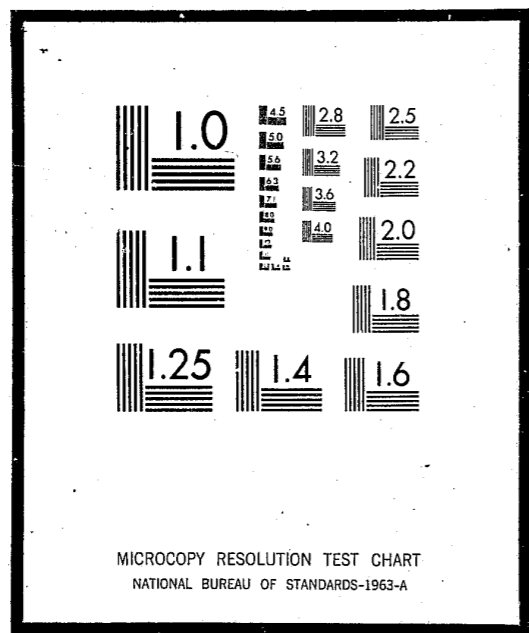


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AN ANALYSIS OF CHRONIC DRUNKENNESS OFFENDERS
WITH IMPLICATIONS FOR BEHAVIORAL INTERVENTION

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Summary

An Analysis of Chronic Drunkenness Offenders
With Implications for Behavioral Intervention¹

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Detailed social-psychological data on chronic drunkenness offenders in a medium sized Southern city are presented. Therapeutic implications are discussed within a behavior modification framework.

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AN ANALYSIS OF CHRONIC DRUNKENNESS OFFENDERS
WITH IMPLICATIONS FOR BEHAVIORAL INTERVENTION

Peter M. Miller, Ph.D.

Although treatment services for alcoholics are rapidly expanding, intervention programs aimed at public inebriates are scarce. These individuals are chronic alcoholics with little motivation to change, few environmental supports, and limited social and vocational skills (1,2,3). After years of excessive drinking they become part of a Skid Row sub-culture with little hope of returning to a useful existence.

Public inebriates become most visible to society in relation to their contacts with law enforcement officers and the criminal justice system. They constitute the bulk of arrests for public drunkenness. Most of these arrests represent a "revolving door" phenomenon (4) in which the same individual is repeatedly arrested, released, and rearrested with incarceration or monetary fines apparently having no effect on the cycle.

In order to effectively modify this pattern, more detailed social and psychological information is needed on various populations of chronic drunkenness offenders. Indeed, the survey information that has previously been reported (4) has led to the initiation of several local and state rehabilitation programs in lieu of jail. However, the problem of maintaining the chronic inebriate's cooperation with such a program remains unsolved. While some programs have utilized court imposed threats of incarceration to sustain participation in treatment, such participation quickly dissipates when legal contingencies are removed.

In the present study, a survey of public drunkenness offenders was gathered to provide a data base for a behavior modification intervention program using positive incentives to encourage long term participation. The survey differs from past reports of this type in that it provides:

- 1) information on offenders from a medium sized Southern city (other reports have gathered information in large metropolitan areas),
- 2) more detailed data on drinking patterns, and
- 3) data on types of treatments that would best meet the current needs of the inebriate.

Survey Data

Social-psychological survey data were obtained on 34 chronic drunkenness offenders in Jackson, Mississippi (population = 200,000). The survey was designed to provide comprehensive data on the family, social, educational, vocational, drinking, medical, and legal histories of the chronic public drunkenness offender. All subjects had been recently arrested (within the past 24 hours) and charged with public drunkenness. All interviews took place at the Jackson Police Department in a room adjacent to the jail cells. Subjects were randomly selected from among those currently incarcerated in order to provide a representative sample. Those who were too intoxicated to provide complete information were excluded. In addition to interview data, information on each subject was also obtained via records on file at the Jackson Police Department. This additional source of data was used to substantiate the reports of the subjects. Basically, the survey included data on 15 major areas of life: education, military service, marital status, health, alcohol consumption, family background, employment, religion, financial status, living arrangements, current needs, police record, civic

participation, social involvement, and free time activities. Survey results will be discussed for each area separately.

1. General composition of group.

The total number of completed surveys was 34. Of this group the age range was 23 to 63 years with a mean age of 43 years. Thirty-three of the subjects were males with only one female in the group. Racially, the group was composed of 62% white, 35% black, and 3% American Indian. This ratio of white to non-white is very consistent with the racial representation of the population in the Jackson metropolitan area.

