

**BEYOND 4TH AVENUE:
ALTERNATIVES TO MISERY
NINE YEARS LATER**

**MAYOR'S BLUE RIBBON PANEL
ON THE PUBLIC INEBRIATE**

November, 1989



MUNICIPALITY OF ANCHORAGE



Tom Fink, Mayor

Municipality of Anchorage



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TOM FINK,
MAYOR

November 13, 1989

Mayor Tom Fink
Municipality of Anchorage
Box 196650
Anchorage, Alaska 99519-6650

Dear Mayor Fink:

I am pleased to transmit the final report of the Blue Ribbon Panel on the Public Inebriate. The report describes the process that the Panel of 22 Anchorage citizens followed to arrive at the series of final recommendations, summarizes the expert and public testimony received, and presents the detailed comments of the Panel's consultant, Dr. Dennis Kelso.

The Panel developed both short-term and long-term recommendations for resolving the public inebriate problem in Anchorage. These recommendations are summarized below.

Short-term Responses

1. Streamline involuntary commitment procedures and lengthen the permitted duration of commitment.
2. Public drunkenness should not be recriminalized at this time.
3. Develop a Centralized Drop-off Center in the downtown area.
4. Maintain a sleep-off center.
5. Eliminate the limit on blood alcohol level for admission to a sleep-off center.
6. Immediately reestablish publicly supported detoxification services serving the Southcentral region.
7. Increase the visibility of law enforcement in areas frequented by public inebriates.

Long-term Responses

8. Study the need for a modest increase in long-term alcohol treatment beds.

9. Develop long-term strategies for alcohol treatment.
10. Take an aggressive position against alcohol abuse in our community.
11. Establish an adequate and predictable funding base for programs for the public inebriate.
12. Continue a Panel for long-range planning and implementation.

The Panel recognizes the efforts of private individuals such as Greg Carr and his co-owners of the package liquor store at 13th and Gambell to work with the Municipality to help in the management of the public inebriate in the area. The willingness of private individuals to seek innovative solutions to this problem greatly aids in the public enforcement effort.

They also commend the outstanding performances of Bert Hall and his staff, including Jewel Jones, Brian Saylor, Betsy Kanago and Jon Spring, in providing supporting services to the Panel. The scheduling of witnesses to provide testimony, the summaries of background material and the reductions of the deliberations of the Panel to writing on a short-term basis were the result of long hours of work. It would not have been possible to meet the extremely short time schedule without their extraordinary efforts.

Lastly, it was the sense of all Panelists present during the final discussions that there was a need to continue their efforts in monitoring the implementation of short-term recommendations and exploring some of the long-range options presented, specifically relating to funding alternatives. All of the Panelists expressed a willingness to serve on such a Panel.

As Chairman of the Panel, I am prepared to discuss the Panel's recommendations with you, the Anchorage Assembly, or other public or private bodies.

Sincerely,



Robert Erwin, Chairman
Mayor's Blue Ribbon Panel on the Public Inebriate

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FINAL REPORT

TABLE OF CONTENTS

<u>SECTIONS</u>	<u>PAGES</u>
I. Introduction and Summary of Panel's Charge	1 - 2
II. Composition of the Mayor's Blue Ribbon Panel on the Public Inebriate	3 - 4
III. The Process Used to Develop Consensus Policy Recommendations	5
IV. Schedule and Summary of Presentations	
Schedule of Presenters	6 - 7
Summary of Invited Presentations - 10/17/89	8 - 20
Summary of Public Testimony - 10/18/89	21 - 26
Summary of Invited Presentations - 11/1/89	27 - 29
V. Synthesis of Testimony and Comments Offered by Dr. Dennis Kelso	30 - 37
VI. Panelist Impressions of Testimony and Possible Options for Resolution	38 - 40
VII. Final Panel Recommendations	41 - 46

ATTACHMENTS

- A. Press Coverage - Mayor's Blue Ribbon Panel on the Public Inebriate
- B. List of Background Material Sent to Mayor's Blue Ribbon Panel on The Public Inebriate

SECTION I

INTRODUCTION AND SUMMARY OF PANEL'S CHARGE

Introduction

At 8:30 a.m. on October 17, 1989, Municipal Health and Human Services Director Bert Hall convened the Mayor's Blue Ribbon Panel on the Public Inebriate. The Panel, composed of representatives from the alcohol treatment system, the social service system, the courts, police, elected officials, business leaders and the public, was assembled to hear testimony from expert witnesses and the public.

In his opening remarks, Mayor Fink charged the Blue Ribbon Panel on the Public Inebriate to accurately describe today's public inebriate problem in Anchorage, and collect and evaluate testimony on public perceptions and attitudes about the problem. With this information, he asked the Panel to develop specific recommendations, acceptable to the public, to help resolve the continuing health, social service, legal, public safety and financial problems associated with the public inebriate.

Background

Anchorage's skid row population is estimated to be between 600 and 700 people. This small group has created more visible social and economic problems than any other group its size in our community. These problems are visible to all including the downtown merchant, the paramedic, the fireman, the police officer, and especially the Anchorage family that wants to enjoy shopping in our growing downtown business district.

Almost nine years ago, a similar panel was convened by Mayor Sullivan. The findings and recommendations drafted by this Panel helped guide the Municipality's efforts in dealing with the public inebriate problem. Their recommendations were contained in a report called "Beyond Fourth Avenue: Alternatives to Misery".

Major changes have occurred since the previous Panel met, many of which are the result of implementing their recommendations. We now have a permanent location for Bean's Cafe. The Brother Francis Shelter has become an important service in our community. Shortened bar hours helped reduce the availability of alcohol. The Community Service Patrol is now available 24 hours a day, 7 days a week. And, the downtown urban renewal efforts begun by Mayor Knowles resulted in the geographic relocation of some of the population.

Despite this previous effort, the public inebriate problem persists. Some say it is getting worse. There is an increasing homeless population in Anchorage. The family stress and despair

associated with the downturn in the Anchorage economy has created problems that did not exist in 1981. The visible impact of the public inebriate continues to plague certain parts of our community, particularly the Fairview area near Gambell, and 4th Avenue.

This relatively small group of public inebriates continues to absorb significant expenditures of public and private money for the Community Service Patrol, detoxification and substance abuse treatment. As available local resources to support all social services continue to dwindle, we must carefully examine our funding and service priorities and how we approach the problem of the public inebriate. Neighborhoods like Fairview have suggested the need for a new comprehensive look at services to the public inebriate.

As the problems associated with the public inebriate have continued to multiply, the need to take another look at the public inebriate problem has become obvious. The Mayor's Blue Ribbon Panel was created to identify these problems and provide the best practical solutions which are acceptable to the community.

SECTION II

COMPOSITION OF THE MAYOR'S BLUE RIBBON PANEL ON THE PUBLIC INEBRIATE

Panel members were chosen from a variety of disciplines and backgrounds. The composition of the Panel helped assure broad community representation and a balance of skills and perspectives necessary to develop an acceptable public policy on the public inebriate problem. The names and affiliations of the Panelists are shown below.

<u>NAME</u>	<u>AFFILIATION</u>
Robert Erwin, Chairman	Private Attorney
Dr. Helen Beirne	Citizen
Celeste Benson	Fairview Community Council
Cliff Black	Alaska Heritage Arts
Richard Blumer	Bottle Barn Liquor Stores
David Cuddy	First National Bank
Tiny Desapio	CHAR
Bob Eaton	Brother Francis Shelter
Dr. Ray Fedje	Samaritan Counseling Center
Heather Flynn	Municipal Assembly
Jerry Green	David Green & Sons Furs
Kathy Ideus (represented Emil Notti)	Alaska Native Foundation
Linda Langston	Health and Human Services Commission
Leslie Lechner	Hickel Investment Company
Rep. Terry Martin	State Legislature
Ralph Moody	Citizen, Retired Judge
Deanna Murray (represented Bruce Kendall)	Kendall Enterprises/Mush Inn
Dr. Tom Nighswander	Alaska Native Medical Center
Rebecca Parker	ARCO

Don Smith

Anchorage Salmon Bake

Frankie Whitman
(replaced Linda Chase)

Downtown Business Association

Rev. John Wojciechowski

Anchorage Rescue Mission

Moderator: Robert A. (Bert) Hall, Director, Department of Health
and Human Services

Consultant: Dennis Kelso, Ph.D. Dr. Kelso is a nationally known expert on alcohol treatment systems, is currently Chairperson of the Scientific Special Peer Review Committee for the Stewart B. McKinney Funds for Homelessness for NIAAA and NIDA, and is currently the Assistant Deputy Director of Community Services for the San Diego County Health Department. In 1979, he worked on a major study of Anchorage's skid row population while on the research staff of the Center for Alcohol and Addiction Studies at the University of Alaska. This study helped the Sullivan Panel develop its recommendations in 1981.

Staff: Brian L. Saylor, Ph.D., Manager, DHHS Planning Office
Jewel Jones, Manager, DHHS Social Services Division
Betsy Kanago, DHHS Planning Office
Jon Spring, DHHS Planning Office

SECTION III

THE PROCESS USED TO DEVELOP CONSENSUS POLICY RECOMMENDATIONS

The Mayor's Blue Ribbon Panel on the Public Inebriate was composed of people representing a wide range of disciplines and interests who shared the desire to develop broad-based consensus policy recommendations for the Mayor and the Assembly's consideration.

The Panel convened on October 17 at the Anchorage Museum of History and Art to hear invited testimony from twenty-four expert witnesses. Each of the experts was asked to present testimony to the Panel on assigned topics. The invited testimony was structured to give common background information to the Panelists so that they would have similar frames of reference for listening to the public testimony presented the second day. Bert Hall, the Director of the Department of Health and Human Services, served as the Moderator.

The public was invited to give their views to the Panel on October 18, as well as to submit written testimony. Seventeen interested citizens participated in the public hearing and presented their views on the subject of public inebriates at that time. The schedule and testimony of the expert and public witnesses is described in Section IV of this report.

The testimony was summarized by Dr. Dennis Kelso, a nationally known expert on issues related to homeless populations and alcohol treatment options. He presented some additional factual data that he felt would be useful in the Panel's deliberation, as well as putting into perspective the critical points raised during the invited and public testimony sessions and during interviews he personally conducted during his Anchorage visit.

Robert Erwin, the Chairman of the Panel, developed a series of policy questions to help focus the Panel's deliberations. These questions provided the structure for Dr. Kelso's comments at the end of expert and public testimony. A summary of his comments is included in Section V.

The Panel reconvened on November 1 to hear testimony from five additional experts and began developing policy recommendations. At the end of the day, panelists gave their impressions of testimony received and possible options for resolving the public inebriate problem in Anchorage. Their comments are shown in Section VI.

The Chairman then divided the Panel into groups to address specific issues or policy statements and to develop recommendations for the Mayor's review. The Department's staff assisted the two groups. The Panel reconvened on November 7 to synthesize the two group's recommendations into the basic policy recommendations contained in Section VII of this report. The final recommendations were approved on November 9, 1989.

11-1-83

SECTION IV
SCHEDULE AND SUMMARY OF PRESENTATIONS

Schedule of Presenters

Description of Public Inebriate Problem

An Overview of the Public Inebriate Problem: U.S. vs Anchorage	Dennis Kelso, PhD
The Scope of the Public Inebriate Problem in Anchorage	Greg Hildebrandt, MS Mgr., SACC Outpatient and Outreach Services
The Public Inebriate Lifestyle	Dodge Hatfield, Former 4th Avenue Resident
<u>Public Inebriate Services in Anchorage</u>	
Public Inebriate Services in Anchorage	Capt. Bill Casto Anchorage Police Dept.
The Community Service Patrol	Kathryn Boggs-Gray, VP Marlan Schoenleben, Mgr Allvest
Existing Services	Maggie Carey, Bean's Dave Urinko, Brother Francis Shelter
<u>Legal Parameters</u>	
Recent Changes to Criminal and Traffic Codes: Effects on the Public Inebriate	Jim Wolf, Municipal Prosecutor
The Public Inebriate and Night Court	Ethan Windahl, Magistrate, Alaska Court System
Public Inebriate Conviction and Sentencing Issues	Susan Orlansky, Asst PD Blair McCune, Asst PD Public Defender Agency
Processing and Sentencing Public Inebriates	Elaine Andrews District Court Judge
The Balance of Rights and Law Enforcement in Handling the Public Inebriate	Jamie Bollenbach Ex. Dir. AK Civil Liberties Union

Medical and Treatment Issues

Emergency Alcohol Treatment at the
Alaska Native Medical Center

Richard Mandsager, M.D.
Medical Director, ANMC

Salvation Army's Alcohol Treatment
System

Raymond Dexter, Dir.
Salvation Army
Clitheroe Center

Services to the Public Inebriate in
the Providence Hospital Emergency Room

Kathy Sloan, Supervisor
Providence Hospital ER

Alcohol Treatment for Alaska Natives

Ernie Turner, Director
AK Native Recovery
Center

Utilization of Sleep-off Services

Bernie Segal, PhD, Dir.
UAA Center for Alcohol
and Addiction Studies

Affected Groups

How Downtown Businesses are Affected

John Pattee, Owner
Avenue Bar

How the Native Community is Affected

J.B. Mallott, Director
Native Spiritual
Culture Center

How the Fairview Community is Affected

Dorey Carlson
Fairview Resident

Government

Planning and Zoning Considerations in
Locating Alcohol Treatment Facilities

Greg Jones, Chair
Planning & Zoning Comm.

