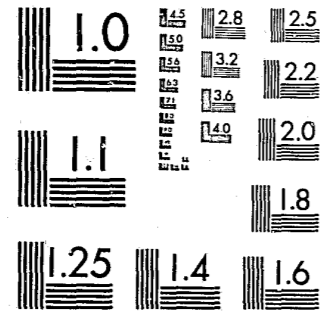


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SUMMARY OF SERVICES FOR THE  
PUBLIC INEBRIATE IN SAN DIEGO, CALIFORNIA

1983 *Background Paper*

The Elusive Public Inebriate

Many urban areas in the United States are experiencing a new emergence of disenfranchised poor---a population generally consisting of former state hospital patients, unemployed drifters, unemployable or disabled local residents, school drop-outs, and practicing alcoholics. While this population is remarkably diverse it is frequently characterized by people who dress shabbily and are unshaven. The shabby appearance of many of these people has led some urban observers to incorrectly assume that almost all of the residents of skid row have alcohol problems and are public inebriates---the facts indicate otherwise.

Studies by the San Diego County Department of Health Services suggest that San Diego has a skid row population of several thousand but has fewer than 500 public inebriates. These are people who are intoxicated in public places on a frequent basis. Often, these people have no homes and are public inebriates simply as a result of their high-visibility drinking in the downtown area. Recent urban re-development efforts have resulted in the destruction of low-cost housing downtown with a subsequent shift of the poor population from low income downtown hotels to living in the streets or in the parks. The high visibility of public inebriates and other disenfranchised poor is a special concern to downtown merchants, shoppers, residents, police, and public officials.

The Trial and Error of Public Policies

Public inebriates present a public policy issue to all members of the community through issues of law and humanity. The legal issue is contained within California Penal Code 647(f), which makes public in-

toxication a misdemeanor offense. The humanity issue is simply 'how can members of the community appropriately address the problem of public intoxication given the financial restrictions of Proposition 13 and the limited interest of some public inebriates in embracing recovery'.

Civilized societies have attempted innumerable intervention strategies into the problem of public inebriety since the earliest recorded history. Each of the strategies has represented a balance of advantages and disadvantages, including a wide variation in costs. None of the strategies has completely eradicated the problem. In San Diego County, three distinctly different strategies have been used during the past 15 years: (1) jail only, (2) 3-day detox or jail, and (3) short-term alcohol diversion program (Inebriate Reception Center/IRC) or jail. The jail-only program complied with the law but was costly and appeared to have limited impact on the inebriates; this effort was discontinued in 1972. The 3-day detox or jail effort took place from 1972 to 1976. This effort consisted of allowing the public inebriate to participate in a 3-day modified-medical model residential detoxification program or go to jail; this effort resulted in the high utilization of a 99 bed detoxification unit by a relatively small number of people who appeared to have little motivation to remain sober beyond the doors of the unit. The final and present effort consists of allowing public inebriates to participate in a low-cost, high-volume effort which provides an initial contact point for public inebriates to consider recovery, become acquainted with the availability of more structured detoxification and treatment programs, and indicate a sense of motivation to participate in those programs. The jail option is used when public inebriates are combative, hostile, abusive, or indicate they do not wish to be taken to the diversion program. Public inebriates with injuries are taken to a medical facility.

Target Population: Remarkably Young

While one of the mythologies of public inebriety depicts the public inebriate as an aging, severely medically impaired chronic alcoholic, the characteristics of IRC users in San Diego are much different, as shown in the table below.

IRC USERS IN SAN DIEGO,  
1981

CATEGORY	%
Age	
0-19	6
20-29	36
30-39	25
40-59	25
60+	9
Sex	
Male	85
Female	15
Race	
Caucasian	64
Black	15
Cauc.-Hispanic	14
Native American	6
Other	1
Education-years	
0-8	15
9-11	20
12/GED	24
13+	41
Length of Residence in San Diego - years	
0-1	19
1-5	26
5-10	14
10-15	7
15+	35

Sample: (N=328)

How it Works

The Inebriate Reception Center (IRC) is one of four intervention programs located within a single facility in downtown San Diego. The IRC contains approximately 2,000 square feet and is pleasantly furnished with chairs, tables, a few mattresses, and a coffee/juice service area; a stand-up counter in the brightly-lighted facility is used to greet new clients and law enforcement escorts. Almost all users of the unlocked facility are escorted there by police. The police log the client in and depart within five minutes. The client is advised by police to remain in the facility for a minimum of four hours in order to sober up, talk to someone about recovery opportunities available, and stay off the street. If the client departs prior to the four hour time period than the person is subject to arrest.

If the client is interested in becoming involved in a detoxification program then arrangements are made immediately for the person to enter an on-premises detox program (16 beds), treatment program (20 beds), or on an on-premises residential recovery home (44 beds). Ten county-contract alcoholic recovery homes provide an additional 315 beds available in part to central city referrals.

All programs at the facility are voluntary and accept male and female clients; fees are charged, but no one is denied services due to inability to pay. The IRC program receives approximately 23,500 police referral clients per year; the annual operating budget for the reception center is \$175,000. Total program costs (all components) is \$735,000 annually, with County support of \$665,000. County contract costs for IRC visits are \$6; for detoxification, \$42 per day; for residential treatment, \$25 per day; and for recovery homes, \$13 per day.

