A COMPARATIVE STUDY OF POLICE HANDLING OF THE ALCOHOLIC OFFENDER

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A COMPARATIVE STUDY OF POLICE HANDLING OF THE ALCOHOLIC OFFENDER

by

JAMES F. RUSSELL

AN ABSTRACT

Submitted to the
College of Social Science
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ABSTRACT

A COMPARATIVE STUDY OF POLICE HANDLING
OF THE ALCOHOLIC OFFENDER

by James F. Russell

For the municipal police department, the alcoholic offender has become an ever-recurring and exhausting problem. This subject is widely discussed; however, seldom is there any improvement made or even agreement reached, concerning how to lessen the workload caused by the alcoholic offender.

Alcoholism in general and the alcoholic offender specifically are discussed from the viewpoints of the police, the sociologist, the medical profession, and the industrial complex. State and community agencies were explored to determine the existing facilities for the rehabilitation of the alcoholic.

A model program was developed from the literature for the proper handling of the alcoholic offender by municipal police departments. Questions were posed by the model which were answered by investigation of the three municipal police departments of Lansing, Grand Rapids, and Flint, Michigan. In each city, the community facilities and their pecuniary support, the procedure of the courts, and the attitude of the police were catalogued to produce a firm description of the actual situation pertaining to the

alcoholic offender.

The three departments were compared with each other and with the proposed model. In analysis, it was shown that the model would be workable in these departments.

As a result of this study it was concluded that: (1) drunkenness is classified as a crime and accounts for over one-third of all arrests made in the United States; (2) police agencies would save manpower and financial resources if they engaged in the rehabilitation of the alcoholic offender in conjunction with the judiciary, the medical profession, and community social agencies; (3) alcoholism and the alcoholic offender are not fully understood by the police agencies; (4) and the municipal police departments investigated do not fully comprehend the capabilities of other governmental agencies in the field of alcoholism control.

The model presented for police handling of the alcoholic offender can be integrated into most modern municipal police departments. The model outlines policies which would provide consistency and compatability in the method of operation for more effective police handling of the alcoholic offender, thereby reducing the number of arrests for alcoholic-oriented offenses and the work-load of the police agency.

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CHAPTER I

INTRODUCTION

The achievement of a professional status in the eyes of society has been long awaited by the policeman. Police have developed from the single plain-clothes "lookout" of eighteenth century England to the highly trained, dedicated, and motivated professional of today's metropolitan police forces. This rapid growth has been achieved at the expense of the unity of method and unity of operation that are necessary for any professional group to attain conformity in either opinion or method of operation. Sociology, psychology, medicine, and education are challenging this method of operation. It is also being questioned even more so by the societal groups that form public opinion.

This thesis will explore one area of operation that is being so challenged; the handling of the alcoholic offender. The alcoholic offender and his treatment constitute a recurring and exhausting problem for the municipal police. It is a subject which is widely discussed; however, seldom is there any improvement made or even agreement reached, concerning the problem of lessening the workload caused by the alcoholic offender. The review of the literature will delve into all the academic and professional disciplines that have contributed to the present knowledge of alcoholism and the rehabilitation of the alcoholic. Present industrial

practices in handling the alcoholic worker will be investigated to determine if any of the practices which industry has developed can be transferred to the police handling of the alcoholic offender. It is hoped that the theoretical approach of the academic disciplines can be practically coupled with the empirical boundaries of the operating police force to form a start toward common agreement as to the ideal method of handling the alcoholic offender.

I. THE PROBLEM

Statement of the problem. This study will investigate the role the police might assume in handling the alcoholic offender. The problem is: Should the police assume a specific role in the rehabilitation of the alcoholic offender or should the police be satisfied with the status quo? In order to objectively review this problem, several areas will be explored. Alcoholism in general and the alcoholic offender specifically will be discussed from the viewpoints of the municipal police department, the sociologist, the medical profession, the industrial complex, and the educator. State and community agencies will be explored to determine what is available for the care and rehabilitation of the alcoholic. The state and local pecuniary support will be examined to facilitate understanding of the operating capabilities of the functioning units.

The municipal police departments of the cities of

Lansing, Flint, and Grand Rapids, Michigan, will be fully researched to determine their treatment of the alcoholic offender. In each city, the community and private facilities and the basis of their financial support, plus the attitudes of the courts as well as the police will be catalogued to produce a firm description of the overall situation pertaining to the alcoholic offender.

A model program for the handling of the alcoholic offender by the police will be formulated and compared with the existing programs of the cities canvassed. Once the comparison is complete, the model will be revised commensurate with the actualities of capabilities of the operating departments.

Questions to be answered. The key hypothesis is whether the municipal police departments should participate in the rehabilitation of the chronic alcoholic offender. In order to give this hypothesis a fair trial, the following questions must be answered:

1. How far has medical science advanced in the treatment of alcoholism?

2. From a sociological aspect, what is the prognosis for rehabilitating the alcoholic?

3. What is the prevailing attitude of the municipal police department toward the alcoholic offender?

4. What is the attitude of industry toward alcoholism?

5. What percentage of the total workload of municipal police departments is generated by the alcoholic offender?

6. Should there be a standard method within the state for the handling of the alcoholic offender by municipal police departments?

These questions along with the related information will be presented and a model program developed based upon the answers.

Importance of the study. Alcohol, alcoholism, and the alcoholic offender all lie in a "gray area". Doctor Robert V. Seliger attested to this in the Journal of Criminal Law, Criminology and Police Science.

> Drugs such as opium, heroin, cocaine, are absolutely forbidden by law, while, for example, a pleasure such as smoking of tobacco, while habit forming, is not legislated against. Alcohol occupies an intermediate position. Most of the forms of alcohol in most sections of the country are not legislated against, provided, as with tobacco, certain taxes are paid. At the same time in the same places, an intoxicated person is subject to arrest.[1]

In Principles of Criminology, statistics from 1,586 cities are given which state that in 1958, fifty-five percent of the arrests were made for drunkenness or related areas.[2]

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[1]Robert V. Seliger, "Alcohol and Crime," Journal of Criminal Law, Criminology, and Police Science, Volume 44, Number 4, November-December, 1953.

[2]Donald R. Cressy and Edwin H. Sutherland, Principles of Criminology, Sixth Edition. (Chicago: J.B. Lippincott Company, 1960), p. 158.

Alcoholic offenders are alleged to utilize more police man-hours than any other police function with the exception of traffic enforcement. It is probably safe to assume that this percentage would be even larger if every drunk who was counseled, held, and released, or taken home by the police was instead arrested and booked, thereby becoming a statistic.

Great advances have recently been made in the medical and sociological fields in the area of alcoholism. If this knowledge can be coupled with the empirical world of the operating municipal police department to reduce the man-hours required of the police in handling alcoholic offenders, then this study will be of great importance to our under-manned, overworked police. This study will be of even greater importance if it enables one man to be drawn from the bottom of the alcoholic barrel and kept from the Revolving Door[3] of the drunk tank, court, street, drunk tank, etc., referred to by Pittman and Gordon.

Limitation of the study. Although this study will endeavor to review the problem of alcoholism from a general viewpoint as well as from the specific viewpoint of the alcoholic offender, there are areas within the police realm that will not be investigated. These areas are not considered to be restrictive in nature.

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[3]David J. Pittman, and C. Wayne Gordon, Revolving Door (Glencoe: The Free Press, 1958), p. 154.

This study will not concern itself with the alcoholic policeman. It is felt that this subject properly comes under personnel management. It is realized that police as a profession lends itself to the formation of drinking habits that are not conducive to accepted social standards. The reasons for this are numerous. Long hours, shift work, and extreme tension are among the primary ones.

The intoxicated driver and related problems are a field unto themselves. This study will only mention this problem in relation to the overall picture of the alcoholic offender.

The federal agencies will not be canvassed because of the limited support rendered to the states, even though some financial support for research comes from the Department of Health, Welfare, and Education but which is, however, at the present time insignificant.

This study has been limited to three medium-sized metropolitan police departments. While the limited scope may appear restrictive, it is believed that the procedures recommended could be applied, with minor modifications in some areas, to any size department. These modifications will be left to the individual reader.

II. DEFINITIONS OF TERMS USED

It appears that all who work in the field of alcoholism and its problems--whether in research or as practical professionals such as sociologists, educators, or administrators--confront the vexation of an inconsistent terminology. Different writers use the same word, including some of the fundamental ones such as "alcoholism", in different senses. Nor is it rare for the same writer in the same book or article to use the same word in two different meanings. Only a selected vocabulary is offered which, it is hoped, will enhance understanding.

Alcoholic. A person, either male or female, whose behavior or condition complies with the definition of alcoholism. It is also used to denote anyone who uses alcoholic beverages to excess.

Alcoholism. The term alcoholism denotes a chronic disease, or disorder of behavior, characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary dietary use or ordinary compliance with the social drinking customs of the community, and that interferes with the drinker's health, interpersonal relations (social life) or economic functioning.

Alcoholic offender. A person who, because of his conduct has become the object of police attention.

The Alcoholic Language[4] by Keller and Seeley was used as the basis for these definitions.

III. ORGANIZATION OF THE REMAINDER OF THE THESIS

Chapter II will review all pertinent literature in the area of alcoholism. This chapter will also encompass the personal research of the author. It will be essential that the questions posed in Chapter I be fully answered and justified in Chapter II.

Chapter III will attempt to consolidate the scientific knowledge of the sociologist, experience of the industrial complex, coupled with the resources available within the average community, to give the municipal police department a model as to the most practical method of handling the alcoholic offender.

A general analysis of three municipal police departments will be presented in Chapter IV. This analysis will consist of a survey of the present practices in force for the handling of the alcoholic offender. The community facilities and the attitudes of the courts will be presented. In general, this Chapter will be empirical evidence of the methods by which the alcoholic offender is handled.

Chapter IV will also constitute the comparison of

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[4]Mark Keller, and John R. Seeley, The Alcoholic Language (London: Oxford University Press, 1958), p. 32.

the existing methods of the operating forces with the ideal model, presented in Chapter III.

The conclusions will be contained in Chapter V. This Chapter will also present a revisionary ideal which, it is hoped, will be a practical model for the handling of the alcoholic offender by the municipal police. Problems to be resolved which require additional research will also be cited.

CHAPTER II

REVIEW OF THE LITERATURE

Literature which deals directly with police handling of the alcoholic is limited. It would seem that this area has been ignored, or analysed and rejected as being unworthy of attention. On the other hand, literature on the general subject of alcohol and alcoholism is boundless. The Yale Archives on Alcohol Literature contains over five thousand abstracts dealing with the subject. It is interesting to note that not one of the abstracts deals specifically with the police handling of the alcoholic offender. Literature in the field of medicine is adequate for the purposes of this study. There is a light void in the area of diagnoses by non-medical people. Sociologically, alcoholism is one of the more written-about subjects. In the past decade industry has become extremely interested in the field of rehabilitation. This seems to have developed as skilled labor has become more costly to train. The replacement cost has forced industry to negate the concept of "get on the wagon or you're fired" and caused it to make an honest effort in rehabilitation.

I. MEDICAL ASPECTS OF ALCOHOLISM

The clinical effects of alcohol on man have been recognized with all their true significance throughout

historical time.[1] The written records of many groups have much to say about drinking and drunkenness and have emphasized the disasterous influence of alcoholism on mind and body. Even in Biblical times, this was true among both the Jews and the Gentiles.[2] This being true, it is somewhat difficult to comprehend that it took a declaration by the American Medical Association house of delegates to place alcoholism in the medical books as a disease.[3]

The effects of alcohol on the body. Many medical journals were reviewed. Most were written in the esoteric language of the medical profession. For example, Doctor Jacobsen in explaining metabolism of ethyl alcohol for Pharmacological Review[4] used such technical language that even the most astute scholars could not comprehend without lengthy use of a medical dictionary. Most of the current texts with a section on physiological effects are written for those educated, to a great extent, in the alcohol

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[1]Cyril B. Courville. Effects of Alcohol on the Nervous System of Man (Los Angeles: San Lucas Press, 1955), p. 2.