State Funding for Alcohol Treatment for
the Anchorage Public Inebriate

Jim McMichael, State
Office of Alcohol and
Drug Abuse

**Summary of Invited Presentations
October 17, 1989**

**Tom Fink, Mayor
Municipality of Anchorage
"Charge to the Panel"**

This Blue Ribbon Panel was created because the Mayor considers the public inebriate problem "sufficiently widespread to generate complaints from citizens, business people and others," particularly during the summer. There is a need for community consensus on what to do about the problem of the public inebriate in Anchorage. A basic finding of a recent Dittman poll concluded, "It is a difficult time to govern because people can't agree about anything." It is important for the Blue Ribbon Panel to develop consensus about the problem and recommendations for dealing with it.

The Mayor noted that because funds are in short supply, they should be used where they can be most effective, on people who can't help themselves but really want to help themselves. "If people want to become inebriated far away from others, that's fine," the Mayor said. "However, when they impinge on the rest of society, I don't think society has to continue to have that problem. It is a problem for citizens and tourists, especially during the summer. It is also a problem for the public inebriate and therefore any solution should be compassionate."

The Mayor warned the Panel that there are no easy answers, and said he hoped that the Panel would strive to first reach an acceptable solution, and leave the public acceptance and political aspects of the solution for later deliberations.

**Dennis Kelso, PhD
"An Overview of the Public Inebriate Problem: U.S. vs Anchorage"**

Dr. Kelso noted that having been away from Anchorage for a few years had allowed him an opportunity to get some perspective on the problems of public drunkenness in Anchorage. Eleven years ago when he conducted a major study of similar issues in Anchorage, there were significant differences between public inebriates in Anchorage and those across the country. Now, however, Anchorage's public inebriate problems appear to be the same as those in other communities.

As in other US cities, not all homeless people in Anchorage are public inebriates. Significant differences have been found between homeless alcoholics who use publicly funded health and human services and those who do not. All homeless people, though, display a wide array of problems, and the prevalence of multiple health and/or social problems is more predominant among the homeless than is typically seen in other populations.

Dr. Kelso said that, many times, health or social problems lead an individual to life on the streets; however, once on the street, even more problems confront the homeless. The most common of all of these problems is drinking.

Nationally in the last ten to twelve years, an increasing amount of attention has been paid to the problems of the homeless and the public inebriate. There is a growing body of research into the effectiveness of various responses to the problem of public drunkenness. Now, with increasing information about the nature and extent of problems among the homeless and the public inebriate, it has been documented that the populations in other cities are beginning to resemble the characteristics of the population studied in Anchorage eleven years ago. Namely, the homeless population is younger, there are more women with children, and the proportion of minorities is larger than ever before.

Given the growing similarity between Anchorage's public inebriate problem and that found in other major U.S. cities, Anchorage can begin to use the experiences of other cities in developing an acceptable community response to the homeless and public inebriate in Anchorage.

**Greg Hildebrandt, MS, Manager
Salvation Army Clitheroe Center Outpatient and Outreach Services
"The Scope of the Public Inebriate Problem in Anchorage"**

Mr. Hildebrandt described the diagnostic screening and sleep off center (DSC) program, a project sponsored by the Salvation Army. It has been in its present location since January 6, 1989 and is funded by the National Institute of Alcoholism and Alcohol Abuse as one of 9 national demonstration grants. The DSC is currently housed in five temporary trailers in the area of 3rd and Karluk and is adjacent to Bean's Cafe and Brother Francis Shelter. Since opening in January, it has served over 1400 different clients through almost 17,000 service contacts. 62% of those were walk-in clients and the remainder were brought to the DSC by the police or the Community Service Patrol.

The typical client is a homeless 37 year-old Native male. Alcohol is the drug of choice. Those with a blood alcohol count exceeding .300 are not admitted to the Diagnostic Screening and Sleep-Off Center, and are instead taken to one of the local hospitals. A detailed description of the utilization of services and the demographic and medical characteristics of clients was handed out to all panelists.

Dodge Hatfield
Former 4th Avenue-Resident
"The Public Inebriate Lifestyle"

Mr. Hatfield came to Anchorage from Fairbanks in 1981 to work on the construction of the Hunt (now Enserch) Building, and stayed at the Hilton Hotel. However he stayed "more behind the Hilton because that's where the boys stayed." He said if it hadn't been for the Salvation Army's Detox Program, he would not be there speaking to the Panel. "You can't predict what a drunk will do. You can't take care of a drunk. All you can do is take him in. If you can keep him up to 30 days, you can maybe do something with him."

Mr. Hatfield saw the value in a place for public inebriates to sleep and get modest meals; however, there is currently no place for those who are seeking treatment to discuss their problems with an alcohol counselor. He said, "No one can make a man quit drinking. He has to do it by himself."

Captain Bill Casto
Anchorage Police Department
"Public Inebriate Services in Anchorage"

Captain Casto told the Panel that he has only been a Captain for one month. Prior to his promotion, he was a lieutenant on the day shift, and is familiar with the street officer's point of view on the public drunk. Most police officers will call the Community Service Patrol to pick up public inebriates only if there are no other extenuating circumstances requiring police intervention. When an officer is involved, he may take a public inebriate to the sleep-off center or to an emergency room. In cases of non-criminal commitment, the public inebriate can be taken to jail or to API.

Police policy requires officers to respond to anyone who is "down" and cannot be awakened. There is an average of one "down" public inebriate per day throughout the year.

Captain Casto noted the frustration of local neighborhood residents, business owners and other police officers as they deal with the same people day after day. He recommended that the Panel work on ways of slowing down the revolving door, and suggested that the detox center be reinstated in order to remove people for an extended period of time from an environment which encourages alcohol abuse. He said that a central receiving point would also help so that the police could drop off public inebriates and get on to more pressing business. He noted that there are currently only 16 officers on the day shift in Anchorage, three of whom are assigned to Eagle River. There is only one downtown roving police officer to respond to complaints in areas which have the highest incidence of public inebriates.

**Kathryn Boggs-Gray, V.P. of Operations, Allvest
 Marlan Schoenleben, CSP Manager, Allvest
 "The Community Service Patrol"**

The Municipality contracted with Allvest, Inc. in July, 1989 to provide community service patrol (CSP) services for the Anchorage area. The CSP provides assistance to street people and public inebriates as part of a system of basic support services. The CSP picks up helpless, inebriated street persons from the designated patrol service areas and, with their consent, transports them to appropriate locations where they will be safe from exposure and victimization. Persons can be transported if they are deemed to be a danger to themselves or others.

Under the standing medical orders of an attendant physician, an Emergency Medical Technician I and a driver operate a medically equipped vehicle capable of transporting 3 sitting and 1 gurneyed passenger, 24 hours a day, 7 days a week. Utilizing a mobile phone to respond to incoming calls, CSP staff patrol an area whose boundaries are Whitney Road to the north, 15th Avenue to the south, L street to the west and Orca Street to the east.

Between July 1 and September 30, 1989, the Community Service Patrol responded to 4,875 calls as follows:

<u>TYPE OF CALL</u>	<u>TOTAL</u>
Priority 1: An inebriated person has collapsed and either the public or the police request service for a man or woman down	1,989
Priority 2: The Anchorage Fire Department, Police Department or Alaska State Troopers request the pick up of an inebriated person	1,092
Priority 3: Patrols within the boundaries of designated areas search for persons needing assistance when not involved in a priority 1 or 2 call	1,291
Priority 4: Area hospitals and service providers request assistance in giving people transportation to a safe location	503

In order to determine the primary areas in which the CSP receives calls to assist public inebriates, the Municipality has been divided into 11 response zones.

The largest percent of requests for assistance, 42.5%, were received from the area between 3rd and 15th Avenues and Gambell and Orca Streets.

The area identified as Zone 2, or the downtown area from 6th Avenue north, generated 27.7% of the requests for service.

Zone 3, between 6th and 15th Avenues, and L Street to Gambell, requested assistance 463 times, or 4.5% of the total calls responded to.

The Mountain View area and east of Orca to Muldoon, identified as Zone 11, received 8.5% or approximately 415 responses.

The remaining areas, Zones 4 through 10, accounted for a total of 11.5% of the calls responded to.

Public inebriates who exhibited significant but not life threatening symptoms, and whose blood alcohol levels were greater than .300, were transported to area hospitals for evaluation and/or treatment. Between July and September, 580 persons were transported to area hospitals, with the Alaska Native Medical Center receiving 410 persons, Humana 137 and Providence 33.

All other public inebriates needing assistance were transported home or, in the absence of such, a community facility appropriate to their need. The DSC received the vast majority, at 2,112 persons.

It should be noted that the above statistics were for the three-month period July - September, 1989. The CSP is now beginning to assess the impact of colder weather and unemployment on their services. During the month of October so far, CSP staff has experienced a significant increase in the number of younger persons needing assistance, as well as a larger percentage of persons over age 45.

Maggie Carey, Director, Bean's Cafe
David Urinko, Coordinator, Brother Francis Shelter
"Existing Services"

Ms. Carey said that Bean's Cafe provides approximately 700 meals per day to those in need. Most of the people who eat there are single, homeless, elderly or transitionally unemployed. Beans also provides referral services to other human service agencies. Because it is open during the day while the Brother Francis Shelter is closed, it also provides a day shelter for homeless people. Ms. Carey estimated that less than 10% of those receiving meals at Bean's Cafe were public inebriates. Bean's staff typically escorts inebriated people to the diagnostic screening/sleep-off center. For this reason, she recommended keeping the center close to Bean's Cafe.

Mr. Urinko described the services available at the Brother Francis Shelter. The Shelter is open 16 hours a day and provides a warm dry place to sleep. Some clothing and social service referrals are also provided. The Brother Francis Shelter does not accept public inebriates. In the past, public inebriates were housed in the "7-up room" but now they are referred to the sleep-off center.

Approximately 200 homeless people stay at the Brother Francis Shelter each night. The range is between 185 and 265 clients depending on the season. There are more clients during the winter. Of these, only about 10%, or between 10 and 20 clients, are sent to the sleep-off center each night.

Referrals are also made to Crossover House operated by the Southcentral Counseling Center for people with serious mental health problems. Crossover House is only open 8 hours a day, though, so their services are not always available when needed. The most severely impaired are sent to API.

**Jim Wolf, Municipal Prosecutor
Municipality of Anchorage**

"Recent Changes to Criminal and Traffic Codes: Effects on the Public Inebriate"

Mr. Wolf does not think that public inebriates should be criminally prosecuted, and recommended that public drunkenness not be considered a crime. The Municipal Department of Law currently has insufficient staff to properly handle the present misdemeanor cases. To effectively prosecute a case, an individual would have to be arrested as a public inebriate, a medical screening would have to be obtained, he would remain in custody while being processed, and would need a place to sleep and have at least one meal.

Further, Mr. Wolf said that chemical tests would have to be conducted and arrest reports, including names and facts of all related instances, would have to be obtained. Added transport wagons would also be required. "Doing all this would take away from more serious crimes," Mr. Wolf said. "I think we should focus on those who present a danger to the community." He was asked if the Fairbanks experience in recriminalizing drunk in public was successful. He responded that the answer depended on the percentage of public inebriates who were prosecuted and where they went for treatment. He agreed with Representative Martin that the Municipality of Anchorage had a responsibility to take the public inebriates off the city streets. The major question remaining was how to accomplish this.

**Ethan Windahl, Magistrate
Alaska Court System**

"The Public Inebriate and Night Court"

Magistrate Windahl considers public drunkenness a moral problem involving a question of choice for each individual. He said that his experience as a magistrate in night court (6 pm to 6 am) has shown him that public inebriates can be treated only if they decide that they want to quit drinking. He noted that there have been some successes in long-term treatment of the public inebriate.

He noted that Nugent's Ranch has a success rate of between 40 and 60% as measured by the number of people who have remained sober for at least one year after the completion of the treatment program. Mr. Windahl suggested that some of the abandoned dairy farms at Point McKenzie be renovated for use as alcohol treatment programs.

Susan Orlansky, Asst. Public Defender
Blair McCune, Asst. Public Defender
Public Defender Agency
"Public Inebriate Conviction and Sentencing Issues"

Ms. Orlansky said that the criminal justice system supports the treatment of alcoholism but warned the Panel that using the criminal justice system as the entry into treatment is expensive, and that there are currently not enough treatment options available. She said the courts can consider treatment as an alternative to bail.

She noted that a judge is unable to sentence a convicted public inebriate to treatment but can only remand the individual to the Department of Corrections with a recommendation that treatment be provided. Corrections then selects an appropriate treatment program if one is available. This can also occur as a condition of probation.

Mr. McCune reported the results of an informal survey of the public defenders in his agency. He found that 60 to 70% of all misdemeanors were alcohol-related, 50% of all felonies were alcohol-related, and 75% of all violent crimes were alcohol-related. He noted that there is a lack of available treatment alternatives, even for those who are motivated to seek treatment. He estimated that people who want to get into treatment programs now must wait between two and three months before there is an opening.

