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Chapter 7

Interactions of ADM Problems and the Overall Economy

In addition to developing estimates of the costs to society of alcohol and drug abuse and mental illness, a secondary objective of the RTI study is to conceptualize and discuss the nature of the more complex levels of interactions between ADM problems and the overall economy. Five such issues have been identified for examination in the study. Brief discussions of the nature and extent of these interrelationships are as follows.

I. MEASUREMENT OF LOST PRODUCTIVITY

The methodology generally used in the RTI and other cost-of-illness studies to estimate productivity losses results in estimates which are not sensitive to changes in the unemployment rate. This is true for both current losses and future mortality losses because these estimated losses are of potential lost productivity and not actual lost productivity.

By estimating potential losses instead of actual losses, cost-of-illness studies tend to overestimate the productivity losses due to health problems. These studies are estimating the maximum loss that may accrue to the economy. They assume that the loss of productive time is irreplaceable and therefore society's production declines by the value of that time (its opportunity cost).

The actual decline in production will be less than the potential loss. The exception to this will be when the economy is at full employment or when a particular segment of the economy is operating at full capacity. This will be demonstrated by discussing short-term and long-term reactions in the economy to health problems.

Acute or short-term health problems cause unexpected losses of productivity by individuals. However, the economy can generally adjust quickly so that the loss of an individual's time does not necessarily result in the loss of output to society. For example, if an individual loses a day of work due to illness, then the indirect cost to society of that illness is the value of the individual's productive activity (both market and nonmarket) that could not be performed. However, it is often likely that the work or household responsibilities would have been performed anyway, and no actual loss of market or nonmarket activities would occur. Manufacturing and service industries can almost always find a replacement by hiring temporary help, by using a worker who has slack time, by shifting workers with less pressing responsibilities to perform the task, or

by putting some work off to a future date when temporary workers can be found or when slack time is likely to occur. Home responsibilities may be performed by another member of the household, or may be delayed for some time, and time that would have been used for leisure activities may be used for work. Of course, this kind of substitution may diminish leisure time for someone.

Furthermore, because short-term, acute illnesses of various kinds are very common, personnel policies will adjust, with the result that more workers are employed than are ordinarily needed to insure against unforeseen illness. Wage levels would also be adjusted for expected illness and resulting lost productivity.

The substitutions described above are possible because the economy is almost never at full employment. The result is there is almost always some way to substitute workers, or delay work, or sell goods out of stocks which will satisfy the need for current production and consumption of goods and services. The excess or slack may not always exist in one plant or office, but it is generally available some place in the economy.

Chronic or long-term illnesses may have a different kind of impact on the economy than short-term acute illnesses. This can be demonstrated using a graph depicting a labor market model. Workers offer their labor in the market in increasing quantities for higher wages (upward sloping supply). Employers will hire more labor at lower wage rates, less at higher wage rates (downward sloping demand). Wages are equal to the marginal product of labor at that quantity of labor. Equilibrium market wages and employment levels are determined by the intersection of the supply and demand functions. These are the standard hypotheses of market models.

A key difference between labor markets and goods markets is that the labor market is rarely at equilibrium (full employment). Labor markets generally have a greater supply of labor at the current market wage than is demanded. This is shown in exhibit 7-1. At the prevailing market wage rate W_0 , the available supply of labor is L_0 . However, the amount of labor demanded (persons employed plus job vacancies) is less -- L_1 . The difference between L_1 and L_0 is unemployed workers that are willing to work but cannot find jobs.

The labor market - unlike products markets -- can be classified as a disequilibrium market because typically more people want jobs than are available at the current wage. Wages do not adjust downward in response to the excess supply as in product markets because of institutional rigidities such as union wage contracts and minimum wage laws. The result is unemployment because more persons want work than jobs are available.

Acute, short-term illnesses reduce the supply of labor. However, the availability of unemployed labor allows actual output to remain unchanged by putting unemployed persons to work. Potential production falls because the supply of potential workers decreases. Chronic, long-term illnesses on the other hand result in removing persons from the labor market, shifting the supply of labor to the left and reducing potential production at a given wage level. This is demonstrated in exhibit 7-2. If this were the only impact of the reduced supply of labor, then potential production would be decreased without any fall in actual output. Unemployment would fall as well, as unemployed workers are hired to fill in for lost workers.

The impact of a tighter labor market (either decreased supply or increased demand or both) is to raise the market wage rate. This occurs in the market for labor, with wage rates rising in response to falling unemployment. The amount of the wage increase depends on how close to full employment the market is before and after the labor market tightens. In a labor market with high unemployment, a decrease in the supply of labor may have an insignificant effect on the wage. In a labor market with low unemployment the reaction to a similar change may be strong upward pressures on wage rates. The amount of wage change is therefore variable.

Increased wage rates result in fewer persons being hired, with production actually declining and unemployment rising above what it would have been at the old wage rate. Furthermore, the higher wage rate may encourage more persons to enter the labor market.

These results of an increase in chronic illnesses can be readily summarized using exhibit 7-2 (assuming demand for labor does not change): the supply of labor shifts from S_{L0} to S_{L1} ; unemployment decreases from $L_0 - L_1$ to $L_2 - L_1$; lower unemployment results in upward pressure on wage rates, which rises from, say, W_0 to W_1 ; the new quantity of labor supplied is L_3 ; the new quantity of labor demanded is L_4 ; the new amount of unemployment is $L_3 - L_4$. Potential and actual employment and production at the new wage rate is lower than before the change. The wage rate in the economy has increased and the number of persons employed has declined. The number of persons willing to work at the new wage is higher than the number of persons willing to work at the old wage after the supply of labor decreased. It would require highly sophisticated models and studies to estimate the magnitude of the changes outlined above.

To estimate lost production due to health problems, studies must make use of actual values which reflect the adjustments explained above: the supply of labor is already shifted back to S_{L1} and wages are higher than would be the case without the problem. The values that can be measured are the number of persons currently in the labor market, the number of persons disabled due to illnesses, and the current wage rate.

The Labor Market in the Short Run

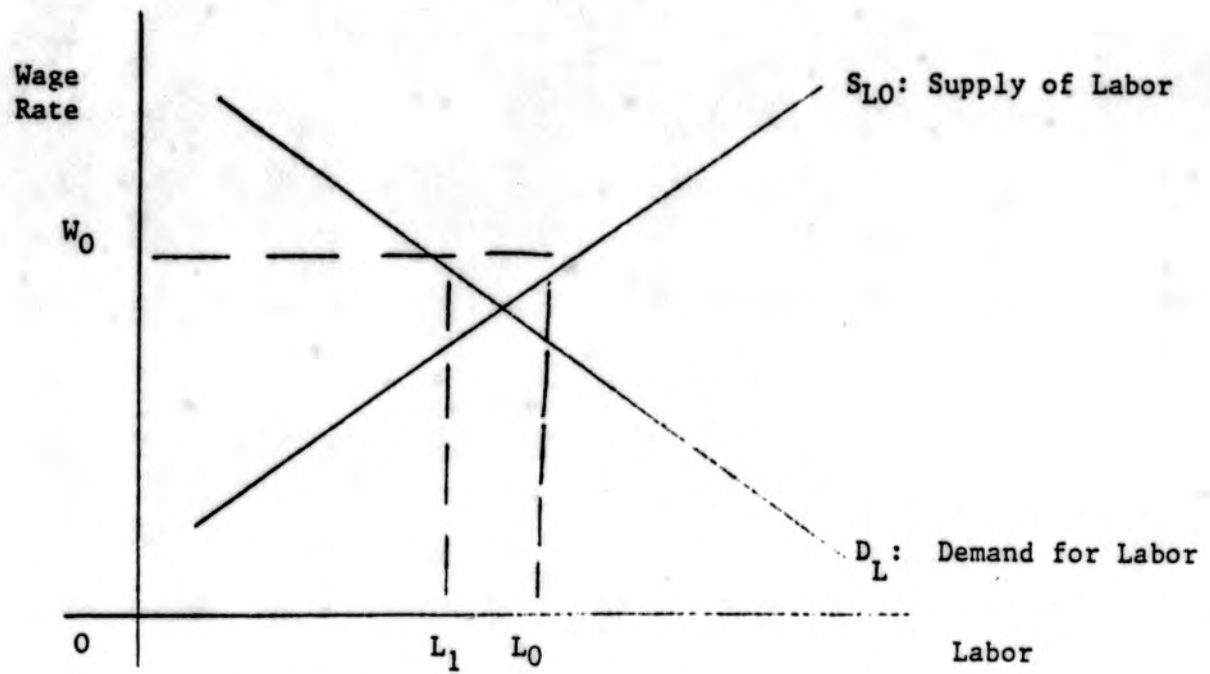
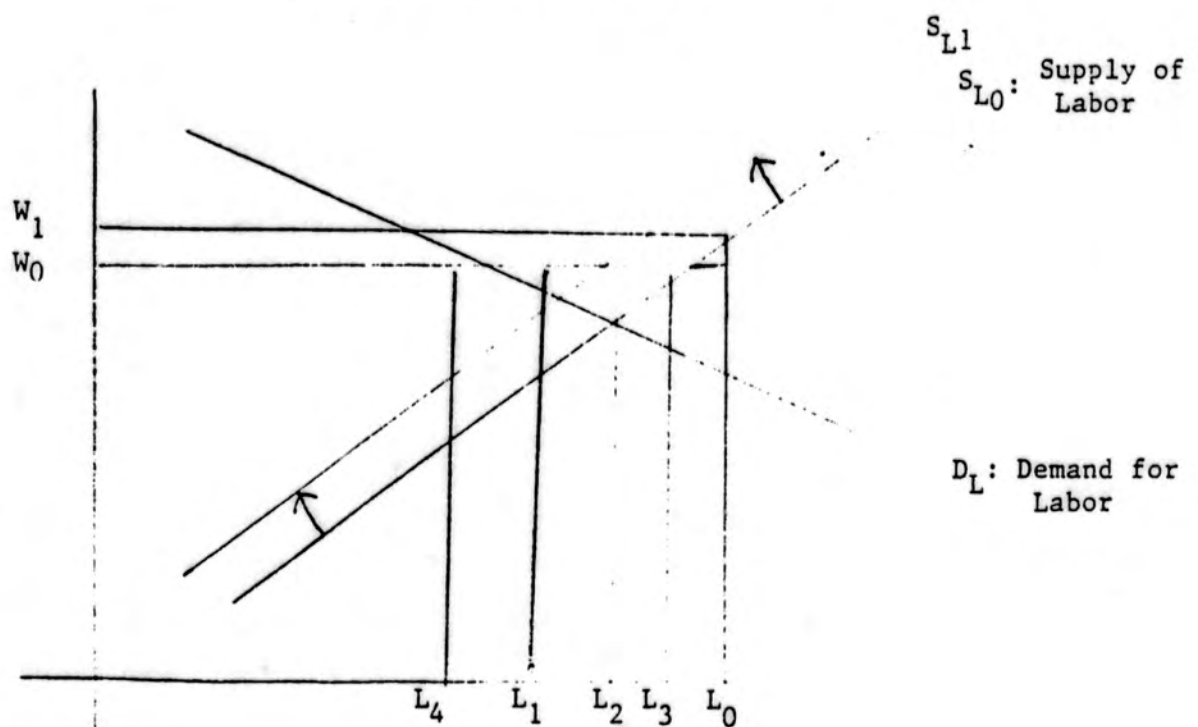


Exhibit 7-2

The Labor Market with Long-Run Adjustments
to a Reduction in Supply



The simplest and most direct estimate that can be made given our knowledge of labor markets is to value lost productive time at current wage rates. The estimate derived in this methodology will be an over-estimate of actual and potential losses, due to the tendency of wage rates to increase as a result of the reduced supply of labor. However, this approach does yield consistent estimates across the different ADM problems.

II. SECONDARY COSTS OF REDUCING ADM DISORDERS

The implication of a cost-of-illness study such as the one described in the RTI report is that a reduction in the amount of illness will reduce the amount of subsequent economic costs to society. While in general this would be true, a full assessment of the results of this reduction should take into account the effects of the reduction on different segments of our economy.

For example, since substance abusers consume a large portion of the production of legitimate industries, these industries and their associated distribution systems might be adversely affected if policies were implemented to reduce the extent of the ADM problem. An indication of the possible magnitude of these problems can be obtained by examining selected economic indicators of the distilled liquor industry. In 1972, the total value of shipments from this industry was \$1,798 million; and 14,500 production workers were employed in this industry (U.S. DOC 1976). Assuming a constant ratio of output per worker, each percentage point reduction in output from this industry would result in a reduction of \$18 million of shipments and a loss of approximately 150 production jobs. These reductions would result in additional losses throughout the economy through the multiplier effects and linkages of employment and output in the distilled spirits industry and employment and output in other related industries.

