several meetings in a short period of time will effectively bring out identified needs and anticipated impacts. The work of this group is to act as an advisory council to the police administrator in formulating the program and the mechanics that fit the local situation. The group will also identify what facilities are available to select from or determine that a single facility will have to be upgraded with minor additions and used regardless of its inherent faults. Such was the case with the City of Barrow--a facility obviously not designed for such a program, but the only one available, was used.

The group will also tend to establish requirements for care and resources that need to be directed at the program. Those especially important will be medical resource persons, voluntary aides, or personnel training needed prior to program initiation. In addition, all of the necessary functional parts identified in this monograph will have to be addressed in advance. At the end of the group's short life, a decision will have to be made by them and the administrator as to whether to go ahead with the program, or that it is not feasible.

Once the program is actually initiated, the need for the group's existence will diminish, and the responsibility for the program will fall upon the police administrator.

The Police Administrator Evaluates Internal Resources

It becomes incumbent upon the administrator to evaluate several aspects of his own departmental resources before deciding to go ahead. They are the following:

- * Train department personnel in advanced first aid at the least, and preferably to the EMT level.
- * Check personnel attitudes towards the program after training them in aspects of alcohol abuse and the preventative concerns of the program.
- * Evaluate, correct, or modify existing facilities for the function they will serve in the program.

- * Insure public information about the nature of the program, how it will function, and when, where and under what circumstances it will be initiated.
- * Establish close and permanent relationships with medical facilities and personnel.

After the first three or four months of careful observations any modifications needed should become evident. It is important that the commitment to the program be for at least one full year in order to provide any real and significant effects. Decisions for continuation or elimination of the program altogether will also tend to be self evident at the conclusion of a full years efforts.

Personal involvement of the police administrator during the initial stages will also be very important, simply to insure that his own information is consistent with what may be reported to him by staff and line officers. A breakdown in that information and sharing process will add great risks to the program if the administrator fails to take a personal interest in how it is initially developed. His own personal evaluation is likely to be more objective than those of line officers or staff officers, who may be the recipients of officer complaints and feel obligated to pass them on.

Program Initiated After Public is Informed

With prior public education, one of the most common results to be expected is that some of the informed public will also be those detained. Their prior knowledge of how the program works, that it is completely decriminalized and humanly safe, will prevent stiff opposition to its implementation during the first few weeks or months. There will also be feedback from those actually detained in terms of their expressed feelings about the program and how they were treated. This too, should be considered as valid as other forms of input.

VI

PROGRAM MODEL EVALUATION

Evaluative Methods and Criteria

An evaluation of the Detention Program includes a three-year data base and application of the standard scientific statistical analysis processes. Rather than applying only the "dry" statistical method the author intends to develop and use transliteration into humanistic terms to illustrate what the raw data may not clearly show. This will be accomplished using a comparative method of human activities along with controlled and uncontrolled variables. The uncontrolled variables will be identified and will include such influences as seasonal variations, seasonal community activities, employment rates, raw data on availability of increased or decreased income, and some attempts at relatively viable psychological foundations for alcohol consumption.

The base-line group for all statistical and sociological evaluation will be the Barrow population figures as of July 1978. With this base-line group it will be possible to identify, within reasonable limits, the entire pathology of alcohol use in the City of Barrow for a three year period. While some statistical charting may tend to speak for itself it does not, however, delineate precisely the extent nor the effect of the whole realm of alcohol abuse in human terms.

The social pathology of crime and its commission can be laid squarely upon alcohol abuse. No other influence, no matter how apparently valid or significant can begin to match the straight line influence of alcohol abuse and crime in Barrow. Raw data results clearly develop specific pathologies and trends in sociological terms.

Interpretation of Raw Data

Some generalizations are clear when viewing the results of the Detention Program for Barrow. The following statements are deduced from raw data as no other variable can account for the net results shown to date:

- Suicide and alcohol abuse are not only linked but pathologically related. As an axiom, suicidal behavior requires a breakdown in inhibitions against such an act and therefore, in the Barrow population at least, requires intoxication. Hence, zero success inclusive of at least twenty-five attempts in the population for a full calendar year is strong support for such a statement. To effectively support the zero suicide-success rate, it is necessary to maintain a 90 to 95% efficiency rate of detentions.
- The incidents of home fires and fire deaths are directly related to alcohol incapacitation. No other influence nor outside variable can be used to explain the zero fire-related death rate.

Interpretation of Raw Data

- Incidents of accidental death have been reduced by an actual 90%. The implications for the population of Barrow are fantastic. It has been 18 months since an accidental freezing death has occurred. The Detention Program has come very close to completely zeroing out accidental deaths.
- Crime reduction, caused by interception of alcohol abusers, is close to 60% in a two-year time frame. Only the efficiency of the program model enforcement dictates the level of crime. Therefore, crime can be, and is, controlled with an iron hand by high levels of detention efficiency. Serious crimes against persons and property have been reduced by nearly 40% in one year.

Conclusions and Implications for Rural Alaska

Since indisputable proof is now available for what was unsupported contentions of rural communities' crime and abnormally high death rates, the only serious question remaining is not if other rural communities should follow suit, but when they should begin their own detention programs. The model results coming from a detention program will no doubt come as a shock to the criminal justice system. Fighting the root cause of crime is far more profitable to communities than the actual investigation and resolution of crimes after the fact.

It is a radical departure for any police agency to examine root cause and effect relationships and decide to attack the cause and not the effect. However, for rural Alaska communities there can be no remaining doubt that attacking alcohol abuse is far more rewarding and profitable in terms of success rates than any other known approach to date. In the savings of life alone, the value of the Detention Program is unquestionable. If a police agencies highest goal is not the saving of life, it certainly ought to be in light of this programs' ability to accomplish just such a goal.

Admittedly, the approach is contrary to the TV and general publics' perception of cops and robbers. There is little glitter and glory in tangent approaches to traditional crime problems but when seen as a wholistic framework, the success can be just as rewarding in the eyes of the community. The basis for such a tangent approach is the early recognition that traditional ways of solving the crime problem do not work. It is a nonproductive exercise in futility to maintain traditional approaches with a proven failure rate. Drastic and experimental methods result in success rates far exceeding those of any known past methods when applied to today's communities.

Controlled Variables in the Detention Model

Controlled variables are those which include facets of the model design during the early stages and any modifications that were made in the process of the two-year development. Early stage controlled variables included:

- A. Detention of intoxicated persons in public places and streets.
- B. Maximum detention time of 8 hours.
- C. Some allowance for transfers of intoxicated persons to their homes and/or release to sober adult care.
- D. Minor allowance for removal and detention of those intoxicated in their own homes.
- E. Detention considered a secondary patrol strategy by managers.

The above listed variables were not rigidly enforced nor pushed by the staff responsible for patrol strategies. This slow process of enforcement continued for the first 8 months of the detention program model. Only after 8 months was a significant change initiated and added control variables considered. The information feed-back as a result of immediately visible successes resulted in added modifications and a more rigid management of the program.

Later controlled variables, initiated only after approximately 8 months of experience, resulted in the following:

- A. Maximum detention time was increased to the statutory limit of 12 hours.
- B. Transference of intoxicated persons to homes was absolutely forbidden - enforcement was specific and direct.
- C. Complaints from household members about family/relatives being intoxicated resulted in direct removal to detention facility with no exceptions.
- D. Detention considered as a primary patrol strategy by managers and adopted by line patrol officers.

Any person intoxicated, anywhere, anytime, was detained without exception and provisions for release to home and/or sober adults was discontinued. Hence, the efficiency of finding and detaining intoxicated persons drastically increase finally leveling off at approximately 90 to 95%. It soon became apparent that any person who was drunk had a 1 in 10 chance of being missed by patrol and placed in the detention program.