In Mr. McCune's opinion, the involuntary commitment system which exists under Section 30 of Title 47 of the Alaska Statutes is cumbersome and therefore infrequently used. He noted that treatment facilities need to be secure in order for the criminal justice system to feel comfortable in using treatment as an alternative sentence to jail.

Elaine Andrews, District Court Judge
Alaska Court System
"Processing and Sentencing of Public Inebriates"

In Judge Andrews' opinion, the prosecution and the defense both support the best interests of the client who is in need of alcoholism treatment. However, judges are not social workers, and do not have time to deal with people as "people." They also know that individuals cannot be held until beds become available.

Judge Andrews' experience is that the court cannot decide on behalf of an individual whether or not it is time to enter treatment. Each individual must decide when it is time to stop drinking and enter an alcohol treatment program.

Judge Andrews noted a need for more treatment programs for women. While approximately 80% of her total caseload is alcohol-related, she cannot prescribe the maximum sentence for these offenders because the maximum sentence can only be applied to "the worst possible offender." In most instances, alcoholics are not the worst possible offenders. She recommended that the commitment process be made easier but only be used if an individual commits a serious crime.

**Jamie Bollenbach, Executive Director
Alaska Civil Liberties Union
"The Balance of Rights and Law Enforcement in Handling the
Public Inebriate"**

The Alaska Civil Liberties Union maintains that public inebriates have rights of liberty, privacy and due process. These constitutional rights must be protected. The criminal justice system cannot solve social problems by limiting the constitutional rights of some individuals. He agreed with previous testimony that there is a need for additional treatment facilities and that the criminal justice system is a very expensive way to get people into treatment. He noted the difference between urban and rural alcohol treatment services and thinks that some people in Anchorage from rural areas may do better in rural treatment settings. He recommended that the Panel consider the least restrictive treatment options before instituting more restrictive and intensive options.

**Richard Mandsager, M.D.
Medical Director, Alaska Native Medical Center
"Emergency Alcohol Treatment at the Alaska Native Medical Center"**

Dr. Mandsager has found that since the Salvation Army detox program closed on July 1, there has been approximately a 30 to 40% increase in the use of ANS emergency rooms by public inebriates. The volume is about 8 public inebriates per day, with each one requiring between 1 and 3 1/2 hours in treatment. Because of this increased workload attributable to the public inebriates, other emergencies cannot be seen at the ANS emergency room.

The increase in the volume of public inebriates at the ANS emergency room may be a product of three factors: the closure of the Salvation Army detox services, the increase in the community service patrol hours (increased to 24 hours/day, 7 days/week on July 1), and the policy at the sleep-off center not to admit patients with a blood alcohol in excess of .300.

In response to the increased workload, the ANS emergency room staff was increased 15% to cover a full 24 hour shift. There was also an increase in the number of nurse assaults from 1 to 2 per month to 1 to 2 per week. ANS will probably have to increase the amount of holding space to accommodate 2 to 5 public inebriates, and add a security employee to ensure the safety of the emergency room workers. In Dr. Mandsager's opinion, medically supervised detoxification services are a critical component of an alcohol treatment system. If these services can't be located downtown, transportation services must be maintained. Emergency rooms should play an important but only minor part of the total treatment system.

**Raymond Dexter, Ed.D., Director
Salvation Army Clitheroe Center
"Salvation Army's Alcohol Treatment System"**

In Dr. Dexter's opinion, "continued social detox could produce irreparable harm to the client." He said that the Clitheroe Center primarily takes care of people transported from the sleep-off center who desire treatment. There are currently six detoxification beds at the Point Woronzof facility, down from 21 beds prior to July 1. There are also 41 beds for long-term residential treatment at Pt. Woronzof for treatment terms ranging from 30 to 90 days.

Approximately half the clients are mandated by the court system to enter treatment. Approximately 60% complete treatment and 50% of those remain sober for approximately one year. Dr. Dexter did not notice any significant difference in outcomes between voluntary and involuntary treatment.

"Alcoholics drink to feel normal, not to feel good." Alcohol treatment must make things good enough to persuade an individual not to drink. In Dr. Dexter's opinion, a treatment system must hold an alcoholic until he/she gets past the point of wanting to drink. The length of time depends on the duration of chronic abuse. During detox, there is a five day respite from drinking. During this time, the alcoholic gains an ability to make a decision to enter treatment. Approximately 35% of those who go into detox enter long term treatment.

The Salvation Army has submitted a proposal to decrease their waiting list for outpatient treatment services. If funded, they would be able to purchase 20 beds at Eagle Crest which would be used to provide housing in a "dry hotel" setting for alcoholics receiving outpatient treatment services.

**Kathy Sloan, Supervisor
Providence Hospital Emergency Room
"Services to the Public Inebriate in the Providence Hospital
Emergency Room"**

Ms. Sloan reviewed the utilization of the Providence Hospital Emergency Room over the past 3 months.

She said that there was an increase in the amount of time spent with each public inebriate since the closure of the Salvation Army's detox center. She said that the emergency room is often used for a sleep-off facility for non-Natives. The number of people seen more than once is also increasing.

The disposition of patients from the emergency room (where they go upon discharge) suggests that an increasing proportion of patients have nowhere to go. This puts the emergency room in a position of becoming a social service agency. Local hospitals provide treatment for all individuals regardless of their ability to pay. Because many public inebriates are medically indigent, hospital emergency rooms continue to provide free care and lose money while the detox facility remains closed.

**Ernie Turner, Director
Alaska Native Recovery Center
"Alcohol Treatment for Alaska Natives"**

Mr. Turner's philosophy is consistent with the philosophy of the uniform act: alcohol is a disease. Alcoholics, especially public inebriates, get a sense that they are "not wanted." The Alaska Native Recovery Center (ANRC) wants alcoholics to know that someone cares about their well-being.

ANRC opened on December 15, 1988. It is now providing 14 beds, 4 of which are dedicated to the treatment of the chronic public inebriate. The program is supported by SOADA funds. Mr. Turner claimed a 75% success rate for his program. He spoke of an overworked aftercare staff which provides statewide follow-up services to recovering alcoholics. The average length of stay in the facility is 30 to 90 days at an approximate cost of \$125 per day. He said that there is a long waiting list for empty beds but no funding for necessary staffing. He urged the panel to recommend the re-funding of the Salvation Army Detox program. ANRC actually has a total of 24 beds, but only 14 are currently funded. ANRC restricts admissions to people who have been sober for at least 72 hours. The program stresses Native cultural values and integrates the treatment program with positive self-image and cultural sensitivity emphasis.

**Bernard Segal, PhD, Director
UAA Center for Alcohol and Addiction Studies
"Utilization of Sleep-off Services"**

Dr. Segal stated that the Salvation Army's diagnostic screening/sleep-off center program has never been delivered as planned because of an inadequate facility with inadequate counseling space. That, coupled with the fact that it took so long to get the program started, can be attributed to the program's not demonstrating the anticipated effectiveness.

According to Dr. Segal, some individuals have used the current sleep-off center over 200 times since it was opened on January 6, 1989. He described some of the efforts being undertaken to measure the impact of the closure of the Salvation Army's detox program on other community services, including local emergency rooms.

**John Pattee, Owner
Avenue Bar**

"How Downtown Businesses are Affected"

Mr. Pattee has owned the Avenue Bar for just over 6 years. He has found that most public inebriates don't get drinks from bars. Most public inebriates are getting their alcohol from package stores. For this reason, he noted that the public inebriate problems have been reduced in his commercial area since the liquor stores closed and there were major urban renewal efforts in the 4th and 5th Avenue areas.

This moved the problem to Fairview because there is a liquor store there. "They're down there because their people are down there. It's a meeting place for them. It's their place."

Mr. Pattee stated that people are moving to Anchorage from Fairbanks because "it's more comfortable here if you are a drunk." He noted that there is a need for a sober place away from alcohol where people can socialize. "What they really need is a place where they can hang out during the day and meet and play cards. Why don't you give them a place to go when they're sober?"

**J.B. Mallott, Director
Native Spiritual Culture Center**

"How the Native Community is Affected"

Mr. Mallott is currently a University of Alaska student and has been a resident of Fairview for the last 2 years at 13th and Cordova. He spoke of the need for re-emphasizing the spiritual aspects of the Native culture. Toward this end, he has started the Native Spiritual Culture Center (NSCC). He agreed with Mr. Pattee that there is a need for a place for street people to meet and congregate away from alcohol.

Mr. Mallott noted that a part of any 12 step program (i.e., Alcoholics Anonymous) is the need to recognize a supreme being. "Once you've lost your faith in a supreme being, who do you turn to?" He urged the Panel to revisit earlier proposals to establish a Native regional reception center similar to that proposed by his brother, Ron Mallott.

**Dorey Carlson
Fairview Resident--
"How the Fairview Community is Affected"**

Ms. Carlson is a 7-year Fairview resident who currently works at Alaska Sales and Service. She has had extensive negative experiences with the public inebriate in the Fairview area. In her opinion, there have been major changes in the Fairview neighborhood since the Salvation Army closed its detox program and put the public inebriate sleep-off center downtown. She said, "They're in the lifestyle they're in because they want it. We have offered them a hand but they didn't take it." She recommended putting the sleep-off center in a warehouse in the Ship Creek area, and developing local ordinances to pick people up. "Don't make it a revolving door. Only serve them once."

**Greg Jones, Chair
Planning and Zoning Commission
"Planning and Zoning Considerations in Locating Alcohol
Treatment Facilities"**

Mr. Jones described the three factors that influence the decisions of the Planning and Zoning Commission. They are: (1) the backgrounds of the individual commissioners, (2) the planning and zoning codes and ordinances, and (3) the education that the commissioners receive on each proposal submitted for their review. He also mentioned the absence of criteria on which to base the decisions concerning site selection of public facilities. The essential decision rule is whether a proposed land use will adversely affect a neighborhood. In his opinion, approval of the location of the diagnostic screening/sleep-off center at 1020 E. 4th Avenue would have adversely affected the residents of the Fairview area.

[Ed. Note: the Municipal Health and Human Services Commission held public meetings to obtain citizen input on what criteria should be considered when siting the Salvation Army's proposed diagnostic screening/sleep-off center, and forwarded their recommendations, based on this public input, to the Planning and Zoning Commission. The Planning and Zoning Commission chose, for whatever reason, not to use these criteria.]

**Jim McMichael
State Office of Alcohol and Drug Abuse
"State Funding for Alcohol Treatment for the Anchorage Public
Inebriate"**

In 1977, all State money for alcohol treatment programs in Anchorage was passed through the Municipality for distribution to providers via subcontracts. In 1985, however, the State decided to contract directly with the providers of most direct alcohol treatment services, and the Municipality agreed to fund a detox program, the Women's Resource Center and the Community Service Patrol.

He said that the decision by the Municipality to defund the detox program left a "big hole" in the Anchorage treatment system. He noted that detox is still happening in Anchorage both at the Salvation Army (approximately 6 beds) and at acute care hospitals. He said that detox in hospitals is at least twice as expensive as detox services at the Clitheroe Center.

**Summary of Public Testimony
October 18, 1989**

**John Franklin
Private Citizen of Anchorage**

Mr. Franklin is a 32 year resident of Anchorage who has served as the Fire Chief, the Commissioner of Public Safety and on the board of directors of Bean's Cafe. He said, "the public inebriate will always be with us regardless of services, facilities, or expenditures." He said that the responsibility of the Municipality should be an attempt to keep the public inebriate alive until the magic moment arrives when the public inebriate decides to receive treatment. "We cannot solve the public inebriate problem. We can only manage it better."

Mr. Franklin traced the history of the development of services for the public inebriate since the 1950's. He noted that the social consciousness of Anchorage changed in the 1980's with the opening of Bean's Cafe, increasing the size of the available detox services, and the development of the community service patrol. In his opinion, drunks are not transported to Fairview - the Diagnostic Screening and Sleep-off Center is in a commercial area far away from the residential areas of the community. For this reason, there is no need for the site of the sleep off center to become a political issue.

He recommended that the Panel support the continued funding of Bean's Cafe and the Brother Francis Shelter, suggested that there be a 10 bed detox service at Pt. Woronzof, that the commitments made by the Municipality to the State Office of Alcohol and Drug Abuse be kept, and that the permanent site for the Diagnostic Screening and Sleep off Center be at its current location.

**Ron Alleva, Owner
Grubstake Realty**

Mr. Alleva told the Panel that he has suffered economically and emotionally from the public inebriates. His office is located on W. 5th Avenue along the public inebriate pedestrian traffic pattern. He also described the activities of one old man who picked up 14 tons of cans last year, turned them into the recycling center, and made an estimated \$10-\$12/hour for his efforts. He then had enough money to buy liquor.

**Carmen Rockwell, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services**

Ms. Rockwell is currently visiting Anchorage in response to complaints received over the last 45 days regarding alleged

civil rights violations. Reportedly, some Anchorage health care facilities are refusing to treat public inebriates. This is against the law.

Section 504 of the Federal Rehabilitation Act prohibits discrimination against handicapped persons. Handicaps include the debilitating effects of alcohol and drug abuse. In addition, Title VI protects individuals regardless of race, color, or ethnic origin. She noted that this prohibits discrimination against Alaska natives who go to non-ANS hospitals. She mentioned that the receipt of Hill-Burton funds by any hospital carries with it a perpetual obligation to provide community services. Also, the Civil Rights Restoration Act increases the investigative responsibilities of the Office of Civil Rights. She said that if hospitals treat public inebriates differently than they treat other people, that constitutes discrimination.