2. Education.

The group tended to be better educated than one might expect. The highest level of educational attainment ranged from the 4th grade to college graduate. The average educational level was the 9th grade. Unlike other Skid Row samples (5), 68% had attended high school and 6% had attended college. Many of those surveyed had received their high school diplomas through the GED equivalency examination while in the military service.

3. Military Service.

Of the total group 20, or 60%, served in the military service while the remaining 14 did not. The majority of those who did not serve, failed to pass the military's physical examination. Of those who served, 19 were enlisted men and one was an officer. Seven out of the 20 serving reported that they were very heavy drinkers in the service.

4. Marital Status.

The marital status of the group members was as follows: Married, 15%; Divorced, 71%; Separated, 8%; Never Married, 6%. Thus, a high proportion

were currently divorced. Most admitted that their abusive drinking was the cause of marital problems and subsequent divorce. Many of those surveyed had multiple marriages and divorces. Heavy drinking tended to increase subsequent to a divorce. The subject's general state of living also deteriorated at this time. Although their wives reportedly nagged them about drinking and supposedly precipitated drinking episodes, these men apparently received support from their wives since they functioned much better while they remained married. While most had children, only a few claimed them as their dependents.

5. Health.

Most stated that they were in fairly good health. From their reports, 2 rated their health as being excellent, 19 as good, 8 as fair, and only 3 as poor. In spite of this many reported a variety of past and present medical problems related to their abusive drinking. The most frequently reported physical complaints were dizzy spells, loss of memory, stomach ailments, and loss of sensation in the arms and legs. Medical needs were usually taken care of at the Veterans Administration Hospital or the Emergency Room at the University Medical Center. Very few consulted a private physician. This is most probably due to their lack of funds to pay for such services.

As far as the alcoholism treatment is concerned, 53% reported never receiving such treatment while 47% had received prior treatment. Of the group receiving past treatment, most had utilized multiple resources in the community. The average number of hospitalizations was 2.8 times. Subjects tended to use the State Hospitals (both at Whitfield and East Mississippi) and the VA Hospital for treatment. Most of this "treatment"

was actually detoxification with no continued follow-up or more intensive treatment.

As far as future treatment is concerned, 59% expressed a desire for alcoholism treatment, 30% would refuse treatment, and 11% gave no response. Thus, the majority would accept help and definitely wanted to change their pattern of alcohol abuse.* This is quite different from the generally held opinion that Skid Row alcoholics are completely unmotivated and will not accept treatment.

The majority would be most accepting of treatment geared toward meeting their basic social, vocational, and economic needs while changing their drinking behavior. They also felt that a program of external incentives would help to sustain their motivation to change. These men were very cognizant of the fact that in their current state, alcohol is only one of their many problems in life. Outpatient treatment and Antabuse were also desirable treatments. Most felt that traditional treatments such as Alcoholics Anonymous were not suited to their problems.

6. Alcohol.

The number of years of alcohol abuse ranged from 2 to 47 years with a mean of 11 years. Age when the first alcoholic beverage was consumed ranged from 7 to 28 years with a mean age of 14 years. Most subjects consumed from one pint to more than a fifth per day. The most preferred alcoholic beverages were bourbon, beer, and wine. Most did their drinking either in bars or at home. Few ever drank while they were working. Most drank either alone or with other heavy drinkers. The average amount of money spent on alcohol per week was \$5 to \$200, with the average being \$25.

*All subjects were told that their responses to questions had no bearing on their release from jail.

The subjects had difficulty in providing data on the events which precipitate drinking episodes. For a few, a variety of situations could serve as a cue for excessive drinking (e.g., problems at work, boredom, loneliness, etc.). With most, the mere presence of alcohol or drinking acquaintances served as a cue for excessive drinking. Most subjects reported that they continue a drinking episode until they become too ill to drink or until they are arrested. Thus, drinking is not terminated volitionally but is a function of external or physiological aversive events which are out of the alcoholic's control.

7. Family Background.

The family background was assessed in terms of the drinking patterns of other family members. The majority of the subjects came from rural, farm backgrounds. Most left home at around 18 years of age in order to seek employment or to marry.

Most were from religious families. Their mothers were typically alcohol abstainers who felt very strongly against drinking (even socially). Their fathers were drinkers with 44% being alcoholics, 25% social drinkers, and 31% abstainers. Those with abstinent fathers often had a brother or uncle who was an alcoholic. Those with alcoholic fathers reported much conflict in the home over the father's drinking. Only a small percentage had been exposed to good models of appropriate social drinking.