Uncontrolled Variables and Potential Effects

Not all uncontrolled variables can be accurately identified nor accurately measured. Among those outside influences were:

- A. High employment rate and high availability of jobs throughout 1978 due in large part to Borough construction (major) projects continuing throughout the winter with no let-up.
- B. Wein Air Alaska's half fare round trip plan between Fairbanks (the source of supply for Barrow alcohol) and Barrow. The cost of travel on weekends was cut in half. From date of initiation detentions increased by 40%.
- C. During 1978 the Whaling Controversy lead to a low success rate and angry social feelings about outside restrictions resulting in higher incidents of detentions and arrests than is normally found during the whaling season (the lowest crime and drinking period in Barrow for the last three years).
- D. Seasonal variations on community activity (specifically local native subsistence, fishing, etc.) anticipated and relatively accurate. Cultural community activities cause a significant reduction in alcohol abuse and crime.
- E. Cause and effect of major social engineering resulting from massive use of apartment living for a large portion of the elderly population and the division of expanded family units into smaller disassociated ones resulted in increases of alcohol abuse in the Fall of 1978.
- F. Increased income availability due to employment opportunities resulted in more money, hence increase in alcohol consumption.
- G. Initial drive against bootlegging resulted in eight arrests during a two week period, one conviction, and seven acquittals. Barrow juries would not convict local bootleggers even with substantial proof. Those pleading guilty received meaningless sentences. Deterrence was non-existent.
- H. Intelligence collection on bootleggers indicated that a massive number of individuals found it socially acceptable to make a "little money on the side". Nearly fifty persons were identified as illegal sellers of alcohol as opposed to a relatively few individuals operating on a large scale. There are no large scale bootlegging operations in Barrow during 1978.
- I. Present data indicates that one out of every two adults in Barrow purchase and consume bootleg alcohol. Chances are two to one that a juror buys and consumes bootleg alcohol.

Averaging as a False Indicator

During calendar year 1977 the average detention counts per month was 55. However, the charting of detention incidents was highly skewed with the base line year showing a 45 degree increase throughout the year and no sign of reaching any maximum number per month. While 1978 showed a marked flattening of monthly averages (93) the same effect hold true for this recent year. End of year averages are again skewed and increasing.

When the monthly average for 1977 (at 55) is compared to the 1978 average (93) a false impression is apparently shown by the almost double monthly average. The explanation is relatively simple to understand. During 1977 the efficiency of the detention patrol strategy for the first eight months was weak. The late addition or modification of controlled variables easily accounts for this percentage discrepancy.

Averaging detentions by month for the 1978 year is also a false method of determining realistic measures since, once again, the late year increases defy the averages. Only uncontrolled variables can account for a second level increase for 1978. The author can think of only one conclusion to draw from the steady rate of increases over this two-year period.

Aside from the fact that averaging becomes a false indicator, as long as annual increases continue towards the end of each calendar year the only conclusion that can be drawn is the existence of a frighteningly steady increase of alcohol abuse throughout the entire population. The author cannot even begin to determine when and where that steady increase will stop or level off. The implications of this conclusion are terrifying to contemplate in terms of the heart and soul of the community of Barrow.

At the present time data already analysed indicates that fully one-half of the adult population is carrying the other half of the population on their collective backs. The capacity for collective community participation in any activity and/or problem-solving framework is not only hampered by this conclusion but such efforts would be crippled before they began. The problem of escalating alcohol abuse must be attacked with an all-out effort by the few who still can meet the challenge. Failure means total collapse of this communities ability to direct their own destiny.

The Social Aspects of Data Analysis

Translating numbers into human terms the following is offered as demonstrative proof of conclusion drawn by the author:

- The approximate adult population of Barrow is 900.
- The total number of individual adults detained is 450.
- 50% of the adult population of Barrow has been detained for alcohol abuse at least once during 1978.

- The average numbers of times for an adult detention during 1978 is three.
- 131 adult females were detained for intoxication in 1978.
- 319 adult males were detained for intoxication in 1978.
- The detention of 450 individuals resulted in 1180 total , detentions for 1978.
- The approximate population of Barrow is 2700. 450 separate persons detained represent 1/5th or 20% of the entire population.
- 150 days or 5 months of adult time was spent in jail for detoxification. (Based on an average of 8 hours).
- The youngest adult detained (defined by statutory law) was 19.
- The oldest adult detained was 73 years old.
- The ratio of male to female detentions is 3.38 to 1.
- In a two year time frame there were 1884 detentions.
- From examination of all data for a two-year period one can only conclude that bootlegging is a socially acceptable pastime.
- At the very least, through interpretive statistics, there is absolutely no difference between a "wet" year and a "dry" year as far as alcohol consumption is concerned.
- The only redeeming value of Barrow being "dry" as opposed to being "wet" is the reduction in juvenile alcohol abuse.
- All data strongly indicates that all money, manpower, and equipment applied to Public Safety concerns in Barrow is, in actuality, being spent (at about 80%) on alcohol abuse problems.
- Crime in Barrow is controlled at acceptable levels specifically by the control of alcohol abuse.
- Of the 450 separate people detained at least once, a total of 87 were arrested for some type of crime either before or after their detention.
- Of 131 adult females detained, 16 were arrested either before or after detention.
- Of 319 adult males detained, 71 were arrested either before or after detention.
- 68% of all detainees are between 19 and 35 years of age.

VII

CONCLUSIONS

The basis for the following conclusions are found in the raw data and analysed data preceeding this chapter. Some of the conclusions are those of the author and do not necessarily reflect specific proof through interpretation of data since all data can be interpreted in various ways. Others, with far more experience in statistical analysis may find conclusions that will be different than the author's. While continued attention to data and records will be maintained for several more years, this effort is the last that will be formally published by the North Slope Borough Department of Public Safety. Others who are interested are more than welcome to use the data and future records for definitive research.

The program approach has been one of providing data that can be used in future program developments and extensions of principles found in this research. Modifications of controlled variables may continue to be made and refined. There are, of course, some precautions that should be noted for the benefit of any other agency who may attempt this type of program in their communities.

A Word of Caution

This program could not have been as effective as it has demonstrated without complete community knowledge and support. In order to illustrate this requirement let me say that working in a vacuum of secrecy (failure to inform) and gross assumptions about community attitudes and opinions (the demigod approach) will result in disaster and grief. The program design and development began on certain assumptions that were not validated in advance but were as reasonable as could be expected with experience. From that point on, community reactions and individual concerns were foremost in determining controlled variables. If even ten individual community members had made formal, or even informal complaints about the enforcement of the program it would have been stopped.

The program began through the efforts of the Department of Public Safety and health professionals taking the risk of public outcry against such policies and lead to institutionalized programs with full community knowledge and support. The intake procedures were a one-way street in the beginning. The careful use of the word "imposed" is not without basis in fact at the start. However, shortly thereafter a complete transference occurred when efforts were made to close the program down. Public Safety no longer needs to seek and find persons intoxicated. The members of the community call and expect this type of programmed service. It is no longer a program wholly owned and claimed by Public Safety - it is now a community based and supported program that cannot be stopped with the stroke of the Director's pen upon an order.

Program Failures

The program is a major social order and maintenance tool that has some great failures (as well as successes). The policy of detention for the public inebriant and the discovery of the overwhelming degree of alcohol influence in the communities daily life only serves to illustrate the next point. The community of Barrow has been given a highly effective anesthetic that results in removing community members from harms way. The disease still remains. The problem of alcohol abuse has not been solved nor even treated. It continues to grow at an alarming rate and infects almost every household in Barrow.