[2]A.P. McKinlay. "Ancient Experience with Intoxicating Drinks: Non-classical People," Quarterly Journal of Studies On Alcohol, 9:338-414, December, 1948.

[3]Richard C. Bates. "Why Not Treat Alcoholics," The Journal of the Michigan Medical Society, Volume 62, Number 10, October, 1963, p. 1009.

[4]E. Jacobsen, "The Metabolism of Ethyl Alcohol," Pharmacological Review, Volume 4, Number 1, 1952, p. 109.

problem. The best of these is Doctor Jellinek's The Disease Concept of Alcoholism.[5]

The best text for the lay reader is Part I of Drinking and Intoxication[6] edited by Raymond McCarthy. For an explanation of this section of the chapter, McCarthy's book will be cited extensively.

The alcohol ingested by the drinker is ethyl alcohol. It is mainly distinguished from nonpotable alcohols by the fact that its oxidation within the body is rapid. A man who drinks a pint of whiskey in a day has no alcohol left in his body the next day.[7] Pure ethyl alcohol is a clear, colorless liquid with little odor, but a powerful burning taste. It is ingested into the blood without digestion. A small part goes into the blood slowly from the stomach itself; the rest passes into the small intestine and there it is absorbed by the blood rapidly and almost completely. From here the alcohol reaches the brain through normal circulation. At this point, the outward signs of intoxication appear. How soon and how much intoxication depends on the food in the stomach. A full stomach retards the passage of ingested alcohol into the small intestine and will thus delay and

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[5]E. M. Jellinek. The Disease Concept of Alcoholism (New Haven: Hillhouse Press, 1960), p. 246.

[6]Raymond G. McCarthy. (Editor), Drinking and Intoxication. (Glencoe, Illinois: The Free Press, 1959), p.455.

[7]Ibid., p. 7.

minimize the total effect.

The alcohol absorbed from the digestive tract is held temporarily in the tissues until disintegration and elimination. This is a minor factor in outward intoxication compared with the amount of alcohol absorbed into the bloodstream. Therefore, the amount of intoxication is more readily determined by a blood sample than any other method. In a 160-pound man, the alcohol in an ounce of whiskey or a bottle of beer produces an alcohol concentration of 0.002 percent in the blood; a half-pint of whiskey raises the concentration to 0.15 percent.[8]

Oxidation of the alcohol within the blood remains at a fairly constant rate. The rate at which food is oxidized depends on the amount of energy expended by the body. This is not true in the case of alcohol. In the man of 160 pounds, it takes one hour to oxidize three-quarters of an ounce of whiskey. Thus, he could sip indefinitely at this rate without intoxication.

The first stage of oxidation of alcohol is its conversion to acetaldehyde. This conversion occurs only in the liver with the help of a liver enzyme.[9] Acetaldehyde is much more toxic than alcohol itself, but it is rapidly distributed to all the tissues in the body where it immediately

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[8]McCarthy, op. cit., p. 9.

[9]Jacobsen, op. cit., p. 109.

turns into acetic acid, which is a harmless and non-functional substance. Finally, the acetic acid is converted to carbon dioxide and water and eliminated through the normal process of breathing and urination.

Many attempts have been made to find a method of increasing the rate of alcohol oxidation. At this writing, none has been found.[10]

Diagnosis of an alcoholic. The viewpoint of most practicing physicians is summed up in Doctor Selzer's words as "Surprisingly, most alcoholics are invisible as such, even to their physicians."[11] This is possibly brought about by the misconception--and it is true for lay people also--that a person is not alcoholic unless he is the prototype of the cartoon characterization of a skid-row bum. The skid-row alcoholic, as most doctors would readily confess, is easily diagnosable as such. Parenthetically, it can be added that only three percent of the alcoholics in the United States are found on or even near skid-row.[12] A few medical practitioners have gone beyond the gray area and made splendid progress in diagnoses that are simple and

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[10] McCarthy, op. cit.

[11] Melvin L. Selzer. "Alcoholism: Diagnosis and Long Range Treatment," Journal of the Michigan Medical Society, Volume 62, Number 10, October, 1963. p. 980,

[12] John Crane. "Alcoholism Day Program," Genesee County Medical Society. Unpublished Speech, Flint, Michigan February 19, 1964.

explicit. Doctor R. C. Bates has made intensive studies into the signs of alcoholism.[13] In one study conducted by Doctor Bates on over one thousand patients, with specific statistics from 137, who were admitted as alcoholics at Sparrow Hospital, Lansing, Michigan, it was found that these statistics apply:[14]

1. Ninty percent smoked cigarettes with seventy-five percent smoking more than one package a day. Sixty percent had visable tar stains on the fingers of their hands.

2. Eighty percent of the patients had a coarse tremor of the outstreched hand.

3. Bruises in unusual places on the body--other than the thighs and shins--were found in over fifty percent of those admitted.

4.Fifty-five percent had an enlarged liver.

5. One out of ten had a tattoo. This is felt by Doctor Bates to be prima facie evidence of alcoholism unless proven otherwise.

6. General observation noted in almost all of the group were the red face, acne rosacea, periorbital edema, bags under the eyes and extreme signs of tension and anxiety.

Any of the above signs, with the probable exception of number four, could be easily observed by any arresting

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[13] R. C. Bates. "Clues to the Diagnosis of Alcoholism," Journal of the Michigan Medical Society. Volume 62, Number 10, October, 1963, p. 977.

[14] R. C. Bates. Interview, February 25, 1964.

policeman in the course of a normal arrest and search.

From a purely physiological point of view, to quote Doctor Kalant, "There is remarkably little worthwhile information on this subject".[15] However, Doctor Kalant does lead the reader to believe that the ever-increasing knowledge in the field of physiology is very promising. In an article by Doctor Williams published in the Quarterly Journal of Studies on Alcohol,[16] it is reported that there is a strong suggestibility that a genetic nutritional factor deficiency is responsible for an increased requirement for certain foods elements; one of these possibly being those that make up alcohol. In another study, Doctor Goldberg found hypothyroidism in two-thirds of a group of alcoholics;[17] however, Doctor Kalant criticizes this finding as not being of significant proportions to warrant a conclusion.[18] From these studies and others, it seems that from a purely physiological aspect there are uncertainty and conflicting findings. At the same time, there continues to be considerable belief among physicians other than psychiatrists that

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[15] H. Kalant. "Some Recent Physiological and Biochemical Investigations on Alcohol and Alcoholism," Quarterly Journal of Studies on Alcohol. Volume 23, 1962, p. 52.

[16] R.J. Williams. "Biochemical Individuality and Cellular Nutrition: Prime Factors in Alcoholism," Quarterly Journal of Studies on Alcohol. Volume 20, 1959, p. 452.

[17] M. Goldberg. "The Occurrence and Treatment of Hypothyroidism Among Alcoholics," Journal of Clinical Endocrinology, Volume 20, 1960, p. 609.

[18] Kalant, op. cit., p. 53.

alcoholics all are biologically different in some way from the non-alcoholic.

In summation, it appears that diagnosis of alcoholism from a medical standpoint leaves something to be desired. It is obvious as earlier stated, that any layman could utilize the guidelines of Doctor Bates. On the other hand, the physiological aspects are shrouded in inaccuracies in this day and age of near miracle diagnoses of most of the world's diseases.

Medical treatment of an alcoholic. Doctor Marvin Block writing for the Journal of the American Medical Association, stated in 1956, "The medical treatment of alcoholism is rapidly becoming more important in accomplishing recovery for patients with the disease".[19] The medical internist has available to him a wide variety of drugs to ease the alcoholic from the stage of intoxication to sobriety with a minimum of discomfort. This appears to be vitally necessary in order to set the stage for psychotherapy and sociological treatment which enable the alcoholic to retain sobriety. No drug known or anticipated will cure or even arrest alcoholism.[20] The use of any drug is only for the purpose of

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[19] Marvin A. Block, "Medical Treatment of Alcoholism," Journal of the American Medical Association, Volume 162, December 29, 1956, p. 1009.

[20] Fredrick B. Rea, Alcoholism Its Psychology and Cure (London: The Epworth Press, 1956), p. 143.

eliminating the symptoms of alcoholism and preparing the body for psychotherapy or sociological treatment which will give the alcoholic the necessary stability to remain sober. There are four different groups of drugs used in the treatment of alcoholic symptoms:[21]

1. Drugs that stimulate the central nervous system. These drugs are basically from the caffeine and sodium benzoate families. They are used when the patient is extremely drowsy and somnolent or severely depressed. They stimulate the pulse rate and respiration. Many alcoholics drink to the point where the nervous system is so slowed as to institute death. These drugs are the counter-acting agency.

2. Drugs that depress the central nervous system. These are tranquilizing agents used for the excited, restless, vomiting, and overactive alcoholic. They are used as a sedative and are widely used in the control of the typically loud, boisterous alcoholic.[22]

3. Drugs that relax the muscle system. Persons withdrawing from excessive use of alcohol will exhibit marked coarse muscle tremors. These drugs, mephenesin and tolseram, will relax the muscles as the tranquilizers relax the nervous system.

4. Disulfram therapy. Disulfram, also known as TETD or antabuse is a drug that is designed to keep the alcoholic

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[21]Block, op. cit., p. 1010. [22]Ibid.

from drinking, not because he does not have the craving, but because of the severe sickness, vomiting, nausea, etc., that follow the intake of alcohol after the intake of disulfram.[23] This drug, for certain alcoholics, is widely advocated.[24] There are other doctors, Doctor Gordon Bell of Willowdale, Canada, among them, that liken disulfram to putting iodine on a child's finger so the child will not suck the finger because of the bad taste. Doctor Bell states that this is a gross fallacy, as any parent knows, because all that is accomplished is a child who continues to suck without receiving the enjoyment as before, therefore creating more frustration.[25]

Briefly, it has been noted that medical science has fully explored and documented what alcohol does to the body. Medical science has not developed any drugs that will cure or even arrest the disease of alcoholism. The treatment used, from a purely medical point of view, is entirely symptomatic. Some work has been accomplished in the field of non-clinical diagnoses. Doctor Bates's study appears to hold promise when observed from the vantage point of the operating police. The area of hospitalization and treatment will be covered in the sociological section of this chapter.

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[23] Rea, op. cit., p. 143.

[24] Jellinek, op. cit., p. 189.

[25] Gordon R. Bell, "Treating the Alcoholic," Alcoholism Day Program, Speech, Flint, Michigan, February 19, 1964. Unpublished Manuscript.

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repeaters.[54] The admissions were from many different sources according to the custodian of the records; however, less than five percent were admitted upon recommendation of either the police or the courts.[55] This is probably because of the age-old contention that an alcoholic cannot be helped unless he wants help. This fallacy stems partly from the old definition of a drunk which implies that until an alcoholic has reached the depths of degradation he cannot be helped,

> Not drunk is he who from the floor,
> Can rise alone and still drink more,
> But drunk is he, who prostrate lies,
> Without the power to drink or rise.[56]

This is being disproven by many studies throughout the country. One of the more widely circulated studies "A Study of Compulsory Referrals to a Community Alcoholic Rehabilitation Clinic" investigated extensively fifty-four cases that were involuntarily referred for six months treatment by the courts. The major conclusions derived from this study were:[57]

1. The majority of court cases accepted compulsory

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[54] Admission Statistics, Alcoholic Ward, op. cit.

[55] Chief, Alcoholic Ward, Sparrow Hospital, op. cit.

[56] News Item, Detroit Free Press, January 15, 1964.

[57] Arnold Sheverman, "A Study of Fifty-four Compulsory Referrals to a Community Alcoholic Rehabilitation Clinic," California Alcoholism Review and Treatment Digest, March-April, 1961.

clinic treatment, whether or not probation was involved.

2. Evaluation based on subjective data showed that the majority of court cases staying in treatment from two to six months, or longer, attained some benefits.