8. Employment.

Of the total group 23, or 68%, were currently employed and 11, or 32%, were unemployed. Many were employed in unskilled day work, working approximately 2 to 3 days per week. Most had a history of numerous unskilled manual jobs. Many worked as cooks, construction workers, and general

maintenance men. Some had job skills (e.g., fork lift operator) but did not use them. Of the total group, 52% worked at unskilled employment, 26% at semiskilled employment, and 22% at skilled employment. Their salaries ranged from \$10 per week to \$200 per week with the average weekly salary being \$71. This represents an average yearly salary of \$3,408 per year. Most had lost numerous jobs because of drinking. A typical pattern was to work for a few days to save enough money for a drinking binge.

9. Religion.

As was stated previously, most subjects were raised in very religious families. Typically the mother was more religious than the father. The religious affiliations of the group were: Protestant, 76%; Catholic, 6%; Jewish, 3%; No Affiliation, 15%. Before drinking became a problem, 98% of those with religious affiliations attended church regularly. After drinking became a problem only 10% attended church regularly with 48% not attending at all. Thus, as alcoholism becomes more of a problem, the individual tends to become less involved with past religious and social affiliations.

10. Financial Status.

Most of the group had lost a great deal of property and money as the result of drinking. The majority had lost numerous jobs because of drinking. The main source of income for the majority was from their jobs. Out of the total 34, only 2 were on welfare, 5 received a pension, 3 received social security benefits, and 1 received VA disability payments. Most were currently without savings.

11. Living Arrangements.

Surprisingly, few of the group were transients. Only five resided outside of Jackson. The remainder had lived in Jackson an average of 7 to 10 years. Fifty percent of the group lived alone with the majority living in inexpensive boarding houses or hotels near the downtown area of the city. Three of the group had no address at all. Those not living by themselves most frequently were staying with relatives.

12. Needs.

The greatest immediate needs of the group were employment, medical care, clothes, housing, and transportation. These needs were met in a very haphazard manner. Emergency clothing, food, and housing needs were usually met via the Salvation Army. Employment was obtained through friends or going directly to work sites and requesting day work.

13. Police Record.

The majority of the group was well known to the police, having been arrested numerous times. Public drunkenness was the most frequent offense. The range of arrests for this charge was from 1 time to 112 times. The average individual surveyed had been arrested 25 different times for public intoxication. Sixteen of the 34 subjects had also been arrested numerous times for drinking while driving offenses (either DUI or DWI). A few had been arrested on other charges such as assault, mail theft, forgery, and disturbing the peace.

While the numbers of arrests were high, they actually represent an underestimation of the arrest rates since many of those interviewed had been arrested in smaller cities surrounding the Jackson area. The investigator was only able to verify police records within the Jackson city limits.

These data corroborate other reports in that most public drunkenness offenses represent the same few individuals being arrested over and over again. Thus, an intervention program aimed at rehabilitating a small group in this category would significantly influence the time and money spent on arresting and incarcerating these offenders.

14. Social Involvement.

The individuals surveyed were socially active in that they interacted with friends on a daily basis. However, most of their contacts were with drinking acquaintances and they tended to avoid friends or relatives who do not permit drinking in their presence. Most of their social relationships were superficial and few formed close friendships. Thirteen of the 34 reported that they had no close friends (defined in terms of someone you can trust and someone who cares about you). The close friends of the remaining number were typically alcoholics.

Thus, the chronic inebriate is not a complete isolate, but lives in an environment composed of other alcoholics and those who permit and often encourage his excessive drinking. At times he will sober up long enough to visit friends and family who do not permit drinking, but quickly drops back into his Skid Row society. Relatives tend to be highly critical of these individuals even when they are not drinking. At times, criticism from relatives precipitated drinking episodes.

15. Civic Participation and Free Time Activities.

The group had few free time activities of a constructive nature. Free time was usually spent drinking alcohol. Most of these individuals had never been involved in organized civic activities. As with religious activities, most had engaged in fishing, hunting, sports, etc., before

drinking became a problem. After drinking became a problem these activities were abandoned.

Discussion and Treatment Implications.

Generally, the data indicate that social-psychological characteristics of chronic drunkenness offenders in a medium sized Southern city are similar to those of their counterparts in larger metropolitan areas (5). Some differences, however, are evident. Educational levels and employment rates tended to be higher than has been reported in other studies. Thus, this population may have more assets and hence require less vocational rehabilitative time and effort.

These data also support the contention that while the public drunkenness offender often wants to change his way of life, his environment is geared toward maintaining chronic alcohol abuse. He is living in the deteriorated area of the city in which excessive drinking is expected of him. There are very few opportunities for engaging in alternative, socially adaptive behaviors. Those who attempt to interact with the outside culture are often socially punished for their attempts. For example, in the present survey, those who contacted relatives or non-alcoholic friends during periods of sobriety were frequently punished via criticism and rejection.