With a justifiable degree of anger the author feels what has been accomplished is not enough. Not nearly enough. Now that the community is anesthetized the disease requires removal by some type of specialized surgery. Without that surgery the community (patient) can still die! The Department of Public Safety does not have the skills nor required knowledge to perform the necessary operation. The overwhelming problem of alcohol abuse has not been solved. Only the effects of the disease have been blunted and prevented.

In terms of the Barrow community as a whole, any potential for self-determination and the building of skills for directing their own destiny is being blunted and misdirected by alcohol abuse. Barrow may now be number one in crime reduction, but at the same time Barrow may also be number one in the process of self-destruction. With one-half of the adult population directly affected by alcohol who is to say that three-fourths of that same population two years from now will not also be affected. The trends that data now prove must be stopped and reversal begun. Otherwise there is no hope for the people of Barrow to ever have control over their own destiny.

The above serves to illustrate that solving the problem of the effects of alcohol abuse does not solve the real critical issue, it only makes it less painful and harder to recognize by the community.

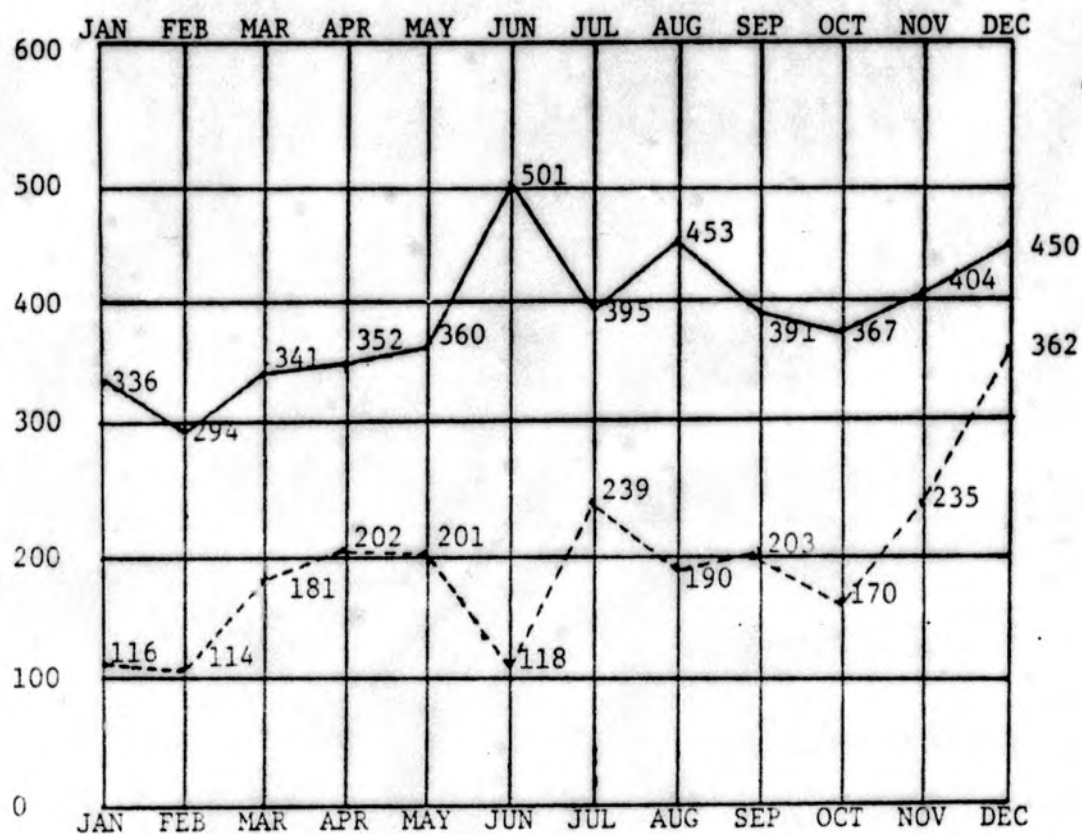
REFERENCES

1. Criminal Justice Planning Agency, 1978 Alaska Criminal Justice Plan, "Alcohol Abuse and Alcoholism", 1978, 246-256.
2. Dittman Research Associates, Public Opinions About Crime and Criminal Justice in Alaska, 1976, Ed. Criminal Justice Planning Agency.
3. Magistrate Court, Barrow Judicial Service District, Death Certificates Record, 1973-1977, Charlotte Brower, Magistrate.
4. North Slope Borough, Annual Report 1977, Department of Public Safety, Projects and Program - Statistics and Analysis, 48-68; 162-170.
5. The State of Alaska, Alaska Statutes, Title 47 Chapter 37, "Uniform Alcoholism and Intoxication Treatment Act, December 1976 Cumulative Supplement.

Appendix A

Service Request Comparison
Chart

SERVICE REQUESTS - 1976 & 1977



* Service requests indicate the number of calls received by Public Safety and responded to by Public Safety Officers.

1976 - Total Service requests = 2331 Symbol -----

1977 - Total Service Requests = 4644 Symbol _____

1976 - Monthly Average = 194

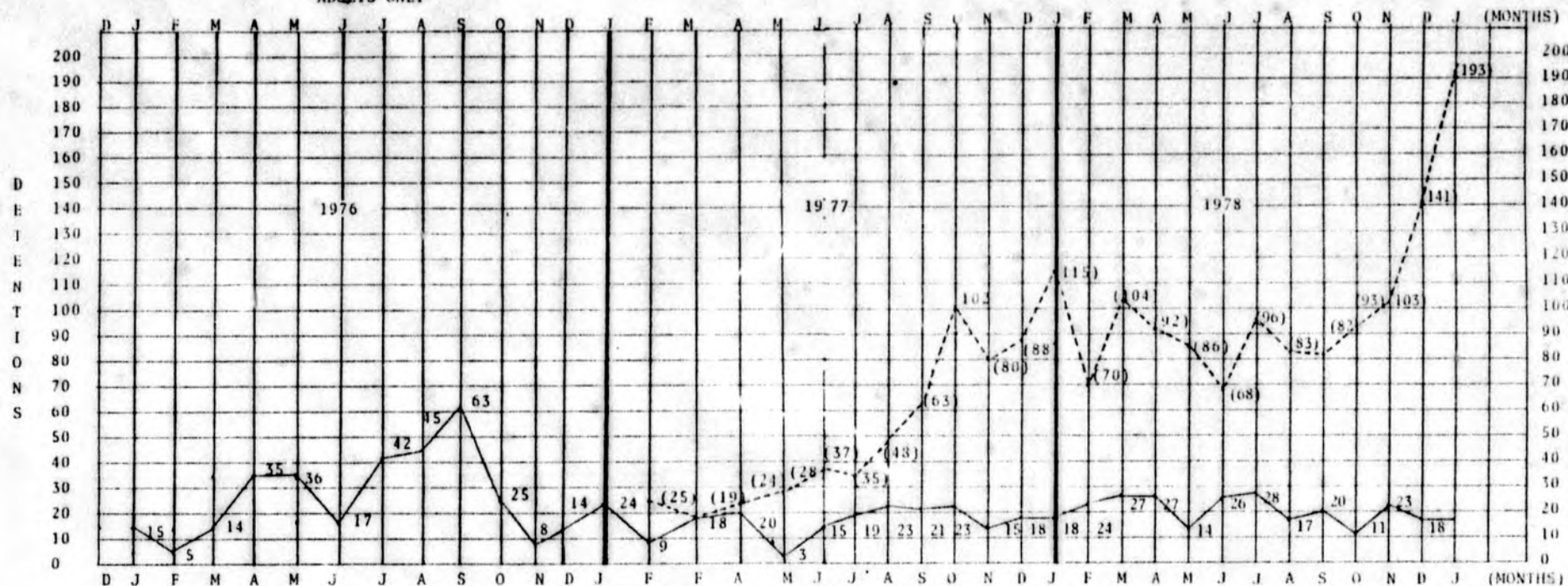
1977 - Monthly Average = 387

Appendix B

Annual Arrest and Detention Data 1976/77
Comparisons

DETENTIONS VS ARRESTS

-ADULTS ONLY-



Total Adult Arrests For 1976 319

Total Adult Detentions 1976 0

COMMUNITY VOTED "DRY YEAR"