Another source of secondary costs of reducing ADM disorders is in the ADM treatment industry itself. If the magnitude of the ADM problem is reduced, there will be a reduced demand for these treatment resources. As shown in chapter 5 of this report, a total of \$22.7 billion was expended for treatment of all ADM problems in 1977. Based on the assumption of a constant average cost of treatment, each percentage point reduction in the number of individuals in treatment would reduce treatment costs by \$223 million. In other words, a reduction of the treated prevalence of ADM problems of 10 percent would produce a savings of \$2.2 billion in treatment costs. This reduction in treatment costs would also be accompanied by a reduction in the number of personnel employed in the ADM treatment industry.

In the long run, these displaced resources in the alcoholic beverage and ADM treatment industries would find alternative employment opportunities

as the necessary adjustments were made to changing patterns of demand throughout the economy. However, in the short run some of these individuals may be unemployed as the necessary adjustments are transmitted throughout the economy.

III. INCIDENCE OF COSTS

Another complex issue in estimating the costs of ADM is the perspective from which these costs are measured. Our primary approach has been to estimate the total economic costs to all segments of society without regard to which segment is financing or paying these costs. However, in addressing alternative policies for reducing these costs, the issue of the incidence of these costs to various segment of society may become important. Therefore, it is useful to develop a general framework for addressing this issue.

In the case of direct core treatment costs, it is possible to develop estimates of the major sources by which these costs are financed. These estimates are presented in detail in appendix A of this report, which estimates the proportions of treatment costs that are borne by various levels of government (Federal, state, and local) and by the private sector.

Another issue that could be examined is the incidence of the indirect costs of productivity losses. These losses have been valued here in terms of earnings before taxes plus fringe benefits. This measure best represents the opportunity costs of these labor resources to society. However, to the individuals who are either no longer employed or who suffer from reduced earnings as a result of their ADM problem, these costs should be valued at after-tax earnings levels, which are the proper measure for assessing individual costs. The remaining amount is the amount lost by government.

Another issue that can be addressed in assessing the incidence of ADM costs is the treatment of transfer costs. From society's perspective, transfer payments do not represent a cost since they do not involve the loss of society's productive resources. However, from an individual's perspective the receipt of a transfer payment is definitely a benefit; and from the government budget perspective, a transfer payment is certainly a cost. However, this issue is not particularly critical with respect to ADM costs because the amount of payments from various social welfare programs received by individuals with ADM problems is not a significant portion of the total ADM costs to society.

A final issue is related to the incidence of these costs through time. For example, if law enforcement efforts to combat the effects of drug or alcohol related crime were intensified, total costs to society would initially increase as law enforcement expenditures increased, but they might subsequently decrease if these crimes were reduced, resulting in a decrease in court and

Corrections costs. As a second example, costs to individuals would likely increase initially as taxes would have to be raised to finance these increased expenditures. Subsequently, however, costs to individuals might decrease as a result of lower crime rates and less stolen property.

IV. INSTITUTIONAL FACTORS

The general framework for estimating economic costs to society is based on the premise that no direct costs are incurred unless resources are utilized. Thus, direct treatment costs are not incurred if resources are not available for use in treatment activities. In turn, the availability of these treatment resources depends on a variety of institutional factors, including the organization and financing of treatment services delivery.

One of the interactions between ADM problems and the economy that could be examined is the effects of changes in these institutional factors on the availability and utilization of resources for treatment. For example, if the price to an individual of access to treatment for ADM problems were lowered due to inclusion of these services under some form of national health insurance, utilization of these resources might expand. Under our general methodological framework, the measured costs to society of ADM problems would then probably increase even though the severity of the underlying problem may not have changed. It should be noted that the shift of treatment from the household to the market sector does not necessarily imply no prior costs of treatment. These costs may have been present but not measured in that they may formerly have occurred in the home and outside the market for health care services. In addition, it should be noted that the increased flow of treatment services might alter the time stream of ADM costs, as the availability of treatment in the present time might reduce later costs to society from disease, death, or other consequences.

In examining this general issue, a limited number of current policy options under consideration could be analyzed in terms of the implications of changes in institutional arrangements on resource utilization. Appropriate information on the effects of these proposed policies on resource utilization could be used to develop rough, order-of-magnitude estimates of the effects of these changes on estimates of cost to society.

V. INTRA-GENERATIONAL EFFECTS OF ADM PROBLEMS

The intra-generational effects of alcohol or drug abuse is an area of concern that is seldom addressed. Conceptually, measuring the economic costs of substance abuse by youth is analogous to making estimates for the adult population. The common principle is the measuring of the opportunity costs of an action or situation. Consistent application of the opportunity cost principle is one way of answering what the costs of substance abuse are throughout an individual's lifetime.

Youth are not generally assigned an opportunity cost value due to current alcohol or drug abuse problems because their primary activity --schooling--is not immediately perceived as a productive activity. Schooling of youths makes no contribution to current market output. Neither does it affect current household production. Because market and household production are generally perceived to be the two primary productive activities of persons stricken by health (and ADM) problems, only these two product activities have been emphasized in cost-of-illness studies by Rice (1966), Cooper and Rice (1976), Paringer and Berk (1977) and in the Public Health Service Guidelines document. The opportunity cost principle applied to market and household productivity losses is well understood and has been readily applied. The contribution of youth to production in these areas is generally ignored because it is thought to be insignificant.

However, the future productivity of youth is included in cost-of-illness studies. This occurs when the mortality costs (present discounted value of lost future productivity) are estimated using the human capital approach to valuing lost lives. It is recognized that youth have a long productive lifetime ahead of them, and that premature mortality will constitute a significant loss when the discounted future losses are summed.

Cost-of-illness studies to date have not addressed a corollary of mortality losses: that the current period's alcohol or drug abuse problems may have a harmful effect on future productivity even if no death results. This corollary has been extensively studied in the context of human capital analysis. One of the fundamental concepts of human capital analysis is that current actions by individuals will affect their future earnings prospects and that individuals will rationally act on that information. Education is believed to augment the stock of productive skills and knowledge ("human capital") of individuals, thereby increasing their potential future earnings. Increases in education are reflected by increases in income, and decreases would presumably result in lessened income.

The economic rationale for education then is to sacrifice present (market or household) production of an individual in order to accumulate human capital. Since additional human capital will result in higher future income, this amounts to a sacrifice of current productivity for enhanced future income. This sacrifice is decided on by a careful weighing of present and future costs and yields to the individual. In operationalizing the framework outlined above, the value of time spent on education is estimated. Becker (1964) and many others have assigned a value to time spent in education equal to the earnings foregone by an individual's not spending those hours in productive market or nonmarket activity.

With this kind of analysis numerous studies have estimated the rate of return on various kinds of investments in human capital: high School education, college education; vocational training; and on the job training. The results consistently indicate that by valuing time invested in education at its opportunity cost (in market or nonmarket activities) the human capital models provide an appropriate framework for testing various hypotheses concerning the time individuals and groups spend in these activities.

This implies that the opportunity cost for a high school student staying in school is the value of earnings that could have been received for market (or nonmarket) work. Consequently, if a high school student misses school (whether due to an ADM disorder or otherwise) his sacrifice of discounted future earnings is equal to the amount it was possible to earn from market or nonmarket work during that time period.

The current costs of ADM problems for students is equal to the time lost from school (in class, studies or homework) due to the ADM problem times the value of the student's potential (market or nonmarket) productivity with that time. Conceptually, there are no difficulties in estimating the value of lost future productivity due to ADM problems of students. The problem in making these estimates is in calculating the time lost from school and studies by youth due to ADM problems.

Some data available from a study on alcohol use by youth (Rachal et al. 1981) suggest that the problem should be examined in greater detail. The Rachal study estimates that 31.2 percent of youth aged 14-18 in 1978 were alcohol "misusers." Misuse was defined as either having been drunk a certain number of times within the prior year or having a certain number of defined negative consequences during that year. This definition is analogous to that of "problem drinkers" used in studying adult alcohol abusers. However, there is no direct correspondence between estimates for the two populations. Although Rachal estimates the percentage of youth who are misusers, the study does not include an estimate of the amount of school missed by youth due to ADM problems.

To make some rough estimate of the current cost of alcohol abuse by youth it might be assumed that productivity losses of these misusers (lost time, reduced alertness and attention) is equal to that assumed for adult alcohol abusers in appendix A: 18.75 percent of annual productivity. A student has 1440 productive education hours a year, assuming a 180 day school year and 8 hours a day for class and home study. The minimum wage of \$2.30 per hour in 1977 is probably close to the value of market productivity of high school youth. These assumptions indicate a loss of productivity equal to \$621 a year per high school student who misuses alcohol. With a high school (grades 9-12) population of 15.8 million in 1977 this suggests a potential loss due to alcohol "misuse" on the order of \$3,061 million.

This human capital approach to valuing ADM problems of youth can stand significant refinement. It can probably be subjected to many of the same criticisms leveled at the human capital approach to estimating mortality losses. However, it does establish a conceptual framework within which such losses can be examined and provides a rough order approximation of the value of these costs resulting from alcohol abuse by high school youth.

References - Chapter 7

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CHAPTER 8

Summary

As summarized in the preceding materials, the cost estimates presented in the RTI report were developed through a variety of procedures from a number of data sources. In many cases reliable knowledge and/or data were not available for making these estimates. In order to avoid over-stating the economic costs to society of ADM problems, RTI deliberately selected conservative data and/or assumptions where such data or assumptions were available and a choice could be made. In other cases where no data or assumptions were available, RTI omitted estimates for specific cost elements entirely.

CHRF used the RTI study to develop cost estimates for the State of Alaska. Given the enormous (prohibitive) costs involved in replicating this type of study for a county or state analysis, CHRF used an extrapolative strategy that approximates the national figures to a county or state.

CHRF has calculated the percentage of each cost included in Chart 1-1 against the National GNP for 1981. CHRF then worked with Alaska's economic figures to calculate a "State Gross Product". While time consuming, this is the only legitimate design to develop extrapolative approximations. The base line percentages are then used with the "State Gross Product" to calculate the county impact costs.

This methodology was reviewed and considered an excellent low cost extrapolative cost approximation strategy. More important, this approach leverages the benefits of a major national study to counties and states that could not otherwise afford to replicate the national study.

FEASIBILITY STUDY ON THE
EFFECTS OF THE LOCAL OPTION LAW
ON LOCAL COMMUNITIES

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APPENDIX

ABSTRACT

Since its enactment in 1980, Alaska's Local Option Law (AS 4.11.480-504) has been used by scores of villages. This law was intended to provide small communities with alternative state-enforced methods to control the access to and availability of commercial alcohol within their boundaries. In mid-1984, the State Office of Alcoholism and Drug Abuse (SOADA), as part of its continuing program to create and monitor effective preventions to alcohol abuse and its related dangerous behaviors, commissioned the Justice Center and the Center for Alcohol and Addiction Studies of the University of Alaska, Anchorage to conduct a feasibility study on the investigation of the criminal justice effects of the Local Option Law. The 80-page final report on the study of four northern villages is intended to be read in conjunction with two previous reports prepared for the Alaska State Legislature - Village Alcohol Control and the Local Option Law (1983) and Community Social Indicator Study (1984).

There is no doubt that the immediate effect of village bans on the sale and importation of alcohol by a village is a significant alteration in drinking behaviors and a decline in public drunkenness and alcohol-related violence. Alcohol consumption becomes more cautious and private and the incidence of threatening behavior, interpersonal violence and accidents declines, suggesting some break in the link between alcohol consumption and dangerous behavior. There are also significant improvements in the appearance and scholastic performance of the children of drinking parents and the general quality of public safety as per-

ceived by residents. To a lesser degree, there are increases in local bootlegging and manufacture of homebrew.

As a result of these changes, communities remain attached to the Local Option Law as a useful tool in preserving community health and safety, in conjunction with a wide array of programs devised and provided, both separately and jointly, by community members and SOADA.

The Local Option Law has placed increased burdens on community and regional law enforcement, the courts, and the alcohol treatment programs. Constructing sound legal cases against violators has proved to be difficult for both village public safety officers (VPSO) and troopers, thus reducing the threat perceived by violators. This suggests the need for greatly increased training and support of local law enforcement if the Local Option Law is to continue to produce positive effects.