### Philosophy

The philosophy of the approach to public inebriety used by the IRC is that public inebriates are responsible for their behavior. Their involvement in the IRC provides them with additional choices in their lives--- to consider embracing recovery through voluntarily becoming involved in recovery programs, or to decide to continue drinking. Support for recovery is available in the IRC through the strong presence of sober role-models who serve as staff or volunteers for the program, and through opportunities to observe people successfully participating in the detoxification program. An abundance of anecdotal evidence of the success of the IRC approach is visible in downtown San Diego through the sober presence of former public inebriates.

### Strengths and Weaknesses

Special strengths of the program include its low cost, minimal allocation of limited funds for recovery to persons who have no interest in recovery, close linkages with a spectrum of recovery resources for referral purposes, excellent working relationship with community agencies, community support for consistency, quality, and integrity, and volunteer opportunities. Weaknesses of the program: limited capability to accept non-police or social service agency referrals.

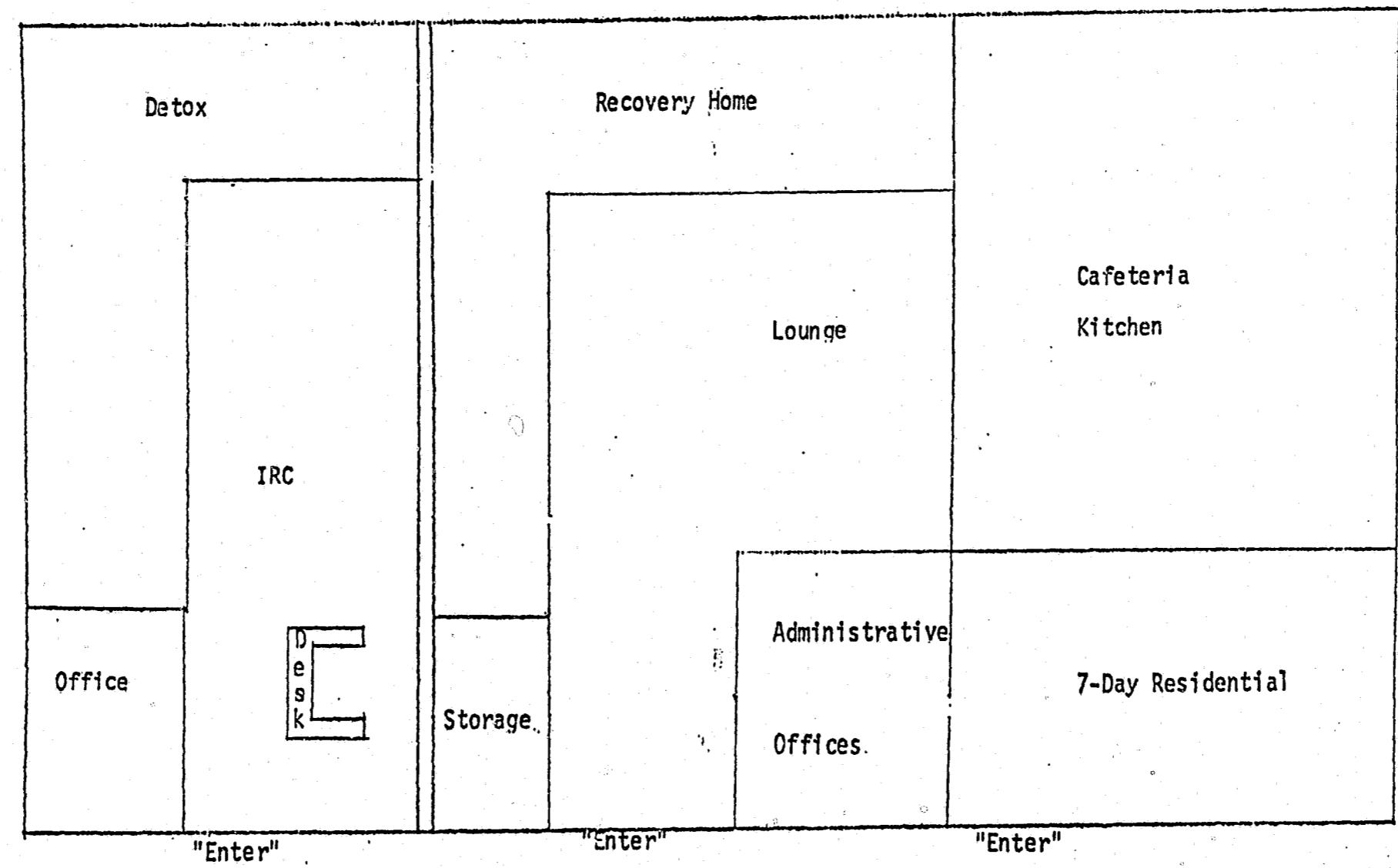
### Lessons Learned

Public inebriety is a chronic and complex problem. Much of the success of the public inebriety intervention effort in San Diego has resulted from the close, cooperative working relationship between the County Alcohol Program, San Diego Police Department, City Attorney's Office, merchants, and a myriad of social service agencies. Reductions in public funding for almost all health and social services during recent

years has required the use of new intervention strategies which will help to ensure that each recovery dollar will help the most people attain and maintain the long term sobriety which forms the basis of recovery.

For more information: Contact Robert I. Reynolds, Chief, San Diego County Alcohol Program, 2870 Fourth Avenue, San Diego, CA 92103; telephone (714) 236-2004.

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**END**