Detention (Drunk) -----

Criminal Arrests —————

Total Adult Arrests For 1977 208

Total Adult Detentions 1977 664*

COMMUNITY VOTED "WET YEAR"

Total Adult Arrests For 1978 253

Total Adult Detentions 1978 1,211*

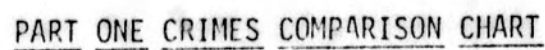
COMMUNITY VOTED "DRY YEAR"

*Two-Year Combined Detentions (1977,78) 1,875

Appendix C

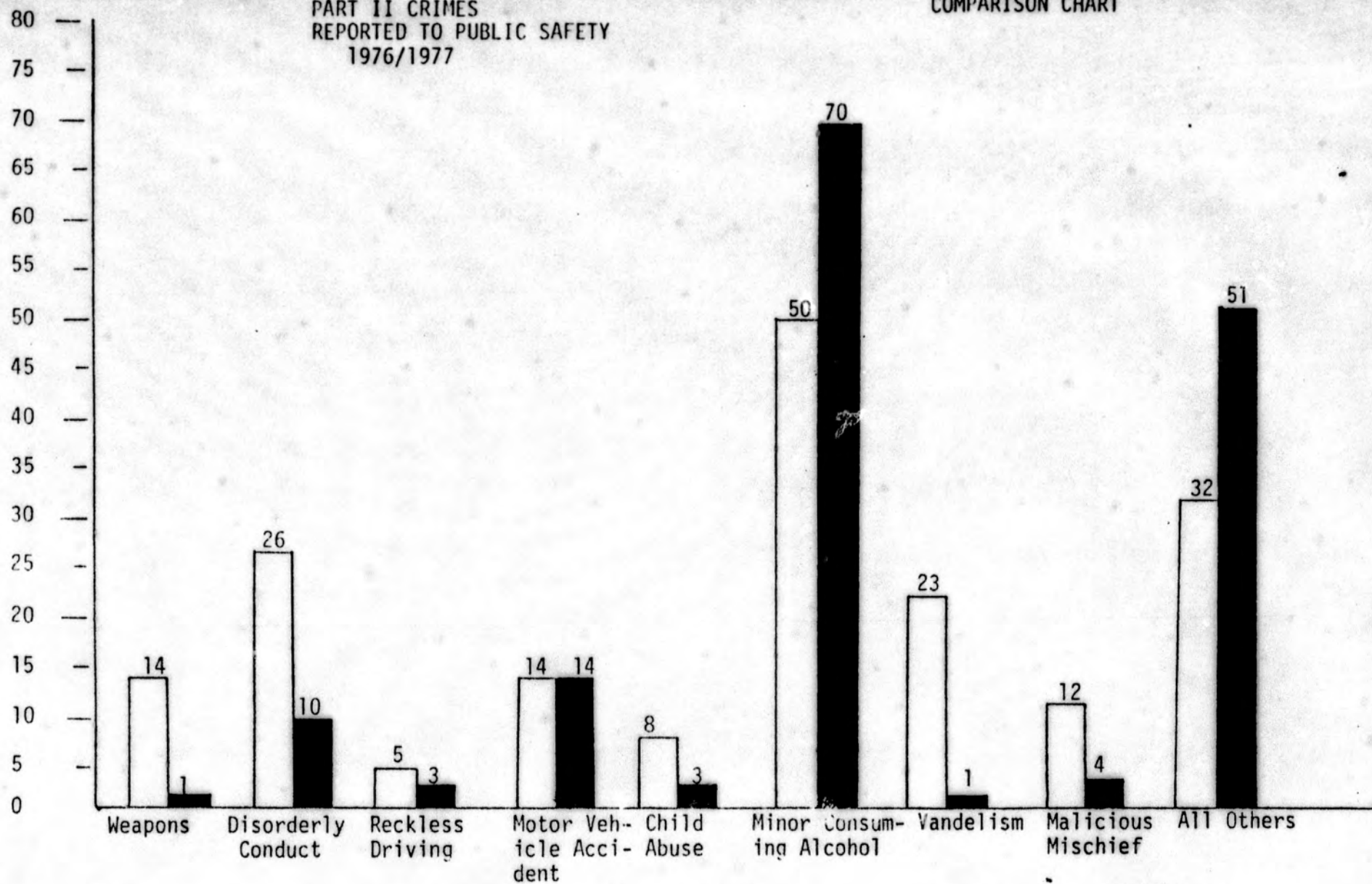
Uniform Crime Statistics
Comparison 1976/77

