A Tale of Two Cities

Anchorage, Alaska -- Tampere, Finland

Our Community Considers an Alternate Response to the Homeless Public Inebriate

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TABLE OF CONTENTS

Background 1

Acknowledgments 4

Executive Summary 5

Concluding Talk by Dr. Makela 10

Introduction 10
Background Factors of Alcoholism 14
Responses to Alcoholism 15
An Alternative Approach 16
Comparing Anchorage's and Tampere's Systems 17
Options for Anchorage 17

Community Discussion After Concluding Talk 20

Summary of Community Comments 27
Citizen Concerns 27
Barriers 27
Recommendations 28

Overview of Anchorage's Public Inebriate Problem 29
Description of Current Treatment System 29
Types of Homeless Inebriates 30
Alcohol Consumption Rates 31
State and Municipal Funding Trends 33

Additional Information 34
Cost of Services in Finland & Sources of Client Payments 35
Comparison of Costs 36
Chronology of Alcohol Policy in Finland 37
Polar Projection Map 40
Pictures of Supported Apartments in Finland 41
Other 44
Background

A common function of all civilized societies is the protection of the health and well-being of its people. Anchorage, along with many other modern cities in the United States, have found protecting the public inebriate to be a difficult, expensive and an often unsuccessful endeavor.

Before 1974 public drunkenness was a crime and public inebriates were frequently criminally prosecuted. Most were sent to an "honor farm" first located at Russian Jack Springs and then at Point Woronzof. While this approach had popular support, the problem continued. Eventually criminal commitment was found to conflict with constitutional rights.

Between the mid 1970's to present Anchorage's approach was to offer a continuum of treatment services; emergency services (such as Community Service Patrol and detox), residential treatment, transitional housing, outpatient treatment and aftercare (see flow chart at end of this section). These services are expensive, not adequately funded and the problem continued.

During this time several studies were conducted including the:

1978 "Kelso Report",
1979 Beyond 4th Avenue--Alternatives to Misery,
1981 Beyond 4th Avenue--Alternatives to Misery Phase II,

All reports called for renewed efforts to improve and expand the treatment system.

The July 1992 Final Report of the Anchorage Comprehensive Homeless Program Strategy Group considered the homeless public inebriate along with a host of other homeless sub groups. It called for the community to adopt a new approach to homelessness. One:

... which emphasizes programs designed to move clients as quickly as possible from their dependence on emergency shelters to... independent living... in permanent housing.

It called for additional residential alcohol treatment beds, it also proposed that the chronic, hard core, public inebriates be served differently. It proposed the length of stay of these substance abusers in emergency shelters be minimized by offering appropriate housing alternatives. It called for developing 50 housing units designed to serve this population. It also called for the development of case management services for the
homeless to be provided in conjunction with the following direct services: housing, financial, medical, social skills, and vocational counseling.¹

Except those concerning inebriates, most of the goals called for in the plan have been, or are being achieved. On February 11, 1994 the Strategy Group met and identified as a major unfulfilled need the substance abusing chronic homeless. It called for renewed efforts and directed a Working Group be formed.

On March 11, 1994 Winter Cities Public Forum—Dr. Rauno Makela of Finland, Dr. Alan Ogborne of Canada and Dr. Bernie Segal of Anchorage shared their experiences working with the homeless alcoholic. Widely discussed at the well attended meeting was Tampere, Finland’s decade long experience in gradually reducing the number of homeless public inebriates using supportive apartments.

Between February and August 1994 the Working Group met several times. They found the reluctance to develop a new approach understandable. It decided:

Any initiative concerning the public inebriate, whether an old or new approach, is likely to meet with stiff neighborhood resistance if it is developed by the government without extensive public involvement. Many of our citizens are negatively impacted by the problem. Further, those who aren’t impacted are concerned they will be soon. We believe that any initiative will need the active support of Anchorage citizens to be successful. We recommend the Finnish approach along with other options be presented to our neighborhoods and citizens in general, and we ask them for their advice.

Dr. Rauno Makela was invited to Anchorage to help with this effort. The following is a report of the public process which occurred the week of his visit, December 5-9th, 1994.