Communities often enact local bans in order to control the dangerous behaviors of a select number of residents, using the threat of state trooper enforcement. Since the bans apply to all residents equally, all residents are seen to be threatened by arrest, jail, and a criminal record, reducing the likelihood of local people reporting on one another. When the community, its leadership, its VPSO, the troopers, the prosecutors, and the courts are not in accord on the manner of enforcement and punishment, the force of the law on the alteration of behaviors is seen to decline over time. It is likely that village bans on the actual possession of alcohol would encounter even more enforce-

ment problems. This suggests the need for far more accord, flexibility, and sensitivity among community and state officials and the development of more local and tribal methods of adjudication and punishment of offenders, as an adjunct or alternative to the state criminal justice system.

Rather than jailing offenders of the Local Option Law, local courts often refer them into regional alcohol treatment programs, thus increasing treatment caseloads and "medicalizing" the new criminal problem. Reducing the legal threat to the individual may also erode the enforcement impact of the law. Community control of alcohol has raised, but not resolved, many conflicting values - the rights of individuals versus the well-being of the community, local versus non-local enforcement, and control over alcohol versus control over dangerous behaviors. In dealing with these dilemmas, the villages included in this study and the social agencies which serve them are taking a very active role in creating many new local solutions which warrant consideration and support by state government.

I. INTRODUCTION

Alaska's Local Option Law (AS 4.11.480-504) has been used by scores of villages since 1980. This law was intended to provide villages with alternative methods to control the access to and availability of commercial alcohol within their boundaries. Two studies on the early effects of implementation of the Local Option Law were commissioned by the Alaska State Legislature and resulted in two final reports - Village Alcohol Control and the Local Option Law (1983) and Community Social Indicator Study (1984). In mid-1984, the State Office of Alcoholism and Drug Abuse (SOADA) commissioned the School of Justice and the Center for Alcohol and Addiction Studies of the University of Alaska, Anchorage to conduct a feasibility study on the investigation of the criminal justice effects of the Local Option Law on local communities. This volume is the final report of that study.

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The long-range purpose of this study was to formulate appropriate problem statements for subsequent community investigation by SOADA, that is, to discover what questions were useful to pursue, what data would be required and available to answer these questions, and what methods would produce these data. The study was to provide preliminary statements on the effects of the Local Option Law and describe relevant data systems for the routine monitoring of change over time.

Results

As SOADA and the study team had anticipated, the quantified data bases for public agencies - public safety, justice, public health, mental health, social services, and alcoholism - located

in the village or its regional hub were found to be of little utility in establishing a pattern of change over time in key measures of community life or linking change to a single cause, such as a new law. In this respect, the local data bases were not worse, but no better, than their larger statewide counterparts.

In order to examine systematically the positive and negative effects of the Local Option Law, the study team developed an exploratory method for village-level inquiry into the changes accompanying the adoption of a local option. This method relied on interviews with key informants within communities and within public agencies serving them. These interviews were to identify and establish important measures and indicators of change which would remain stable and instructive over time, even though agencies might not currently be collecting or maintaining them.

The interview guide was applied both to four villages which had volunteered to assist in the study and to the agency personnel who provide services to these villages. The cooperation of the villages and the agencies was overwhelming. Much as we would like to thank them by name, our agreement with them included stringent requirements for the maintenance of confidentiality. We are of the opinion that the same method could be used in these villages or others to develop a longitudinal information base. Much of the investigation could be usefully and sensitively conducted by local residents and officials themselves.

The interview guide was established to address the following questions:

- has the volume of alcohol present or visible in villages changed since passage of elected options?
- has the rate or type of various forms of criminal or delinquent behavior changed?
- has the rate of alcohol-related injury, accident, mortality, or illness changed?
- has the rate or type of alcohol referral to local programs changed?
- has the level or type of local control and enforcement over alcohol changed?
- has the rate of positive outcomes and other indicators not commonly tabulated by external agencies changed?
- what unintended changes have occurred since the local option?
- how do residents and agencies know that these changes have actually occurred; that is, what indicators do they use to assess change and what evidence do they look at within an indicator?
- to what degree and through what means are these changes attributable to the adoption of a local option?
- what is the best method through which outsiders to the community could "see" these changes?
- how do village residents feel about the effectiveness of community and agency actions?

These questions were found to be "on target" with our key agency and village informants, and the open-ended interview guide

seemed a useful tool for the exploration of questions. Based on our experience, we would suggest replication of the study, using the same basic questions and interview guides, in these villages and others on a routine basis.

Summary of Project Findings

The following constitute the key findings of this qualitative study:

1. Since the inception of the Local Option Law, there has been a decline in the availability of commercial alcohol in LO communities, as signaled by the increased manufacture of homebrew and by the increase in small-scale bootlegging.

2. Concern over strict enforcement of local option and other liquor laws has resulted in significant reduction in alcohol-related dangerous behaviors in the villages, disproportionately large compared to the change in commercial alcohol availability. This suggests that the link between alcohol consumption and dangerous behaviors has been, at least partially, severed.

3. Local option, as a community control effort, is now operating within a much wider array of community efforts to find solutions to dangerous, problem, and abusive drinking. Local option is looked upon as a significant, even indispensable, tool among many others (e.g., village public safety officer, elders' meetings, tribal authority), part of an arsenal at the disposal of the people. Pages 54-56 provide a greater explication of these extant and proposed tools.

4. Local option has become an indirect behavioral control

tool, in lieu of the villages having direct control over residents' alcohol use and alcohol-related behaviors.

5. The behavioral changes are evidenced primarily by declines in public drinking, public drunkenness, alcohol-related interpersonal violence, and accidents and by marked improvements in the physical appearance and scholastic performance of the children of drinking parents.

6. The behavioral changes appear to have long-term effects, even in those communities which have rescinded and re-enacted their local option. These changes reflect aggregate changes in attitudes within these villages and the region as a whole.

7. The effect of enacting a local option is an immediate alteration in these behaviors and a decline in some problem rates; these successes erode over time, as perceived or real law enforcement declines as a deterrent. However, the rates do not appear to return to their original high levels. Those whose behaviors appear most altered by the local option are those whose drinking behaviors are not so abusive or dangerous as to be beyond the influence of continuing social, peer, or legal pressure. Those who require assistance in maintaining moderation or sobriety appear considerably assisted by the local option.

8. If a village adopts a local option and delegates its enforcement exclusively to city council members, the VPSO, or the state trooper, the local option will not succeed. The effectiveness of the local option is directly dependent on the involvement of the entire community, peer pressure, and other

forms of community social control.

9. Theoretically, the VPSO and local option are mutually sustaining; having a law without an enforcement officer or having an enforcement officer without a legal tool are similarly insufficient to combat the alcohol-related problems.

10. Community division over alcohol control, complex problems inherent in the law, and lack of village control over enforcement and adjudication outcomes continue to pose employment risks for the VPSOs attempting to uniformly or selectively enforce the local option. Both uniform and selective enforcement of the local option places the VPSO at risk with important families, the city council, the alcohol council, the trooper supervisor, and the VPSO's peer group, or all of them simultaneously. Lack of significant communitywide support and lack of extensive trooper support and training erode the VPSO capacity to enforce the law or remain in their jobs.

11. The villages view the "wet" hub as a significant source of local option enforcement problems. However, the hub offers a more controlled environment in which drinking can occur and dangerous behaviors curbed by law enforcement personnel, thus reducing the prevalence of problems in the villages. The volume of behavioral problems exported from the villages to the hub is not seen by hub agencies as considerable or difficult to manage. This is due, in part, to improvements in the capacity of hub public safety agencies.

12. The Local Option Law has criminalized what had previously

been legal importation of alcohol. The courts, in turn, have referred many offenders to alcohol treatment, in effect "medicalizing" the newly defined criminal problem and reducing some of the threat posed by the law. The courts are using their own discretion in distinguishing among "alcoholics," "abusive drinkers," "dangerous drinkers," and "problem drinkers" within the total population of local option law violators appearing before them.

13. The hub view of the villages is often distorted by being based on the behaviors of some villagers in the hub and the growth in social agency caseloads, that is, negative cases. These events and caseloads do not reflect the range of positive changes occurring in the villages.

14. The search for positive indicators of change, based on community perceptions, generates a much clearer view of local option outcomes than reliance solely on changes in agency-generated data on negative events. Agency-generated data bases, as noted in the earlier report - Community Social Indicator Study, are currently too new and limited to assess the effects of the Local Option Law, even on an aggregate basis.

The authors provide an additional discussion of findings, speculations, and considerations for future study in Chapter 6.

Method

The study team contacted the board of the regional non-profit health corporation asking for assistance in conducting the study in four villages. The board met with the team, asked for and

received additional information and modification of the study design. The health board members polled their villages; four villages expressed their willingness to participate in the study.

All four villages had adopted a local option banning sale and importation of alcohol. However, in some cases, the option has been repealed, then reenacted, as each community attempted to achieve electoral consensus. This limits severely any ability to measure change in small data systems from "before" to "after" local option. Therefore, we asked these communities to generalize about changes from 1980 to 1985, but without regard for the "dry-wet-dry" period. It was important for us to keep in mind that popularly described "dry" communities (those with a local option) were not without alcohol and that "wet" communities (those without a local option) were not, of necessity, without limitations on the presence or use of alcohol.

The study team solicited the consent of the Research Review Committee of the Indian Health Service and the Institutional Review Board of the University. These matters of protocol took considerable time to complete but ensured amity among the regional authorities, the public agencies, the villages, and the study team. It is anticipated that the study results will be communicated back to the villages using the same means.

Once the goals and methods of the study were approved by regional authorities, fieldwork was begun. Key informants were approached and interviewed using the interview guide. Informants included health care providers (public health nurses, community

health representatives, mental health and alcohol treatment directors and staff), law enforcement personnel (troopers, municipal police, police dispatchers, jailers, village public defender), teachers and principals, mayors, councilmembers, city managers, elders, alcohol retailers, tribal authorities, search and rescue personnel, and others. Although the fieldwork period was six weeks, many persons were absent from the villages during our visits. Because there is not an exclusive individual access to village-based information, we did not feel that we missed any facts of major importance. The wide array of responses and respondents in the study provided us with confidence about our findings, even though we did not conduct a formal survey or use a random sampling procedure.

Key regional agency personnel were interviewed about each of the villages individually and then collectively. The village informants reflected carefully on their own communities. On many questions we received convincing consensus, while on other issues, major differences were reported. Different informants, because of a different stance toward alcohol, alcohol control, and the future, tended not to report different factual outcomes of local option as much as differences in their interpretation of facts. We found surprising similarities in the elements of village life in which changes were reported.

Questions were recorded, examples given, and answers were probed for more information. The probes elicited the most useful information and new categories of inquiry.

Because the existing agency data base on villages is both weak and problem-oriented, we expended considerable effort on developing positive indicators and non-agency data. We came to discover how each community assesses itself, on its own measures, many of which we could not have predicted. We also obtained a sense of the processes and chains of connected events which resulted in a variety of different outcomes.

II. VILLAGES VIEW OF THEMSELVES

How Have the Villages Changed Since Local Option?

Local Option (LO) is not the most significant community change in the villages we examined. Other changes, variously, include increased population, increased suicides, improved telephone service, increased air services, introduction of satellite television, increased sports activity, new housing, less turnover among teachers and community health representatives, increased turnover among VPSOs, many more snowmachines and three-wheelers, improved student performance and attendance, increased family entertainments (such as basketball and bingo), more complaints about the lack of arrests for law breakers, improved juvenile diversion programs, the election of more committed leaders to local office, increased use of drugs, increased manufacture of homebrew, and so on.

There has been an increase in Bingo activities. People are looking for other things to do besides drink, and there doesn't seem to be much else, especially for the after-school crowd in their late teens and 20s.

(Statements set off in this manner represent direct quotations from interviews conducted for this study.)

Younger people, particularly village officials, tend to feel more positively about some of the recent changes in the villages, although they do not readily agree on the nature and role of these changes.

The four villages in this study have enacted a local option, banning the sale and importation of alcohol. Some villagers, particularly elders, expected LO to get rid of all alcohol in the

village and so put an end to all drunkenness. The health practitioners expected a significant decline in alcohol-related trauma. Most people were curious about what would happen.

What villagers anticipated included:

1. decreased alcohol consumption;
2. decreased drunken behavior;
3. decreased alcohol-related violence;
4. improved quality of life; and
5. increased bootlegging.

Does the Supply of Alcohol Change with Local Option?

Villagers were asked about the supply of alcohol present since LO. The general response to this question was that the volume of alcohol present and consumed was about the same amount, maybe slightly less.