COMPARISON CHART

☐

PART II CRIMES
REPORTED TO PUBLIC SAFETY
1976/1977

COMPARISON CHART



PART TWO CRIMES COMPARISON CHART

1976

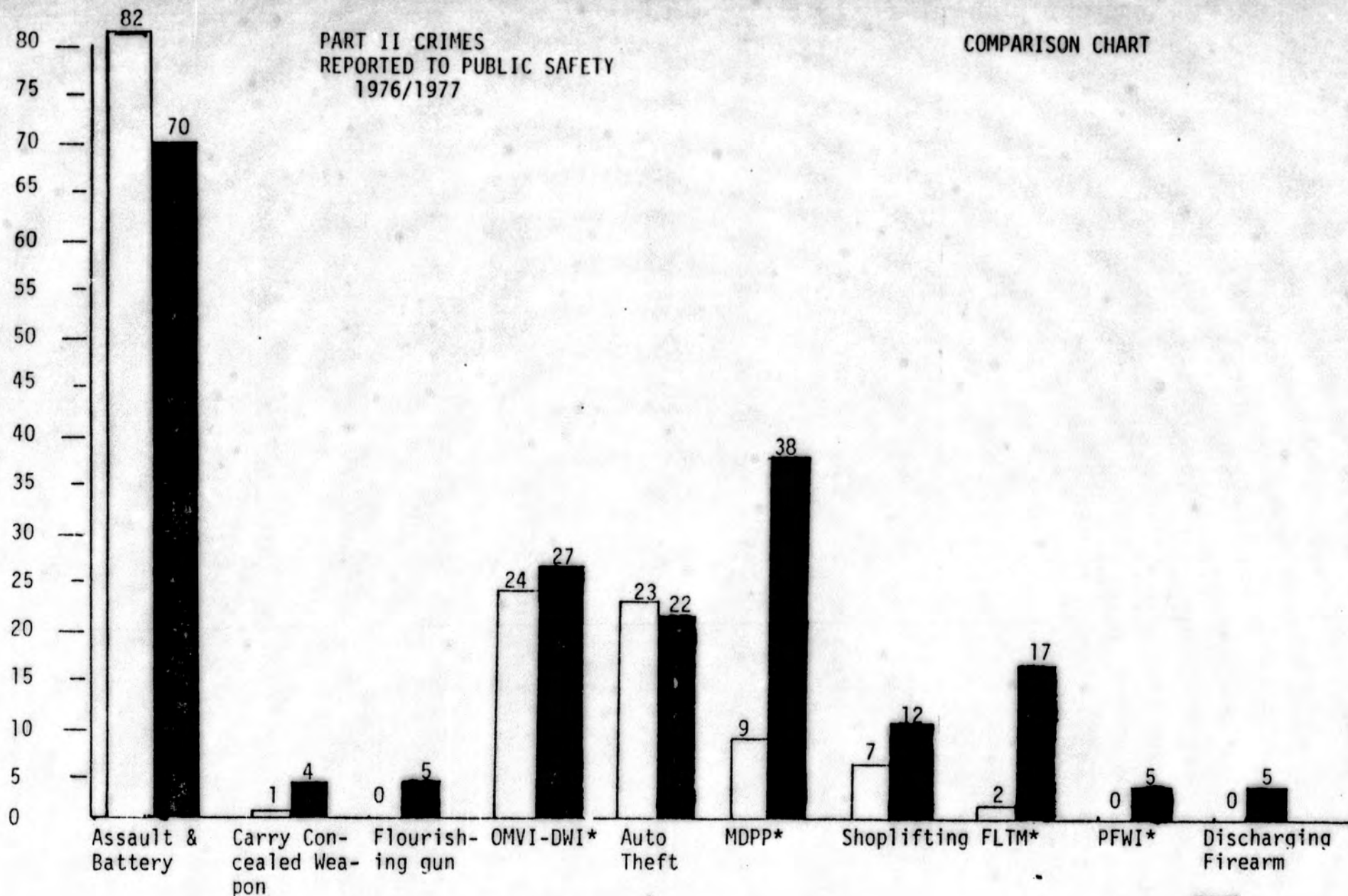


1977



PART II CRIMES
REPORTED TO PUBLIC SAFETY
1976/1977

COMPARISON CHART



* Definitions

OMVI - Operating Motor Vehicle
While Under Influence

MDPP - Malicious Destruction of
Personal Property

FLTM - Furnishing Liquor to a Minor

PFWI - Possession of Firearm While Intoxicated

PART TWO CRIMES COMPARISON CHART

1976



1977



Appendix D

Deaths Reported to Public Safety - Barrow
1977 and 1978

Death Reports - 1977

1-11-77

Alcohol Related: Yes

Officers responded to a call of someone down and bleeding badly in Barrow. Officers arrived at scene and observed a male holding the head of a female. Victim's age 19-21. Ascertained that a snowmachine accident had occurred, that the driver had fled the scene on a black snowmachine leaving victim injured. Victim transported to hospital and pronounced dead on arrival. Both victim and driver of snowmachine had been drinking earlier. 77-0127.

1-28-77

Alcohol Related: Yes

Initial call was received from one of the doctors at the hospital stating that there was a death at the hospital under unusual circumstances. In doctor's opinion death was by aspiration. Patient admitted to hospital due to overdose of pills and alcohol. Female 30-35.

2-25-77

Alcohol Related: Yes

A fire was reported by duty officer. Fire Chief indicated that at least one person was in the building when it was fully involved in flame. The fire department removed the body of a male 25-30 years old. Investigation showed victim was highly intoxicated just prior to the fire. 77-0605

4-9-77

Alcohol Related: Yes

Female victim approximately 45 years old died of pneumonia, overdose of medication, and alcohol. 77-1095

7-5-77

Alcohol Related: Yes

Medical call revealed a female 25-30 years old had stopped breathing and mother had reported her condition. Cause of death was acute overdose of alcohol. 77-2263

8-11-77

Alcohol Related: Yes

Male 22-26 years of age reported suicide by hanging. Investigation and autopsy revealed victim extremely intoxicated at time of death. 77-2766

Death Reports - 1977 (Con't)

8-28-77

Alcohol Related: Yes

Approximately 1:30AM received information that a man was laying on the ground by the Old Post Office injured and bleeding. Officers responding found male 21 years old face up bleeding from visible chest wounds. Cousin arrested for homicide. Defendant extremely intoxicated and argued over a bottle of calverts whiskey. 77-3029

8-29-77

Alcohol Related: No

Two bodies, male and female, found at Shooting Station shot to death. Male defendant arrested, charged, and convicted of 1st degree murder. Homicide was not alcohol-related. 77-3051

8-28-77

Alcohol Related: Yes

Motor vehicle accident in 3/4 ton military pick-up fuel truck. Rاند off road and burst into flames. Driver died from result of fire and autopsy showed male victim was intoxicated at time of accident. 77-3031

9-21-77

Alcohol Related: Yes

Report of mother leaving baby on beach to die of exposure. Homicide investigation showed baby died of hypothermia. Mother was intoxicated at time of abandonment. 77-3332

10-15-77

Alcohol Related: Yes

A house fire reported at small private dwelling. Informed that there was one or more individuals in burning building. One male victim age 19 was recovered after fire. Victim's autopsy indicated he was intoxicated prior to fire. 77-3619

12-20-77

Alcohol Related: Yes

Victim, 32-38 year old female, placed in detention for acute intoxication. Victim depressed and worried about children. Hung herself in cell #1 using her t-shirt. CPR attempted, however victim was pronounced dead on arrival at the hospital.

Death Reports - 1978

1-24-78

Alcohol Related: Yes

At approximately 11:35 AM, 1/24/78, officer received information from his supervisor that he had received word that a male victim, 41 years of age, had died in Fairbanks, and that there may have been questionable circumstances surrounding his death. Victim died of hematoma, prior to death was previously admitted to the Public Health Service Hospital in Barrow appearing "beat up", and intoxicated. Subsequent investigation could reveal no foul play surrounding victim's death. 78-0074.

3-20-78

Alcohol Related: Yes

Received information of snowmachine accident at approximately 9:50 PM, 3-20-78. Two adult male victims, one fatally injured. Both had been drinking prior to accident, travelling at a faster rate of speed than was safe and hit a parked truck. 78-0967

6-4-78

Alcohol Related: Yes

Received request for ambulance 6-4-78 for a two month old infant. Infant was pronounced DOA at Public Health Service Hospital. Investigation revealed parents had been "partying" prior to infant's death. Father was convicted of manslaughter. 78-1907.

6-30-78

Alcohol Related: Yes

6-30-78 patrol observed objects lying in roadway towards Freshwater Lake. Found objects to be one adult male and a motorcycle. Victim pronounced dead 6-30-78. Hematoma was suspected cause of death. Blood alcohol content was .114%. 78-2286.

10-22-78

Alcohol Related: Yes

10-22-78 at 3:56 PM received call that there was a woman not breathing. Female, adult victim, age 47 years, was observed by responding officers lying face down on the living room floor. Victim pronounced dead at the Public Health Service Hospital at 4:20 PM. Blood alcohol content .465%. Cause of death determined to be alcohol poisoning. 78-3804.

Appendix E

Policy Guide - Drunk Release Program

MAYOR'S OFFICE
EXT. 211

ADMINISTRATION AND FINANCE
EXT. 210

PUBLIC WORKS DEPARTMENT
EXT. 249

PLANNING DEPARTMENT
EXT. 245

ACCOUNTING
EXT. 239

NORTH SLOPE BOROUGH

P. O. BOX 69

BARROW, ALASKA 99723

(907) 852-2611

DEPARTMENT OF PUBLIC SAFETY

GENERAL ORDER #2

ASSESSING
EXT. 263

TREASURY
EXT. 237

HOUSING AGENCY
EXT. 243

HEALTH AGENCY
EXT. 255

POLICY GUIDE

Operating Procedures Manual Reference: Chap. 214 and 301

A. "Drunk Release Program"

A major part of our crime-prevention program is the detention of those persons so intoxicated as to represent a definite threat to themselves and a lesser threat to others. Of the following purposes behind this program one additional feature will be added:

1. Protection of the person intoxicated.
2. Protection of others from intoxicated persons.
3. Non-criminal detention, processing, and release.