¹A February 1991 publication by the National Institute of Alcohol Abuse and Alcoholism suggests the use of case management for chronic alcoholics and said it "... may be an intervention for people who do not seem to benefit from customary treatment..."
CONTINUUM OF ALCOHOL SERVICES*

Emergency Services
(Includes CSP, Sleep-off and Detox Services)

Involuntary Commitment

Treatment Services
(Includes Three Types)

Long-term Care
(90 - 180 Days)

Intermediate Care
(21 - 28 Days)

Outpatient Counseling

Transitional Housing
(Two Types)

Structured Program

Unstructured Program

Long-term Housing
(e.g., SRO's)

* Does not include prevention programs such as the Urban Spirit Camp Alaska Native Welcome Center
Acknowledgments

First of all our thanks go out to over 150 citizens who contributed to this process, and to Dr. Rauno Makela who unselfishly shared his time and expertise with our community.

The Working Group, which operated during a transition in mayoral leadership, consisted of the following individuals:

Ken Maynard--Mayor's Homeless Strategy Group
Dr. Helen Beirne, Bill Mans, Jewel Jones, Karen Coady, Betsy Karago, and Mike Huelisman--Department of Health and Human Services

John Bajowski--Crossover House
Sue Fison--Department of Community Planning and Development

Jane Tollett and Bob Eaton--Department of Veterans Affairs
Cynthia Parker--Anchorage Neighborhood Housing Services

Mitzi Barker--Alaska Housing Finance Corporation
Gene Brown and Lynn Sangster--Brother Francis Shelter

Dr. Ray Dexter--Salvation Army Clitheroe Center
Ruth Moulton, Alice Howarth, and Rev. Martinson--Citizens of Anchorage

Hosts for the Small Group Meetings were:

Mitzi Barker
Ray Dexter
Ruth Moulton

Brian Saylor
Jane Tollett
Rev. Ron Martinson

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Executive Summary

Abstract

Objectives: 1) Improve the community's understanding of the public inebriate problem; and 2) evaluate the feasibility of using Tampere, Finland's 10 year old voluntary supervised housing program in Anchorage. This program invites chronic homeless alcoholics to rejoin society by providing them the skills and support needed to live in one of 20 single person apartments scattered throughout lower middle class neighborhoods of the city.

Method: The municipality convened ten 1 1/2 hour meetings between a Finnish expert in homelessness and alcohol abuse and Anchorage community leaders including; people from the government, non profit, and private sectors, community activists, and Alaskan Natives. Two thirds of each meeting was devoted to consideration of adapting Finland's approach. Over 150 citizens participated.

Findings: Similarities--both cities; are similar in size and climate, must contend with a rural to urban migration problem, serve clients who often are shy and unaccustomed to urban life, have substantially the same costs for providing similar social services, must contend with a citizenry who don't want a shelter or other homeless programs in their neighborhood, and have similar disability pension funding levels.

Differences--Tampere has; an ethnically homogenous culture, 10,000 publicly subsidized apartments, a clear definition of municipal citizenship allowing them to effectively use "one way tickets," high prices for alcohol beverages, more financial support while awaiting disability pension approval, and a coordinated system to charge clients for all homeless services as they are provided. Anchorage has: an ethnically diverse culture, 2,000 subsidized housing units, low alcohol prices, and provides free homeless services.

Conclusion: Despite differences, it appears Tampere's supportive housing model can be used in Anchorage and would be an effective, humane and cost efficient approach to managing the homeless public inebriate problem. Further study is recommended.

Introduction

Dr. Makela, is a social psychiatrist who lives in Tampere, a city of 181,000 in Southcentral Finland. He works in Helsinki as the Medical Director of A-Clinic Foundation, a nationwide non profit alcohol treatment agency. He also is a consultant to the Finnish government on alcohol problems and he is an expert on homeless alcoholics. Finland roughly lies between the same latitudes as Alaska and has a similar climate. Like Anchorage, Tampere had been coping with a large homeless problem caused by the migration of rural residents to the city since the 1970's.
In March 1994 he attended the Winter Cities Conference in Anchorage where we learned Tampere had slowly decreased the number of homeless, especially hard core homeless alcoholics. This was done by placing them in single person supervised apartments in middle and upper lower class neighborhoods. At this time he visited our homeless shelters, soup kitchens, and alcohol treatment programs. During his December 5-9th 1994 visit he held a series of meetings, and toured many parts of the city including: Fairview, Mountain View and South Anchorage.