There has been no noticeable change in the amount of alcohol in the village since LO. Those who want to drink just bring it in any time they want. Oh, maybe there's a little less booze in the village with LO.

When residents and others suggest that the amount of alcohol in the villages has remained about the same, we found that they do not differentiate among commercial products, alcohol-based lotions, and homebrew.

What LO does seem to have achieved (impact upon) is a reduction in the volume of commercial alcohol in the villages because of the increased risk of getting caught, the significantly inflated delivery price, and the uncertain supply. The result of this change is that homebrew has increased and brought another

set of alcohol management difficulties. The increase in homebrew available may indicate that the supply of commercial alcohol has been constricted.

Alone among all respondents, one VPSO reported a significant change in supply:

Since we've had LO, I estimate that the volume of alcohol in the village has decreased 25%.

What Indicators Do Villagers Use to Record Positive Change?

We asked villagers what indicators they used within their community to measure positive change. What we found, rather convincingly, is that agency statistics do not tell a villager about the changing quality of life in his community or indicate the level of safety within his community. The reporting systems are so weak that the village-based numbers on public health and safety have little meaning.

The endemic indicators used by villagers to assess positive change consist of a very narrow band of popular indicators or impressions. For example, "change" among school children, as reported by school teachers, is considered as a lay community indicator. Teachers in these villages reported:

We see a definite difference among the kids in school during LO times. They're rested, more attentive, more neatly dressed. When the village is wet, we get more alcohol-related stories during our "show-and-tell" period. There is also a difference among the kids at play. . . when drinking is going on in their homes, they stay out later, come over to our place, etc.

Kids are better dressed, kids come to school alert and with a good night's sleep, kids have had breakfast. Their attendance and performance rise when LO is effec-

tively in place.

They suggest that none of these behaviors are possible when parents are engaged in heavy drinking.

Front-line health care providers also provide good indicators of change. Community health practitioners (CHP) uniformly reported that when LO is in force in the village (not merely on the books) they get more sleep at night. One reported that she used much less gauze when LO is in force, a wonderful if impossible piece of empirical data. Another CHP noted that, when the village is "wet," she gets five to six calls a month around midnight to patch up people who have sustained interpersonally inflicted alcohol-related injuries. During the one calendar year since LO, she could count only three such instances. The CHPs considered these "off duty" interruptions as very important indicators, since it is the midnight calls that contribute so heavily to their employment burnout rate.

There is considerable consensus about these behavioral changes. There is consensus that people's drinking has not declined very much, yet their behaviors (the who, what, where, when, with whom, why, and with what consequences) may have changed markedly. Residents reported:

I don't believe there have been any homicides or suicides since LO.

There seems to have been a shift in behavior among drinkers. Before LO they were pretty open about it: public drunkenness, parties spilling over onto streets, intimidation and assaults on others. After LO the drinkers tend to stay inside behind closed doors. They

have become more guarded and protective of their supply of booze, and tend not to give it away as freely as before.

I have noticed less public drunkenness. Violent behavior related to alcohol consumption initially seemed less frequent.

People are not walking around with bottles, engaged in excessive drinking.

Stay indoors helps, because there used to be more fights, affects younger kids. It's hidden so much now, it's hard to say. The drinkers are more careful because they have to pay the fine or work for the City.

I don't know much about it because I stay home. The drinkers don't come around here any more, not even my kids. I guess they stay home and drink.

Before local option, when we wanted to party, we would party out in the open. Now new ways to bring in liquor. It changes everything. People are sneakier.

If it's done nothing else, it's driven the drinkers inside. It's made the "problem drinker" more careful with his supply of alcohol, although there has been a small increase in use of homebrew, aftershave.

There has been a decrease in domestic violence since LO, even in the "drinking houses." Even so, 90% of the calls I get are alcohol/drug related. (VPSO)

The drinking is kept so much behind closed doors now, that it's hard to know if so-and-so still drinks. If they are, you don't see them around.

The LO has helped us to have fewer accidents. People who are drinking stay indoors more now. It helped a lot, the LO law. People don't bring in booze by the cases.

Villagers in general suggest that there are fewer bad events (e.g., wild parties at night, fights where people are seriously hurt, public assaults on the street, DWIs) occurring since the development of LO, although not necessarily because of it. The standards for village judgment are principally behavioral, that is, comportment and civility, rather than drinking per se. These

changes allow them to live in the community without being hassled or assaulted. This allows them a feeling of privacy and safety within their own houses.

Village Public Safety Officers (VPSOs) sense that, since LO, there are fewer bad events but the bad events which do occur may be more intense, because they are concentrated in private homes, the "castles" of the owner, and "the guns are right there." These tense situations of real or imminent violence appear more difficult and dangerous to handle. It is reasonable to attribute this change and its consequences for the drinker(s), spouses, children, friends, and VPSO to the LO which has, by consensus, altered the location for drinking in the village.

One opinion suggests that, following LO, there are fewer cases of violence but that domestic violence has become far more serious. We found, however, no evidence that could substantiate that this has occurred to any measurable extent. The numbers within the region, while producing high per capita incidence rates of violence, remain too small to generalize about changes in severity within the incidence rate. Villagers, recalling individual cases of violence in their communities, are dubious about the generalization itself.

Villagers sensed a change toward "responsible" drinking. By responsible drinking is meant responsibility to the community not to engage in negative behaviors when drinking, i.e., not to take party behaviors out of doors.

The chain of events flowing from a single act, such as

enacting LO in a village reveals a complex, probably indirect, cause-effect linkage. For example, having the Community Health Representatives say that LO has resulted in far fewer late night calls is probably the result of LO altering alcohol availability and cost, altering location of drinking due to fear of being seen and reported, and altering some drinking behaviors due to community actions and expressions regarding drinking behaviors. It is unlikely that the reduction in number of calls is directly correlated with less alcohol being imported into the community. These outcomes are at the very end of a long chain of related actions, many of which cannot be seen or understood by casual observers.

Do Positive Changes Continue Over Time?

We asked residents about the permanence of positive changes related to LO. Most indicated that over time there was a significant erosion of gains, complicated particularly by efforts to rescind LO.

Respondents suggested that various groups in the village responded to LO differently. One group would immediately stop drinking and then, in small increments, resume drinking to some level approximate to, or below, their previous norm, particularly if the law were rescinded. Another group, serious problem drinkers, were reported to drink somewhat more under local option, and then to increase their intake upon rescision. For example, one individual recalled:

As you are aware, there was a period during the summer of 1983 when the local option law was voted out by

younger voters. During that period, the local police quit, drinking in public increased as both local persons and out-of-towners came here to drink. The council as a body went out and collected and jailed up to 35 persons in a single day. The troopers finally came into the village to restore order. The population voted local option into law again by summer's end.

Both drinking and related problem behaviors were seen to increase over time.

(Have these problems gotten better or worse?)

Seems better since LO, although since then some improvement has disappeared.

(Do you think there is less alcohol in the village?)

At first, probably. Now probably not.

People who drink during LO do stay indoors more. Now that we are wet again they are still careful about managing their drinking behavior and tend to stay indoors still.

When (Village) B first went dry, people went to (the hub); now they bring it home. When it changed from dry to wet, people were drinking around town. They weren't scared to bring in booze. They weren't careful. Then things slowed down (when it went back to Local Option). Now people are getting more careful.

Some changes have influenced policy at the local level.

Our 'Search and Rescue' team has made a decision to change part of our operating policy. This involves drunk drivers. You know that everytime we have to go out and look for someone, it costs money. Well, from now on, whenever we have to go out on a search and rescue mission and discover evidence that that person was driving under the influence of alcohol, that person will have to pay for the cost of the mission. Some people have been abusing our service. So the next time you think you can get all boozed up and then take off somewhere on your snow machine, think of that big bill you're going to get.

There is no evidence that this policy has been actively implemented.

Whose Behavior Has Changed?

LO is a small, but important, tool for those villagers who have a marginal problem with alcohol. Since they do not wish to import or manufacture their own alcohol illegally, LO and the community support underlying it change their behaviors. Some "problem drinkers" themselves vote for LO, even though they would rather drink. They vote for LO and then honor those new restrictions because it gives them a supportive context for altered behavior. They contribute to community "structures" which help them in their personal areas of weakness.

We found some villagers use LO as a device for their own sobriety. That is, as soon as LO is adopted, they stop drinking as if they had created their own external locus of control. If alcohol is not around and they are not part of a circle of drinking friends, they will not seek it out nor take the risk of importing. Those individuals who are going through personal life transitions or who require only a little encouragement are most markedly assisted by the LO.

Local option has helped alcoholics. They were going downhill. Local option helps them not to bring in booze excessively.

I believe LO, or the threat of it, has helped some to become more responsible in their drinking patterns, even when we are wet.

While the community as a whole has experienced improved behaviors, certain individuals and families are reported to be continuing to experience the same number and severity of problems. It may be persons in the middle of the behavioral con-

tinuum whose behaviors have been most modified by the enactment of LO and related community changes, particularly those most concerned about having their behaviors criminalized and those who perceive an increased policing and reporting function in the community. While their behaviors may not violate the LO, in fact, they perceive, through LO, an increased willingness to report all prohibited alcohol behaviors, including DWI, selling to minors, and so on.

Those villagers with the worst drinking problems are most untouched by the law, except that they find their behaviors criminalized.

What Indicators Do Villagers Use to Record Negative Change?

The indicators immediately used by villagers to assess change tend to be in the negative category. Negative changes are many, although less profound or significant than positive changes.

Some ask "What's the local option law for? I thought they were supposed to catch those guys drinking. I don't know who they're catching, probably nobody. The same drinking is still going on in private.

Villagers do understand that they do not have to go outside the village to drink. Persons who brought liquor into the village continue to do so and have simply gotten "sneakier." Liquor is packed into the village in ways not readily observed at the airport. Also, people bring it into the village on sno-gos, leaving it out on the tundra until the village is sleeping.

Local option does not stop drinking. It just makes it harder for them. People are getting more sneakier because of that law. In the daytime, you just leave it

out on the tundra. People do not drink publicly, but are more violent, now hiding their drinking.

Some villagers have attributed the rise in marijuana use to the LO. One mayor noted:

I would say that the drugs, mainly pot, are the most important problem among our youth now. Since LO, drug use has really increased. They seem to be related.

LO has increased the use of drugs among our young people, by making alcohol less available.

There seems to have been an increase in marijuana usage primarily among the idle, post-high school males, but also among those over 40.

There is some difficulty in explaining the rise in drug use with the enactment of LO, since the rise in drug use coincided with national fads, increases in disposable income, and generational differences. There was uniform concern about the inconsistency of prohibiting alcohol but allowing marijuana.

One very negative and visible change related directly to LO is the labeling of friends and kin as criminals. While dry villages view public alcoholics and abusive drinkers in a criminal context, they oppose the resulting permanent criminal record assigned to the offender.

One villager noted, "When we have LO here and we are drinking, we feel really bad about it. We look at each other and all of a sudden we're criminals. We've got to do it in secret, sneak around like criminals." The drinkers vote for LO because they know that it is good for the community, even though they also know they are going to violate the LO and feel unhappy about that

violation. Another explanation for this paradoxical situation is that these drinkers do not define themselves, individually, as part of this community problem and are, therefore, somehow exempt from its application.

When this village adopted LO, some people drank less, but others drank even more.

I think LO makes it worse for us who like to drink but who also like to be responsible. When LO is in force, we tend to drink more. The reason is, if we got it, let's drink it up fast, because it won't last. It might be seized if it just stays around, or else someone else will see it and drink it all up. So you see, LO makes us drink more than we would otherwise.

With LO, the drinkers stay indoors and hide. That's not good. They drink closer to their families, and sometimes the kids are involved. With LO you're afraid to invite certain people because if they screw up with the law, you're in trouble.

Occasionally, family violence is in evidence in relation to drinking (black eyes, etc.) or some neglect of children (kids have gotten selves up for school, no breakfast, or missed school or a special event because they were "baby-sitting" parents).

One neighboring village went dry and the men then went into the hub to drink. Their wives, who voted for LO thinking it would stop their men from drinking, then wanted LO rescinded because they would rather have their men home and drinking than away and drinking.

People would rather have their family members home even if they're drinking, rather than have them in jail.