Robert Mahar
Fairview resident

Mr. Mahar said that the rights of the Fairview community, the rights of the public inebriate and the rights of the Salvation Army are at issue in the current discussions concerning where a sleep-off center should be located. He said that, "a drunk will be a drunk until that drunk decides that he or she will no longer be drunk. Society cannot change that." For this reason, an interim solution to a permanent location for a sleep-off center is a good idea. However, to make the interim solution a permanent solution is not a good idea.

The problem with the public inebriate is larger than the city limits of Anchorage. It is just concentrated on 4th Avenue. "The problem isn't just in Fairview, but it's more obvious there." Mr. Mahar also said, "If I cause a disturbance, I'll get thrown into jail. The public inebriate has more rights than I have. If the public inebriate causes a problem, that's okay. The public drunks have more rights than I do. It makes me mad."

Suzanne Bach
Fairview resident

Ms. Bach said that the sleep-off center allows the drunk to drink the next day. In this way, the sleep-off center is "enabling" the behavior to continue. The public inebriates then cause problems and damage within the Fairview Community. Yards are used as toilets and garbage dumps. Cars are vandalized. She wants to see a sleep-off center located in a remote area away from liquor stores, and recommends that dollars be spent on programs rather than on buildings. She recommends that people be required to stay in the facilities for at least 72 hours to receive needed medical and counseling services. She thinks that public inebriates should be required to attend AA sessions.

**Bill Cannon
Fairview Resident**

Mr. Cannon said that he had heard anger, disappointment and optimism expressed today about the public inebriate problem in Anchorage. As an ex-street person, he sees a positive atmosphere in our city. This is contrasted with the public inebriate problems in other cities, as there is less violence in Anchorage because public inebriates here are not encouraged to fight. He complimented the wise expenditure of funds on the community service patrol.

**Standa Charlton
Anchorage Resident**

Ms. Charlton, an 85 year old ex-school teacher, informed the Panel about an article in the October issue of Omni magazine describing recent findings which hypothesize that the origins of addicted behavior occur at the cellular level.

**Rosalie Nadeau, Chair
Clitheroe Center Advisory Council**

Ms. Nadeau commended the Panel's efforts and urged that they assist in the development of a long range plan for the comprehensive treatment of public inebriates in Anchorage. She noted that public inebriates have been moved farther east during the urban renewal efforts. The Anchorage community "knows how to move them, but do we know how to treat them? We treated 4th Avenue, not the public inebriate." The population of public inebriates has not diminished over the years. She reminded the panel that funding for the sleep-off center will end in April of 1990. Third year funding will not be awarded because the Salvation Army has not been able to provide the program for which it was funded at the current sleep-off center site.

**Mike O'Callaghan
Fairview Resident**

Mr. O'Callaghan said that there are problems in Fairview with alcohol, crack houses and prostitution. "A measure of society is the compassion that we have for poor people." He urged the panel to consider centralizing the problem rather than decentralizing it, and drew the analogy between the public inebriate and other social problems, and the systemic versus localized cancers. He said that a localized cancer is easier to define and treat. He outlined his "containment" approach as an "o-zone." He suggested that skid row be relocated to an "o-zone" in the railroad area. Boston has a similarly zoned segregated area referred to as the "combat zone."

**Maribeth Richards, Nursing Manager
Humana Hospital Emergency Room**

Ms. Richards is concerned about the loss of the medical detox facility at Pt. Woronzof. She said that the elimination of the service has had a significant impact on Humana's Emergency Room. Between June and July of this year, when the detox center ceased its operation, the number of inebriated patients seen in the Humana Emergency Room has not increased substantially, but the amount of time spent on each person has doubled. She said that the amount of time in the ER and the costs of services are not being recovered by emergency room facilities, thereby increasing the burden of uncompensated care. She said that hospitals are now becoming "enablers." She recommended that a medical detox program be refunded. Humana has a 15-bed emergency room unit.

**Gladys Thompson, Realtor
Retired Social Worker**

Ms. Thompson supports a continuum of care and community support. Anchorage is the medical and social center of the state. The Municipality is responsible for all of the people in the city, but the problems manifest here are really a statewide problem. She thinks that people should be in treatment as long as they need to be, and that they should work during and after treatment. This would help break the cycle of failure so often encountered by public inebriates. She urged the Panel to consider the work house concept for treatment and work.

**Sandy Harper
Downtown Resident**

Ms. Harper suggested a liquor surcharge to pay for treatment and prenatal education. She wants the Alcohol Beverage Control Board to do more enforcement, and questioned the wisdom of not having a visible presence at the downtown police substation. She urged the development of a native community center, and thinks that this should be financially supported by the 4th Avenue Historical Society, Native corporations, and the Anchorage Convention and Visitors' Bureau.

**Len Larson, Owner
4th Avenue Bar**

Mr. Larson based his recommendations to the Panel on 8 years as a 4th Avenue bar owner and being an informed observer of what happens on 4th Avenue. He believes that there is only one way to drink sensibly: in a controlled setting, with measured drinks, poured by a sober person. He made 10 recommendations as follows.

- (1) That an adult alcohol-free day care shelter be established, temporarily in the electrical building on Post Road, then permanently by the Brother Francis Shelter;
- (2) that liquor stores be required to limit sales to inebriated persons as bars currently do;
- (3) that there should not be selective drug enforcement in this community;
- (4) that health care professionals should be stationed downtown to encourage public inebriates to seek treatment;
- (5) that photographs of public inebriates who have had at least two CSP pickups be distributed to bars and liquor stores, warning liquor stores not to serve those clients;
- (6) that all bars should pour only measured one-ounce drinks, no doubles or triples;
- (7) that bars and liquor stores should limit sales of all liquors stronger than 90 proof;
- (8) that bartenders should not be allowed to drink while working;
- (9) that there be a prohibition against any car parking or stopping on 4th Avenue between F and Cordova Streets in the evenings; and
- (10) that downtown bars have special places where people can wait for transportation during the colder winter months.

Helene Hennings
Fairview Resident

A 38 year resident, Ms. Hennings recalled the old days of the "blue ticket," where public inebriates were shipped back to their villages. She said that approximately 46 social programs have been "dumped" in the Fairview area. She urged the development of a sleep-off center out of town and not within the Fairview area. She encouraged the development of work house-based training programs for public inebriates where wages would be paid for work performed.

Mark Beltz
Anchorage Resident

Mr. Beltz would like to see 4th Avenue cleaned up, and urged the Municipality to buy all buildings on 4th Avenue between C and D Streets and tear them down. He suggested that the vacant property could become a parking lot. He suggested that the Brother Francis Shelter get a better heating system.

Charles Benson
Fairview Resident

With respect to the public inebriate problem, two things do not work: to do nothing, and to continue to make it comfortable for people to drink. It is irresponsible to have a sleep-off program - there should be a price to pay. The Municipality should help people change their pattern of living.

Chuck Eddy, Chair.
Social Services Allocation Task Force

It takes seven days to become chemically free after stopping drinking. Public inebriates must be given a choice of what they want to do, i.e., go to jail or go to treatment. He would like to see a 6% sales tax on alcohol, with the revenue going to subsidize alcohol treatment programs. "You cannot put a price on human life."

**— Summary of Invited Presentations
November 1, 1989**

**Kevin O'Leary, Chief
Anchorage Police Department**

Chief O'Leary said that he has determined in his 17 years in and around the streets of Anchorage that there is something lacking in the existing system of caring for public inebriates, and that there is an unacceptably high loss of life. In the Gambell-Ingra Corridor, six to seven people are killed each year when they walk out into traffic and are struck by vehicles. 70-80% of all calls received by the APD are alcohol-related on certain shifts. Typically, officers respond to at least 40 calls per shift per day, most of which are in the downtown area. The identified core public inebriate population is about 90-140 people, 60-70% of whom are Alaska Natives. This population has remained reasonably stable over the years. "They're not going to go away - they just move around."

The non-criminal commitment of public inebriates to jail is expensive and takes hours - hours during which officers should be responding to serious acts of violence, accidents, etc. Chief O'Leary strongly supports the establishment of a combination detention/treatment facility to which APD can take public inebriates. This facility should be away from downtown or any other high-traffic area. It should be an isolated facility where people can receive short-term treatment, long-term treatment, and security, and where people would stay for specified periods of time.

Because of the current criminal justice system, police officers basically ignore public inebriates unless they are incapacitated or officers observe an offense taking place. If an arrest is made, the charges are usually dismissed, thus increasing the frustration level of the officers, the courts, the prosecutors, and corrections personnel. Chief O'Leary suggests tying in treatment with incarceration. If a pattern of inappropriate social behavior is documented for an individual, an option should exist to adjudicate that person to treatment for a specified period of time instead of to jail. Experience has shown diversion programs to be effective in changing behavior.

**Pat Sharrock, Director
Bill Roach, Enforcement Officer
Alcohol Beverage Control Board**

Mr. Sharrock thinks that intervention must come about if the public inebriate problem is to be effectively addressed - prosecution does not solve the problem. He said that public inebriates are substance abusers and that, if alcoholic beverages are not readily available, they will find something else to drink. He cited an example from Kotzebue that when alcohol was not available, many substance abusers started drinking Lysol because it is alcohol based.

In response to a question about whether or not conditions can be placed on alcohol dispensing licenses, Mr. Roach said that they cannot, but that licensees can be requested to do or not do certain things. Licensees could not, for example, be required to only sell certain beverages or to not sell to certain people, but some requests could be made. By law, licensees, whether bar owners or package store owners, may not sell alcohol to people who are obviously inebriated.

**Matt Felix, Director
State Office of Alcohol and Drug Abuse**

Alaska has one of the three highest rates of per capita alcohol consumption in the nation, and that rate will only decrease through the use of drastic measures. Alcoholism and alcohol abuse in Alaska are not just a public inebriate problem, they are not a male problem or a female problem, they are not a young or an old problem, they are not a Native problem or a non-Native problem - they are a community problem. Neither are they just a local problem in Anchorage - they are a statewide problem.

According to Mr. Felix, total State health has improved and deaths, suicides and other alcohol-related problems have decreased dramatically since curbing the flow of alcohol to rural areas. This has been accomplished through the control of the sale, importation and possession of alcoholic beverages. Local option elections have helped move drinking problems from the villages to regional areas where people can get help for related problems. Medical facilities, counseling services, etc. are available as needed.

Based primarily on political decisions, both Bethel and Anchorage now have observable gaps in the delivery of services to those with alcohol problems. Neither of these communities currently has a detox program. Detox centers are entry points to longer term treatment. Future funding for detox services may be available through federal funding or State mental health trust funds. The latter includes categorical assistance for public inebriates. At the present time, for every dollar received by the State from alcohol taxes, approximately \$12.60 is spent on alcohol-related programs.

Alcoholism is a disease. "It is strictly a health problem. It is not a legal problem, but there may be some legal solutions. There is a high recidivism rate. We must take morality out of the issue." Documentation indicates that most Natives are episodic drinkers, not alcoholics.

Mr. Felix suggested that an urban community center (adult day care center) could help by providing people coming out of treatment programs with support and counseling. It would also provide a safe dry alternative to the street. In order to be effective with the public inebriate population, outreach is necessary - you must go to where they are and not expect them to

come to you. Treatment is more cost-effective than jail. A local alcohol tax could help fund alcohol-related treatment programs. "In order to solve the problem, you have to limit the flow of alcohol."

**Greg Carr, Partner
Oaken Keg Spirit Shops**

Mr. Carr said that fortified wines were taken off the shelves months ago and are no longer available for sale at their 13th and Gambell store. They have also limited their store hours at that location and are considering other measures in an attempt to decrease the availability of alcoholic beverages to public inebriates. Foot traffic has picked up at both their 13th and Gambell and Mall stores. Although they have noticed a corresponding decrease in some of their regular customers, they have no intention of closing any of their stores.

Violence is a relatively new and increasing problem at the their 13th and Gambell store, and they have had to hire 2 security officers to patrol the premises and protect their employees. Employees who work in their Fairview store also receive special training prior to being assigned to work there. It is illegal for retailers to sell to inebriated people, and Mr. Carr suggested that perhaps all retailers should be reminded of that.

**Richard Kibby, Municipal Attorney
Municipality of Anchorage**

Mr. Kibby said, "If there is no other way, the Administration would advocate that an ordinance be reenacted to temporarily detain people." Public inebriates should be taken off the street, but they should be prosecuted only as a last resort. The Prosecution staff cannot adequately handle all of its present cases and, more often than not, public inebriates' charges are dismissed. To be effective, there should be some diversion program and cooperation by the judicial system.

SECTION V

SYNTHESIS OF TESTIMONY AND COMMENTS OFFERED BY DR. DENNIS KELSO

The testimony presented to the Panel during the two days of hearings raised a number of questions which needed to be answered before the Panel could proceed with its deliberations. The questions, developed by Judge Erwin, the Chair of the Panel, are broken down into general and secondary questions.

The responses to the questions were written by Dr. Dennis Kelso. This section contains, in effect, a summation of Dr. Kelso's impressions of the public inebriate problem gathered over the course of his Anchorage visit. The responses are based on numerous discussions with persons involved in the provision of services to Anchorage's public inebriates, the testimony presented to the Blue Ribbon Panel, and his expert knowledge of alcohol treatment programs operated in other cities throughout the country.