**Purpose**

Improve our, the Anchorage community's, thinking about our problem with homeless public inebriates. To probe the problem, look for ideas to better manage it, and get a fresh view. We wanted to use information and thought, to move the community closer to a reasoned and voluntary agreement for dealing with the public inebriate problem.

**Process**

We asked diverse members of our community to share their thoughts and suggestions with each other and to listen to, and consider, the point of view of others. Participants included community leaders, business owners, Alaskan Natives, social service workers, former inebriates and government officials. We:

1. Convened 6 informal meetings during lunch time or in the early evening. The meetings averaged 10 participants who represented different elements of our community. Usually 2/3rds of the meeting time was devoted to citizens discussing Finland's experience and what Anchorage could do to address the problem.

2. Held a public meeting where any member of the community could participate. Again most of the meeting time was devoted to a community discussion of the problem and Finland's approach.

3. A special meeting with Anchorage social service agency workers and an Anchorage Assembly work session.


5. A summation meeting in which Dr. Makela reported what he learned followed by a open discussion by the attendees.

More than 150 different people attended these meetings.
Similarities Between Anchorage and Tampere, Finland

Both Anchorage and Tampere are on the receiving end of a rural to urban migration phenomenon. Both cities have had to contend with new residents who are frequently shy and unaccustomed to urban life. Anchorage's shelters and emergency alcohol programs were a familiar site to Dr. Makela. He observed that in Anchorage and Tampere the first response to solve the homeless public inebriate problem was to remove them from sight and institute measures of control. He described two approaches:

1. Involuntary commitment by sending inebriates to jails, institutions, psychiatric hospitals, alcohol treatment programs and use of the transfer station; and

2. The use of "voluntary" shelters and charity services which impose strict rules, have no privacy and where the clients are not responsible for themselves.

He believes these two approaches encourage the development of a counter culture where hate against society and its "good" members thrives. Members of the counter culture feel they live outside of society and are viewed as "bad" people. He said these people are concentrated in an area which straddles Downtown and Fairview. He suggested this area is a "concentration camp without visible walls."

While he believes that alcohol treatment is effective for "normal" members of our society, he feels it does not successfully treat hard core public inebriates. They have for too long lived isolated from society, and have become dependent on social services. Thus, they no longer have the social skills to return. Treatment programs do not address this need.

An Alternative Approach

For the last 10 years Finland has increasingly been using a different, voluntary, approach. There the hard-core public inebriate is invited to rejoin society and is provided the skills and support he needs to make the transition. This approach is designed to undercut the counter culture and reinforce personal responsibility. The inebriate is motivated by the possibility of living in his own apartment and is often tired of the life on the streets. In Finland there is another important incentive. The inebriate is charged for shelter and other emergency services he receives. This leaves him less money to buy alcohol. The social skills are taught during a 30 day or longer training period. This includes how to wash clothes, cook food, pay bills and get along with your neighbors.

Next the client is placed into his or her apartment, in a neighborhood miles from areas which have concentrated social problems such as drugging and drinking. The same social worker provides supervision and regularly visits the apartment giving continued support. When a serious drinking relapse occurs the client is immediately removed from the apartment and returned to a shelter like program were she or he is reevaluated and provided with additional social skills training. Usually the client is returned to the same apartment a week later.
The apartments are scattered throughout the city with only one per typical apartment building. The social pressure of the "normal" neighbors contributes to their sobriety. Over the course of a year the periods of sobriety become longer and the frequency of relapses diminish. Eventually the ex-inebriate finds his own apartment and no longer needs the assistance of the social worker.

He said government officials were initially reluctant to participate. They became strong supporters after the initial success of a small program, finding the approach less expensive than other treatment options, and less expensive than trying to ignore the problem.