The volume of alcohol in the villages may actually have declined, although the perceived intensity with which the serious and problem drinkers still drink may be magnified or telescoped into a shorter period of time. The shorter period of time is due, in turn, to the illegality of its introduced presence, the uncertainty of the supply, the drinker's fear about being seen or reported, and the fear of confiscation. This drinking pattern -

using the entire supply rapidly - ran counter to our expectation that some would hoard their supply, spreading its use for a longer period of time, sharing it among fewer people, and thus limiting the intensity of its effects.

The Problems of Enforcement

Villagers do not consider the LO to be "white man's law" - if it works. If it works, it is perceived as their own law. When it fails, political leaders and law enforcement officers report that "they give us this law to stop the booze, but, on the other hand, they make it impossible for us to enforce it by all these other restrictions on search and seizure, which really ties our hands."

Even though we have the law, people still bring alcohol into the village. We're right on the trail between _____ & _____. I guess you'd need a full-time person just to check all the baggage coming through. Enforcement is the problem.

When they enforce the law and the offender is returned to the village the following day, the villagers view this as his having gotten a free round-trip to the hub. When he goes back to the hub for his court hearing, he will keep this quiet and no one may know the final outcome of the charge. All the village sees is that he was taken to jail and the next day he is back.

After awhile, people just laugh at the law, and that's not good.

Elders point out that it is very difficult to obtain a search warrant to investigate violations of prohibition on importation because no one in the village has warrant-issuing authority.

They complain that they have to see someone with the bottle in his hand, selling it to someone else, before a complaint can be filed.

I thought the whole town would dry up just like that, that cops would catch anyone and put them in the can and treat them as bootleggers. But we can't pick them up without probable cause unless someone calls them, the police or council.

What we need is a better way to enforce it (LO). As it stands now, you have to catch the person with the bottles in his hand. The evidence is too strict for us to handle.

Unlike Community Health Practitioners who have less work because of the LO, VPSOs have far more to do and it is far more difficult to do these tasks because of their own drinking practices, the friends they have, the habits of their peer group, and their family and other ties. In addition, the tasks themselves are complicated, time-consuming, and often repeated without resolution. In addition, they are often criticized by the trooper supervisor about the inadequate handling of evidence and paperwork and also criticized by family, friends, and council about selective enforcement, excessively strict enforcement, or non-enforcement. As a VPSO put it,

The indoors drinking has refocused some problems. Now when I get calls about fighting or other violent behavior, the calls are tougher to handle. One, it is their homes and two, their guns are handy. In some of these cases we may actually see an increase in domestic violence, although most of the party houses are those of the 18-25 year-old singles. They're afraid of DWI so they stay at home, drinking, and getting madder and madder. In a village, LO as it stands is impossible to enforce.

Strict and consistent enforcement of LO has cost some VPSOs

their jobs because it alienates every family in the community as their children acquire "criminal" records. Such records are seen to threaten the later desire to obtain public agency jobs, join the National Guard, and so on. The threat may or may not be real, but it is implied as a social control mechanism.

The turnover rate among village law enforcement personnel is reported to be very high, due to the backgrounds, values, and skills of the individuals, the complexity of supervision and management, and the style of law enforcement the community wishes and will tolerate. In one community under study, for example, the entire "police department" has turned over three times within seven months.*

Turnover rates for front-line service providers may be an important indicator of LO. In these communities, LO is seen to have increased the turnover rate for VPSOs and potentially decreased the turnover rate among community health practitioners.

* The turnover period itself creates major gaps in the reporting of village behaviors; as well, the differences between incumbents and their perceptions of their roles and tasks create differences in reporting which cannot be considered to be true reflections of community behaviors. Given the loss of these personnel on a regular and rapid basis, there is no formal community "memory" of alcohol-related crime in the villages and no consistent style of law enforcement over time. (The turnover, due to reassignment, of troopers is somewhat slower, but the loss of "memory" is as significant.) These factors, in combination with the weakness of past data reporting systems reported elsewhere, make much of the resulting crime data meaningless at the village level. Over time, if the newly-introduced reporting systems are maintained and uniformity of reporters and reporting maintained, there may be a data base upon which change can be assessed.

The LO has increased pressure on elected village officials who are expected to produce enforcement of LO but who lack the legal and material means to enforce the law. One mayor complained that he had no means of enforcing village law on the state-owned airport; villagers can stash their alcohol in the bushes near the airport and recover it at any later time, without his knowledge or intervention. Also, there is no way that village officials can successfully enforce without such enforcement being a community-wide and community-backed activity. If officials succeed in strictly enforcing LO, they alienate major portions of the community, members of the council, the youth, the elders, and prominent families. If they are weak in enforcement, they alienate the population that delegated to them the responsibility for concrete change. They can win neither way, yet the pressure "to do something" persists.

LO has been hard on me as a leader. What can I do with a state-owned airport? How can I enforce it the way some want me to, when the others know their rights? We can't enforce non-importation, it's that simple. We also don't want our young people getting criminal records. To come down hard on a small quantity importer as a criminal doesn't make sense, when the drug laws are so lenient.

What we really need here are strong leaders. Our leaders are weak, that's why we're in the trouble we're in. Our own leaders drink and smoke pot themselves. Do you expect them to take any real action against themselves? The drinkers elect drinkers to the Council, so they take care of each other. The non-drinkers stay home and don't vote. We need strong leaders who aren't afraid.

Local Option and Legal Education

The consensus among the villages is that LO has been a help in improving the quality of village life, but that there are

aspects of its enforcement that require review or revision. One of the most popular negative assessments of the law is that it provided offenders and bootleggers with a complete experience and education in the law. Finding out what the law meant, being arrested, being charged and arraigned, these offenders have found that "it's no big thing." They know and exercise their rights sufficiently to deny police any search of their belongings without a warrant.

We were repeatedly told that those who know the most about LO in the villages are not those who enacted or enforce the law, but those violators who have been educated into a thorough knowledge of how to beat the law, based on its internal limitations - probable cause, warrants, proper search, evidence handling, testimony, witnesses, and so on. This education is conducted not only by lawyers, police, and judges, but by word-of-mouth within the offending peer groups.

A legal race has ensued between law enforcers and offenders. As the VPSO's become procedurally more adept, the offenders become better educated about their civil rights; this change is not insignificant because it raises the conflict between "community rights" and "individual rights," a new phenomenon in the villages.

The offenders rapidly learn more about LO and individual rights than do the villagers. This knowledge is used freely to perpetuate illegal activities and place VPSOs in a "no win" situation. This fact was very depressing for the elders. "See,

blacklist were prohibited from all legal purchases.

The assumption pervades the villages that if someone tried bootlegging "in a big way" he would be caught. This is not an unrealistic expectation as there appears to be a number of persons who have been caught for a variety of liquor law violations and who are being processed by the judicial system. It should be recalled here that a single act of alcohol transport can comprise a variety of LO and other legal violations, including transporting for sale without a license, selling without a license, selling to minors, providing to minors, importing to an LO community, and so on. Since there is no regional newspaper or other routine form of mass communication of these events, residents hear about such cases and their disposition primarily through word-of-mouth, with all of the unreliability and mythology which tend to accompany this form of communication. The mythology may actually heighten the social and behavioral effects of such actions. There are also stories of successful violation, those who proudly "beat the system."

Some concern has been expressed by some elders that, in the absence of state law prohibiting homebrew, each community will have to pass some ordinances governing homebrew as they have in the past. They clearly see that LO has resulted in increased production of homebrew, due to the general fear of being caught importing and the high cost of the commercial alcohol itself. Homebrew is usually kept among a small group of friends and has not become a major bootleg item.

powers. Without great selectivity in enforcement, many village values and relationships are at risk.

Law enforcement personnel uniformly reported that LO and other liquor laws were very difficult to enforce because they were prohibited from being selective. They objected to having to give all young people police records and they did not have sufficient bases or authority (e.g., probable cause) to search and seize baggage selectively. They have adopted their own standards for who and what qualifies for "protective custody," have engaged in their own "youth diversion" methods, and have asked for legal mechanisms to treat drunken behavior or high blood alcohol content as a presumed violation of LO. They used the village council as the adjudicating body on "minor consuming" rather than the court system. They clearly want more and broader powers to search and seize and to be selective in their investigations.

One regional attorney noted:

The village enforcers also need to be able to select and regulate enforcement by being able to distinguish between problem drinkers and non-problem drinkers, between large-quantity importers and small-quantity importers.

The large bootlegging runs have stopped because people have been caught, according to the social worker. This is reported to have happened not because of increased law enforcement but because the region views large-scale bootlegging as illegitimate and residents turn these bootleggers in. There are two classes of bootleggers and the villagers selectively report principally the large-scale violators. They also report those who are pro-

viding alcohol to minors or to people who can be considered "dangerous drinkers" or "problem drinkers."

One of our bootleggers was told by another villager, I don't mind you selling booze to some (non-problem drinkers), but if you sell some to _____ I'll turn you in.

The way communities would like LO to work would be to allow for fewer restrictions on search and seizure and greater latitude in selective application. When it is exactly applied and delegated to the troopers, the VPSO, or the council, it does not work.

We could record drinking/offense history of individuals in our village, with relaxed search and seizure procedures for those people for a time period.

I just can't enforce LO here with search and seizure restrictions the way they are. If they could find some way to relax search and seizure procedures for some people, it would be a big help.

Another flexibility desired by local communities was for the police to take someone to jail for a few hours in "protective custody" while drunk and disorderly, but not to charge the person with a crime. This flexibility, when exercised in one community, created a division between trooper instructions to arrest and charge and council desires to "contain" the problem.

Prior history provides the basis for much of the selective enforcement which is exercised by the VPSO and condoned by the village; that is, if the VPSO leans heavily on the repeated offender but ignores the occasional problem, the community is accepting. One VPSO noted:

If I know that someone has imported a small quantity of alcohol and this person does not have a history of creating problems when drinking, I just let it go. But I am stricter if the booze is getting to our problem drinkers.

The selective enforcement, however, that is based on family or friendship ties between the VPSO and the offender is, generally, unacceptable and can result in the VPSO leaving his job or being fired.

LO is probably totally impossible to enforce here. The village is divided into two political factions (family groupings), so any attempts by the resident VPSO to enforce it will be slanted to one side or the other. Some residents think that a VPSO from outside the village would be the answer, but they had one awhile ago and booted him out when he began to enforce it effectively.

There are lots of problems with trying to enforce LO when everyone is related. Family members stick together, help and protect each other. They don't like to see another family member taken away to jail.

The community becomes nervous about personal forms of selective enforcement by the VPSO. Villagers want selective enforcement to reflect the community policy or family consensus, not the predilections of enforcement officers operating solely on personal judgment. Villagers do not want to be victimized by someone else's unpredictable and uncontrolled selective enforcement.

There are some bad feelings when young people are arrested. They're (VPSOs) not consistent. Sometimes they enforce it real strongly and other times they let a lot of people get by. I guess that's what makes a lot of people so angry.

Each law enforcement person adopts his own rules of enforcement of LO, based on a variety of factors. A mayor noted:

(Has local enforcement changed?)

Often - it depends on who happens to be the VPSO at the time.

Even if a person's civil rights may be at risk due to enforcement policy, the intentions of the officer involved and of the community are of some significance. However, it is less common for a citizen's rights to be violated than for the VPSOs to violate a condition of their employment, by being selective or flexible in their handling of cases. The VPSO may be caught between his contract (actually a negotiated order) with the community and his contract with his law enforcement supervisors. By not reporting a crime, he is placing himself at risk. The VPSO, in turn, may be protected by his trooper supervisor who encourages the selectivity and flexibility of enforcement as the best means to accomplish the agreed-upon community aims. The trooper, then, is placing himself at risk as well for tolerating this form of discretion.

Almost everyone expressed some interest in selective enforcement, that is, selecting individuals for control of purchase, use, or possession based on his/her own personal history of problems with alcohol. This sentiment is true not only for elders and VPSOs, but also for bootleggers and licensed alcohol retailers. Since it is a narrow band of individuals with troubled histories which cause the problems, it is argued, why make life difficult for everyone in the community?

III. THE HUB VIEWS THE VILLAGES

The function of the hub community is to provide services to the villages; otherwise, the hub itself would be only a village. The services it provides include not only government, agency programs, transportation, and materials, but a location in which the villagers can release feelings in relative safety. For those who need to recreate, relieve boredom, "blow out," or give in to their appetites on occasion, the hub presents a locale which tolerates and controls such intermittent behaviors. This function enables the person to continue to reside in the "dry" village by providing some time out and opportunity to blow out without violating any village norms or threatening village public safety.