3. Evaluation based on objective data showed that a significant decrease occurred, following clinic contact, in the number of arrests for both those treated and not treated; the number of arrests of treated patients apparently decreased in proportion to the time in treatment.

In summary, if alcoholism is to be arrested, there must be a planned treatment as for any other totally incapacitating disease. The combination treatment of medical, psychological, and sociological methods seems to work for the best results. Good results can be achieved even though the recipient is not initially amenable to treatment. Although the causes of alcoholism are shrouded in debate, there is general agreement on the treatment of this disease.

III. THE INDUSTRIAL OUTLOOK ON ALCOHOLISM

Writing for her syndicated column, Sylvia Porter penned, "On-the-job alcoholism has now become a staggering $2 billion-plus a year 'hangover' for American industry".[58] Lewis F. Presnall, industrial consultant for the independent,

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[58]Sylvia Porter, Syndicated Column, Detroit Free Press, Detroit, Michigan, July 16, 1963.

non-profit National Council on Alcoholism states, "Three percent of all American workers are alcoholics--about 1.7 million to two million workers."[59] This is estimated by Robert A. Moore to encompass a loss of sixty million man-hours per year.[60]

These alcoholics are not "skid-row" types or transient workers but, in the main, workers who have been with the same company for years. The Allis-Chalmers Company discovered that two-thirds of their alcoholic workers had between five and fifteen years service.[61] Consolidated Edison of New York found the average years of service for their alcoholic workers to be twenty-two years.[62]

Moore reveals in his article in Michigan Business Review that eight percent of the skilled workers in industry show outward signs of alcoholism.[63] The alcoholic worker loses twenty-two days of work a year because of his alcoholism

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[59]News Item, Detroit Free Press, Detroit, Michigan, November 13, 1963.

[60]Robert A. Moore, "Reaction-Formation as a Counter-Transference Phenomenon in the Treatment of Alcoholism," Quarterly Journal On the Studies of Alcoholism, Volume 22, 1961, p. 481.

[61]Harold Twice, "The Problem Drinker on the Job," New York State School of Industrial and Labor Relations Bulletin Number 40, Undated, Cornell University Press.

[62]"Salvaging Alcoholics on the Payroll," Management Review, Volume 45, 1956, p. 379.

[63]Robert A. Moore, "Alcoholism--A Business and Public Health Problem," Michigan Business Review, Volume 14, Number 1, January, 1962, p. 48.

as compared with two days for other maladies. He further incurs twice as many industrial accidents as the non-alcoholic employee.[64]

Companies in previous years have eliminated the alcoholic problem by discharging the offenders. This, as it is being fully realized at the present time, is very expensive. Other companies have chosen to ignore the alcoholic under the guise of being sympathetic. This approach naturally disrupted general morale, and created havoc in efficient operation. Most of the larger companies of today have taken steps to combat alcoholism.[65] A number of companies have had considerable success. The Allis-Chalmers program resulted in a sixty-three percent reduction in absenteeism among alcoholics.[66] The Dupont Company reported significant rehabilitation in sixty-five percent of their alcoholic workforce.[67]

Although each company has varied the scheme of

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[64]M. L. Selzer, "Hostility As a Barrier to Therapy in Alcoholism," Psychiatric Quarterly, Volume 31,1957,p.301.

[65]M. Maxwell, "A Study of Absenteeism, Accidents, and Sickness Payments in Problem Drinkers in One Industry," Quarterly Journal of Study on Alcohol, Volume 20,1959,p.302.

[66]R. Straus, and S.C. Bacon, "Recognizing the Problem Drinker in Business and Industry," Journal of Business, University of Chicago, Volume 25, Number 2, 1952.

[67]G. H. Gehrmann, "Dupont Program for Alcoholics," Inventory, Volume 5, 1953, p. 21.

rehabilitation, the basic format appears to be that worked out by the Yale Alcohol Study Group and includes the following:[68]

1. Education to increase understanding of management personnel so they may provide better detection and referral.

2. Assignment of responsibility for direction to the medical or personnel department.

3. Appointment of an overall director of the program.

4. Coordination and use of existing company and community resources.

5. Establishment of company policy for discipline, severance, probation, etc., for alcoholic employees, and

6. Provision of a counseling and referral center.

For a singular example of success of this specific program, Doctor J. H. Baillie, regional medical director of the Bell Telephone Company of Canada, reported that during 1958 through 1960 out of 112 cases treated, 71 were rehabilitated. Another important facet of his report was that out of the 112 cases, fifty-seven percent were not voluntary but were referred by their supervisors.[69]

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[68] R. M. Henderson, and S. D. Bacon, "Problem Drinking: The Yale Plan For Business and Industry," Quarterly Journal of Studies on Alcohol, Volume 14, 1953, p. 247.

[69] J. H. Baillie, "Alcoholism Day Program," Genesee County Medical Society. Unpublished Speech, Flint, Michigan February 19, 1964.

Industry has entered the field of alcohol rehabilitation to a large extent. The success of the programs appear phenomenal. It is anticipated that these rehabilitation programs will extend to smaller industry as the results of surveys are distributed and the financial savings possible are exploited to their fullest extent.

IV. LAW ENFORCEMENT VIEW OF THE ALCOHOLIC OFFENDER

O. W. Wilson in the basic text for Police Administration devotes six pages to prostitution, twenty pages to public relations, but less than one page to liquor.[70] This small coverage deals with the liquor-control laws, sales to minors, sales after hours, etc. From the published literature, this appears to be typical of police and law enforcement publications. They have, it seems, ignored the subject of the alcoholic offender.

Alcoholism laws in Michigan. The penal code of the State of Michigan provides that "Any person who shall be drunk or intoxicated in any public place shall be deemed a disorderly person".[71] The punishments for being disorderly are listed in Section 28.365 as the first offense being

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[70] O. W. Wilson, Police Administration (New York: McGraw-Hill Book Company, 1963), p. 311.

[71] Compiled Laws of the State of Michigan, Section 750.167 (1948) as amended by Public Acts of 1955, Number 110, 750.168.

punished as a misdemeanant; the second offense, charged as such, being a fine of $100.00 plus costs and/or not less than thirty days or more than three months confinement; the third offense, charged as such and all subsequent offenses, not less than six months or more than two years confinement and $100.00 plus court costs.

Under the mental health statutes, if a person is adjudged by a probate judge, after supporting certificates of two qualified physicians, to be addicted to the excessive use of intoxicating liquors, he can be placed in a state mental hospital for an indefinite period.[72] There is also a provision for temporary detention of up to sixty days for the purpose of diagnosis and treatment.[73] This provision under the mental health statutes, in effect, legally makes alcoholism a disease. In 1952, the Michigan legislature, after prodding from the National Council on Alcoholism, defined alcoholism "As a chronic and progressive illness, characterized by an excessive and uncontrolled drinking of alcoholic beverages. ...It affects the general welfare and economy of the state, and for the control of which there are insufficient programs and facilities within the State."[74]

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[72] Compiled Laws of the State of Michigan, Act 151, 1923, as amended by Act 52, 1963, Subsection 8 of Section 330.18.

[73] Compiled Laws of the State of Michigan, Act 151, 1923, as amended by Act 52, 1963, Subsection 11 of Section 330.21.

[74] Compiled Laws of the State of Michigan, Act 215, 1952, Subsection 47a of Section 18.1018.

Michigan appears to have made adequate provision, in the law, for the care and rehabilitation of alcoholics. In the section on facilities and the courts, it will be seen that in reality inadequate court action plus inadequate facilities make these laws ineffective.

The courts. Over one million people are brought before the bar each year in the United States on the charge of public intoxication or drunkenness.[75] This does not seem unreasonable when compared with the Federal Bureau of Investigation Uniform Crime Reports of 1962 which shows arrests for drunkenness totaling 1,593,076 persons out of a reporting population of 123,571,000.[76]

What happens to an offender when he is brought before the bar of justice? In Doctor Bates's study in Lansing, Michigan, out of over 1000 persons admitted to Sparrow Hospital for alcoholism, less than 200 had never been arrested and the median arrests were five per alcoholic. None had ever received a punishment of over a fine of $45.00 and ten days in jail. None had ever been committed to any state treatment facility or had any been coerced in any way,

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[75] David J. Pittman, "The Alcoholic and the Court," Oregon State Board of Control, Unpublished Speech, Gearhart, Oregon, May 23, 1963.

[76] Uniform Crime Reports, 1962, Federal Bureau of Investigation.

except fines, incarceration, and lectures, to seek treatment on their own.[77]

The Honorable Judge Earl McDonald, Municipal Judge, City of Lansing, in an interview[78] stated his average sentence for drunkenness for a first offense was $15.00 and no jail; second offense, if charged by the prosecuting attorney, which seldom happens, $25.00 and no jail. Judge McDonald could not remember in recent times a person being charged as a third offender. The reason for this being is that third offenders have to go before the circuit court. Judge McDonald, speaking from memory, has sentenced many persons for as high as fifteen to twenty times for drunkenness, but all under second offense charges. Apparently ten percent sentenced under the second offense clause by the Judge received jail terms, none to exceed over ten days which was felt to be sufficient for a complete drying-out.

Judge McDonald stated the average number of persons charged with drunkenness before the court was somewhere between fifteen and thirty per day. This falls in line with the average of cities in the 50,000 to 100,000 population figures as reported in the Crime Reports for 1962.[79]

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[77] Richard C. Bates, Speech, op. cit.

[78] Earl McDonald, Interview, November 21, 1963.

Many courts have attempted to institute rehabilitation projects within their jurisdictions. Most have failed to survive extended tenure. The most typical of these seems to have been the "Rehabilitation Project of Chronic Alcoholics" in Seattle, Washington.[80] It was established through the court system and administered by the police division. The major element of treatment was only time to reflect about and make changes concerning the individual's drinking problem, even though the project reported a decrease in the number of times arrested for intoxication in the six months following release compared to the six months prior. The project closed in 1960, due to lack of support and funds.

On the brighter side, the Volunteers of America in Los Angeles, California, have developed a multi-disciplinary staff drawn from the fields of medicine, psychiatry, social service, vocational rehabilitation, and religious counseling. Even though the number they have received from the courts is highly restrictive, they have reported over fifty percent of those treated have been considered to be rehabilitated.[81]

It would seem that unless a definite inter-disciplinary approach is taken to treat and rehabilitate the

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[80] Joan K. Jackson, Ronald J. Fagan and Roscoe C. Burr, "Seattle Police Dept. Rehabilitation Project for Chronic Alcoholics," Federal Probation, Vol 22, pp.36-41, June, 1958.

[81] Waller C. Hart, "Potential for Rehabilitation of Skid Row Alcoholic Men," (Los Angeles: Volunteers of America, Los Angeles, 1961).

alcoholic that the courts will be only one segment of the revolving door of arrest, trial, drunk, arrest, trial, etc.

The alcoholic and police. In a recent article in Medicine, Science, and the Law, McGeorge contends between fourteen and fifty-nine percent of the persons responsible for murder, assault and robbery, breaking and entering, false pretense, and sex offenses against females are addicted to alcohol.[82] For pure drunkenness, a study was accomplished by Julian Rivo of the State of New York. He found that during 1959, forty-two percent of all arrests were made for drunkenness.[83] This figure obviously does not include 4.2 percent for driving while intoxicated or 12.4 percent for disorderly conduct, most of which were undoubtedly for drunkenness.[84]

Marvin Wolfgang's study of 588 homicides in a five year period in Philadelphia shows alcohol was present, either in the offender or victim or both, in sixty-four percent of cases. Of the 374 cases in which alcohol was involved, this was true of the offender only in sixty-four

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[82]John McGeorge, "Alcohol and Crime," Medicine, Science, and the Law, Volume 3, Number 2, January, 1963, pp. 27-28.

[83]Julian D. Rivo, "Police Handling of the Alcoholic," Focus, Volume 2, Number 5, November-December, 1961.