**Recommendations**

1. Intergovernmental and agency coordination and focusing of resources.

From this process we learned it is possible to effectively address the public inebriate problem in Anchorage. However, the solution cannot be crafted by the public health sector alone. Real progress cannot occur without the close policy coordination and focusing of efforts of many diverse agencies. Critical agencies are state, municipal and non profits which address such issues as: housing, welfare, substance abuse, and justice.

2. Management of inebriates money

Much of the money inebriates receive (e.g., permanent fund and native corporation dividends, food stamps, welfare, veterans disability pensions, etc.) is spent on drinking related activities. Thus, government money contributes to the problem. We need to investigate methods to, when appropriate, assure these funds are spent for necessities such as food and housing and not on alcohol and illegal drug related activity.

3. Personal responsibility to pay at least part of the cost

It costs $23 a day per person to provide this program in Tampere. 100% of these costs are paid for by the client with funds she or he receives from pensions, disability insurance, unemployment welfare payments and etc. Our initial cost estimate for the same type of service in Anchorage is $30 per day. Because, like Tampere, Anchorage inebriates can receive payments from a wide range of governmental and private sector sources, which includes employment, a large proportion of the costs could, and should, be paid for by the client.

4. Consider beginning with a small pilot program

In his concluding talk Dr. Makela discussed four options for implementing this approach in Anchorage. His preferred option is to begin with a small pilot program. It would need one or two staff and funding for a small number of apartment subsidies.
5. Community and individual rights

Both neighborhoods and the clients have rights and a new approach must assure these rights are respected. If an ex-inebriate moves into a neighborhood, he or she must be an asset to the community and not add to concerns for safety and security.

6. Rural to urban migration

A large part of the problem concerns rural to urban migration. Yet we know little about this. In addition, it needs to be viewed, and approached, from a statewide rather than a local perspective.
Introduction of Dr. Makela by Mike Huelsman:

The purpose of Dr. Rauno Makela's visit was not as much to market Finland's approach to the public inebriate problem. Rather to show us, even shock us, with the idea that we really can do something about the public inebriate. It is a solvable problem, and we need to not give up. We need to keep trying to find our solution. We know the solution that we end up finding is going to be Anchorage's solution. In some ways I think it'll have to be Alaska's solution. So the purpose was to get people to understand that it's time to look at different ways of dealing with the problem.

We had a series of small group meetings and a public meeting last night. In four and a half days we received input from over 150 people. If we worked a 40 hour week and this is half way through Friday, Rauno and I listened to an average of 4.3 people per hour. I've typed out some ideas which I heard during this process and I will share them with you. But first, the way we are going to do this, is for Rauno to begin. He's going to tell it like it is from his point of view. I really don't know what he is going to say. I've been too busy to sit down and try to discuss it. So I'll shut-up and let Rauno talk and then we'll all talk and then we'll go home. (laughter) So go ahead, Rauno.

Presentation by Dr. Rauno Makela:

So we have seen some pictures this week that look like Anchorage but they are really from Helsinki. This picture (Exhibit 1) is from the Helsinki Daily News, from last August. The title is "Hard core public inebriates have disappeared from Helsinki." Here are two overheads (Exhibits 2 and 3) on the same frame showing the number of homeless people has gone steadily down during the last eight years, and at the same time we see housing for different kinds of homeless people has increased. They now are able to live in their own apartment. We have seen pictures of some apartment buildings from Tampere, Finland where some former public inebriates are now living. They do this while in contact with a social worker as part of our supported housing system. We have discussed the costs and found that supported housing, at least in Finland, is much cheaper
Pultsarin katosivat stadista

Eronnut, köyhä mieskin voi saada jo asunnon Helsingistä.
Number of Homeless in Finland

Asunnottomien määrä Suomessa 1986–1993

Exhibit 2
Homes For The Homeless

In 1986 there were some 18,000 homeless in Finland, but by 1993, the number had fallen to below 12,000. The Y-FOUNDATION acquires housing mainly by purchasing low-priced small apartments, but it also constructs small blocks of flats itself. The Foundation's activities cover the whole of Finland.

Furthermore, the Y-FOUNDATION is engaged in research work and publishes information material and thus aims to improve the living conditions of the homeless.