The hub does not exhibit a great deal of public drunkenness, particularly when compared with earlier times when its reality and reputation witnessed a great deal of public drunkenness which was, itself, a violation of law. In the past, according to one hub resident, it "was no big thing to be drunk on the street, because you weren't really drunk unless you were passed out. The standards have changed; now you are considered drunk if you are 'staggering around.'" Being this drunk is no longer a sign of sociability. This does not mean that the hub is consuming less alcohol but that its consuming and subsequent behaviors have been altered. Public drunkenness is perceived to be remarkable and usually involves the same small group of people.

Much of the serious drinking in the hub, as in the villages, occurs in private residences and in a pattern regular enough to

require routine police intervention. The younger population in the regional hub tends to be more like the controlled drinkers found in any large community with ready access to alcohol, responsible alcohol retailers, and a significant professional law enforcement presence. The socialization process towards "normalized" drinking appears more pronounced in the hub, although the hub is by no means free of excessive alcohol consumption and related problems. These problems, however, can be contained by the civil authorities of the hub.

In the hub, public safety and other agencies often take drunk persons into a very brief "protective custody" and return them safely to their homes. This appears to be a part of their normal motorized "patrol" functions, rather than only a response to calls. They do not appear to conduct regular checks on bars. They appear to keep no records of these informal activities.

The alcohol retailers in the region make a large public appearance of being responsible in the manner of their retailing, including participating in industry seminars on this subject. Alcohol retailers seem to understand that people hurting themselves while intoxicated is bad for their business.

We ourselves practice "selective selling." We won't sell to those whom we know have a problem. There used to be "state-ordered lists" of people who were convicted of alcohol-related offenses, to whom we could not sell. This was a help to us, but these lists were stopped a "year or so ago." It would be good if these lists were started again. That way we could know specifically whom we should not sell to. Not only the Court, but the villages also could submit such a list of names to us, and we would cooperate with it. The DA's office used to send these lists to us.

Hub views of their satellite villages are often formed by very large generalizations based on very few specifics. Concerning one village which had experienced several very negative events around the recission of their LO, some hub informants had formed a view that the village was "coming apart at the seams." On the other hand, the residents of that village expressed great pride and positive feelings toward the progress they had made in identifying their problems, analyzing their strengths, and establishing objectives and corrective measures.

The hub views the LO negatively when it sees that village people are coming to the hub to drink and get into trouble. However, some hub residents see no real change in the rate of hub visitation, drinking, and problems as a result of LO; they suggest that the changed rate is the result of altered and heightened perception, not real change in behaviors or volume of alcohol sales.

Some hub residents perceive that village people "do not know how to drink right, so they don't know how to control themselves. Not like us." In order to reduce the violence, they feel, people are "just going to have to learn how to drink." "Learning to drink" means "learning when to stop" and how to be "high" and sociable without becoming dangerous or unconscious.

The problem here is the Natives who come into town from the villages. They're not used to a big place. They don't know how to behave. They just come to get wiped-out. That's right. You got to know when to stop. You need an inner policeman.

To the degree that hub locations offer a variety of more or

less protected drinking settings, the hub resident's choice of settings is, in fact, a form of self-controlled drinking behavior. In some settings, the determinant of when to stop drinking is inherent in the custom of the place; in other settings, the determinant may be the bouncer. Some hub residents feel, as a consequence, that stringent restrictions, such as LO, are without merit because "people are going to drink anyhow."

There is a potential lag between changes in the villages and the perceptions of these changes at the regional level, masked by the continuing casualties received by the hub. Villagers tend to disagree with some of what the regional informants say about the consequences of LO, such as increased domestic violence. They agree that one or two cases seemed to reflect the generalization, but that, on the whole, the generalization is not accurate. The difference in perceptions is accounted for in that villagers are generalizing from all cases in their village and regional informants are generalizing from their caseloads, two very different perspectives.

Discussions with a major alcohol retailer suggest that, since LO, there has been no decrease in alcohol sales in the hub or the region as a whole. He noted:

Less people may be buying, but they are buying more, suggesting an increase in the number of small-amount bootleggers. I think, judging from our sales, that the amount of alcohol getting into the villages has been the same.

Since the retailer owns the bars and the package liquor store, his judgment that there is about the same amount of alco-

hol in the villages as in the past is significant. Perhaps the presence of alcohol in the village is not the most or even among the most significant indicators of change in the village. If the village could control and change the negative behaviors directly, it would not make much difference how available the alcohol was, except insofar as the children and the problem drinkers are concerned.

IV. THE AGENCIES VIEW THE VILLAGES

In searching in the village for reliable data bases on crime, health, truancy, school drop-outs, and so on, to create an "empirical" set of measures of community change, we were unsuccessful. In some cases, the records were never maintained; in other cases, the records were lost, misplaced, destroyed on a routine annual basis, or sent to larger reporting systems for coding and management. If these data are reported, they tend to appear in aggregate form, no smaller than at the regional level. This does not allow for the measurement of change based on a single event, such as LO, or for examination of possible "cause-effect" relationships between community actions and reported community rates of social health.

There is little agreement in the hub agencies about the statistical changes in problems in the region and in the villages. The impressions of agency staff suggest significant changes in numbers, patterns, severity, and caseloads, but with little meaning to that pattern. For example, an increasing caseload may be a positive sign because cases that were not reported in the past are now being reported and dealt with or it may be taken as a negative signal that there are more cases or that some cases are more severe now than in the past. It is our overall impression that, while caseloads are higher, in fact, the prevalence and seriousness of some behaviors have lessened in the recent past. However, certain critical categories, such as suicide, have remained extraordinarily high.

On almost all measures, we lack before-to-after data during

the LO period. Three years from now, if the reporting systems now in place remain stable, we shall be better able to analyze community change remotely.

The hub community, which hosts the service agencies and their personnel, sees and interprets their satellite villages very differently from the way villages view themselves. Because the service agents see themselves as inundated by large numbers of very difficult and tragic cases, they often generalize from these village casualties to the entirety of the village. Thus, in one interview, a mental health worker, seeing the caseload of alcoholics, battered wives, suicides, and so on, all clustered together, concluded that the villages in which they were resident were uniformly suffering social debilities in epidemic proportions. He surmised that the epidemic was caused by historical and economic changes marching into the region.

While the casualty rate might indeed be alarming to a small service receiving unit and while it may be increasing due to real changes in willingness to report, it is not certain that these casualties reflect the entirety of village reality. Unless one spends a great deal of time in the village, one will miss all of the countervailing forces and indicators of social health. Thus, if casualties are all one sees, one's view of the village will be negative. If the village sees a mixture of positive and negative events and exports some of the casualties to the hub or elsewhere, its view of itself is likely to be far more positive and supporting.

These agencies tend to derive their view of village social health from the caseloads which appear at their doors in the hub. Those agency people who visit regularly in villages and whose contact with villages is not solely on pathological cases seem measurably more positive about village progress and prospects. Even though the agencies have outreach workers in the villages, other aspects of the communities, such as successful and aggressive prevention programs, do not seem readily reported to the hub. Hub agencies may be too clinically "problem-oriented" to be an accurate gauge of changes in village life.

A. Health Care

Health care providers at the regional level report that, as a result of LO,

more people are consciously aware of alcohol as a drug. Since 1981, people have been rating it as the number one health problem in their region, based on regional surveys.

Less positively,

In areas that have seen a decrease in alcohol use, we are seeing an increase in marijuana use.

Homebrew has become a concern for health providers in the region, primarily because of the toxic effects of the ingredients used by some, including rubbing alcohol, aftershave, and so on. It is a low-quality substance so its main appeal may be to those whose need for alcohol is intense.

B. Mental Health, Alcohol, and Social Services

These providers deal with the casualties of alcohol abuse and

its related behaviors. One mental health administrator noted:

I would say that 35-40% of our mental health clients have problems that involve alcohol abuse. Maybe higher. There is a suicide epidemic going on around here that's very heavily related to alcohol. Families of successfully completed suicides tend to heavy drinking afterward since they seem to have no other coping skills. The families then drink because there's nothing in the tradition that permits them to get over that kind of loss; whereas the people might get over other losses quite easily, they have a lot of trouble getting over suicide loss.

The files in these programs were not arrayed so that one could break out the casualty information by village. However, at least 50% of their new caseload was court-referred, presumably as a result of increased enforcement of the entire range of liquor law violations (e.g., LO, minors consuming, DWI) and alcohol-related domestic situations and abuse.

One surprise is the increased load of court-referred cases to treatment here. Our increased court-referred caseload is mostly bootleggers - amateurs who themselves are abusers get arrested and sent here. Our "success-rate" with court-referrals tends to be lower in all cases. Then, they will, 6-12 months after discharge, return to us as self-referrals, and they tend to complete treatment quite seriously and thoroughly, including the bootleggers.

These programs are seeing a great increase in court-ordered referrals for care, in other words, a "medicalization" of what were previously criminally-defined offenses. It is somewhat paradoxical that, while LO has criminalized what was previously considered a medical-social problem, persons convicted for LO violations are often referred by the courts to medical-social treatment, in effect medicalizing a criminal problem.

The increasing inclination by the court system to refer first offenders to treatment rather than an increasing prevalence rate within the villages or hub, probably accounts for the increasing caseload of these programs. Treatment becomes an alternative to jail. Since these cases are harder for treatment workers to work with (being involuntarily drawn to the program), this may add significantly to the burnout and negative attitudes of service agency workers. A capacity-stretching new caseload of involuntary cases tends to interfere with the treatment of voluntary cases and so drags down the entire treatment process, itself a slow and difficult process under the best of conditions. This appears to be an indirect consequence of LO since LO is only one of several forces heightening the visibility and reporting of certain altered drinking-related behaviors, liquor law violations, and other offenses resulting in formal adjudication.

These treatment and counseling programs generally support the villages' use of the LO.

Our outreach counselors say that the quality of life in the villages has improved since LO.

My clients look on the fact that their village is dry as a help to them to stay sober, since they themselves would not import or manufacture alcohol.

When a recent LO election was held, rescinding the existing ban on sale and importation, the mental health response was:

Too bad, now we're going to have trouble again.

A women's shelter director reported:

It is very seldom that we get women here who are battered by husbands who are sober. Anything that keeps alcohol out of their lives is a help to us.

C. The Judicial System

The courts were less informative about changed community functioning, because they, too, were more involved in the volume of new individual cases and the development of appropriate guidelines for new offenders under the new LO law. The regional court officers and attorneys seemed to be looking for new ways to deal with these offenses rather than treating them as if they were similar to all other liquor law violations. They seemed very concerned about developing youth diversion programs and village probation through the IRA councils or elders councils.

The court officers did not suggest that the LO had reduced or increased the number or severity of crimes related to alcohol other than those cases produced directly by violations of the new law. Most of the court data appeared in aggregate form only for the region. Because of the changes in reporting systems, the data from "before" to "after" are either missing or unreliable. The cost of dissecting and compiling data from a hands-on individual analysis of each case file for a number of years would be prohibitive; the meaning of such data as a reflection of community life would be doubtful, since the number of cases in any one year for a single community is small, in any event, and the court system records only those cases which (1) have been brought to trooper attention, (2) have been deemed chargeable by the trooper after examining the evidence, and (3) have been deemed chargeable by a district attorney. Since these systems them-

selves change, in terms of agreed-upon priorities and standards and individual judgments, their utility is limited. Such changes would have to be very dramatic for the data to be convincing and VPSOs and troopers have not suggested such dramatic change.

The regional court system, district attorney, and public defender seem to share the common hub understanding of the villages. Their particular viewpoint seemed in no way special or more detailed a view, even though they had ready access to many separate instances upon which to reflect. They, too, tended to aggregate their view of all the villages, not treat them separately.

Local attorneys, sharing the language of villagers, suggest that LO has had some negative effects as well:

We are making criminals out of people who ain't criminals. When the villages voted for LO, they did it to stop the booze, not inflict their people with criminal records. The village law enforcement officials should be free to confiscate booze, but without proceeding with charges leading to criminalization for small-quantity importers.

A new law can be devised - criminal or civil - which would make it illegal to sell alcohol to someone who then, under the influence, hurts someone else or destroys property on village land making that person an accessory to assault.

These suggestions are not necessarily recommendations for enactment but areas and directions for legal and social research. They are criteria by which solutions should be judged - flexible, selective, responsive, non-punitive, and immediate. Once the ideal criteria are set, how we then arrange the law to meet these criteria is the question.

D. Law Enforcement

Local law enforcement officials were unable to locate much of the detailed village-level information (essentially "calls for assistance") we were seeking on those communities which had adopted, rescinded, and re-adopted the LO. Many of the old VPSO records are of very poor or uneven quality. The more recent VPSO data are being entered into a new statewide computer system but are not available centrally or locally on the time period we were investigating. Local files are destroyed on an annual basis. Many aspects of the files are sufficiently uncertain from a research perspective to have utility in studying change.