General Questions

1. Do we want to provide for control of public inebriation in the downtown areas of the city?

Considerations:

- a. Control may mean "to minimize the negative consequences of public drunkenness". Minimizing the severity of the consequences of public drunkenness for the inebriate can be consistent with reducing the visibility of drunkenness to the community as well as reducing and controlling the economic and social consequences to the community.
- b. Public drunkenness may be viewed as part of a larger problem of homelessness. This suggests that basic shelter, food and health care are important aspects of community responses to public drunkenness.
- c. The problem extends beyond the downtown area. Therefore, community responses should not be restricted to Downtown or Fairview.
- d. Minimizing the adverse consequences for the inebriate may not necessarily require admission into alcohol treatment, but opportunities should be available on a voluntary basis.
- e. Public drunkenness in Anchorage is influenced by regional and statewide factors. Community responses may involve state and federal resources.

2. **Should we recriminalize the "drunk in public" crime to accomplish this purpose?**

Considerations:

- a. The adoption of The Uniform Alcoholism Treatment Act (1972) which decriminalized "drunk in public" may limit the Municipality's ability to arrest drunks. This decreases public safety and protection options available for reducing and preventing the negative consequences of public drunkenness.
- b. Only about half of the states have adopted the Uniform Act.
- c. In some non-Uniform Act states, public inebriates are taken into protective custody by police officers to Inebriate Reception Centers for 12 hours as an alternative to jail. In Uniform Act states, Community Service Patrols and/or police may transport drunk or incapacitated persons to a reception center (sleep-off) with their consent.
- d. In the opinion of the Municipal Attorney, prosecution of arrests for public drunkenness would require the diversion of resources from more important public safety priorities.
- e. The criminal justice system is an expensive way to get people into treatment, and there are not enough treatment options available, according to the Public Defenders, a District Court Judge and treatment providers. The source of funding for such referrals is uncertain (alcohol treatment, corrections, other facility.)
- f. Defining public drunkenness as a criminal act is not consistent with the intent of the Uniform Act in providing an opportunity for participation in a continuum of alcohol treatment services.

3. **Should we streamline involuntary commitment procedures to permit involuntary commitment to accomplish this purpose?**

Considerations:

- a. AkCLU suggests that least restrictive alternatives should be tried first, and that civil commitment, if used, must be balanced against the public inebriate's civil rights of privacy, liberty and due process.
- b. Public drunks only benefit from treatment when they are ready to enter treatment. Involuntary commitment may be ineffective if the client is not ready to enter treatment, resulting in low success rates.

- c. The involuntary civil commitment procedure is an expensive way to get people into treatment.
- d. There are not enough secure residential treatment beds available to meet anticipated demand.
- e. A chronic alcoholic needs about 5-7 days before he or she can begin to decide to alter behavior. This suggests that society should insist on longer terms of involuntary commitment to increase the probability of entry into treatment.
- f. Minimal services aimed at protective shelter and maximizing opportunities for entry into treatment stress a slow, incremental "one day at a time" approach to entry into treatment. Long term treatment decisions which result from involuntary commitment are not necessary.

4. Should other comprehensive services be provided with public funding for public inebriates?

Considerations:

- a. The standard facility based/residential care model for alcohol treatment has not been effective with public inebriates.
- b. Public drunkenness is usually associated with homelessness. Thus, supportive shelter and food are important components in a comprehensive system of care for public inebriates.
- c. An inebriate reception center could be expanded to allow more inebriates an opportunity to voluntarily enter minimal treatment services. This may reduce the resources expended on other forms of more intensive treatment programs which are often made available to clients who lack sufficient desire to successfully complete treatment.
- d. Supportive living arrangements in tandem with intensive case management services is another option.
- e. Social setting detox may be better suited to the lifestyle of the public inebriate than medically supervised detox.
- f. Conditional use permits may be useful in decentralizing alcohol services. Such permits may be of short duration (1-2 years) with periodic review of negotiated conditions.
- g. Anchorage is one of the only cities its size which does not have publicly funded detox services. These are sorely needed.

- h. Alcohol-free living centers (AFLCs) may be started with one-time only small loans from a state-sponsored revolving loan fund. AFLCs are not subject to licensing or certification requirements if no direct services are provided.
- i. Providing the least intensive services to the greatest number of voluntary clients may be more cost effective than providing the most intensive (most expensive) services to a smaller number of persons with more severe problems.

5. Should the availability of packaged alcohol be reduced in areas of the city where there are large numbers of public inebriates?

Considerations:

- a. The closure of package stores in the downtown area has enlarged the area affected by the public inebriate to include the liquor stores on Gambell near 12th and 13th. Fairview residents claim that this is one of the reasons for the increased visibility of the public inebriate in their neighborhood.
- b. According to Dr. Kelso, the Municipality has the option and authority to limit/control the availability of certain products (fortified wines, spirits in excess of 90 proof, Everclear, etc.), the sale of certain sizes of containers, hours of sale and the price of products. These measures are effective in altering the drinking practices of public inebriates. They may be enacted by the Assembly, with the ABC or by the Assembly through the conditional use process as a part of planning and zoning procedures.
- c. Limiting the availability of certain types of liquors in bars penalizes responsible bar patrons, and will not affect the drinking behavior of the public inebriate, according to two downtown bar owners. Public inebriates are more likely to obtain alcohol from package stores than bars.
- d. The relocation of package stores on Gambell (in Fairview) may modify the pedestrian traffic pattern of the public inebriate.

6. How should the resources of the city be allocated to provide the services which are sought?

Considerations:

- a. Many cities have failed to define their social policy regarding public inebriates. This results in random or sporadic measures rather than a planned system.
- b. A comprehensive long-term approach to public inebriates has a better chance of success if human services, land use, housing, alcohol availability and economic development plans are coordinated.
- c. The adverse impact of public inebriates on any one neighborhood can be reduced by using subsidized quasi-residential housing to integrate recovering inebriates into the community.
- d. By tying the public inebriate problem to homelessness, funds which currently are allocated solely to the homeless population may be reprogrammed or redirected to the public inebriate.
- e. Reallocation of services should remain "budget neutral", meaning that any increase in program expenditures must be balanced by an decrease in another area, for no net increase.
- f. Services could be restructured to maximize program effectiveness by focusing on those who express a desire to enter treatment.
- g. Additional resources may be obtained to develop low-rent housing, including emergency shelters, short-term shelters, transitional housing, and long-term low-rent housing.
- h. There are more opportunities for public-private participation in supportive shelter and low rent housing than in expanding treatment services.

Secondary Questions

1. Should we continue to support a sleep off center? If so, where should it be located?

Considerations:

- a. Public inebriates have been displaced at the Brother Francis Shelter by "more deserving" (not inebriated) homeless. This helped define the need for a separate sleep-off facility.
- b. Few other similar facilities around the country restrict the Blood Alcohol Levels (BACs) upon entry. The Salvation Army currently limits BACs to .300. Those with BACs higher than .300 are sent to hospital emergency rooms for medical evaluation.
- c. A large proportion of the Diagnostic Screening/Sleep-off Center clients are "walk-ins" suggesting that the location of the sleep-off center should be close to the pedestrian traffic pattern of the public inebriate.
- d. The Fairview community strenuously objects to placement of the facility in their neighborhood, while staff of Bean's Cafe and the Brother Francis Shelter support its current location on the "campus".
- e. Sleep-off facilities in other cities are often adjacent to or part of detox services. This allows clients to make individual voluntary decisions to enter detox.
- f. There is a consistently large number of sober homeless persons each night at the shelter.
- g. The sleep-off center helps minimize the consequences of public drunkenness just by its existence. It does not have to be part of alcohol screening or entry into treatment, but the opportunity must be provided and promoted.

2. Should the city have a detoxification center? If so, where should it be located? Who should pay for the cost?

Considerations:

- a. Although Anchorage has historically relied primarily on medical detox, recent research shows that social detox is less expensive and just as effective as medically supported detox.
- b. Non-hospital but medically supervised detox can be accomplished by Physician Assistants or Registered Nurses. It typically does not require physicians.

- c. Approximately less than 2% of those admitted to social setting detox need to go to hospitals due to medical crises. The need for medical detox is not directly related only to the BAC level.
- d. Sleep-off facilities in other cities are often adjacent to detox services. This allows clients to make individual voluntary decisions to enter detox.
- e. By tying the public inebriate problem to homelessness, funds which currently are allocated solely to the homeless population may be reprogrammed or redirected to the public inebriate.
- f. Reallocation of services should remain "budget neutral", meaning that any increase in program expenditures must be balanced by a decrease in another area, for no net increase.
- g. A central detox for the downtown area might be the first step for screening, with some persons referred to a hospital. Not all persons need to be screened by a hospital and then released to detox.

**3. Should there be changes in ordinances or statutory changes?
In what areas?**

- (1) Involuntary Commitment**
- (2) Presumption on Alcohol**
- (3) Length of Stay - 15 to 60 days**
- (4) Court Review after 45 days**

Considerations:

- a. In the opinion of the Municipal Attorney, prosecution of arrests for public drunkenness would be impossible with current resources.
- b. The criminal justice system is an expensive way to get people into treatment, and there are not enough treatment options available, according to the Public Defenders, a District Court Judge and treatment providers. The source of funding for such referrals is uncertain (alcohol treatment, corrections, other facility.)
- c. Defining public drunkenness as a criminal act is not consistent with the intent of the Uniform Act in providing an opportunity for participation in a continuum of alcohol treatment services.
- d. A chronic alcoholic needs about 5-7 days before he or she can begin to decide to alter behavior. This suggests that the society should insist on longer term involuntary commitment to increase probability of entry into treatment.

- e. Minimal services aimed at protective shelter and maximizing opportunities for entry into treatment stress slow, incremental "one day at a time" approach to entry into treatment, and does not require long term treatment decisions which could result from involuntary commitment.

4. What are the alternatives if civil commitment fails because of a court decision?

Considerations:

- a. Voluntary participation in supportive shelter (a clean sober place to stay, food, basic healthcare) with mutual support.

SECTION VI

PANEL IMPRESSIONS OF TESTIMONY AND POSSIBLE OPTIONS FOR RESOLUTION

On November 1, the Panel reconvened to hear additional testimony and begin deliberations on alternative policy options for a community response to the public inebriate problem in Anchorage. This section summarizes the comments of each Panelist who attended the afternoon session. Comments are presented in the order in which they were given.

Frankie Whitman: The Panel should focus on visible short-term solutions to the public inebriate problem. Two essential components to the solution are alcohol treatment and adult day care combined with work programs and activities.

Tiny Desapio: Short-term solutions should focus on the visibility of the public inebriate problem, concentrating on "where to put them and how to get them there." Recommendations on transportation, minimal facilities and the "campus concept" should be developed. The proposed solutions should make it unpleasant to be a public drunk in Anchorage. Food and shelter should be minimal.

Dr. Helen Beirne: The Panel should carefully identify each group (i.e. homeless, public inebriate, occasional drunk, etc.) because each group has different needs. If the Panel focuses exclusively on the public inebriate, it should forget prevention and intervention strategies. Short-term should be dovetailed with long-term solutions.

Rev. John Wojciechowski: The issues of homelessness and public drunkenness should be separated. The Panel should support recriminalization of public drunkenness as a message to and from the community.

Linda Langston: Alcohol abuse is a medical problem with public and social policy implications. It has a major impact on commercial ventures and on neighborhoods. The Panel should focus on how to exercise appropriate social control while protecting the civil liberties of the public inebriate. An inebriate reception center should be supported.

Dr. Ray Fedje: The Panel should avoid "Band-Aid" responses to the public inebriate problem and address the needs of the whole person. This may require behavior modification. Anchorage should base its recommendations on public inebriate programs which have worked in other areas. The Panel might consider supporting State-run liquor stores to help raise additional revenue for alcohol programs.

Leslie Lechner: The Panel should carefully weigh the advantages/disadvantages and the cost-effectiveness of each option before making a recommendation. This may require a committee to develop a long-range comprehensive alcohol services plan which also addresses services to the public inebriate.

Cliff Black: Public drunkenness should not be considered a criminal act. The community should adopt a holistic and humane approach to dealing with the public inebriate. Anchorage needs a sleep-off center, detoxification services and a socialization center.

Richard Blumer: Street people will congregate together. They should realize that "there is no free lunch." The second time a public inebriate is picked up or cited, there should be 60 hours of community service.

Robert Erwin: While the public inebriate problem is complex, there is a solution. We may not like the solution, but it exists.

Dr. Tom Nighswander: The Panel should focus on a short-term recommendation to the public inebriate problem and support a policy to provide a warm, safe humanitarian environment with no suggestion of treatment. Anchorage needs a sobering center and detoxification services of some type.

Bob Eaton: Anchorage should have a drop-off center for public inebriates. The centralized intake could be used by police or citizens prior to transporting public inebriates to sleep-off at Point Woronzof. Detox services should be reinstated.