Y-FOUNDATION Housing 1986 – 1994

Roughly 95% are single flats
Roughly 5% are in blocks of flats owned by the Y-FOUNDATION
than shelters and other emergency services. In Finland all cities now have their own housing programs. This overhead is the cover page for the city of Tampere's housing plan. You in Anchorage also have your own housing program.

In Finland, we receive supportive housing apartments from a variety of sources including the Y-Foundation, a non profit housing corporation which receives funding from the government. The private sector and treatment programs also receive government funds.

So, this has been a busy week.

I will present some concluding ideas I have learned during this week. First I would like to present some background factors about alcoholism.

**Background Factors of Alcoholism**

1. **Individual Factors**—Genetic and life events

We know there are different kinds of the genetic factors, physiological differences in metabolism. We also have individualized events which produce, for example, low self-esteem, lack of education, etc.

2. **Society Factors**
   a. The structure of society and attitudes—social control and counterculture
   b. Alcohol Policy—price, availability and total consumption

And we have social or societal or political factors. We have different structures of societies. We may have attitudes which are black and white attitudes. So we are "good" people and they are "bad" people. They are deviant, they are antisocial, they are alcoholics, they are criminals etc. For these "bad" people we need social control. This social control is producing a counter-culture. That is, hate against society and its "good" members. Members of the counter culture feel outside of society.

In Finland, the high price of alcohol and the limited availability of it has been the most important alcohol policy options which we have used. After we join the European Union, I think we will lose these options. When the total consumption is high, then of course, it produces more problems.

We know that it is much easier to stress the individual factors and to ignore the societal factors.
Responses to Alcoholism

1. **More Control**
   a. Involuntary commitment
   b. "voluntary" shelters and other charity services
      1. control including strict rules, no privacy, no responsibility,
      2. if not accepted then rejected
   c. control of money (in Finland but not the U.S)

We can have different kinds of responses to homeless alcoholics. We can produce more control than normal society uses. We can involuntarily commit people and send them to jails, institutions, psychiatric hospitals, transfer stations, and so on.

Then we can have so called voluntary controls. In fact they seem like an involuntary system. We use shelters and charity services, which are only for "bad" people. There, they must obey strict rules, have no privacy and they are not responsible for themselves. They only have submission. And if people don’t accept these control methods we have good reason to reject them.

This is what you have in Anchorage and it all happened in Finland.

In Finland we can control their money if it is necessary. For some reason, you don’t do it here. Even though you use many other control measures.

2. **Treatment**
   a. motivated to change (a vision of a better future)
   b. a good client
      1. accept the rules,
      2. is humble/remorseful,
      3. is able to discuss,
      4. if not 1-3 above rejection
   c. a continuum of treatment (many gaps, revolving door).

The second way to respond to alcoholism is treatment.

Treatment is for persons who are motivated to change themselves. To change for what? They need a vision of a better future. A good client accepts all of the rules of the treatment program. They accept the ideologies: AA, religious, cognitive, and psycho dynamic. They accept the individual therapy and so on. And a good client is humble and remorseful because of his earlier misbehavior. He is able to discuss and is continually motivated.

And if a client does not do so, we have a good reason to reject him. He is not motivated, he’s hopeless, not treatable. Perhaps the inebriate has one, two, three possibilities, but
after several attempts, you have a good reason to even more strongly reject him. I speak mostly about my Finnish experience, but I believe that something like this may also have happened here.

And, last is the so called continuum of treatment. Where there are, sometimes gaps. And when people are not very motivated, they drop out.

An Alternative Approach

1. All people are "good" and "normal"
   a. take away the meaning of the counter culture
   b. offer the possibility to be "normal"

Next some of my thoughts about an alternative. If we believe all people in our society are of equal value, all are good, and all are normal; we can take away the meaning of the counter-culture. If we can offer the possibility to be normal, then it is more difficult to oppose the normal.

2. What do you want?
   a. money, food, alcohol, treatment, housing, job, social relationships
   b. individualized client/case manager relationship

Earlier I talked about what we want to do to them. Here the questions to the homeless client are: What do you want? Do you need money? Are you disabled and need a disability pension? we can help arrange it. If you can work we can help with that and maybe a small amount of rental assistance to help you get started. People must have a basic amount of money.