[84]Uniform Crime Reports, op. cit., p. 92.

or seventeen percent; it was true of both victim and offender in 256, or almost seventy percent.[85]

For an accurate picture of the total percentages of alcohol-related offenses, the crime rates for 1962 as published by the Federal Bureau of Investigation are presented in Table 2.

TABLE 2

ARREST, NUMBER AND RATE, 1962, BY POPULATION[86]

Offense Charged	Number	Percent
Total	4,488,216	100
Drunkenness	1,593,076	29
rate per 100,000	1,289.2	
Disorderly conduct	515,435	8
rate per 100,000	417.1	
Driving while intoxicated	216,745	4
rate per 100,000	176.6	
Prostitution and commercialized vice	27,580	less than 1
rate per 100,000	22.3	

[85]Marvin E. Wolfgang, and Rolf B. Strohm, "The Relationship Between Alcohol and Criminal Homicide," Quarterly Journal of Studies on Alcohol, Volume 17, September, 1956, p. 412.

[86]Uniform Crime Reports, op. cit., p. 92.

The prostitution and commercialized vice figures are included here to show that even though this is a serious element in the workload percentage of any police department, it only accounted for less than one percent of the total arrest in 1962. The alcohol-related offenses, by far, account for the largest percent of arrests as compared to any other grouping given in the Crime Reports for 1962.

In the only study of its kind, Mr. George Belknap and Mr. Robert H. Scott surveyed sixteen cities in the State of Michigan (less Detroit) on the attitudes and practices of the police in regards to the alcoholic offender.[87] The research for this survey extended over the period 1950 through 1960. The significant results follow:

1. Arrests for drunkenness in middle-sized Michigan cities as reported by the Chiefs of the respective departments. The percentages are given for the alcoholic-related offenses as compared to the total non-traffic arrests.

TABLE 3

PERCENTAGES OF ARREST FOR DRUNKENNESS

City	1950	1951	1952	1953
City #1	43%	38%	37%	39%
City #2	35%	36%	36%	40%
City #3	52%	52%	49%	49%

[87] George Belknap, and Robert H. Scott, "Police and Alcohol Offenders," Unpublished Manuscript, Michigan Board of Alcoholism, April 15, 1961.

2. Police officers who were questioned gave the figures between thirty percent and eighty percent to denote their efforts spent in alcohol or alcohol-related offenses.

3. "Family disturbance" calls, which were reported as a large time-consumer, were generated by one or both of the participants being under the influence of alcohol. The estimates of this occuring were consistently ninety percent and above.

4. The "skid row" type is not a problem in Michigan cities outside of Wayne County (Detroit).

5. The individual police officer is given the task of determining when a case of drunkenness justifies arrest. There were no published rules or rules of thumb in existence regarding this.

6. The individual police officers first course of action in dealing with an alcoholic offender was to try to get the individual taken home by a friend, a taxi, or in some cases the police officer transported the offender himself.

The police workload generated by alcoholics and intoxicated persons throughout the country as a whole and Michigan specifically seems to fall between thirty and fifty percent of the total workload of the police. The police have not been engaged in any form of organized rehabilitation within the State of Michigan. The individual officer's first reaction is to get the subject home. What facilities exist to assist the police in helping the alcoholic? This question will be answered in the following section.

V. FACILITIES IN THE FIELD OF ALCOHOLISM

There are many agencies, both National and local, involved in alcoholism. All of the agencies are mainly concerned with public education of alcoholism. There is no hierarchy among the organizations. All, whether supported by public or private funds, are independent. Some will give aid and make possible some kind of treatment, but all generally operate under the principal of the alcoholic seeking help first.

National agencies. The United States Public Health Service works with the appropriate national, state, and local agencies to assist in the development of effective programs operating on all levels of recognized need. It supports research of a basic or applied nature in the field of alcoholism. These grants can be received by almost any organization who can demonstrate its ability to produce basic research or to further education on alcoholism.[88]

The Yale Center of Alcohol Studies at Yale University is the foremost center in the world for research into all phases of the alcohol problem.[89] The results of the research are transmitted to the public through the Quarterly Journal

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[88] Handbook of Programs on Alcoholism Research, Treatment and Rehabilitation, (New York: Licensed Beverage Industries, Inc., 1959).

[89] Ibid.

of Studies on Alcohol and the Yale Summer School of Alcohol Studies. Basically, the center is for research and education.

The National Council on Alcoholism, Incorporated, is a voluntary organization dedicated to the prevention and reduction of alcoholism through education, rehabilitation, and community services on a national scale.[90] The council distributes literature, maintains a free lecture service, and provides general and specific information on alcoholism and the facilities for the treatment of alcoholics. This organization has sixty local branches scattered throughout the United States; none, however, are in Michigan.

The best known of all national organizations is Alcoholics Anonymous.[91] It is an informal organization of arrested alcoholics established in 1935 and now has an estimated 150,000 members who meet in more than 4,000 local groups. Membership is open to any person who desires help with his drinking problem. There are no dues and no financial requirements whatsoever.

Alcoholics Anonymous is independent of any other organization, activity, or program. Its recovery program is based chiefly on the teaching of a simple constructive philosophy, with strong non-sectarian spiritual elements,and

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[90] _Ibid._, p. 52.

[91] _Ibid._, p. 54.

on giving aid to alcoholics who wish to achieve and maintain sobriety.

The program is broken down into twelve steps.[92] The first of these is that the subject must admit that he is an alcoholic. In many cases this will bar the drinker who does not think he is an alcoholic even though he has been arrested many times for drunkenness.

There are other national agencies, but all are either segments of a larger organization, such as the American Medical Association's Committee on Alcoholism or private organizations which have selective membership.

State agencies. The Michigan State Board of Alcholism was created by the Legislature in 1957.[93] It is financed by five percent of the retailers' license fees collected within the State. For the fiscal year 1964, $203,000 was received by the board.[94] There are estimated to be 230,000 alcoholics in the State of Michigan.[95] This gives the board

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[92] Alcoholics Anonymous Comes of Age (New York: Harper and Brothers, 1951), p. 50.

[93] Compiled Laws of the State of Michigan, Section 47 and 47a of Public Act 264, 1957.

[94] Ralph W. Daniel, Executive Secretary, Michigan State Board of Alcoholism, Interview, March 10, 1964.

[95] Robert A. Moore, "Alcoholism: A Community and Medical Responsibility," Unpublished Manuscript, Ypsilanti State Hospital, Ypsilanti, Michigan, 1963.

less than one dollar per year per alcoholic.

The board itself is comprised of one medical doctor, one psychiatrist, and three members from the general public.[96] They are unpaid except for $25.00 per diem for a maximum of eighteen days per year, if performing official duty.

The board appoints an executive director for full time coordination. At the present, the office staff consists of the Executive Director, and Education Director, and two and a half secretaries.[97]

The board is authorized to finance hospital ward operations for alcoholics, on a matching funds basis. The matching fund basis also applies to setting up information centers throughout the State. At the present time they do not have funds to sustain any operations, such as hospital wards or information centers, but can only match funds for initial costs.

The Executive Director is authorized to make grants for research concerning alcoholism. The board is authorized to spend up to seventy-five percent of its income for any clinical centers instituted throughout the State.

The Michigan Department of Mental Health was created by Public Act in 1945.[98] It is financed by the people of

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[96]Compiled Laws of the State of Michigan, Section 47, Public Act 264, 1945.

[97]Ibid.

[98]Compiled Laws of the State of Michigan, Act 271, September 6, 1945.

Michigan through the general fund as allocated by the legislature. The following Table 4 gives the statistical data for hospitals for the mentally ill. It is drawn from the administrative report of the Department as of January 31, 1964.[99]

TABLE 4

HOSPITALS FOR THE MENTALLY ILL, STATE OF MICHIGAN

HOSPITALS	CAPACITY	VACANCIES	WAITING
Howell	169	-	-
Kalamazoo	3,200	21	37
Newberry	1,326	39	18
Northville	2,254	-	281
Pontiac	2,925	-	182
Traverse City	2,984	72	-
Ypsilanti	3,900	-	389
Wayne County	2,488	76	-
Cooper County (TB)	47	1	-
Southwestern (TB)	115	1	-
TOTALS	19,408	Net Deficit 207	

[99]Michigan Department of Mental Health, Summary Data, Administrative Report, January 31, 1964.

An examination of the report shows a turnover in patients of approximately three hundred per month. This means less than one month waiting time for any given patient.

In the past few years the waiting list has dropped considerably. This has been accomplished through the use of newer drugs and better therapy. The mental hospital population is expected to be reduced considerably more in the next few years, even though the population is expected to increase considerably.[100]

Out of the 19,408 mentally ill persons committed to the State institutions, only 596 were diagnosed upon entry as alcoholics under the statutes mentioned previously.[101] When this low percentage was questioned, the answer was, "The Courts do not send them to us".[102]

The State Department of Health is charged with the care and treatment of all mentally ill persons within the State of Michigan. This, by law, includes those persons addicted to the use of alcohol.[103] It appears that the

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[100] Daniel J. Bodwin, Chief, Patient Affairs, Michigan Dept. of Mental Health, Interview, February 16, 1964.

[101] Chief, Statistical Section, Michigan Department of Mental Health, Interview, February 16, 1964.

[102] Daniel J. Bodwin, op. cit.

[103] Compiled Laws of the State of Michigan, Act 151, op. cit.

judges of the State have not utilized this agency to its fullest advantage.

Local agencies. Each of the cities in Michigan with a population of 50,000 or more has a committee on alcoholism or a comparable agency.[104] A typical agency is the Greater Lansing Council on Alcoholism. It is financed by the public through voluntary donations, plus assistance from the State Board of Alcoholism.[105] Its primary function is the imparting of information to alcoholics and their families and referral to treatment agencies for those seeking help with their drinking problem. Its budget is limited; for fiscal year 1963, the total was $13,000,[106] out of which a consultant plus a secretary was paid.[107]

These local agencies can be considered core agencies for any police departments use. Even though most operate on a limited scale, they are supported by the public's funds and therefore are obligated to attempt to help any alcoholic, whether he desires it or not.

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[104] Alcoholism Resources in Michigan, Michigan Institute of Alcohol Programs, Undated.

[105] Quarterly Report, Greater Lansing Council on Alcoholism, Lansing, Michigan, June, 1963.

[106] Financial Report, Greater Lansing Council on Alcoholism, Lansing, Michigan, June, 1963.

[107] Consultant, Greater Lansing Council on Alcoholism, Interview, November 20, 1963.

Alcoholics Anonymous has been discussed previously, but it operates exclusively on the local level in autonomous units. In the State of Michigan, there are 278 groups.[108] In some localities it is called Alano or Alanon, but they are all segments of Alcoholics Anonymous. Their work with the alcoholism problem is famous throughout the State.[109]

Hospitals in Michigan have opened their doors to the alcoholic as an alcoholic.[110] This has not always been the case. As a typical example, Edward W. Sparrow Hospital in Lansing, Michigan, operates a fifteen bed separate ward for alcoholics. A person can be admitted here regardless of his condition, either physical or financial.[111] The program utilized has been discussed previously. Hurly Hospital in Flint, Michigan, has basically the same program for rehabilitation; however, they admit the alcoholic to all sections of the hospital and do not operate a separate ward exclusively for alcoholics.[112]

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[109] George Belknap, and Robert H. Scott, op. cit. p.3.

[110] William Keaton, "Hospital Group Therapy Program," Speech, "Alcoholism Day Program," Flint, Michigan, February 19, 1964.

[111] Chief, Alcoholic Ward, Edward W. Sparrow Hospital, Interview, February 13, 1964.

[112] William Keaton, op. cit.

Social agencies, such as the Salvation Army and the Red Cross, are available in most cases to help when the need arises. The churches are also another source in the community and they are generally willing to assist. These agencies, plus many more, would give services, if requested, to help reduce the malady caused by excessive use of intoxicating liquors.