Rebecca Parker: Alcohol abuse is the root cause of most of the social problems in Anchorage. This is not acceptable. Alcoholism is an illness that requires long-term treatment following an evaluation of the public inebriate or chronic alcoholic. Detoxification services should be refunded. The Panel should give more attention to aftercare programs which aim to reintegrate the recovering alcoholic into the community. Programs should provide work opportunities, such as workshops or community service, or a mentor program. The cost of services should be shared by the Indian Health Service, Municipal and State government and the private sector.

Rep. Terry Martin: The Panel should limit its deliberations to the problems of the public inebriate, a group which "needs our help even if they don't want our help." The public should adopt a "tough love" or "get tough" attitude toward the problem. Existing facilities (the Diagnostic Screening/Sleep-off Center, Bean's Cafe and the Brother Francis Shelter) should be continued. The Panel should consider lengthening the period of protective custody and/or involuntary commitment to allow public inebriates time to make better decisions about treatment options. Anchorage might want to consider exercising a local option to go dry, like other Alaskan communities.

Kathy Ideus: The Panel should recognize in its recommendations that the public inebriate problem is one of chemical dependency. Community responses should address both health and safety issues. A drop-off center based on a centralized intake and diversion model such as TASC (Treatment Alternatives to Street Crimes) should be supported. Changes in involuntary commitment laws would allow police to detain public inebriates and help get them into treatment.

David Cuddy: Programs could be paid for through State and local taxes and an alcohol tax. State support recognizes the regional character of the public inebriate problem. Community responses to the public inebriate problem should not provide incentives for continued public drunkenness. Anchorage might consider the local option to "go dry" to enhance the visibility and community awareness of the problem. The period of detention should be longer than 12 hours. Recriminalization of drunk in public might help to get inebriates off the street and help integrate them back into society again.

Celeste Benson: Current short-term solutions are not effective in controlling public drunkenness. These programs should be reexamined and changed if necessary. This may require a reallocation of resources, including public funding, and should include a continuum of care through treatment and rehabilitation. The maximum duration of detention should be lengthened. Public inebriates must accept more responsibility for their own behavior.

Deanna Murray: The community must be protected from the activities of the public inebriates. "One hundred and twenty people are holding up 220,000." Detoxification services should be refunded. Drunk in public should be recriminalized, but should allow 30 days in treatment as an alternative to 90 days in jail. Public inebriates could be taken to the Mat Valley for treatment. Programs should have some work or community service component. The Crossover House (sponsored by the Southcentral Counseling Center) now provides alcohol free recreational services.

Jerry Green, Heather Flynn, Ralph Moody, and Don Smith were unable to attend the afternoon session and did not present impressions or positions.

SECTION VII

FINAL PANEL RECOMMENDATIONS

Two working committees of the Panel met on November 6 to discuss legal and service systems issues. The Panel reviewed and amended their preliminary recommendations the following day. This section presents the results of their deliberations.

The Panel's recommendations are founded on six principles:

- The current situation with alcohol abuse in our community is intolerable. Recognizing the critical nature of the extent of alcohol abuse in Anchorage by all segments of the population, the Panel issues a "call to action" to develop effective methods of reducing the negative impact of alcohol abuse.
- Current laws should be more aggressively enforced to allow the public inebriate to receive treatment and protective custody to the benefit of both the inebriate and the community.
- Responses to the public inebriate problem should address better management of the problem (services and legal issues), and not rely solely on alcohol treatment as the means of reducing the adverse impacts of the public inebriate.
- Services for the public inebriate should be minimal and humanitarian. They should be designed only to protect the public inebriate from being a danger to himself or others, and should provide opportunities for treatment to those who choose to enter treatment.
- Responses should help reduce the visibility of the public inebriate problem, and minimize the adverse impacts of the problem on the citizens of Anchorage and on the Anchorage business community.
- A continuum of treatment should be available to those who choose to enter treatment.

Based on these principles, the Panel developed short-term (to be initiated or implemented within the next few months) and long-term responses to the public inebriate problem.

Short-term Responses

1. Streamline involuntary commitment procedures and lengthen the permitted duration of commitment.

In many cases, the public inebriate may be a danger to himself or others, thus requiring some type of protective custody. In addition, testimony received suggests that public inebriates or chronic alcoholics may be incapable of making reasoned decisions regarding long-term alcohol treatment or rehabilitation.

The Panel supports legislative action amending Title 47 to be more workable for communities in their efforts to place public inebriates into treatment facilities, and to make it more useful as a tool for the police and the public.

2. Public drunkenness should not be recriminalized at this time.

The U.S. Supreme Court has ruled that public drunkenness is not a crime. Alaska Statute (Title 47) has been adopted as a means of managing the impact of alcohol abuse, including public drunkenness. Recriminalization of public drunkenness would exceed the current criminal justice and corrections resources available. Additional prosecuting and defense attorneys, judges and corrections facilities would be required to handle the disposition of those charged with the crime of public drunkenness.

The Panel suggests that criminal justice issues associated with the public inebriate problem be addressed through more vigorous and aggressive enforcement of existing ordinances and statutes. Public drunkenness should not be recriminalized at this time.

3. Develop a Centralized Drop-off Center in the Downtown Area.

A frequent theme of testimony received suggests that the current "campus" approach which centralizes services for the homeless, including the public inebriate, creates incentives for the public inebriate to continue a lifestyle of a public drunk. Moving the sleep-off center from the "campus" to a more remote area may help both reduce the "enabling" characteristics of the lifestyle of the public drunk and reduce the adverse impact of the public drunk on the Fairview community.

A Centralized Drop-off Center should be developed at the present "campus area" where Brother Francis Shelter and Bean's Cafe are presently located (3rd and Karluk Sts.). Public inebriates could be dropped off by the Community Service Patrol, the APD or others. "Walk-ins" would also be accepted. Public inebriates would await transportation to a sleep-off center or other location.

The Drop-off Center should be staffed by trained, non-medical technicians who would provide a brief evaluation of the inebriate and determine the appropriate destination (i.e. a hospital emergency room, home/family, sleep-off, API or other appropriate facility). The length of stay should be short, and not exceed approximately 3 hours, depending on the transportation schedule.

Within the framework of applicable law, the incapacitated public inebriate could be transported from the Drop-off Center to the Sleep-off Center (described below), a hospital emergency room, home/family, jail, or an approved treatment facility.

4. Maintain a Sleep-off Center.

There was general consensus that a place for drunks to sleep off the effects of alcohol is needed. The extent of services available to the public inebriate and the implications for treatment received considerable attention. The Panel repeatedly heard that the community's obligation to the public inebriate should be limited to minimal and humanitarian services which would not have significant adverse impacts on residential neighborhoods or businesses.

A Sleep-off Center, located at Point Woronzof, would provide a warm, safe and dry place to sober up. Inebriates would sleep on floor mats, and be observed by non-medical, trained technicians. Only those inebriates who demonstrate medical complications should be transported or referred to hospital emergency rooms.

Food should not be provided, but sober inebriates should be transported back to appropriate areas of town when they are physically able and transport is available. The average length of stay should not exceed 24 hours.

The existing sleep-off center operated by the Salvation Army Clitheroe Center should be maintained at its current location in the "campus" area for the duration of its federal demonstration grant. The Municipal Administration should assess the most feasible and least expensive solution for relocating a sleep-off center to a new location after the grant expires and no sooner than spring, 1990.

5. Eliminate the limit on blood alcohol level for admission to the sleep-off center.

Clinical research suggests that only a small proportion (2-5%) of inebriated clients require intensive medical treatment.

Blood alcohol level should not limit access to a sleep-off center. If there are other severe medical complications which require emergency hospitalization, transportation should be provided to a medical facility. This should help reduce the resources of the APD and CSP currently required to transport public inebriates to hospitals or other facilities.

6. Immediately reestablish publicly supported detoxification services serving the Southcentral region.

Anchorage is reported to be one of the few cities of its size in the nation without some type of a publicly funded detoxification program. The absence of such a program has had adverse consequences in three ways. First, the resources of local hospital emergency rooms and public safety personnel have been severely taxed, diverting those resources from providing more appropriate and pressing services. Secondly, the absence of a detox program has eliminated the principle entry point into alcohol treatment and eventual rehabilitation. Thirdly, residents of smaller cities and villages within the Southcentral region with severe alcohol problems who come into Anchorage no longer have needed detoxification services available.

A modified medically supervised detoxification program in a social setting at Pt. Woronzof should be reinstated to meet the needs of Anchorage and Southcentral Alaska. The program should be coordinated with alcohol treatment and rehabilitation services operated by the Salvation Army Clitheroe Center and other treatment programs. Average length of stay would be 3 - 5 days.

Only those inebriates who demonstrate medical complications should be transported or referred to hospital emergency rooms.

7. Increase the visibility of law enforcement in areas frequented by public inebriates.

It was concluded by the group that the current laws are not working effectively to solve the problems of the public inebriate. Attitudes were changed when the community began to look upon alcoholism as a disease. The effectiveness of existing ordinances and statutes could be enhanced through more vigorous and aggressive enforcement.

The Downtown Police Substation should be manned with additional-police officers.

The Alcohol Beverage Control Board should be asked to focus additional attention on violations of provisions of Title 4 which prohibit the sale of alcoholic beverages to intoxicated persons.

Long-term Responses

8. Study the need for a modest increase on long-term alcohol treatment beds.

Testimony received from the criminal justice and court system suggests that there exists a significant shortage of alcohol treatment facilities. Treatment providers, on the other hand, did not appear to share the concern for service shortages. The uncertainty among those involved in alcohol treatment suggests that additional study and research is needed to develop more precise recommendations of the need for services.

For example, local alcohol treatment programs described only modest shortages in alcohol treatment services. The Salvation Army Clitheroe Center estimated that 20 alcohol-free beds would be sufficient to eliminate its treatment waiting list. The Alaska Native Alcohol Recovery Center currently has ten treatment beds that are available but not funded.

9. Develop long-term strategies for alcohol treatment.

These should address:

- the high cost of treatment for a low number of public inebriates.
- treatment options available if and when involuntary commitment statutes are amended to lengthen the maximum commitment time.
- a work activities component of treatment.
- independent living facilities for recovering alcoholics.

10. Take an aggressive position against alcohol abuse in our community.

The current situation is intolerable. A "call to action" should emphasize the critical nature of the extent of alcohol abuse in Anchorage by all segments of the population.

The Panel supports efforts to educate the citizens of Anchorage about the serious consequences of the irresponsible use of alcoholic beverages. Programs such as Anchorage Fighting Back should be supported by both private and public sources.

11. Establish an adequate and predictable funding base for programs for the public inebriate.

The public inebriate program is not solely an Anchorage problem, but is regional and statewide. This suggests that funding should come from a variety of sources, including the Municipality of Anchorage, the Alaska Area Native Health Services, The State of Alaska (SOADA), and Native Regional Health Corporations.

12. Continue a Panel for long-range planning and implementation.

The Blue Ribbon Panel or a group with similar composition should be given a new charge to consider more specific long-term plans and strategies and to assist in the implementation of short-term recommendations contained in this report. The Panel should be expected to finish its work within six months.

The Panel should coordinate its efforts with state and local agencies, boards and commissions.

ATTACHMENT A
PRESS COVERAGE
MAYOR'S BLUE RIBBON PANEL ON THE PUBLIC INEBRIATE

FORUM

Fairview council irate with Clitheroe administrators

by GORDON GLASER

Last spring, Fairview reluctantly agreed to accept the Salvation Army's Clitheroe sleepoff/diagnostic center on an emergency temporary basis. The explicit expectation was that they would work with the local community for a long-term solution.

Now the geese are flying south, their clients are falling down drunk and the community is furious that the program administrators have failed to heed a single significant suggestion of the Fairview Community Council.

To add to this injury the municipal health department tried to raid the Heritage Land bank of hundreds of thousands of dollars to buy a substandard building some 30 feet from the Lucky Wishbone restaurant on Fourth Avenue.

To add further insult the state Department of Health and Human Services (HSS), which was too poor to fund the detox at Point Woronzof, was able to find hundreds of thousands of dollars to attempt to bring this building, which was rejected by the planning board, up to code.

In the 1980s in reaction to the failure of many Bountiful social work programs, the



concept of community-based programming was developed. There was a recognition that for any program to hope to succeed it must involve the residents, businesses and the clients it purported to serve. This sleepoff/diagnostic throwback is the only social service provider in the Fairview Community Council area to ignore this lesson.

Let me clarify that the Clitheroe treatment staff as opposed to its leadership has been competent and compassionate under stressful circumstances. Their all-knowing masters, however, with their exclusive National Institute on Alcohol Abuse and Alcoholism grant have demanded that it be their way. This arrogance damns not only the program but condemns the victims of alcohol abuse to a living hell. Further, by them attempting to disempower the neighborhood they are trying to make us helpless victims as well.

No government-funded program has the right to help one group by terrorizing our children and seniors. Drunks are picked up from throughout the city and are dropped at this center and then are free to stay or stagger at will throughout the neighborhood. No community can accept this retro-management concept and survive.

At this point, Clitheroe's arrogance in its failure to communicate precludes it from locating here. We suggest that wherever they go next, that they involve the nearby businesses and residents as well as outside objective mental health professionals in all phases of the program. For example, the structure must have an appropriate buffer from the residents and local retailers and be away from a busy truck route. The program needs to integrate with a larger social service network in an honest manner.

There is another failure of leadership in this tragedy in the making. I do not care if the Clitheroe program and the municipal health department and state health and social services have a communication problem. I do care that that state is responsible to certify all programs throughout the state including Anchorage.