The additional feature will be an attempt to reduce "returnees" to this system by making referrals to the Barrow Council on Alcoholism for interviews, counseling, and treatment. While it is assumed that no enforcement of this diversion method can be made, there is room for a very light push in the general direction - that push being in the form of "voluntary referrals" directly from their release. These referrals will be a consistent part of this program.

The method of "voluntary referrals" will be as follows:

- A. At time of release by any officer, the person detained will receive a direct invitation (with officer assistance) to meet with personnel of the Barrow Council on Alcoholism presently located in the Youth Center. They are to be encouraged to go directly from release to BCA for initial intake.
- B. Since there is no legal provision for enforcement of referrals, a strong recommendation by the officer releasing will be encouraged.
- C. An alternative method is to call up the BCA and ask for a staff person to come to the station and make the request and invitation directly to the person released from detention.

BCA PHONE: 852-7470

General Order #2

B. "Diversion from Criminal Justice System"

It has been an operational policy in the past supported by a traditional approach to law enforcement, that misdemeanor cases be handled consistently in the same manner as felony cases. It is also a matter of enforcement tradition to have a rigid and sole source method of handling minor misdemeanors. That tradition acts as a plug into the criminal justice system from which no one ever escapes from at least a permanent criminal record.

Even those who are arrested for a misdemeanor, booked, fingerprinted, arraigned, and tried may find that after the courts have found them Not Guilty, there still exists a permanent record of arrest. Should they be dismissed before trial by the District Attorney, or the case dismissed for other reasons, the record of arrest remains to taint and tarnish a persons past. While other states have questioned the FBI's policy of never removing a criminal record (even of arrest when person is found not guilty) there is nothing to prevent our Department of Public Safety from initiating a clear policy that will correct an obvious injustice to an individual.

1. INTENT OF DIVERSION

- a. It is the intent of this policy to initiate a diversion from traditional procedures of arrest and criminal prosecution when and where possible.
- b. It is the intent of this policy to eliminate the filing of fingerprint and arrest records on first offenders normally processed to State and Federal computerized files.
- c. It is the intent of this policy to restrict the filing of criminal records on repeat offenders for minor misdemeanors primarily between the ages of 18 through 25. Local records only will be kept on most misdemeanors.
- d. All first offense minor misdemeanors will be "carded" only - no fingerprints will be recorded. No photos will be taken.

2. METHOD OF DIVERSION ON CERTAIN MINOR CRIMES

- a. Where crimes against property are charged, whether first offense or not, an effort by the officer investigating will be made to settle the dispute directly between the two parties involved, prior to arrest or the filing

General Order #2

2. a. of any criminal complaints. This is especially true of family matters.
- b. If a person who does damage to property is drunk (they almost always are) that person may be held under the provisions of Chap. 214 and this order. Upon his release (hopefully to BCA) a settlement will be worked out between the complainant and the person who could normally be charged.
- c. The alternative should be explained to the person detained - that alternative being the settlement between the parties OR, the complainant may file a citizens complaint at District Court.
- d. Where crimes against the person may be charged certain considerations must be reviewed prior to filing criminal actions:
 1. Are both parties related?
 2. Are both parties intoxicated?
 3. Are both parties friends normally?
 4. Are the parties involved total strangers to one another?

Only the last item above should be restricted to the normal arrest and criminal complaint procedures. If a simple assault and battery occurs (as opposed to Agrevated Assault or other forms) between family members and/or friends particularly between the ages of 18 and 25, then detention is to be the primary consideration and criminal complaints the last resort.

3. REDUCTION AND DIVERSION

- a. The purpose is specifically to reduce unnecessary involvement with the court system, reduce unnecessary paperwork and processing, reduce injustice to individuals having contact with Public Safety, and reduce dismissals of "petty" cases and complaints.
- b. An additional benefit will be to serve individual justice much more fairly. It serves no ones idea of justice to attach a criminal record onto a first offender who gets drunk, makes a mistake (minor misdemeanor) and must suffer permanent tarnishment on his past, most especially those between the ages of 18 and 25.

Page Four

General Order #2

3. c. Those whom, in the past, have had to face criminal records, the court system, and a certain type of "branding" usually results in a "set" against the standards of a community and public safety and responsibility in general. That must change with some good common sense used to discriminate between the young who test themselves against society and find themselves initiated into the adult world.

C. DIVERTING FROM ARREST AND JAIL

It does not serve the interests of the public nor Public Safety to insist that all persons who commit minor misdemeanors (those to which all of the above do not apply) must go to jail. Traditionally, those who violate traffic rules and regulations are not hauled out of vehicles, taken to jail, booked, and bailed out. Why should it be the case in most misdemeanor cases?. Henceforth, the same rule of traffic offenses will be applied to misdemeanors not included in A and B above. A SUMMONS will be used when and where practical, (in cases of continued threats to public peace or safety this does not apply). When and if practical, the officer having violator contact will fill out and give to the offender, a SUMMONS to District Court. This will include most misdemeanors.

Misdemeanor Offense -----Officer Contact -----

Determination Made -----Summons Given -----

Officer types up criminal complaint or assists citizen in doing so.-----Citizen instructed to be present at arraignment and sign complaint.

D. REPORTS BY OFFICERS

Reports will continue to remain basically the same, except that when a "DIVERSION" is successfully used, the officer will indicate it at the end of his report and indicate the type of diversion.

E. COURT RECOMMENDATIONS ON PLEA OF GUILTY TO MISDEMEANORS

Since diversion will be a major part of "prevention" in all misdemeanor cases, it is officially recommend that officers at arraignments on misdemeanors who know that it is a alcohol related offense - suggest that sentences be directed towards immediate rehabilitation by court-ordered "involuntary referrals" to Barrow Council on Alcoholism. Such sentence referrals may include up to six months of weekly counseling session at BCA.

Alaska State Legislature

RECEIVED
MAR 30 1977

POUCH V
JUNEAU, ALASKA 99811
TELEPHONE 465-4922



Senate

SENATOR
Bill Ray

CHAIRMAN

COMMITTEE ON TRANSPORTATION

March 29, 1977

Mr. Kim L. Moeller, Director
Department of Public Safety
North Slope Borough
P. O. Box 69
Barrow, Alaska 99723

Dear Mr. Moeller:

This is to acknowledge receipt of your letter concerning
Senate Bill 167, the excise tax on alcohol.

Thank you for sharing with me the horrible statistics you
attribute to a "wet" period in Barrow. You may be assured
I will take your remarks into consideration when we are
working on the Governor's alcohol package.

Sincerely,

Bill Ray

Appendix F

Correspondance 1976/77
State of Alaska
Alaska State Legislature
Senate Special Committee on Alcoholism

only
no

RECEIVED
OFFICE OF ALCOHOLISM
AND DRUG ABUSE

SEP 06 1984

LAW ENFORCEMENT INCIDENTS, MID-KUSKOKWIM: 1979

• David L. Marshall
Susan Soule

Kuskokwim Native Association
P.O. Box 106
Aniak, AK 99557

(907) 675-4384

July 1, 1980

This study was contracted by the Alaska Area Native Health Service, Contract No. 243-79-0254. The points of view and opinions expressed in this study are those of the Authors and do not necessarily represent the official positions or policies of the Alaska Area Native Health Service.

ACKNOWLEDGEMENTS

This report was written by David Marshall, an economic consultant resident in Aniak, who is familiar with demographic, economic and social statistics. I have written the Foreword and the Afterword.