IV. SUMMARY

Medical. From the medical evidence available it can be ascertained that the effects of ethyl alcohol on the body have been fully explored and documented. In the past few years a number of drugs have been developed to help reduce the desire for alcohol; these drugs fall into the broad category of tranquilizers. Disulfram, the common usage name of which is antabuse, has helped many alcoholics because it creates a violent reaction when followed by alcohol intake. Much work has been and is being undertaken in the field of early diagnoses. The hospitals in Michigan are now receiving the alcoholic as any other patient. Long range treatment for alcoholism has, as of yet, been left to the psychiatrists, sociologists, and psychologists. The question of how far medical science has advanced in the treatment of alcoholism can be answered by stating that the medical profession has opened its doors to the alcoholic and they have accepted alcoholism as a disease worthy of

all agencies or organizations in the field. Alcoholics Anonymous will offer assistance when requested, but desires the alcoholic himself to seek out help and to offer himself as an alcoholic.

The Michigan State Board of Alcoholism is the agency within the State responsible for alcohol education, financial assistance to local agencies, and research in the area of alcoholism. The board is financed at the rate of less than one dollar per alcoholic per year from the public funds by the state legislature.

The Michigan Department of Mental Health, by law, is responsible for the care and treatment of the diagnosed alcoholics within the State. Out of approximately 20,000 patients presently in the state hospitals for the mentally ill, less than six hundred were admitted as alcoholics. The current waiting period for admittance to a state hospital is approximately one month. In order to admit an alcohol addict to a state hospital, there must be a petition made by two responsible citizens to the probate judge for a hearing.

The general hospitals of Michigan in the past five years have opened their doors to the alcoholic. In most places, the alcoholic can be admitted regardless of his condition, either financial or physical. Most of the hospitals operate some form of sociological treatment either for an in-patient or on an out-patient basis.

Each of the cities in Michigan with a population of 50,000 or more has a council or committee on alcoholism for the purpose of referral, education, or assistance to other interested organizations. The councils are financed by the public through voluntary contributions, plus initial assistance from the State Board of Alcoholism. They normally operate on a limited budget; however, they appear to be capable of expansion if the interest were generated, thereby supplying the needed financial support.

In the forthcoming chapter, a model will be presented which, it is hoped, will be of possible benefit to any municipal police department desiring to reduce the amount of time and energy devoted to the alcoholic offender.

MODEL FOR POLICE HANDLING OF THE ALCOHOLIC OFFENDER

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CHAPTER III

MODEL FOR POLICE HANDLING OF THE ALCOHOLIC OFFENDER

I. INTRODUCTION

This model program is to be utilized by the police and must be initiated by local ordinance or a comparable medium, so as to insure compliance by the judiciary, medical, social, and police functionaries throughout the locality. It is realized that specifics are neither desirable nor possible due to the many variables within any given locality. Rather than risk abhorrence because of the complete impossibility of compliance by designated agencies, this model will be general in nature.

In delving into any new program of action, there will always be skepticism and doubt as to the desirability or necessity of any action at all. The status quo concept has long left the desires and attitudes of the progressive police department. It may be called community relations, public relations, human relations, or whatever, but the progressive police department of today is interested in doing the most professional job possible with the funds and facilities at its disposal. The most efficient operation possible is that which reduces the amount of public funds expended while increasing the amount of public protection and well-being. This model is offered as a possible means of helping to reduce the work-load of the municipal

police, thereby reducing the funds expended by the recurrent arrest of one segment of the population because of alcoholism.

II. GENERAL PROVISIONS

Authority and composition. A Board of Alcoholism Control should be instituted by ordinance or comparable method. The board members should be the Chief of Police, a Municipal Judge, a Medical Doctor designated by the City Health Department, a member of the existing council (committee) on alcoholism, and two civic leaders with a background in sociology, psychology or social work or a combination thereof.

General scope. The board should have the duty of administering the alcoholism program within the locality. It could be financed through public funds out of the general treasury, and voluntary contributions from the Community Chest or comparable organization. The primary objective of the board would be the elimination of alcoholism within the locality.

Administration. The administration of the board should be processed by the police agency.

III. POLICE RESPONSIBILITIES

Organization. A division should be established

reporting directly to the chief with the direct responsibility of administering the police handling of the alcoholic offender. This division should be organized along the lines of the youth division or vice division currently in effect. The minimum personnel required would be one ranking administrator and one clerical person.

The duties of this division would be the technical control over the arrest procedure for persons under the influence of alcohol, coordination with the medical facilities used by the department and alcoholism education throughout the department, supervision of the personnel records of all persons arrested for being under the influence of alcohol, administering the board of alcoholism control, the formulation and administration of alcoholism education for those sentenced by the court to receive such education.

Operational procedure. When called to a disturbance involving persons under the influence of alcohol, or when observing, while on patrol, a person under the influence, all members of the department should take the following steps:

1. The normal arrest procedure should be used, although it should be kept in mind that the person in question may possibly be mentally ill. The use of leather restraining devices is advised if the subject is uncontrollable. Patience must be practiced in dealing with a subject under the influence of intoxicating beverages. Time is on the

side of the arresting officer. The subject should always be fully searched, in accordance with operating procedure.

2. The individual in question should be transported directly to the medical facility (hospital) and be examined by the medical doctor on duty. The physician will determine if the subject is to be hospitalized, or left in police custody.

3. If he is left in police custody, the arresting officer should return to headquarters and book the individual in the normal procedure. The subject will be incarcerated until sober.

4. When he becomes sober, the subject will be interviewed by the alcoholism division or a representative of that division. This interview will record all pertinent information on the subject, i.e., number of previous arrests, personal history, employment, etc.

5. After the subject is processed through the alcoholism division, he should be taken before a magistrate for the normal judicial process.

6. Under step three above, if the subject is hospitalized, responsibility should transfer to the hospital authorities until such time as the subject is capable of appearing before a magistrate. At this time, responsibility should revert to the police agency and steps four and five would apply.

Education. The division of alcoholism should recurringly give to all members of the department, during normal in-service training, educational blocks of instruction on alcohol and alcoholism to include medical, sociological, and educational aspects of alcoholism. The division should also be responsible for alcoholism education to all pre-service trainees.

Under the supervision of the court and the Board of Alcoholism Control, the division should provide, at a time convenient for attendance, such as Saturday night, alcoholism education for those sentenced by the court to receive such education. Instructors may be drawn from service agencies, Board of Alcoholism, Clergy, Medical Doctors, and Alcoholics Anonymous. This instruction may be given at the medical facility in conjunction with the out-patient treatment, or can be provided in any other designated place, i.e., local Council on Alcoholism, Salvation Army, etc. The caliber of instruction, wherever it is given, must be professional in method and scope, and be presented by qualified personnel.

IV. COURT RESPONSIBILITIES

General. The courts should take cognizance of and utilize both the penal codes and the mental health statutes in order to effect any reduction in the number of alcohol-related offenses. Close cooperation should be maintained

among the municipal, circuit, and probate courts to insure proper and equitable sentencing.

Sentencing. The municipal, or comparable court, should sentence in conformance with the following schedule:

1. First offense--usual fine plus mandatory night classes on alcoholism for a period totaling ten hours of instruction as designated by the alcoholism division of the police department.

2. Second offense--usual fine plus mandatory night classes on alcoholism for a period totaling twenty-five hours of instruction.

3. Third and subsequent offenses--the magistrate should recommend a hearing be held before the probate judge for committment to the State Hospital for the mentally ill.

The probate court should, upon the third and subsequent offense, order the offender held until committment, after proper legal process, to the State Hospital for the mentally ill for an indefinite sentence, commensurate with the law, to insure a reasonable probability of rehabilitation.

V. MEDICAL RESPONSIBILITIES

Diagnostic. The medical facility should physically examine all subjects presented by the police and determine whether or not hospitalization is necessary. If hospitalization is medically necessary, the medical authorities should

assume responsibility for such time as is necessary and then release the subject to police control for court processing. The medical doctor examining the subject should forward a report of his examination and diagnoses to the police division of alcoholism.

Treatment. The subject, if not hospitalized, should be given drug therapy, if needed, to facilitate handling of the subject by the police. If hospitalized, normal procedures should be used. If it is desirable, the subject may be treated on an out-patient basis using disulfram therapy.

VI. COMMUNITY RESPONSIBILITIES

Local social agencies. All agencies interested in alcoholism should be requested to furnish instructors for the educational activities in the field of alcoholism. They should be requested, if needed, to assist the police division of alcoholism in their administrative duties. Alcoholics Anonymous should be requested to supply instructors for educational purposes and should be encouraged to solicit members from the alcoholic offenders.

Industry. The industries within the area should be canvassed by the Board of Alcoholism Control. Their financial support should be requested for the medical and educational facets of this program. The industries should be requested to encourage employees to make use of the alcoholism instruction sponsored by the police division on alcoholism.

CHAPTER IV

A DESCRIPTION AND EVALUATION OF THREE METROPOLITAN POLICE DEPARTMENTS

INTRODUCTION

While it is possible to learn much from the literature written on alcoholism about the operation and practices of metropolitan police departments, much more may be learned from the departments themselves. Three departments were chosen to be utilized for this study because of their excellent reputations and their accessibility. A study was made of the literature published by these departments and an extensive interview was held with a command officer in each police department. In addition, interviews were held with the municipal and probate judges and an interested representative from the medical profession in each of the locations.

In order to cover the range of operations as outlined in Chapter III, the following questions were posed to the representatives of the police, judiciary, and medical professions:

Police Representative

1. What percentage of the department workload is generated by alcohol-related offenses?

2. Approximately how many subjects are arrested per year for alcohol-related offenses? What percentage is this

of the total arrests?

3. Would it create any insurmountable problems for your department to transport all intoxicated persons to the medical facility for an examination by the medical doctor on duty?

4. Would it be possible for the department to assign personnel, a minimum of two, to work in the area of alcoholic offenders, in conjunction with the medical, and judicial authorities?

5. Is the department capable of the supervision of alcoholism instruction as required by the court?

6. What would be the reaction of the department to a local board being established for the control of alcoholism with the police, medical, judiciary, and citizens being represented on the board?

Judicial Representative

1. What percentage of offenders before the court are there for "drunkenness" or alcoholic-related offenses?

2. What is the court's sentencing procedures for first offense, second offense, etc.?

3. Are all second offenders charged as such? Are all third offenders charged as such? Are subsequent offenses similarly charged?

4. Would the court be amenable to sentencing the normal fine plus mandatory instruction on alcoholism to be administered by the police department?

5. Upon third or subsequent offense would the court be amenable to recommending the offender to the Probate Court for possible committment to the State Hospital for the mentally ill?

6. What is the court's reaction to a local board being established for the control of alcoholism with the judiciary, police, medical, and citizenry being members of the board?

Medical Representative

1. If the police brought an intoxicated person to the emergency ward for examination, would the individual be examined, and if needed, admitted to the hospital?

2. After examination, could the examining physician forward a report of the examination to the police department?

3. From a medical point of view, what is the reaction to a local board being established for the control of alcoholism with the medical, judiciary, police and citizenry being members of the board?

I. FLINT, MICHIGAN

Introduction. Flint, Michigan covers an area of 32.8 square miles and has a population of 196,940.[1] It is administered by the commission-manager form of government

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[1] "City of Flint," Fact Bulletin, Flint, Michigan: Municipal Center, 1962, 63.

with an annual city budget of approximately nine million dollars of which the police department receives approximately two and one-half million.[2] The city appears to be thriving due to a high tax base which is made possible by the large amount of heavy industry located within the area. The police department has a force of 260 regular police, 112 school police, and seventy-seven pieces of motor equipment.[3]

Police operation and department organization. The police department experienced an increase of eighteen percent in class I crimes in 1963 over 1962.[4] The annual statistics (extracted) for 1963 show the following arrests:

TABLE 5

FLINT ARRESTS FOR 1963[5]

ARRESTS	NUMBER	PERCENTAGE
Total	7,595	100
Drunkenness	2,360	33
Disorderly conduct	221	less than 1
Vagrancy-loitering	597	less than 1
Prostitution and commercialized vice	400	less than 1
Juvenile arrests	1,158	15
Traffic arrests	1,816	16

[2] Ibid. [3] Ibid.