HSS is to see that a full spectrum of service is available from intake, to detox, to aftercare. The Pontius Pilate defense of "the blood is on your hands," "this is Fairview's problem," does not match the HSS's commissioner's words of "don't pass the buck." The community is not responsible for the bureaucratic stumbling or oversight of destructive "helping" agencies.

In any case the community may be bloody and tired but it is not intimidated. We ask our national and state legislators to hold the state and NIAAA overseers to task. We will fight in the courts. We will speak at the assembly meeting on Tuesday, Oct. 10, and if needed take direct action in the streets. We must protect our young and our old because this is where we live.

In this season as the leaves drop like so many broken promises, I wonder if you owned the Lucky Wishbone restaurant could you remain open with this center next door.

□ Gordon Glaser is vice president of the Fairview Community Council and lives in Fairview.

Going nowhere fast

Sleep-off, care facility seeks permanent home

EDITOR'S NOTE: Anchorage's citizens "panel on public inebriates" will meet Tuesday and Wednesday, starting at 8:30 a.m. each day, at the Anchorage Museum of History and Art. A public hearing will start the meeting on Wednesday.

By **JOE HUNT**
Times Writer

A city's conscience remains troubled by an illness that cannot be ignored and, seemingly, cannot be cured.

As sure as the snows of winter creep down the Chugach Mountains, concern over the city's inebriated street people becomes paramount in the minds of Anchorage residents who work with, live with or at least witness the problem on nearly a daily basis.

An Anchorage winter is a proven killer of the homeless. Even when a mind is too numb with alcohol to feel the cold, hypothermia easily sets in, skin still freezes. Where can the boozed up and homeless go to protect themselves from the biting cold? What can they do to help climb out of the hole they drank themselves into? How can the fears — real or perceived — of business owners and neighborhood residents be soothed when they consider their lives and their property and their businesses at risk due to wandering drunks?

One model program to at least partially answer those questions, buoyed by a million-dollar federal grant, won't get under way this winter as city planners and community leaders had hoped.

The proposal, to establish a sleep-off center for homeless drunks and pair it with a diagnostic screening facility to nudge chronic offenders on the road to recovery, fell flat for the second consecutive year after the idea brought community emotions to a boiling point. It was an idea that wouldn't fly in Fairview, where the center was to be located near the Brother Francis Shelter and Beans Cafe.

Critics of the plan complain that it is shortsighted, that it doesn't take into account the impact on the neighborhood, and that it doesn't fully address the problem of drunkenness in the city. Celeste Benson, the vocal president of Fairview Community Council, objected to the idea, not because of its location, she said, but because it represents another "bandaid approach" without treating the larger community problem.

The efforts of Benson and others have forced the sleep-off center proposal to the back burner, where it will simmer through another winter using tempo-

See Sleep-off, page B-6

Sleep-off: Public inebriates risk hypothermia after bars close

Continued from page B-1

rary facilities. Temporary quarters have been affixed next to the Brother Francis Shelter, ironically right across the street where the permanent center was to be established.

Local residents, many of whom have been struggling with Anchorage's alcoholism problem for years, will gather this week in what officials hope will be a community-generated solution for a communitywide problem.

A 22-person Blue Ribbon Panel on the Public Inebriate will begin a two-day cram course Tuesday to learn the impacts of public drunkenness on all aspects of society. Street people will testify about their lives. Community health officials will describe social programs. Police officers will tell of related crime.

On the second day of the meeting, a public hearing is expected to bring residents who live near popular hangouts for the homeless. Some will testify in favor of a Fairview sleep-off center. Many likely will testify against it. A pool of alternatives are sure to be offered.

In the end, the citizens group will make recommendations on where Anchorage should go in dealing with public inebriates. Their report is due by mid-November.

The panel also will listen to experts in the field, some of them the same experts who testified before a similar group in 1980 that attempted to deal with the issue. The earlier panel is credited with recommendations that changed the way Anchorage deals with public drunkenness. It panel initiated a city referendum that called for new limits to bar hours and, ultimately, helped clean up a downtown

taken over by opportunistic bars and their drunken patrons.

The renaissance on Fourth Avenue, however, led to new problems elsewhere. According to Brian Saylor, city planner with the Department of Health and Human Services, the problem also has broadened since then, impacting residents on a more personal level. That became clear last month when residents of Fairview showed up in force before the city's Planning and Zoning Commission to protest the Salvation Army's proposed sleep-off center.

"Fairview strenuously objected, many times, and was very effective in calling for a more intense rethinking of the problem," Saylor said. The commission rejected the city-endorsed proposal by a 6-1 vote.

Dr. Ray Dexter, the Salvation Army administrator pushing for the new diagnostic screening and sleep-off center, said that rather than try and push the plan in the face of such strong opposition, he withdrew the proposal, putting everything on hold until after the panel meets.

The Salvation Army proposal was one of nine experimental plans nationwide receiving major federal funding. Dexter is required to make a report next April to evaluate its effectiveness. But that report, he says, is going to be short on results.

"I think we had a good idea," he said. "If we could have done what we proposed a year ago, I think it would have worked. But, we never got the chance."

He defended the plan, saying that it provided inebriates with more than simple shelter. It also provides the screening necessary to encourage the alcoholics to seek treatment. "We have no place where we can sit down and talk with them or have them go through programs that might help them

The Anchorage Times
Sunday, Oct. 15, 1989

cont'd.

motivate their lives," Dexter said.

A couple of givens make the panel's task unusually complex. First, experts say, there is no true solution. Model programs nationwide have shown several routes for dealing with public drunkenness, but no program has ever eliminated the problem.

"Alcoholism has been with us for thousands of years," said Robert Erwin, a former Alaska Supreme Court judge who will chair the panel. "It's not a question of finding answers. It's simply a community seriously attempting to deal with the problem."

Saylor, too, doesn't expect miracles. "There isn't a turnkey solution anywhere," he said. "There is no one solution. There is no right answer."

Second, the issue has many sides. "It can't be addressed in a single-sided sort of way," said Assemblywoman Heather Flynn, a panel member. "It's a problem with numerous facets and it needs to be addressed by people from all corners of society."

Every solution will have ramifications throughout the city, Erwin warned. When bar hours were reduced in 1983, the well-intentioned law had a deadly effect on the homeless it was designed to protect. People didn't realize that the homeless frequented the bars throughout the night, at least partly to stay warm, Erwin said. When bar hours were reduced, homeless drunks faced freezing to death while waiting for Beans Cafe or churches to open their doors in the morning.

That's the sort of goodwill backlash Erwin said he hopes to avoid by obtaining a broad perspective.

While Fairview's Benson remains skeptical, she said that she sees promise in the formation of the panel. The Fairview Community Council has been

asking for a more in-depth look at public drunkenness for a long time, she said.

"I'm sort of encouraged, because I think their response now is 'hey, we're going to have to look at this a little deeper and that's what we've been saying all along,'" Benson said. "It's kind of inspiring. It wakes you up."

"The problem," she added, "is getting worse all the time. It's not something you can fix with a sleep-off center. It's continually growing."

Dexter, though he is not on the panel, is hesitant, but optimistic that a plan to deal with homelessness and drunkenness in Anchorage can be hatched by the panel. However, he said, any solution is going to come at some cost.

"The optimist in me likes to think there is light on the horizon, but there may not be," Dexter said. "I don't think we ever will convince some people that the center belongs in their neighborhood, even though the problem is in their neighborhood."

Assemblywoman Flynn said that she finds hope in the broad representation on the panel. "I don't know what the answer is," she said, "but if we get our minds together, we can look at the bigger picture and something good has to come out of that."

Erwin, the former judge, doesn't want to develop any preconceptions about the panel's direction or its ability to agree on a set of recommendations. There's likely to be minority opinions arising from the group, he said, but at least everyone will have their say.

"It's the sort of thing that raises a great dispute in the community and everyone needs to have a say," Erwin said. "All we have now is a lot of worries and maybe, if we can focus them, we can get some general agreement on how to go forward."

City studies drunks

Public meetings to begin today

By STEVE RINEHART
Daily News reporter

Street drunks, public inebriates, bums, transients, derelicts, Fourth Avenue.

A parade of police officers, lawyers, judges, doctors and social workers today will begin trying to untangle Anchorage's version of an all-American problem: Skid Row. They are scheduled to address the Mayor's Blue Ribbon Panel on the Public Inebriate, which is holding all-day public meetings today and Wednesday at the Anchorage Museum of History and Art.

The problem has not gone away since 1981, the last time the city convened an official study group to figure out why homeless and alcoholic people congregate downtown, and how to dry them out, counsel them, find them roofs and jobs and hope.

Bert Hall, who then was city Health and Human Services director under Mayor George Sullivan and is again under Mayor Tom Fink, said some of the recommendations from 1981 have been implemented. For example, there is emergency food and shelter for street people, shorter hours for bars and liquor stores, and recognition that no single agency or group can solve the problem.

Another recommendation, that a stretch of Fourth Avenue be cleared of disreputable bars and seedy hotels, was also accomplished. That moved the street drunks — the most visible members of the Skid Row population — several blocks east.

That migration, plus the city's consolidation of services for street people in the area of Third and Fourth avenues and Karluk Street, aroused opposition from people living and doing business in Fairview. This month, a plan endorsed by city health officials to help the Salvation Army set up a permanent sleep-off center in that area was shelved when neighbors objected.

Some other recommendations from that earlier panel, such as making it easier and faster to commit some-

one against his will to an alcohol-abuse or mental-illness treatment center, got nowhere, Hall said.

Both the community and the problem have evolved in the eight years since the previous study, Hall said, calling it time for another look.

The panel, 22 citizens chaired by former state Supreme Court Justice Robert Erwin, includes: Dr. Tom Nighswander from Alaska Native Medical Center; Celeste Benson of the Fairview Community Council; Bob Eaton, director of the Brother Francis Shelter;

and Linda Chase, director of the Downtown Business Association.

Hall said the city administration is looking for advice: "We're not going to try to steer the panel. We made it clear we want it to

go wherever it takes us. Where it goes, it goes."

The panel will get expert help from Dennis Kelso, assistant deputy director for alcohol services with the San Diego County Health Department. Kelso, as a consultant for the University of Alaska, conducted a study of Anchorage's Skid Row population in 1978.

His estimates, now more than 10 years old but still being used by the city, suggest Anchorage has a Skid Row population of about 700 people. Alcohol abuse is prevalent within that group, Kelso said. The most obvi-

ous among them are the 90 or so homeless unemployed — the chronic public drunks.

In his descriptive analysis, Kelso found that the Skid Row people were about 60 percent Alaska Native, were younger and included more women than similar groups in other cities, included people who work regularly and some who rarely work, some who have homes and many who do not.

After an opening speech by Fink at 8:45 a.m. today, Kelso will present an overview of the problem, comparing Anchorage with other cities in the nation.

Public testimony will begin at 8:30 a.m. Wednesday.

Anchorage Daily News
Tuesday, Oct. 17, 1989



Times photo by WALT JOHNSON

Dodge Hatfield, a former street person, addresses the Blue Ribbon Panel on Public Inebriates.

Inebriate panel given wisdom from alcoholic

By JOE HUNT
Staff Writer

Dodge Hatfield stepped up to the microphone and looked down on the citizens panel gathered together for a two-day cram course on the city's public drunkenness problem. The thin, silver-haired man hesitated for a moment before he began his talk.

"I don't know how they conned me into getting up here," he began. "But, they did."

Hatfield had the panel's undivided attention as he spoke. He didn't have any statistics or demographics to share with the group. He didn't have any expertise in social programs, alcohol rehabilitation, or the needs of the homeless. But, he had a story to tell. Hatfield was a living statistic, he lived the social programs, he knew alcoholism from the inside out, he slept in the beds of Brother Francis Shelter, ate from the tables of Bean's Cafe.

To the Blue Ribbon Panel on Public Inebriates, Hatfield was the real McCoy.

For several years, Hatfield was a part of the ongoing

problem the panel was organized to investigate. After coming to Anchorage from Fairbanks in 1981, he said he wound up "drinking with the boys" behind a downtown business, often sleeping in a dumpster behind the building.

After years of heavy drinking and living on the streets, Hatfield decided to sober up. For a time, he said, he would succeed, only to fall back to the bottle. For now, he said, he is sober and living off the streets, but he warned that as an alcoholic, he knows it may not last.

"You can never tell what a drunk might do," he told the panel. "I might be drunk before dark, you never know. I don't think so, but it's very possible."

If Hatfield had one message for the panel, it was that any chance of successfully rehabilitating a street-bound alcoholic is worth the effort. He said he has former friends from the streets who have turned around their lives to become alcoholism counselors and businessmen.

"I can go on and on, telling
See Panel, page B-2

Panel

Continued from page B-1

you success stories," he said, "and at the same time I can take you to the streets, telling you stories that weren't so successful."

Hatfield agreed with one panelist's assessment that the community's care of public inebriates only helps sustain the drunkenness. The proximity of Bean's Cafe for food, a sleep off center for shelter, and nearby bars and liquor stores for alcohol seems to provide all the necessities in a triangle that helps maintain the problem, panelist Jerry Green observed.

That may be true, Hatfield said, but he cautioned that the city cannot ignore the basic needs of people either. Alcoholics on the street deserve a chance, he said.