Troopers seemed very supportive of villages finding their own solutions to many of these serious problems and also presented themselves as committed to helping the villages implement these solutions. In turn, they requested that villagers be responsible in reporting violations to the troopers and supporting the VPSOs. Both the troopers and the district attorney reinforced the notion that the LO was the villages' law and that it was up to the villages to provide the information without which these agencies cannot be of assistance.

While the LO is popularly perceived to have increased the hub workload for law enforcement, the increased police workload in the hub due to LO in the villages was not seen to be unexpected or unmanageable by the hub police. The greater law enforcement concern is with effective enforcement of community objectives.

Troopers, too, tend to use LO selectively, that is, against

chronic offenders. There is such a potentially large at-risk group that troopers and VPSOs must concentrate their efforts towards those most likely, based on their personal histories, repeatedly and significantly to violate the law. By definition, then, their watchfulness on the community as a whole is somewhat diminished.

The major law enforcement workload under LO is small-time bootlegging. Troopers suggest that, because of the expense of transportation from the village to the hub, bootlegging goes on even without the LO.

I don't think the bootlegging problem is much different because of LO. My observation is, when there's booze in town, it's hard enough to get into town at \$150-\$200, a lot of people think it's easier to spend \$100 on a bottle from a bootlegger than to go into town, and stay home. In most of the communities bootlegging is on a continuing, small scale. Those who import large quantities get caught. The pattern is to take 4 bottles home and sell 1-3 of of those.

There's much more bootlegging but small scale and amateur. The result is that, while LO has greatly inflated the price of alcohol in the villages, it hasn't really made it less available. There are some who have ceased their drinking behavior in the villages and moved their drinking behavior to (the hub). Simply, they did not want to take the risk.

Bootlegging is seen to have risen due to LO but it is not the organized system of distribution and sale we commonly ascribe to bootlegging. LO has apparently resulted in a great increase in the number of small-time operators who come to town with a shopping list for all their friends or who are merely covering their own costs. There are stories of attempts at more large-scale bootlegging operations, most of them dramatic failures

because they were caught by the troopers.

Over the past few years, troopers report,

From a law enforcement standpoint, there has not been much change. The population has remained stable in the communities we handle, the types of crimes have been the same.

The principal policing problems have occurred during periods of LO recision:

In the summer of 1983, when they voted to go wet again, we had more calls in these first 30 days than we had for the entire 6 months, including a trooper-involved shooting. They went dry again as soon as they could.

Not all communities experienced the same rise in criminal behaviors with recision, as many of these behaviors had been significantly altered by changes in community behavioral standards.

In summary, there is some consensus among agency people that the villages are getting better as measured by the increasing conscious awareness of the magnitude of the alcohol problem. They report an increase and spread in marijuana and other drug use, but not much of a decline in alcohol use (for some, even an increase).

SECTION V. THE ROLE OF ELDERS

Encouraging changes in the past two years are the active engagement of elders in planning and conducting problem-solving village meetings on alcohol abuse and related problems and the widening participation by other age groups. This activation is occurring statewide through the efforts of rural providers and SOADA support. In the region the leadership on this issue seems far more diffuse, mobile, non-institutional, and spontaneous than the leadership on governance and corporate issues. The substance, function, and the content of leadership seem to precede the form, which is as yet unclear.

The efforts of elders have been to create and disseminate a regionwide philosophy through a process of meetings and village visits. The actions of elders and other, similar actions seem to create a "community of concern" among the villages, bringing issues to the fore, engaging regional and state institutions, and creating new forms in the absence of legal challenge.

The alcohol meetings are of interest because they are attempts to form consensus on what are problems and what are solutions. The method of seeking these solutions is quite consistent with the past. The solutions devised may be either legal or illegal under state law or Indian law but they probably result more pertinently in a reinforcement of traditional social control mechanisms.

The village meetings were spurred by three suicides in rapid succession and were brainstorming sessions with people discussing

what happened to the kids, the high suicide rates, the high rates of violence and drug abuse and the lack of jobs.

The meetings changed over the course of the year. In both cases, the people called the meeting. The first meeting dealt with blame but not responsibility. The second meeting dealt with positive action. The first was probably a necessary step to the second, an historical maturation.

Elders' meetings in the villages are far from informal affairs. They invite specific agencies to participate; they follow a planned format, and they produce very specific resolutions, calling for a strengthening of LO enforcement by law enforcement agencies and local people, the instituting of monthly visits to each village by a psychiatrist to conduct meetings on the issue of suicide, and the including of more villagers in increased education and information on LO. They also called for the examination of traditional models of behavior and responsibility which are no longer being taught. They spoke of "community service" (e.g., cutting firewood for the elderly, cleaning the dump) as a desired form of probation for juvenile offenders which avoids the creation of a criminal record. Elders called for increased participation of both youth and parents in taking responsibility for solving the alcohol and drug issues.

The elders took legal testimony on issues of strict interpretation of and options under the search-and-seizure of alcohol within tribal and non-tribal law. They also took testimony on the questionable voting procedure violations accompanying recent

LO elections in some of the villages. They were given advice on their powers and on possible methods for controlling the manufacture of homebrew.

They took testimony from mental health and alcohol counselors on the individual, familial, community, regional, and economic forces at work in alcohol and suicide problems and solutions; the testimony also covered the need for, and techniques of, earlier identification of "at-risk" persons in the villages, the development of prevention plans, and the need for mental health workers to increase their presence in the villages through more regular visitation. Testimony suggested to the elders that they formulate their solutions and take the leadership in implementation by directing the work of the regional health and social services agency. They also spoke of the need for some funding to continue their work on a regular basis, particularly to defray the costs of travel to and between villages.

Elders seemed distressed that (1) young people were arrested and then immediately returned to the community and (2) villages were not able to "take care of our own people and not send our children away." They wanted to come up with their own enforcement and punishment procedures.

In the work of the elders in the region, a great deal of constructive thought has gone into alcohol problems, reasons underlying the problems, solutions to the problems, and the resources required and/or present to implement the solutions. Their meetings have been organized into these categories and

information within each category carefully noted.

The reasons were not ignored but rather were clearly identified: cultural confusion and breakdown; the stress of complying with the Western world; lack of jobs; loss of friends, relatives, and jobs; self-pity; lack of self-respect; lack of discipline; and inadequate funding for programs by the state.

Village meetings on alcohol expressed less concern over the damage caused by alcohol than in devising methods "which we can do" for combating the damage and setting agendas, tasks and participants for subsequent meetings. In particular, they planned the inclusion of more young people and leaders, so that it was not elders alone formulating and implementing these plans.

The meetings were a coming together of people confronted by a very dangerous common enemy and very committed to fighting that enemy with any tool. They focused less on the hopeless and helpless aspects of the problems than on the possible solutions and real actions which could be taken. The "downside" perspective was not the theme or tone but only set the context for the discussion. That context is: this is our vision - why are we falling so short of that vision?

The problems were not restricted to alcoholism alone, but ranged across wider and related problems, specifically including family violence, fear of drunks, child neglect, elder neglect, gambling, suicide attempts and gestures, failure to recognize problems, lack of communication between parents and children, poor role models, negative peer pressure, individual and social

conflicts, poor school performance, and lack of education in subsistence. This understanding of the range and relatedness of problems suggests to the elders that a large number of internally-generated and externally-supported steps will be required to resolve the problems.

Taking the issue of alcohol abuse only, the elders have identified a number of serious problems and their suggested solutions. Among others the problem include:

- the multiple forms for the illegal importation of alcohol, such as airplanes, boats, and snowmachines
- the lack of police enforcement effort on the local option
- the lack of community enforcement (e.g., villagers' reluctance to report offenders)
- the problem drinkers' propensity for violence
- the lack of control in the hub over alcohol exportation to the "dry" villages
- the inherent limitations within the local option law
- bootlegging
- the manufacture and presence of homebrew
- drunken and hazardous driving
- the consumption of alcohol by juveniles
- the existence of "wet" communities adjacent to "dry" communities
- the lack of common understanding of alcohol problems

This sophisticated analysis of the alcohol problem is met with suggestions for a number of equally creative and sophisti-

cated solutions, among which are:

- village meetings with the hub city council to discuss alcohol, cocaine, and marijuana problems and solutions
- closing the package liquor store in the hub
- easier and more effective use of search warrants
- x-raying for alcohol in the baggage and luggage on air carriers and prior to leaving the hub
- rewriting the local option law to include local solutions
- "blue-ticketing" (exile) offenders out of the villages
- strengthening local police force
- reviewing the licenses of air carriers reportedly transporting alcohol
- stronger court action on offenders
- more reliable court decisions on sentencing in each community
- use of community service, youth diversion, and treatment as alternative to fine or jail
- use of city ordinances to deal with certain violations, such as "minor consuming"
- establishment of tribal ordinances and tribal court systems
- improving communication between local police and regional law enforcement
- exposing community members who are importing or selling alcohol and/or marijuana
- counseling bootleggers about the likely results of their continued activities

- arraigning bootleggers before the elders' council, city council, or IRA council
- making homebrew an illegal substance
- providing volunteer help to the police
- devising an intervillage police exchange program
- improving police training and supervision
- improving legal education of public
- reinstating local control of correction centers
- instituting neighborhood watch
- increasing the salaries of police
- confiscating vehicles for repeat DWI offenders
- supporting safe homes and women's shelters
- improving youth activities, jobs, and sport-recreation facilities
- improving parental control of and expectations for children
- supporting alcohol education in the schools
- supporting family and individual counseling
- increasing community respect, communications, forgiveness, responsibility, discipline, and social gatherings

Cultural revitalization was seen as a tool in reducing the alcohol problem. This includes a conscious return to subsistence activities, commercial trapping, relearning older skills, and so on. Suggestions were also made that the school year should follow a different schedule, enabling children to be out of school and involved in seasonal subsistence activities as appropriate. This would obviate some of the need to create new

activities (e.g., basketball) and new buildings (e.g., gyms) to fill the new leisure time.

The resources with which the elders suggest the change can be accomplished are equally diverse, displaying a sophistication in the area equal to that in problem identification and solution-building. These resources include: city councils, IRA council, regional non-profit corporations, Alaska Legal Services Corporation, the Office of the Governor, Department of Public Safety, the regional profit corporation, Alaska legislators, Alaska statutes, the court system, probation officers, the social concern committee of a local church, the air carriers, families, elders councils, school district, and so on, each specific to a particular solution.

The elders, like the hub agency personnel, perceive a decline in the quality of village life. Some of the elders appeared quite depressed by this perception. For them, an entire set of values and beliefs seem to be falling apart, underscoring their great nostalgia for the culture of their own youth. They have great difficulty in accommodating the new idea that what is coming might be a combination of parts of that past and some new and unknown features.

Elders express great dismay over the increase in problems and decrease in community controls. Yet they are foremost in expending energies to combat these problems. It is the young, with no direct knowledge of or experience with past successful models of behavioral control and village amity, who remain at

risk.

The depression among elders is a serious matter in the villages. The depression is based not only on the immediacy and number of tragic village events, but the sweep of international tragedies which now appears in the midst of the village through the immediacy of television. They also have the memory, through oral tradition, of other cultures and villages which have died out. We could not determine to what degree their very energetic and determined approach to the alcohol issues was prompted by real hope or by the necessity to at least try to alter the dismal shape of the future. The continued successful intrusion into the region of non-Native values and the continued encapsulation of Native values into an area called "heritage" and "tradition" (celebrating the past) are perceived as quite threatening to these "culture carriers."

The elders generally conclude that the LO is not working although the villages may be improving. This is due, in part, to the long-term negative changes they see in the villages, combined with the ease of violation of the law. Since elders in particular want the villages free of alcohol as distinguished from having behaviors moderated, the LO is not doing what they wanted it to do. They do recognize and feel positive toward the moderated behaviors, such as drinking being removed from the streets and drinking being controlled slightly, but the elders want more than this: they wish the flow of alcohol into the village to be stopped entirely as stated in the law.

Some, when confronted with the question, had not considered that the alcohol-related behaviors, as compared to consumption itself, may have changed. Some thought that the severity of alcohol-related behaviors had increased in the home because men, drinking at home, were venting their anger on their friends and family, afraid to get out on their snowmachines for fear of being arrested for drunk driving, a far more public crime readily enforced by the VPSO.

One elder related a story of some significance in comparing the controls of the past to the controls of the present.