[4] Annual Report, Flint Police Dept. Flint, Mich., 1963.

[5] Ibid.

These figures show that drunkenness accounted for the largest percentage of all the arrests in Flint during 1963.

The department at the present time is experiencing a cut of twenty percent in its budget for the coming fiscal year. This cut is expected to be felt mainly in the staff and peripheral services.[6]

The physical plant for the department is ultra-modern in both scope and design. The detention facility is located within the department and is of superior construction and design. Detainees and sentenced prisoners are kept for a maximum period of thirty days.

The command lines for the department follow those as outlined by the organization chart which is given in figure two. The line inspector, though shown as equal to the staff inspector, is the second in command when the chief is away.[7]

The department has experienced growth in the area of juvenile activities during the past two years. This has been caused by the placing of a uniformed officer within each of the city's schools for a combination of duties; enforcer, preventor, counselor, parole supervisor, among them. This program has obviously proved beneficial as there is no

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[6]George B. Paul, Interview, Chief of Police, Flint, Michigan, April 22, 1964.

[7]Gerald R. Lyons, Interview, Inspector of Police, Flint, Michigan, April 22, 1964.

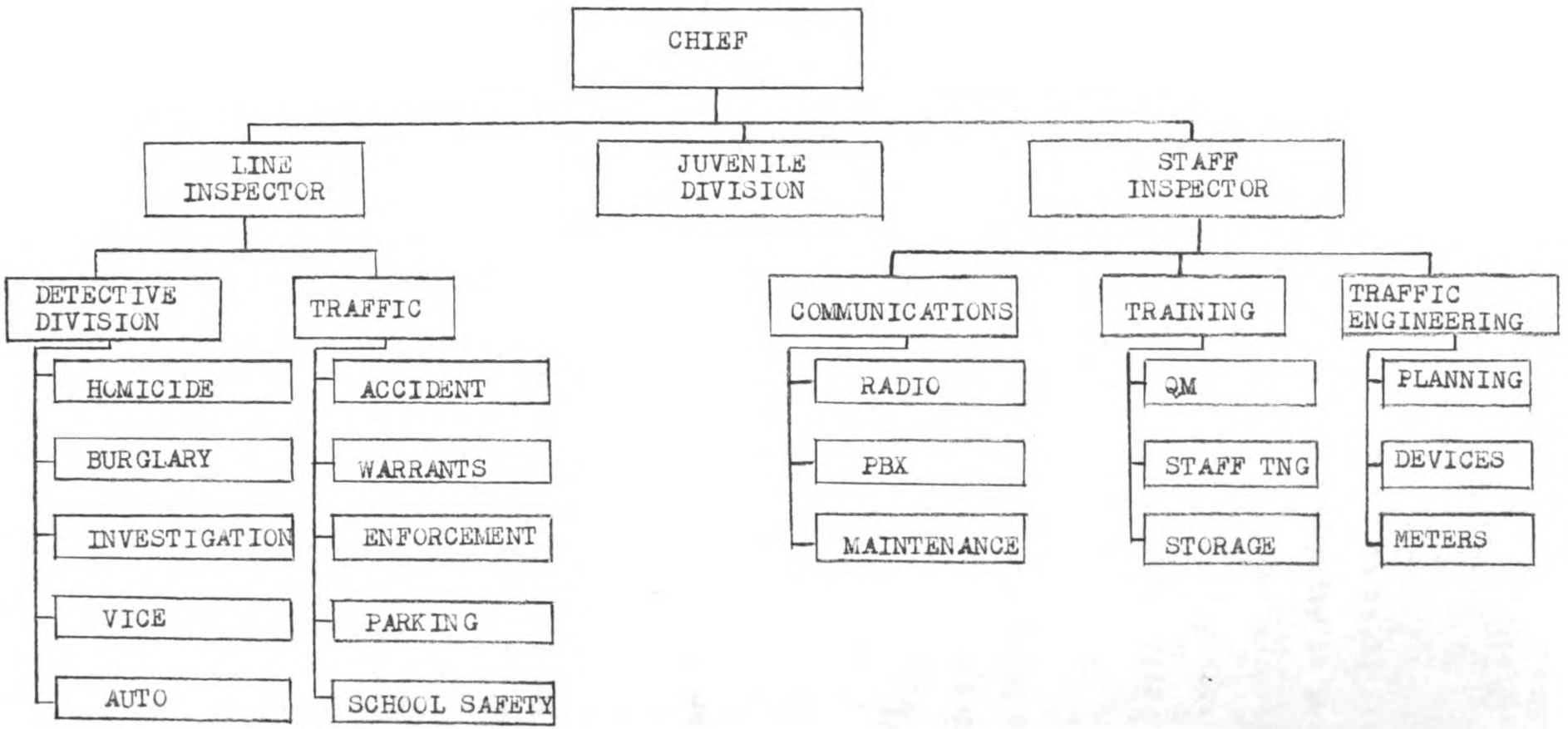

FIGURE II.

ORGANIZATION CHART, FLINT POLICE DEPARTMENT

no anticipated change.[8]

The police have an excellent relationship with the Municipal Court. The court has the authority to hear, try, and determine suits and prosecutions for recovery of fines, penalties, and forfeitures imposed by the city charter and ordinances. This amounts, in effect, to the trying of all misdemeanors committed within the city.[9]

Present practices in handling the alcoholic offender. There are no written instructions for use by the department for the handling of the alcoholic offender. During the pre-service training, examples are given verbally indicating when to arrest and when not to arrest. Upon assignment to the department, a new patrolman is assigned as a partner to a senior patrolman and is expected to learn by watching the example set by the senior.[10]

If a person under the influence is with friends, near his abode, or is sufficiently capable of getting a taxi, the average officer on the force will allow the subject to proceed to his abode.[11] If the subject is belligerent, dangerous to himself, to others, or to property, he is arrested,

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[8]George B. Paul, op. cit.

[9]Annual Report, Flint, op. cit.

[10]Gerald R. Lyons, op. cit.

[11]George B. Paul, op. cit.

booked, and placed in a large group cell to await sobriety, at which time he is brought before the municipal court.

Chief George B. Paul states that over thirty percent of the department's workload is generated by alcohol-related offenses. He feels that the department should avoid social work and that alcoholism is definitely in the social work area.[12]

When the questions in the introduction of this chapter were posed, the chief responded with candid answers which reflected his personal attitude toward alcoholism and the alcoholic offender. "The transporting of 'drunks' to the hospital would, in the main, be a waste of time." Commenting briefly on the lack of personnel, he gave much the same answer to the query concerning the assignment of personnel to work in the area of alcoholism. Chief Paul felt that his personnel were incapable of giving instruction to alcoholics, although he indicated his willingness to function as a member of an alcoholism board of control and to cooperate with the courts in any endeavor in this area. Chief Paul summed up his answers by saying, "Alcoholism is not a disease, and if an individual wants to refrain, he can by exercising his free will".[13]

The Honorable Judge of Municipal Court in Flint,

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[12] Ibid. [13] Ibid.

Basil F. Baker, finds the subject guilty as charged in over ninty-five percent of the cases brought before him for drunkenness. The schedule of sentences is as follows:[14]

TABLE 6

SENTENCES FOR DRUNKENNESS, FLINT MUNICIPAL COURT

OFFENSE	FINE	JAIL
First appearance	$10.00 (normally suspended)	No
Second appearance	$20.00 (some suspended)	No
Third appearance	$30.00	Rarely
Subsequent	$30.00	Sometimes

Judge Baker suspects that over seventy percent of the cases which come before him are alcohol-related, although he feels that "The only way to cure a 'drunk' is for the 'drunk' to use his free will...". He was very emphatic in his replies to the questions posed to him.

The judge would be very interested in occupying a position on a board of alcoholism control and in sentencing offenders to instruction which would be provided by the police. He has never recommended committment for alcoholics to the State Hospital to the Probate Judge, but felt that this area

[14] Basil F. Baker, Municipal Judge, Interview, Flint, Michigan, April 22, 1964.

could be explored.[15]

Medical and social agency facilities. The City of Flint owns and operates Hurley Hospital. The hospital employs a full-time social worker to operate the alcohol rehabilitation service. William Keaton answered the medical representatives questions as posed in the introduction. Because Hurley Hospital is operated by the city, the police have full access to all its facilities. The medical doctor on duty would be willing to diagnose, and admit any alcoholic brought to the hospital as well as submitting a prognoses to the police department. Mister Keaton was enthusiastic in his support for a board of alcoholism control and would be very willing to participate and give his service to any function of such a board.[16]

The Honorable Judge Frank L. McAvinchy, Probate Judge of Genessee County and the dean of Michigan probate judges, committs an average of two alcohol addicts per month to the State Hospital. The judge would accept police petitions for a hearing for any serious repeater that the police department feels is an alcohol addict.[17]

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[15] Ibid.

[16] William Keaton, Interview, Chief Social Service Division(Alcoholism). Hurley Hospital, Flint, Michigan, April 22, 1964.

[17] Frank L. McAvinchy, Interview, Judge of Probate Court, Genesee County, Flint, Michigan, April 22, 1964.

The social agencies in Flint are well-supported and the Salvation Army and Rescue Mission have assisted alcoholics in the past. The Alcoholics Anonymous has not been active in the city jail for quite some time.[18]

II. GRAND RAPIDS, MICHIGAN

Introduction. Grand Rapids, the furniture capital of the world, has a population of 201,487 living in 42.2 square miles.[19] The police department operates on a budget of approximately $1,750,000 per year.[20] This budget provides for a force of 235 men and seventy-six pieces of motor equipment.[21] The heavy industry in the city provides for a high tax base which insures adequate financial city government.

Police operation and department organization. The police department has shown a reduction in class I offenses during the past two years. The annual statistics for 1962 show the following arrests:

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[18] George B. Paul, op. cit.

[19] Annual Report, Grand Rapids Police Department, Grand Rapids, Michigan, 1962.

[20] Ibid.

[21] Ibid.

TABLE 7

GRAND RAPIDS ARRESTS FOR 1962

ARRESTS	NUMBER	PERCENTAGE
Total	4,399	100
Drunkenness	1,469	31
Disorderly conduct	638	14
Vagrancy	5	less than 1
Prostitution and Commercialized vice	138	3
Juvenile arrests	81	2
Traffic arrests	355	7

Many subjects under the influence are booked as disorderly persons. Even eliminating this factor, alcoholic-oriented offenses accounted for the largest block of arrests in Grand Rapids in 1962.[22]

The department is presently located in very old and inadequate quarters; however, plans have been completed for a new complex to be built starting in the fall of 1964. The Kent County jail serves as the detention facility for the police department. All prisoners are housed there except

[22] Ibid.

those awaiting their initial contact with the court.[23]

The command lines for the supervision of the department follow those as given in the organization chart, figure three. The organization chart does not show the ambulance service which is an integral part of the force. The ambulance service serves the entire City of Grand Rapids.[24]

Grand Rapids Police Department is proud of its training program. The recruit receives ten weeks of instruction before graduating to the force. Grand Rapids is unique in its "Cadet" program. This program is designed for the high school student eighteen or nineteen years old. The student works for twenty hours per week and receives from $54.50 to $63.50 per week. The Cadet must complete two years of study at the Grand Rapids Junior College prior to being established as a full member of the department.[25]

The department has an excellent and close relationship with the courts. The police court (municipal) has two judges who hear all misdemeanors brought before them. The police department provides uniformed assistance to both these courts and to the city attorney who administers to the court.[26]

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[23] William Johnson, Interview, Superintendent of Police, Grand Rapids, Michigan, April 25, 1964.

[24] Annual Report, Grand Rapids, op. cit.

[25] Ibid.

[26] William Johnson, op. cit.