Susan Soule
Director
Community Mental Health Program
KNA

July, 1980

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FOREWORD

The Kuskokwim Native Association is a non-profit organization formed by and serving 11 small villages in the mid-Kuskokwim River area. The largest of these villages, Aniak, has a population of 376 and is 72% Native. The other villages are smaller in size (only one has a population greater than 200) and, with the exception of Red Devil, are 85% or more Native. Most of the Native population is Yupik Eskimo, with some Athapascan or mixed Athapascan-Eskimo upriver. Lime Village is predominantly Athapascan.

With the exception of Aniak, where one half the adult population works for wages at least part-time, subsistence is the predominant lifestyle. In the smaller villages there are typically 5-10 year-round jobs, mostly in the public sector, and a larger number of seasonal (summer) jobs. Various forms of public assistance supply a great deal of the available cash.

Only two of the villages, Aniak and Lower Kalskag, have more than thirty houses, which are for the most part either wood frame or log one- or two-room structures, heated more with oil in the downriver villages and more with wood upriver. The upriver villages do not have electricity. The villages are linked by the river and by small plane service three days per week. Each village has a grade and high school. All but two have at least one small store. (In Stony River the store is run by the Traditional Council). With the exception of Upper Kalskag, which is Catholic, the predominant religion is Russian Orthodox.

Most of the data available for the KNA villages is available only for the KNA region as a whole or the AVCP/Calista region of which it is a part (1). For instance, the TAT study (2) estimates that in the KNA region 68% of the heads of households have less than an 8th grade education and that almost 72% of the heads of households describe their employment as subsistence hunting and fishing. The Tribal Specific Health Plan (3) offers the information that accidents are the leading cause of death, alcoholism the sixth leading cause of death, suicides and homicides eighth and ninth. While this kind of general data is helpful in comparing one broad area to another, it does not enable the comparison of one village to another within a given region.

People working in the KNA are aware of variations in patterns between villages, for example, that alcohol abuse and alcohol-related accidents are a bigger problem in one village than another. Further,

- (1) AVCP: Association of Village Council Presidents (for the 56 villages of Southwest Alaska)
- (2) Multiple Resource Planning and Service Study conducted by the State of Alaska with a Technical Assistance and Training Grant from the Department of Labor; 1977
- (3) Tribal Specific Health Plan Yukon-Kuskokwim Delta; 1979; p. 36

it is a premise of this study that such village specific information can be of value in helping local people plan and design programs to help deal with some of the serious local problems of the area, that by looking at variations in village patterns and then at the factors that contribute to the variations, villages can learn from each other and problem areas can be identified precisely.

This study examines village specific data for law enforcement incidents in the KNA villages. Law enforcement incidents were selected as a topic for several reasons. First, the kinds of incidents that come to the attention of law enforcement officials; violent crimes, family violence, child abuse, excessive alcohol abuse, are indicators of stress and of poor mental health. Second, law enforcement officials, chiefly the Constable and to some extent the village police, have been keeping records of such incidents in each village of the KNA area for some months.

In terms of mental health program planning, this study represents a first step. It enables us to examine in detail such things as village incident rates; the relationship between alcohol and law enforcement incidents by village and by race of instigator; and the period of the year and week when such incidents are likely to occur. The statistics indicate patterns and variations in patterns. The last section of the study examines the possible implications of the patterns, discusses some of the underlying "why" questions, and some of the areas in which further research would be helpful. It also indicates in more detail possible ways in which this study can be used to help the people of the KNA area plan effective, well focussed programs designed to address the kinds of problems documented in this study.

The Appendix Table A.1 is the basis for this study. It is compiled from the reports of the Constable (Pete Brown) in Aniak. (1) Conversations with the Constable supplemented his written reports. A blank data collection form, as used in the study, is included in the Appendix. The reports are of law enforcement incidents in the mid-Kuskokwim area (southwest Alaska), which consists of eleven villages, of which Aniak is the regional node. A map is included (p.2).

The study is of incidents in eight villages, because no incidents were reported in three: Lime Village (1); and two having two families (Georgetown; Napaimiut). The incidents are for the six-month period May-November, 1979. Reporting at this level of detail began in May (including one late-April incident). There were no incidents in November, so that in practice this study covers a five-month period.

Of the 63 incidents listed in Table A.1 this study analyzes 55, i.e. excludes eight. These consist of four of which the instigators are unknown (burglary; larceny of money or property), and four deaths from natural causes (see Table A.1).

"Instigator" in this study means the person whose actions led to a complaint requiring the Trooper's investigation, and/or whose actions required his investigation in the absence of a complaint. If charges were brought as a result of the actions, it applies to the person charged (irrespective of whether or not the person was found guilty). In the (few) cases where more than one individual was involved, i.e. in a joint action, one person was denoted by the Trooper as the principal actor. That person is the instigator: the others are ignored. That is, the word is not intended to impute blame: it may be that the instigator (as defined) was acting in response to a series of events initiated by someone else, as in retaliating or in a child fleeing stress. This distinction is useful to the Trooper and to the court system, but is not adopted in this study.

Alcohol-related includes cases where the instigator was intoxicated, was sober but sought alcohol (burglary), or sold alcohol (bootlegging), or otherwise furnished it illegally (minor), or consumed it illegally (minor).

In a few cases one incident was the occasion for several charges. In them the incident is reported as belonging to the most serious type of incident, as determined by the Trooper (based on severity of potential sentence).

Natives means Eskimos or (Athabascan) Indians --both groups are represented in the study area-- including those that are shareholders in a native (regional) corporation because they are one-fourth degree or more of Eskimo or (Alaskan) Indian blood. (3) Non-natives means all others.

(1) A Constable differs from a Trooper in that he is locally recruited, remains a resident of the area in which he serves and cannot be transferred against his will. In local usage, the Constable is commonly referred to as "the Trooper". In this study the terms are also used interchangeably. On Pete Brown's retirement he was replaced by a regular State Trooper from outside the area. The difference in the new Trooper's definition of his job and relationship with local people has been immediately apparent. All references to the Trooper or the Constable in this study are to Pete Brown.

(2) The Constable says "This is because Lime has a good (traditional) Council." That is, the Council deals with such incidents as arise. Viva voce, April 15, 1980.

(3) Alaska Claims Settlement Act. Dec. 18, 1971. P.L. 92-203 (section 3(b))

-2-

to Bethel

Lower Kalskag

Upper Kalskag

Aniak

Chathbaluk

Napaimiut

Crooked Creek

Georgetown

Red Devil

Sleetmute

Stony River

Line Village

to McGrath

to Anchorage

58° N

153° W

SOURCE: USGS, 1973. Alaska Map E
Scale: 1"=25 miles

In addition to the Constable, there is a police force in Aniak (2); Chuathbaluk (2); Crooked Creek (1); the Kalskags (2). There is a District Magistrate for the Aniak District, in Aniak. He is empowered to handle misdemeanors, including sentencing (where the plea is guilty or nolo) or conducting a trial (where the plea is not guilty but the defendant agrees in writing to a trial). He also conducts preliminary hearings on felonies (more than one year in jail). There is a Superior Court Judge in Bethel (150 miles downriver from Aniak) to whom felonies in the study area are referred. (The judge also acts as District Court Judge, for the Bethel District).

The boundaries of the study are set by the form in which the incidents were reported: type of incident; place; date; whether or not alcohol-related; age, sex, and ethnic group of instigator; existence (or otherwise) of prior related offenses (by that instigator); the legal disposition of the incidents.

A distinction may be made between these items of information, or parameters, on the one hand, and explanatory variables on the other. That is, the parameters tell us the: what (happened); who (did it); when and where (it happened); and --in some cases-- the how (it happened). Explanatory variables tell us the why. The distinction should not be pressed too far: the parameters can be combined (as they are in this study) with population and ethnic composition of the villages, to see if some pattern emerges that may (confirm or) disprove an hypothesis. To the extent that this is done, such work smacks of explanation. Still, the distinction is useful in drawing attention to the limited nature of the study. Examples of (potentially) explanatory variables are legion, but are not used here. The economist (in asking "why?") would enquire into such matters as the instigator's employment, work skills, income level, and so on. The anthropologist, psychologist, psychiatrist, sociologist, and representatives of other disciplines, would enquire into other aspects of the individual's life and his or her family and social settings.