I'll tell you a story about how our villages used to take care of their own law and order.

Once, when my father was a young man, three young men in a village got drunk together and killed a missionary. They shot him. Maybe they didn't really know what they were doing, or maybe they did. That's what alcohol can do to you. It messes you up, and breaks your mind.

What they did was wrong. Everyone in the village knew what they did, and knew that something had to be done. When word got back to the village, the Elder's Council had a meeting immediately. They brought the three young men before the Elders, and the Elders asked each of them if they had done what it was said they had done. All three confessed. Each of them was about 17 years old at the time. Then everyone went out and left the Elders Council alone to decide what should happen next. They talked among themselves and decided that each one of the three young men should be killed.

One of the Elders was the grandfather of one of the three young men. He said that he should be the one who would kill his grandson. "If anyone else kills him," he said, "I might have reason to hate them and maybe fight with them later. But if I kill him, I won't have reason to hate anyone else."

So the Elders' decision was announced to the whole village. Immediately three rifles were loaded, and the grandfather and a few other men walked with the three young men over to the graveyard. Each young man carried a shovel, and dug his own grave. Then they knelt down.

The one young man asked his grandfather, "Grandfather, do you love me?" "Yes, grandson, I love you." "All right," he said, "I love you too."

Then the decision of the Elders was carried out.

The story has a mythical quality, making it no less real in its implications, about the loss of traditional self-controls and the authority of elders. The imposition of law does not suggest a lack of love, but preservation of the village. Imposition of law is best done by a family member, otherwise hate and murder will be perpetuated.

Other implications of the story include the importance of the immediacy of corrective action; of wholesale support of collective and representative difficult action; of acceptance by the accused of the authority and judgment of the elders' council; of the love within the family legitimating the elder's action in the eyes of his grandson; of humane application of law; of intimacy, survival, finality, participation, responsibility, and taking consequences for one's action; of toughness and strength; and of community responsibility.

VI. DISCUSSION

The discussion which follows highlights some considerations about the development of legal mechanisms to control alcohol and alcohol-related behaviors.

Local Option and Behavior Control

The issue and intent of the law was not controlling the amount of alcohol per se but rather the behavior of drinkers. Only in churches with strong positions on alcohol was alcohol itself the issue. The question remains is LO a useful tool in severing the behavior from the alcohol and in avoiding criminalizing villagers?

The communities which rely heavily on LO are attempting to modify the behavior of those who drink by a roundabout process. If they violate the prohibition on importation and their drunken behavior is witnessed, the community and its law enforcement have to work backward from the behavior to the violation. In other communities, which do not prohibit alcohol, the community may come down very hard and directly on the behaviors themselves.

This difference probably stems from a combination of historical and cultural factors. Those communities and regions which have had extensive contact with outside forces, where the traditional authority of the community and its leadership may have eroded over time, or whose cultures did not invest great authority over behaviors in leaders or the community-at-large may be more prone to rely on control instruments external to the community. Communities with strong traditional control mechanisms

in place are far more prone to deal with deviant or dangerous behavior directly, without official sanction or Western legal basis.

Thirty to forty years ago, it never used to be this bad. When somebody got drunk then, everybody would come out to take a look at him. Then the next day when he was sober, everybody would tell him to his face, "Why do you do that? That's no way to be. You should be ashamed of yourself . . ." They'd come to him and tell him that all day long.

If the amount of alcohol in a village does not change markedly when an LO goes into effect, how do we explain the increased problems which are experienced and reported when it rescinds its LO and goes "wet"? We conjecture that the rescision of the LO does not result in greatly altered drinking patterns or volume consumed but reopens the range of public alcohol-related behaviors which the presence of the LO and its underlying public support had severely restricted. The intimidation effect of LO on public behaviors is what is primarily lost with rescision.

People "normalizing" their drinking patterns and related behaviors as a result of LO is what we mean by "controlled drinking." The problem is that the control measure is an abnormal means, an artificial limitation on alcohol. It may be a necessary interim step. But it may also fade away, over time, through declining enforcement. However, LO has proved to be, to a greater or lesser extent, an effective public health prevention tool, in concert with many other community forces.

Selective Enforcement and Selective Application

Selective enforcement is key to behavioral change. The villages desire to exercise control over only certain behaviors by certain people; they do not have the energy or desire to over-control all members. Without options and selectivity, villagers find themselves too constrained and rigid to maintain their vigilance against the most serious threats as well as to continue to have respect for law.

The hazards of selective enforcement come less from complaints by villagers than from concerns raised by external law enforcement and judicial officers.

We have some variations on LO enforcement here which are flatly illegal, and which would really get us in trouble if the troopers or judge found out about it.

Some villagers would have liked "possession of alcohol" to be either an offense in itself or constitute prima facie evidence of an LO violation; however, many wanted these powers on a selective basis as well, that is, to be used on chronic offenders only.

The key to formal selective application of laws would be the prior history of each individual. An individual with a prior history of chronic trouble would be unable to purchase or possess alcohol, would be particularly vulnerable to searches and seizures, and would be under the close constraint of village or other authority.

Villagers suggest increased search-and-seizure powers to be used on those persons identified by the courts as chronic alcohol

offenders, based on a provision from the courts of a list of names of those persons whose conditions of probation, parole, or sentencing included a ban on their use of alcohol or, if bootleggers, possession of alcohol. This would strengthen the position of the retailers in the region in denying sale to these persons as well as making both seller and buyer liable to citation for contempt of court. This "blacklist" is an older power, apparently still operative in the region until very recently.

The impact of LO has been to spur the villages to reevaluate and readjust their local ordinances, deleting from the LO the parts they do not like and calculating what they would like to incorporate through their tribal councils.

We would rather have our own local controls for alcohol-related offenders. That's what we want.

We also don't want our young people getting criminal records. To come down hard on an occasional small-quantity importer of alcohol doesn't make sense when the drug laws regarding marijuana are so lenient.

There was great interest expressed in having the court system turn over the juvenile alcohol offenders to the IRA councils for adjudication, penalty, and custody; that is, both corrections and social services functions.

For instance, instead of bringing criminal charges in cases of MCA (minor consuming alcohol), I, with the support of the City Council, impose 40 hours of community labor. The offender is supervised by a city employee, and works it off this way, without getting a criminal record. Everyone is satisfied.

Some suggest granting formal authority to the village council to manage those on probation or parole, those with suspended sen-

tences, and particularly for the youth for whom no one in the village is directly assigned the responsibility.

The state's probation system might be handled in cooperation with some appropriate village organization (City Council, IRA Council, Tribal Court) who would then oversee the offender's return.

This movement is due, in part, to issues of the distribution of powers among institutions and also to the inability to work out satisfactory arrangements with persons within all these institutions; that is, part of the issue is political and part is personal.

Prohibition on Possession

The LO is bound up by the legal structure in which it is embedded. It cannot be viewed in isolation any more than can other prohibitions, such as those on possession. Laws prohibiting possession are far more profound than those prohibiting importation and sale.

Prohibition of possession does not address the behaviors occurring while having or using the substance. It makes the substance itself illegal, thus simplifying the task for law enforcement officers who no longer have to apply impossibly complex standards to definitions and indicators of importation. It solves part of the problem currently confronted by LO communities that, once the alcohol is "in," the substance can be freely used. It strengthens the evidentiary base for making cases but it suggests a level of strict enforcement which may not be congruent with other basic community and cultural values. If the LO

passed with narrow electoral margins in many communities, possession is likely to fail in a far greater number because it is too restrictive. Prohibition may compel some residents to leave their communities entirely since all alcohol possession and consumption is made a criminal offense.

It is quite possible that those communities which would actively support and enforce prohibition are already doing so to the limits of their ability but not relying on Western law and law enforcement to accomplish it. If, however, a ban on possession were combined with selective enforcement and blacklisting, it might prove successful.

Local Option and Legal Education

Local option had the effect of introducing state law more directly into traditional, extra-legal and informal approaches to village alcohol control. It has driven out or at least made suspect extra-legal law enforcement. This phenomenon is very similar to the replacement of the village council with the magistrate.

The law prompted a legal education and evaluation of the village legal system as an adjunct of a state and Western legal system by both those who sought to avoid the law and by those who sought to impose it. The potential for the education of the violators is that, at some point, an individual may sue his community, the council, or the elders, asserting that the informal community processes violate his civil rights, thus placing one law protecting the individual against all the actions taken to

local control. If villagers then wish to develop tribal law, tribal law enforcement, and tribal courts, it remains an open question about what methods, under the United States Constitution, they will use to control individual behaviors in Native communities.

Local vs. State Powers

The assumption underlying LO is that there can be one solution to a wide array of problems in very diverse communities, regions, and cultures. The solutions suggested by villages on behalf of their own safety needs are considerably more complex, varied, and subtle than the four options provided by LO. Some wanted to control who could buy, how much someone could buy, when they could buy, what could be bought. Others wanted the enactment of restrictive local ordinances backed by state enforcement, authorization of searches and seizures, bans on possession, enactment of selective enforcement, designation as dry regions (including the Hub), and tribal government control over all aspects of alcohol use. Some wanted far more than LO, some wanted far less, some wanted something quite different. What they all wanted was the threat of state enforcement for whatever solution was adopted.

In those villages which did not seek state intervention to assist in alcohol control, but only the threat of state intervention, there has also been some disappointment with the de facto emptiness of that threat over time. If the state law enforcement and judicial power were seen as a backstop to local authority, there was an implied promise that the state would actually come

state-sanctioned law is weak or restricted. The IRA, too, was seen as a tool to "accomplish what we want to."

The IRA government structure is seen as useful by these villages in dealing with youthful offenders because the form implies a consolidation of powers - ordinance-making, local enforcement, selective enforcement, local adjudication, local corrections, lack of criminal records, and so on. The question which we are unable to address is whether IRA ordinances would replace the LO, create impossibly-stringent new behavioral standards and strictures, or alter controls to be more congruent and useful to each village, via various forms of selective application and selective enforcement.

Some suggest, "Maybe we shouldn't have the local option at all. Maybe we should have local ordinances through the IRA." They have heard about some more "radical" villages in other regions where rumor says this is being accomplished. They watch other villages with great interest.

Community and Public Purposes

The basic premise behind this study is simple: do actions such as LO actually create change, what is the linkage between the action and the perceived change, and what indicators are used to know that change has occurred? And how do they know? We found that villagers have discovered, over the past years, what kind of village they do not want. We have seen much evidence of their movement to pursue the kind of village they may want without defining too precisely what that final outcome is to look

like. They are moving with direction but without a complete vision of the end state. The movement itself is being spearheaded by several different groups of people, not only elders or only council members or only young leaders expressing their own sense of responsibility.

There are a series of factors which dictate why villages have decided to act now to change community aspects. One well-placed regional informant noted that there has been a "gradual change in consciousness over the past few years." Alcohol was not, in his view, seen or defined as a problem a few years ago but it is now considered to be major problem. It is a matter of redefining the problem. A few years ago, the region laughed at having an alcohol treatment center. "Now, no one is laughing anymore." The changes in perception were the result of closer looks at the unacceptable number of "deaths before their time." Some have calculated how many more men, women, and children there would be in the village today if it had not been for alcohol: men have killed themselves, women have died before their child-bearing years, and some children were either never born or have died while their parents were out drinking. The exact figures can and are being calculated by some village residents, family by family, person by person. These changes in perception of the realities of alcohol use have taken some years.

There is a larger sense of danger which they now feel for themselves, their villages, their culture, the way of life, and the language. While the erosion of values has occurred over a long period of time, recent years have witnessed a surprisingly

rapid evolution of forces and events emphasizing restoration.

To an outsider looking in, the danger appears quite real; some service agencies have expressed the feeling that the region is undergoing a devastating epidemic of loss and disability. Some villagers' response is "yes, but we have gotten ourselves together to deal with this and taken the following steps." The agencies focus on the casualty rate; the villages focus on the organization of responses and actions. There is little consensus among these viewpoints and no past pattern upon which to predict which set of forces will dominate the future.

It is not the purpose of this paper to do more than report on the development of village concern and commitment expressed in the perception of problems and the suggestion of solutions. The role of the local option law in contributing to this development was, we suggest, important; that this centrality will continue is unlikely, as the methods of focused community change become more diverse and interrelated.

We suggest that SOADA examine, document, and support the full range of community-based solutions, to facilitate these processes of change rather than design or direct them. This support may be far more in tune with the future economic constraints underlying public service systems. It is consistent with earlier requests by villages to mount their own programs and mobilize their own resources.