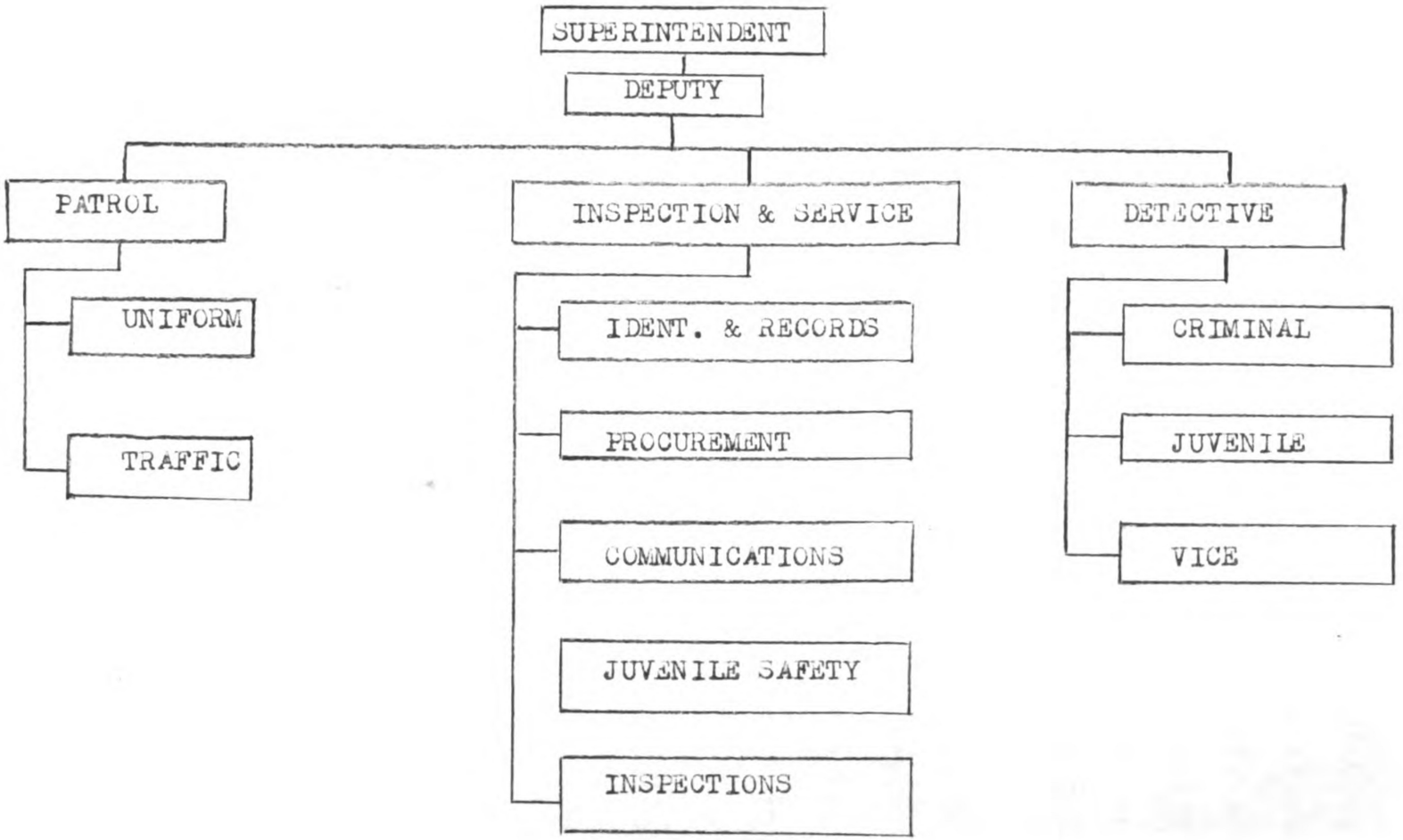

FIGURE III.

ORGANIZATION CHART, GRAND RAPIDS POLICE DEPARTMENT

Present practices in handling the alcoholic offender. As was true in Flint, there are no written instructions or standard operating procedures for handling the alcoholic offender. During the ten week pre-service training course, the recruits are given verbal examples of how individual cases should be handled. Upon integration into the force, the patrolman is expected to learn from the example set by his senior partner.[27]

If a person under the influence is not belligerent, a danger to himself, others or property, the average patrolman on the force will first think how he can get the man home. If the subject is arrested, he is taken to the police station, booked, and placed in the temporary detention facility to await sobriety and the appearance before the police court.[28]

Superintendent (Chief) William Johnson feels that over forty percent of the force workload is generated by alcohol or alcohol-related offenses. Chief Johnson does not feel the police have any business in the area of social work. He further feels that alcoholism, per se, falls within the responsibilities of the welfare services. When questioned relative to the extensive youth program within the department, Superintendent Johnson stated that, even in this area, welfare agencies should be carrying the workload rather than the police department. The courts and the police in Grand Rapids

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[27] Ibid. [28] Ibid.

have excellent rapport and Superintendent Johnson stated that even though the members of his force were not educators or social workers, he would be willing to join in any effort to combat alcoholism with the judiciary, medical, and citizenry. Superintendent Johnson stated that, "The police represent force and for this reason rehabilation of any kind is not a police function".[29]

The Honorable Roman J. Snow, Senior Police Court Judge, finds virtually all the subjects brought before him for drunkenness, guilty. The schedule for sentences follow:[30]

TABLE 8

SENTENCES FOR DRUNKENNESS, GRAND RAPIDS POLICE COURT

OFFENSE	FINE	JAIL
First appearance	$15.00	No*
Second appearance	$15.00	No*
Third appearance	$25.00	(less than 10%)
Subsequent	$25.00	(less than 10%)

*If subject cannot pay fine, then thirty days jail.

[29]William Johnson, op. cit.

[30]Roman J. Snow, Interview, Senior Police Court Judge, Grand Rapids, Michigan, April 23, 1964.

In speaking of the alcoholic offender, Judge Snow opened his remarks by saying, "I've had a feeling of helplessness in this area for a long time". Judge Snow would be very willing to engage in any worthwhile project which has any degree of probability of success within the area of the alcoholic offender. He has, in the past, referred subjects to the alcoholism clinic available in Grand Rapids through the City Health Department. He has never recommended to the Probate Court that a petition should be sought to commit alcoholics to the State Hospital for the mentally ill. He feels this petition, if sought, should be initiated by the police department when the family is reluctant to do so.[31]

Medical and social agency facilities. The hospitals in Grand Rapids are all private or sectarian in ownership. Doctor W. B. Prothro serves the city and Kent County as the director of the joint Health Department. Under his guidance falls the alcohlism service which operates on a limited budget of $25,000 per year. Dr. Prothro stated that only two of the city's four hospitals would accept an alcoholic as a patient; however, he felt that the medical doctors in Grand Rapids would cooperate in any alcoholism

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[31] Roman J. Snow, op. cit.

program established within the city.[32]

The Probate Court last year committed forty-four alcohol addicts to the State Mental Hospital at Kalamazoo. The Probate Court would accept any petition submitted by the Police Department; however, this has not happened in the recent past. This court has not experienced any significant delay in the admission of committed patients to the hospital for the past year.[33]

According to Doctor Prothro, many social service agencies are willing to give time and effort in any alcoholism project initiated within the city. The Salvation Army, Volunteers of America, and Catholic Christian Service Bureau have all, in the past, assisted both from a financial and counseling aspect in the rehabilitation of alcoholics.[34]

III. LANSING, MICHIGAN

Introduction. The population of Lansing in 1963. was estimated to be 114,434. The mayor and council form of government is used to administer the twenty-nine square miles within the city limits. Lansing is noted mainly for

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[32] W. B. Prothro, Interview, Director, City-County Health Department, Grand Rapids, Michigan, April 23, 1964.

[33] Carmen DeRuiter, Interview, Secretary to the Probate Court, Kent County, Grand Rapids, Michigan, April 23, 1964.

[34] W. B. Prothro, op. cit.

being the capital of Michigan. The automobile industry gives Lansing a large tax base from which comes the city budget of approximately eleven million dollars per year. The police department receives approximately one and one-half million for its operation. The department employs a force of 174 and has fifty-three items of motorized equipment.[35]

The department has experienced a relatively static number of arrests for the past few years. The annual report for 1963 shows the following arrests:[36]

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[35]Thomas W. O'Toole, Interview, Inspector of Police, Lansing Police Department, April 21, 1964.

[36]Annual Report, Lansing Police Department, Lansing Michigan, 1963.

TABLE 9

LANSING ARRESTS FOR 1963 (extracted)

ARRESTS	NUMBER	PERCENTAGE
Total	4,589	100
Drunkenness	1,476	32
Disorderly conduct	181	4
Vagrancy	0	0
Prostitution and commercialized vice	2	less than 1
Juvenile arrests	*	*
Traffic arrests	360	8

* The youth division opened 4,292 cases and prosecuted 3,690. These figures include adults that were contributors to youthful offenses or offenders.

The above table shows drunkenness to be the largest offense in the number of arrests for 1963.

The physical facilities for the department are ultra-modern in appearance. The detention facility is located within the department and houses detainees and sentenced prisoners for periods up to sixty days.[37]

The command line for the department follows the

[37] Thomas W. O'Toole, op. cit.

organization chart as given in figure four. It is interesting to note that the youth division with its dozen personnel accounted for 3,690 prosecutions as compared to 4,589 arrests for the remainder of the department. This is attributed to an excellent youth division which takes all complaints involving youthful offenders.[38]

The relationship of the police department with the municipal court is reported to be excellent. The municipal court hears and sentences all violations of city ordinances and provides initial arraignment for the circuit court. The city ordinance specifies three charges for drunkenness: first offense, second offense, and third offense.[39]

Present practices for handling the alcoholic offender. The patrolman learns how to handle the alcoholic offender from verbal instructions or by observing senior members of the department. Normally, the officer's first reaction to the alcoholic offender will be to try to get the offender off of the street and to his abode. This is accomplished through friends, if available, taxi, or if the subject is capable, he may walk unescorted. There are no written instructions or standard operating procedures within the department. The booking sergeant has the final word on

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[38]Thomas W. O'Toole, op. cit.

[39]Ibid.

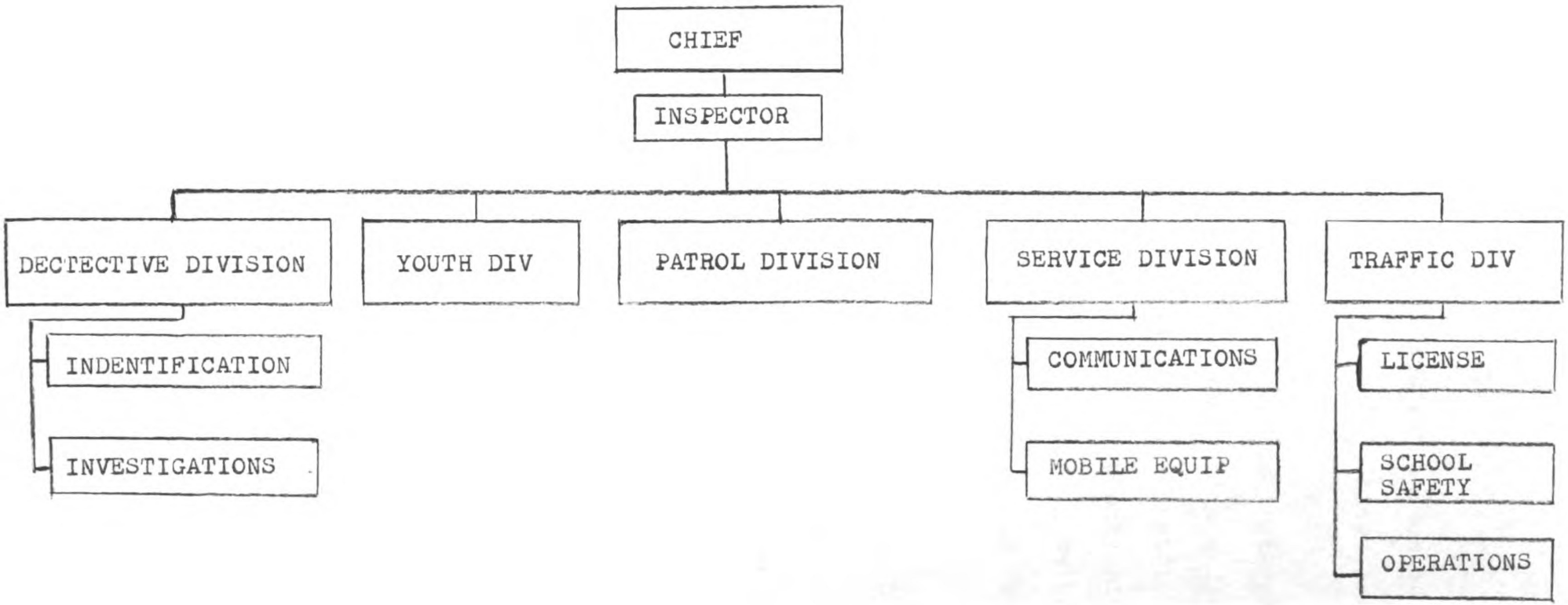

FIGURE IV.