Finally, the distinction is useful in suggesting ideas for further research: where to dig for the roots of the incidents reported here.

The study is limited in two other respects. First, more incidents occur than are reported (to the Trooper): how many more is unknown. Second, its focus is on instigators: complementary analysis of the population-at-risk, and of types of sentences and their effect (if any) on repeat offenders, would yield a more rounded study. For example, an analysis of who is assaulted and battered, at the same level of detail (age, sex, and ethnic group), and an analysis of the relationship between types of sentences and types of incidents, would further the purposes of this study.

Its immediate purpose is to provide baseline data in a coherent form. Beyond that, it is hoped that it will help the Trooper and the Director of the Mental Health Program of the Kuskokwim Native Association (Susan Soule, also of Aniak) in the performance of their duties: needs assessment; strategies; other aspects of their programming. Solicited by the Director, this study may also stimulate similar analyses (and incident

reporting) elsewhere in rural Alaska. As far as we know, a study of this kind has not been done there before.

1.1 REGIONAL SUMMARY. TOTAL AND ALCOHOL-RELATED INCIDENTS:
ETHNIC COMPOSITION, SEX, AND AGE GROUP OF INSTIGATORS.

Table 1.1 shows that most of the law-enforcement incidents are alcohol-related, and are instigated by natives -- in particular by adult male natives. It also shows that three villages -- Aniak, Crooked Creek, and Sleetmute -- accounted for most of the incidents.

Table 1.2 presents these conclusions in terms of percentages: of the 55 incidents, 84 percent were alcohol-related, 82 percent were instigated by natives, and 58 percent by adult male natives. The three villages accounted for almost three quarters (73 percent) of the total incidents, and for slightly more than three quarters (78 percent) of the alcohol-related incidents.

It is common knowledge that crimes (or, in this case, incidents) in rural Alaska are often alcohol-related (1). Thus, the mid-Kuskokwim is no exception. Further, this is so in rural Alaska despite the fact that most villages are dry (2). Again, the mid-Kuskokwim is no exception: all the villages are dry, except Red Devil, which has a retail liquor outlet.

Although the incidents are apt to be alcohol-related and to be instigated by natives, this alone does not tell us to what extent alcohol-related incidents and race are related. Table 1.3 does. It shows that most of the alcohol-related incidents were instigated by natives. Table 1.4 presents this conclusion in terms of percentages: of the 46 alcohol-related incidents, 87 percent were instigated by natives.

Natives account for most of the incidents (total, and alcohol-related) because they predominate in the population. Tables 1.5 and 1.6 give the total population and its ethnic composition. Table 1.7 combines the results of the previous tables. It shows (percent column) that natives constitute 84 percent of the population, and account for 82 percent of total incidents and 87 percent of alcohol-related incidents. Intuitively, this suggests that non-natives account for a higher proportion of total incidents than their numbers would indicate. And, it suggests that natives account for a higher proportion of alcohol-related incidents than their numbers would indicate. Table 1.7 (incidence column) shows this: the incidence (rate per 100 population) of total incidents is 5.0 for non-natives, and 4.2 for natives. The incidence of alcohol-related incidents is 3.7 for natives, and 3.0 for non-natives. That is, for the study area and time period, non-natives are more prone to instigate (non-alcohol-related plus alcohol-related) incidents than are natives, while natives are more prone to instigate alcohol-related incidents than are non-natives. This conclusion is

(1) Kelso, Dennis. April, 1979. Alcohol Problems in the Norton Sound Health Corporation. Altam Associates. Anchorage, AK

(2) Viva voce, Robert Buttane, Director, Phillips Alcoholism Treatment Center, Bethel, Alaska. June 9, 1980

Table 1.1 Total incidents (number; instigator); alcohol-related incidents

	total incidents			alcohol- related incidents
	number	instigated by		number
		natives	adult male natives	
Total	55	45	32	46
Aniak	19	14	9	15
Chuathbaluk	2	2	2	2
Crooked Creek	15	15	11	15
Kalskag, Lr.	4	4	3	2
Kalskag, Upr.	1	1	1	1
Red Devil	1	1	0	1
Sleetmute	6	2	0	6
Stony River	4	3	3	3
between villages	3	3	3	1

SOURCE: Table A.1

Table 1.2 Total incidents; alcohol-related incidents (percent)

	total incidents			alcohol- related incidents
	number	instigated by		number
		natives	adult male natives	
Total (1)	100.0	81.8	58.2	83.6
Aniak	34.5	25.4	16.3	27.3
Chuathbaluk	3.6	3.6	3.6	3.6
Crooked Creek	27.3	27.3	20.0	27.3
Kalskag, Lr.	7.3	7.3	5.5	3.6
Kalskag, Upr.	1.8	1.8	1.8	1.8
Red Devil	1.8	1.8	0.0	1.8
Sleetmute	10.9	3.6	0.0	10.9
Stony River	7.3	5.5	5.5	5.5
between villages	5.5	5.5	5.5	1.8

(1) percentages may not add because of rounding

SOURCE: Table 1.1

Table 1.3 Alcohol-related incidents (number; instigator)

	number	total incidents	
		natives	instigated by non-natives
Total	46	40	6
Aniak	15	13	2
Chuathbaluk	2	2	0
Crooked Creek	15	15	0
Kalskag, Lr.	2	2	0
Kalskag, Upr.	1	1	0
Red Devil	1	1	0
Sleetmute	6	2	4
Stony River	3	3	0
between villages	1	1	0

SOURCE: Table A.1

Table 1.4 Alcohol-related incidents (percent)

	number	total incidents	
		natives	instigated by non-natives
Total (1)	100.0	87.0	13.0
Aniak	32.6	28.1	4.4
Chuathbaluk	4.4	4.4	0.0
Crooked Creek	32.6	32.6	0.0
Kalskag, Lr.	4.4	4.4	0.0
Kalskag, Upr.	2.2	2.2	0.0
Red Devil	2.2	2.2	0.0
Sleetmute	13.0	4.4	8.6
Stony River	6.5	6.5	0.0
between villages	2.2	2.2	0.0

(1) percentages may not add because of rounding

SOURCE: Table 1.3

Table 1.5 Population (total; ethnic composition)

	population		non- native
	total	native	
Total	1,278	1,077	201
Aniak	376	270	106
Chuathbaluk	129	122	7
Crooked Creek	115	98	17
Kalskag, Lr.	243	234	9
Kalskag, Upr.	176	166	10
Red Devil	53	16	37
Sleetmute	111	103	8
Stony River	75	68	7
between villages(1)	1,278	1,077	201

(1) not additive

SOURCE: Cheryl Jerabek, KNA, viva voce May 8, 1980

Table 1.6 Population (percent)

	population		non- native
	total	native	
Total (1)	100.0	84.3	15.7
Aniak	29.4	21.1	8.3
Chauthbaluk	10.1	9.6	0.5
Crooked Creek	9.0	7.7	1.3
Kalskag, Lr.	18.9	18.2	0.7
Kalskag, Upr.	13.8	13.0	0.8
Red Devil	4.1	1.2	2.9
Sleetmute	8.7	8.1	0.6
Stony River	5.9	5.4	0.5
between villages(2)	100.0	84.3	15.7

(1) percentages may not add because of rounding

(2) not additive

SOURCE: Table 1.5