These alcoholics are very dependent on their environment in regard to the initiation and termination of drinking. Both the present survey and more controlled laboratory observations (6) indicate that the precipitants of drinking in this group tend to be external (presence of alcohol or drinking buddies) rather than internal (anxiety, depression). Termination of drinking is also externally determined by arrest or lack of availability of alcohol. Along these lines, Heilbrun and Norbert (7) found that Skid

Row alcoholics are unable to initiate self-reinforcement to maintain their positive behaviors but are more dependent on externally imposed reinforcement systems.

These factors have definite therapeutic implications. They imply that rearrangement of environmental contingencies is a requisite for successful alteration of the Skid Row alcoholic's pattern of living. Such a program is consistent with behavior modification approaches (8) which involve systematically scheduling positive consequences for abstinence or moderate drinking and negative consequences for excessive drinking and intoxication. Indeed, in controlled laboratory environments, the drinking of Skid Row alcoholics can be drastically modified using contingency management in this manner (9). While successful clinical applications of this approach have been reported (10,11,12), only a few have utilized Skid Row alcoholics.

Via a halfway house or community alcoholism program the basic needs of the public inebriate could be met (employment counseling and placement, food, shelter, etc.) in exchange for decreases in his alcohol consumption. Drinking could be assessed via a simple breathalyzer test. The lower the blood alcohol concentration, the more goods and services are provided. Individuals could be placed on a credit system so that they earn points for low blood alcohol concentrations (accumulated at random intervals throughout the week) which can be used to purchase needed goods and services. This approach would necessitate coordination of existing community agencies (missions, halfway houses, etc.) so that the alcoholic is not able to obtain his needs ~~ir~~ regardless of his drinking behavior. The present survey indicates that this type of program would be highly acceptable to the alcoholic and may sustain participation over longer periods of time than traditional

methods. As the alcoholic decreases his drinking and improves his life, he could be referred to more comprehensive treatment programs. Goals for others may be more limited in terms of increasing the length of time between drinking bouts.

Finally, it is suggested that future surveys of this type include more detailed information regarding drinking patterns and current needs of the chronic inebriate. Pilot rehabilitative projects such as the one described would appear worthwhile especially in light of the failure of traditional approaches with the chronic drunkenness offender.

References

1. Jackson, J. R. and Conner, R. The skid row alcoholic. Quart. J. Stud. Alc. 14: 468-486, 1953.
2. Alford, J. A. Medical and psychiatric aspects. In The court and the chronic inebriate. Washington, D. C.: U. S. Government Printing Office, 16-20, 1965.
3. Blumberg, L. U., Shipley, T. E., and Moor, J. O. The skid row man and the skid row status community. Quart. J. Stud. Alc. 32: 909-941, 1971.
4. Pittman, D. J. and Gordon, C. W. Revolving door: A study of the chronic police case inebriate. (Rutgers Center of Alcohol Studies, Monogr. No. 2) New Brunswick, N. J.: 1958.
5. Pittman, D. J. The chronic drunkenness offender: An overview. In The court and the chronic inebriate. Washington, D. C.: U. S. Government Printing Office, 6-24, 1965.
6. Nathan, P. E. and O'Brien, J. S. An experimental analysis of the behavior of alcoholics and nonalcoholics during prolonged experimental drinking: A necessary precursor of behavior therapy? Behav. Ther., 2: 455-476, 1971.
7. Heilbrun, A. B. and Norbert, N. Self-regulatory behavior in skid row alcoholics. Quart. J. Stud. Alc., 33: 990-998, 1972.
8. Miller, P. M. and Barlow, D. H. Behavioral approaches to the treatment of alcoholism. J. Nerv. Ment. Dis., 157: 10-20, 1973.

9. Cohen, M., Liebson, I., and Faillace, L. A. The role of reinforcement contingencies in chronic alcoholism: An experimental analysis of one case. Behav. Res. Ther., 9: 375-379, 1971.
10. Sulzer, E. S. Behavior modification in adult psychiatric patients. In Ullman, L. P. and Krasner, L., Eds. Case studies in behavior modification. New York; Holt, Rinehart, and Winston, 196-199, 1965.
11. Hunt, G. M. and Azrin, N. H. A community reinforcement approach to alcoholism. Behav. Res. Ther., 11: 91-104, 1973.
12. Miller, P. M. The use of behavioral contracting in the treatment of alcoholism: A case study. Behav. Ther., 3: 593-596, 1972.

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