ORGANIZATION CHART, LANDING POLICE DEPARTMENT

booking and releasing. If the subject is booked, he is placed in a large group cell to await sobriety and appearance before the municipal court.[40]

Inspector Thomas W. O'Toole feels that the police department's first duty is to prevent crime and that the second duty is to apprehend criminals. He states that "The public thinks that the alcoholic offends only himself and not society, and the police, in the past, have taken somewhat the same tack". Inspector O'Toole would be willing for the department to enter into a program as suggested by the model in Chapter III. The only possible limitation would be budgetary.[41]

The police department has not petitioned the Probate Court for committment of alcoholic adults; however, in the past, the youth division has petitioned for juvenile alcohol addicts. Inspector O'Toole feels that progressive police departments will soon be in the alcoholic rehabilitation field from a crime prevention angle. He used as an example, "Ten years ago, no police department was in the juvenile and youth business; now it is a major portion of our operation". He feels that alcoholism control will be the next area of endeavor.[42]

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[40] Ibid. [41] Ibid.

[42] Ibid.

Judge Earl McDonald, Municipal Judge of Lansing, suspects that well over half of the subjects brought before him are there due to alcohol alcohol-related reasons. He finds almost all guilty and sentences according to the following schedule:

TABLE 10

SENTENCES FOR DRUNKENNESS, LANSING MUNICIPAL COURT[43]

OFFENSE	FINE	JAIL
First appearance	$15.00 (90% of cases)	No
Second appearance	$25.00*	No
Third appearance	$50.00	15 days

* if within the same year, if not $15.00.

Usually, an alcoholic subject is charged as a first offender for six or seven times before his arrest is regarded as a second offense. It is the prerogative of the police to charge the subject as a second offender. When this occurs, the judge realizing that the subject is a repeater, imposes the sentence of a third offense.[44]

[43] Earl McDonald, Interview, Judge of Municipal Court, Lansing, Michigan, April 21, 1964

[44] Ibid.

Judge McDonald would be extremely happy to enter into the proposed program as outlined by the model in Chapter III. He states that "Some of the worst criminals before me are there because of alcohol". He has, in the past, recommended Alcoholics Anonymous to offenders, but feels that "It is the personal responsibility of the alcoholic to refrain from the use of alcohol". If he cannot refrain, the judge feels that the police should petition the Probate Court for committment of the alcoholic to a State Hospital for the mentally ill. In line with this petition, Judge McDonald would be willing to make a verifying recommendation.[45]

Medical and social facilities. Lansing does not have a city hospital. The police use all the medical facilities within thecity.Doctor Richard C. Bates, Chairman of the Michigan Medical Society Committee on Alcoholism, states that from a medical aspect, "The Doctors of Lansing would cooperate in any way possible to alleviate the alcohol problem within the city".[46] Sparrow Hospital admits alcoholic patients on the same criteria as any other patient. It operates a fifteen bed ward solely for the person with an alcohol problem. Doctor Bates foresees no problem in

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[45] Ibid.

[46] Richard C. Bates, Interview, Chairman, Committee on Alcoholism, Michigan State Medical Society, Lansing, Michigan, April 17, 1964.

diagnosing a subject brought in by the police, with the possible exception of monetary payment to the examining doctor. He feels this exception could be remedied by allocation of funds from the City Health Department.[47]

Honorable James T. Kallman, Probate Judge of Ingham County, committed less than ten alcohol addicts last year to the state mental hospital. He would not accept a petition for committment from the Police Department. He feels the petition should properly come from the family of the alcoholic. The Court has not experienced any delay in the acceptance of patients by the hospitals committed for the past year.[48]

IV. COMPARISON OF EXISTING METHODS WITH THE PROPOSED MODEL

Introduction. The model program as listed in Chapter III was drawn from the literature on the subject of alcoholism and from personal research. Sections I-III of this chapter were developed from the personal interviews within each city. When comparing the actualities of the existing departments with the theoretical model, personal opinions of the respondents will be discounted, although it is realized that these opinions influence the policies

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[47] Ibid.

[48] James T. Kallman, Interview, Judge of Probate Court, Ingham County, Lansing, Michigan, April 21, 1964.

and the actions of the personnel.

Flint. The police department in Flint at the present time does not have any policy or procedure for the handling of the alcoholic offender, even though this group of offenders accounted for thirty-three percent of the arrests made in Flint during 1963. The department places all subjects booked before the municipal judge on the charge of drunkenness regardless of the number of arrests for the same offense. The chief of the department would be willing to enter into a system as posed by the model in cooperation with the courts. The hospital in Flint is city owned and the medical aspect would be handled without difficulty. The municipal court in Flint would sentence as indicated by the model. Police petitions for alcohol addicts would be accepted by the Probate Judge.

The only possible limitation to establishing the model as practice in Flint would be from a financial viewpoint.

Grand Rapids. The procedure used for handling alcoholics in Grand Rapids is virtually the same as in Flint. The alcoholic offender in Grand Rapids accounted for thirty-one percent of the arrests made in 1962. The superintendent of police would be willing to cooperate with the court and other agencies to reduce this figure. The City Health Officer would be willing to institute any

program among the medical practitioners in Grand Rapids that would benefit the alcoholic offender and the police handling of the same. The Probate Court would accept petitions from the police for alcohol addicts. The financial aspect appears to be a barrier in this case as it was in Flint.

Lansing. Thirty-two percent of the arrests for 1963 were for drunkenness. The police department has placed the official duty of alcoholic counselor upon one of its court officers. Outside of this, there is no existing program for handling the alcoholic offender, even though they account for almost one-third of the arrests made. Inspector O'Toole would be extremely willing to enter into a program such as the model proposed. He feels it is only a matter of time until this happens. The medical aspect of the program is covered by Doctor Bates's comments on cooperation. The municipal court would welcome the program. The Probate Court will not accept police petitions since it feels that they should come from the family of the offender. Again, the financial cost of the program is still in question.

CHAPTER V

SUMMARY, CONCLUSIONS, PROBLEMS TO BE ANSWERED

I. SUMMARY

Intoxicating beverages have been in existence since the early dawn of civilization. Over seventy-five million people in the United States today drink alcoholic beverages. For one out of thirteen drinkers, alcohol becomes the sustaining substance of life itself. For these five and one-half million people, alcohol is the corner-stone for the disruption of social, economic, and family life. In most cases, the police are the initial surveyors of this disruption.

In the past decade, the medical profession has opened the portals of its vast treatment and research facilities to the study of alcoholism. The medical profession has fully explored and documented the effects of alcohol on the body. Drugs have been developed to ease the withdrawal symptoms. Hospital wards have been established to care for and rehabilitate those seeking help. Studies are being conducted to establish a diagnoses for the person in the early stages of alcoholism. In the field of medicine, alcohol and its physical effects are now considered the fourth most prevalent disease of man.

Sociologically, alcoholism is now accepted as a

front-runner among the deviances of man. The limited sociological studies have indicated that, with the proper interdisciplinary approach, fifty percent of the alcoholics can be rehabilitated to a discernable extent. For many centuries, it was felt that man drank to excess because of his desire to do so. It has now been determined that to some people alcohol intake is a disease, likened to tuberculosis and cancer. As with tuberculosis, the person with the disease does not have to desire treatment to receive its benefits.

Large industry has come to realize the tremendous cost of alcoholism. With this realization, programs have been established to alleviate the lost man-hours and the loss of trained personnel. The success statistics, as reported by three of the larger companies in the United States, show that an average of over fifty percent of those treated are rehabilitated to adequately perform their jobs.

The Federal Bureau of Investigation crime statistics report over one-third of all arrests in the United States are made for drunkenness. Very few municipal police departments have made any effort to reduce this figure. In those few departments that have made an effort, the success has been reported to coincide with the fifty percent as given by the studies of industry. None of the three medium-sized departments investigated by this study has any procedure for dealing with the alcoholic offender. All three have elaborate programs and personnel involved in youth and

vice activities, even though both of these areas combined do not generate the workload or arrests caused by the alcoholic offender. Two departments were willing to enter this field, but felt that it would be better handled by the social work agencies within the city; however, all three departments were willing to enter the field of alcoholism control in cooperation with the judiciary, medical, and social agencies within the community.

II. CONCLUSIONS

As a result of this study, several conclusions were reached. Some are of a specific nature; others are general. Both catagories are felt to be important.

Drunkenness is classified as a crime and accounts for over one-third of the arrests made in the United States. Progress has been made in the area of rehabilitation for alcoholics to the extent that police agencies would save resources if they participated in this rehabilitation. Both the literature and the field investigations support this conclusion which was the major hypothesis for this study.

Participation as outlined in the model would have to be knowledgeable in the field of alcoholism. Their duties would consist of the technical control over the arrest procedure for persons under the influence of alcohol, coordination with the medical facilities used by the department, supervision of the records of all persons arrested

for being under the influence of alcohol, and the formulation and administration of alcoholism education for those sentenced by the courts to receive such education.

Based upon the investigation of the three municipal police departments, education on alcoholism is needed, not only for the patrolman on the beat, but also for command officers. It appears, under existing statutes, that this education should be given by the State Board of Alcoholism to the police agencies. Every member of the department should understand alcoholism and the laws regarding alcoholism as well as he does traffic laws and offenders. The police come in contact with more alcoholics than any other governmental agency. Their capability in the handling of the alcoholic offender could well become a bridge of knowledge and understanding between the alcoholic and the general public.

Government and law have become so complex that the total resources for support of the police functions have not been explored fully by the departments visited. The police labor with the deviate without knowing the full capability of other governmental agencies geared to support this labor. Police departments are the initial contact for most of the population with the bureaucracy of government. They should have knowledge of and close cooperation with all of the governmental agencies to insure complete coverage of all laws. The three departments investigated need

education in this area.

The three medium-sized police departments visited did not negate any of the provisions of the proposed model as outlined in Chapter III. With the exception of any overwhelming negative answers to the unanswered problems given in Section III of this chapter, it is felt that the model program would satisfy the need for a consistent and compatable guide for the handling of the alcoholic offender.

III. QUESTIONS TO BE ANSWERED

Many problems were encountered during the course of this study. Many could not be resolved. The following questions were considered to be the most important.

What would be the cost of initiating the model program for police handling of the alcoholic offender?

How much professional training would be required for the police to engage in alcoholism rehabilitation?

Would it be a violation of civil rights to force an alcoholic to accept treatment?

Where shall the line be drawn between the duties of the police agencies and the social work agencies?

From the review of the literature, it would appear that financial assistance would be available to any agency or individual contemplating research to answer these questions. The three police departments which were visited would be excellent agencies for initiating pilot programs.

Their willingness to cooperate is demonstrated by their acknowledgement of the large amount of work generated by the alcoholic offender and their candid answers to questions posed by this study.

The alcoholic offender has been rotated through the revolving door of the courts, the police, and the streets for long enough. The alcoholic is now recognized as being mentally ill. In the words of President John F. Kennedy in one of his last speeches, "We have long neglected the mentally ill....this neglect must end".

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