The panel listened to experts all day Tuesday, most of them armed with statistics outlining the scope of the problem. Today, beginning at 8:30 a.m. at the Anchorage Museum of History and Art, the panel will conduct a public hearing on the issue.

Anchorage Daily News
Wednesday, Oct. 18, 1989

Panel finds no easy answer to public drunks



Anchorage Daily News/Bill Roth

Dodge Hatfield, an ex-street person, speaks out Tuesday.

A five-member panel seeking a way to curtail public drunkenness in downtown Anchorage was told Tuesday that all roads to the easy answers are blocked.

Public inebriation, as street drunks are officially termed, cannot be simply locked up. Being drunk in public is not a crime, said City Prosecutor Jim Wolf. And if it were, his office does not have enough people or time to take such cases to court.

Street drunks can't just be picked up and placed in alcohol-treatment centers. The legal process for such involuntary commitments is

used, said Bert Hall, city Health and Human Services director.

That approach also crowds people's civil rights, said Public Defender Susan Orlansky. And the police have more pressing things to do, said Capt. Bill Casto.

There is not enough room at treatment centers anyway. Judges are willing to prescribe treatment instead of jail terms, said District Court Judge Elaine Andrews. "But the waiting lists are long, and there's nowhere to hold these people while you wait for a bed to become available."

By the time panelist and Fourth Avenue businessman Jerry Green had heard the morning session, he reached

one conclusion. "It's not a simple problem. You can't just move them away somewhere."

The 22-member panel was named by Mayor Tom Fink to tell the city administration how to fix a problem that has perplexed cities all across the country. The homeless, drifters and other down-and-outers, sometimes mentally ill and often drunk, congregate downtown, which angers some business people, tourists and residents.

The panel heard the first of two days of testimony Tuesday at the Anchorage Museum of History and Art. Today, public testimony is

Please see Page C-3, DRUNKS

DRUNKS:

Continued from Page C-1

to begin at 8:30 a.m.

Spicing the roster of special witnesses was Dennis Hatfield, a 55-year old iron worker who told the panel how he spent several years drinking with his pals on Fourth Avenue, eating from dumpsters, riding a revolving door from the street to the emergency shelter, to the liquor store and back to the street.

He said he got lucky. After a stint at the Salvation Army's Glitheroe Center, he stayed sober six months. Other people ought to get that chance, he said.

"One day, one of your kids might be out there in

the same condition," Hatfield said.

Fixing the problem will take money and commitment, said Dennis Kelso, an official with the San Diego County health department who was invited to give the panel expert advice.

"It is not a matter that this is hopeless," Kelso said, though there will always be a certain number of homeless people and drunks.

But Anchorage should follow the lead of some other cities and figure the cost of helping out street people in to the expected cost of urban renewal, he said. As the city commits funds to fixing up streets and sidewalks and buildings on Fourth Avenue,

for example, it should plan to pay for sleep-off centers, treatment centers and homeless shelters.

Either way, the city pays. When there is no room at the sleep-off shelter, or if a drunk is combative, the police take him or her to the Sixth Avenue Correctional Center for a 12-hour sobering stay. The state then sends the city a bill for about \$102, said Allen Cooper, deputy regional director for the Department of Corrections.

It costs about the same — roughly \$100 per person per day — to keep people in 30-day residential alcohol-treatment centers, said Jim

McMichael, program coordinator for the state Office of Alcohol and Drug Abuse. Longer term public care would cost less; private care would cost five or six times more, he said.

Still, "It's a whole lot cheaper to treat these people than ignore them," McMichael said. Because without treatment, he said, drunks tie up expensive services such as the police and the Community Service Patrol.

Fink said he formed the panel in response to complaints about public drunks downtown. "We as a society do not have to put up with people sleeping and defecat-

ing on the sidewalks," he said.

Fink said the city should be compassionate, but should use its limited resources to help people who want to help themselves.

But part of the problem is that people under the influence of alcohol can't often make a decision to help themselves. "You have to get them dried out so they can make a choice," said Ernie Turner, director of the

Alaska Native Alcohol Rehabilitation Center and one of several government and social service representatives addressing the panel.

This year the city gave only six-month's financial backing to a 21-bed detoxification center, operated by the Salvation Army as a bridge between street-level social services and long-term care required to get alcoholics off the drug. It closed June 30, after failing to get state funds to remain open.

Anchorage Times
Thursday, Oct. 19, 1989

Inebriate panel grapples with sobering questions

By BARBARA ROGERS
Times Writer

Will better alcohol-treatment programs or better access to housing help solve the problem of public drunkenness in downtown Anchorage? And who are the public drunks: a static group of homeless people or a floating population who one day are drunk and another day are sober and working?

These are just a few of the questions the Mayor's Blue Ribbon Panel on the Public Inebriate must grapple with after spending nearly two days hearing from experts and the public.

"The public inebriate will always be with us . . . Even with unlimited funding . . . we will still have people die on the streets," said John Franklin, former fire chief and commissioner of public safety in Anchorage.

"I sold blood at \$5 a pint on the Bowery for drinking money. I've been there," Franklin said.

He recommended that the municipality:

- Continue its arrangement to send homeless people to Bean's Cafe and the Brother Francis Shelter, both on Third Avenue just east of Gambell Street.
- Fund a 10-bed detoxification center at Point Woronzof, where the Salvation Army had a facility until late June when the municipality stopped its funding.
- Establish a permanent sleep-off cen-

ter where a temporary one now stands next to Brother Francis and Bean's.

Don Smith, former assembly member and owner of the Salmon Bake on Third Avenue, said the lives and safety of drunk people on the streets need to be assured, but they need to be moved off Fourth Avenue. "They bother people," Smith said.

"We really haven't gotten tough on Fourth Avenue," he said.

A group of residents from the Fairview neighborhood near the shelter and Bean's repeated their opposition to more alcoholism service or treatment facilities in their neighborhood.

"We're being made to deal with a problem we shouldn't have to deal with," Bob LeHar said. "The federal government gives them (alcoholics) more rights than I have, and that makes me mad."

The Planning and Zoning Commission recently rejected a proposal to convert a vacant building across the street from the Brother Francis Shelter into a combination detoxification-diagnostic screening facility.

The Fairview Community Council claims the area as part of its neighborhood, although some social service officials believe the community is stretching its limits.

The plan that gained the most interest from committee members Tuesday was tagged the "O-Zone" by promoter Mike O'Callaghan, who recommended sheltering public inebriates in an out-of-the-way area.

O'Callaghan said a liquor store and bar could be placed in the area, with proceeds going to social service agencies geared to treat the inebriates.

Anchorage Daily News
Wednesday, Nov. 8, 1989

Panel targets drunks

Moving indigents tops suggestions

By **STEVE RINEHART**

Daily News reporter

Anchorage street drunks should be hauled out of downtown to sober up at a sleep-off center at Point Woronzof, a blue-ribbon panel recommended to Mayor Tom Fink on Tuesday.

The panel, convened last month to find a way to reduce public drunkenness, tried to figure out how to help drunks and reduce public drunkenness without hurting the people who live and do business where the drunks spend their time, said panel chairman Bob Erwin.

"You don't want to blight a neighborhood, and you don't want to kill an alcoholic," he said.

Neighbors and business people in Fairview fought a proposal this summer to open a permanent sleep-off and diagnostic center downtown, in the area of Beans Cafe and the Brother Francis Shelter. They said drunks made them afraid and drove away customers, and the proposed facility would draw more drunks.

That controversy led to the formation of the 22-member panel, appointed by Fink. After about a month of meetings, it made its first report Tuesday.

It recommended reopening the alcohol-detoxification center at the Salvation Army's Clitheroe Center at Point Woronzof, near the Anchorage International Airport. That 21-bed facility, where street drunks could dry out for several days under medical supervision, closed at the end of June when city and state money ran out.

In addition, the panel proposed closing the sleep-off center that was set up a year ago next door to the Brother Francis homeless shelter, and which has become very busy. That would be replaced with a bare-bones

Please see Page B-3, **DRUNKS**

DRUNKS: Shelter

Continued from Page B-1

shelter where drunks could sit and keep warm until they could be bused to the Salvation Army detox center.

Reopening the detox center is a good idea, but closing the sleep-off center is not, said Ray Dexter, Clitheroe director.

More than half the 80-90 drunks using the 40-bed downtown sleep-off center each day are walk-ins, Dexter said. "Obviously, nobody is going to walk in to Point Woronzof," he said.

People cannot be forced to ride a bus to a sleep-off center, and many would choose not to, Dexter said.

"The panel members, most of them, do not seem to realize that most public inebriates look at that area of downtown as their home," Dexter said.

He said he agreed with part of the panel's conclusion: that if drunks were taken to a sleep-off at Point Woronzof, and there was a detox center next door, more drunks might seek the longer-term treatment.

Getting drunks off the street, giving them basic shelter, and carting away those who will go, is about the only response available, said Brian Saylor, planning manager for the city's

Health and Human Services Department. Other panels in other cities have reached similar conclusions, he said.

"People will only get treatment when they are ready," Saylor said. "The goal is not treatment. The goal is reducing the impact and the visibility."

Dexter speculated this solution may make the neighborhood problem worse. If drunks using the public shelter feel pressed to take a bus ride out of town, they may seek shelter downtown in vacant buildings, he said.

Erwin said the panel did not advocate hauling drunks away to hide the problem, but to break a cycle. As it is, he said, street drunks either walk into the sleep-off center or are brought in by the Community Service Patrol, stay a few hours or overnight, walk to Beans for a meal, then hit the street to find another drink.

The panel is also recommending changes in the law so that drunks can be jailed or placed in custody for longer than the present 12-hour maximum.

The panel will meet again Thursday to polish its report, Erwin said, and it will continue meeting to try to identify sources of money to pay for detoxification and other social services for street drunks.

ATTACHMENT B

**LIST OF BACKGROUND MATERIAL SENT TO MAYOR'S PANEL
ON THE PUBLIC INEBRIATE**

**LIST OF BACKGROUND MATERIAL SENT TO
MAYOR'S PANEL ON THE PUBLIC INEBRIATE MEMBERS**

1. "A Descriptive Analysis of the Downtown Anchorage Skid Row Population," The Center for Alcohol and Addiction Studies, University of Alaska, Anchorage, April 30, 1978.

This study, based on a systematic survey, contains a variety of demographic, education, employment, income, and drinking and drug related information on the downtown skid row population.

2. "Beyond 4th Ave: Alternatives to Misery Phase II - Final Report"

This report includes background information on Mayor Sullivan's 1981 Blue Ribbon Committee as well as their final recommendations.

3. "Violence on Anchorage's 4th Avenue from the Perspective of Street People" by Michael Huelsman

This article describes the results of a survey conducted in 1983 on the problems of Anchorage's skid row population.

4. Section 47.37.010 - 47.37.270 of the Alaska Statutes (Uniform Alcoholism and Intoxication Treatment Act).

This section of the Alaska Statutes spells out the responsibilities of the State in alcohol treatment and rehabilitation, and establishes public safety and treatment policies.

5. "Decriminalization of Public Drunkenness: Response of the Health Care System" by Peter Finn.

This article assesses the impact of the Uniform Alcoholism and Intoxication Treatment Act on the criminal justice system and treatment of public inebriates.

6. "A People in Peril" by Anchorage Daily News, January, 1988

The series of articles published by the Anchorage Daily News examines the impact of alcohol on the lives of rural Alaskans. Some of these problems may be similar to those in Anchorage.

7. "Municipal Defunding Detoxification Services", Memo from Brian Saylor to Bi-Annual "MEGA" meeting Participants, Sept. 21, 1989.

This memo discusses the agreements and actions that preceded the July 1, 1989 termination of the Salvation Army's detoxification program funding by the Municipality and presents preliminary impressions of how the alcohol treatment system has responded to the defunding.

8. "A Status Report on the Diagnostic Screening and Sleep-Off Center Process", Assembly Memorandum from the Mayor.

This Assembly Memorandum (AIM 174-89), dated Oct. 10, 1989, traces the history of the Salvation Army's attempts to find a permanent location for the Diagnostic Screening and Sleep-Off Center.

9. California public drunkenness statutes.

California has not adopted the Uniform Alcoholism Treatment Act. As a result, California statutes regarding public drunkenness are different from Alaska statutes. In California, public drunkenness is a misdemeanor crime whereas it is not a crime in Alaska.

10. Information on the availability of HUD homeless grants which may be available for recovering alcoholics in Anchorage.

The McKinney Act, passed on June 30, 1987, expanded food and shelter programs for the homeless operated by the Department of Housing and Urban Development (HUD) and the Federal Emergency Management Agency (FEMA). Various grant programs funded by this act are described.

11. "Annual Report to the Legislature 1988 Office of Alcoholism and Drug Abuse".

State Office of Alcoholism and Drug Abuse (SOADA) program descriptions and expenditures in Anchorage and statewide.

12. Draft language streamlining the involuntary commitment procedures developed by Senator Uehling.

The proposed Senate Bill, not yet introduced, would among other things streamline the process used to commit public inebriates to alcohol treatment facilities and extend the length of treatment from 30 days to 60 days.

13. Native reception center proposal.

This proposal for a Native reception center attempts to address the need for a non-drinking social center for Alaskan Natives.