Do you need food? Ok you can buy food, with the money which you now have. If you want alcohol, that is your problem, you can buy it. It is very cheap here in Anchorage, and it is expensive in Finland.

If you need treatment, we can offer you a variety of services.

If you need housing, we can arrange for it but you must pay for it. We will have that amount deducted from you next check. We might help you find space in a shelter or a rooming house or your own apartment. And if you are not able to live independently we can give you life skills training. And after that, we can help with supervision with the aid of a social worker. Another important feature is social relationships.

The basic method is individual client case/manager relationships throughout the whole process. We can also use a team of case-managers.
Comparing Anchorage's and Tampere's Systems

I believe the situation in Anchorage is like this figure (Exhibit 4). You have a big shelter, free food, and people get assistance checks (and food stamps). They can spend these resources on alcohol because these services are free. Then there are some employment and other services which are difficult to find. This is a kind of concentration camp, one with invisible walls, in your city.

This is a different picture of a system in my home city, Tampere (Exhibit 5). Here we have a small wet shelter connected to a shelter which has a social detox and life skills training services. The next step is supported housing and then independent housing. Our problem is mostly here (supported housing) because people who have their own apartment are in the beginning quite lonely. But this concept is still working in our Tampere. I don't know how well it is working here.

Options for Anchorage

One possibility is to tear down all of your present system and build something similar to Tampere. I don't think this is possible. I don't recommend it.

A second option is to put up smaller shelters and connect these kinds of services to them. Perhaps you already do some of this.

Third, perhaps it's possible to start with a low profile supportive apartments program. Start with 5, 10, or perhaps 20 hard-core drinkers, perhaps starting with the less serious ones in the beginning. And offer them a possibility to participate in detox a life skills program inside an existing social program. And when they are ready, after one, two, three months, or when some of them are ready, you will then have a small amount of apartments in different parts of the city. Maybe you need only one social worker who is willing to do this program and some apartments. And generate acceptance by the neighbors.

That's my thoughts.
EMERGENCY SHELTER
- 18 beds
- 150 persons/year (13 days average)

REHABILITATION HOME AND DETOX
- 15 beds
- 50 persons/year (25 days average)

WORK "CENTER"

SUPPORTED HOUSING

DAYS CENTER

OUTPATIENT FACILITIES

WELFARE OFFICE

SELF HELP GROUPS

Exhibit 5
Community Discussion after Concluding Talk
(Edited for clarity and brevity)

**Ruth Moulton:** Dr. Makela, if we have a situation where the people at the shelter, and at the kitchen are not charged. And are not going to be charged, how effective can life skills training be in that situation? Would it not make any difference?

**Rauno Makela:** I don't know what (you are asking)

**Ruth Moulton:** I guess I have been to three meetings this week while you have been here. The thing I have heard repeatedly is concern that they are enabled to the extent that they have all of their money to drink with. We give them everything else. Would even asking for payment and putting that expectation out there, that we think you are capable of making payments for this. And I think many people know how much money someone gets and when they get it. Would that be better than continuing what we are doing now?

**Rauno Makela:** I think it takes time to change your laws and regulations so that it's legal to have control over their money.

**Moulton:** I'm talking about voluntary, you know - -

**Rauno Makela:** Yes, that will work. If we ask people are you voluntarily willing to participate in this type of program and, which includes training on "how to use money." If your legal system is not yet ready so that you can take money for shelter and or for food, the shelter or another program can keep their money and wait for an independent housing opportunity. Then the client can buy furniture, and TV or microwave.

If they say they have difficulties managing their money, the social worker can say "give it to me and I'll put it in the bank."

I earlier visited your homeless facilities. One good thing is that the staff of the shelter, and Bean's Cafe, know those people. And they can pre select people and recommend them (to a) social worker. They can select people that they are motivated. So, try first to talk to those people. And contact these motivated persons and ask if they are they willing to participate. Because people who just came in last week, they are not as usually motivated.

**Dr. Ray Dexter:** Dr. Makela, you mentioned one time that it took about 25 years to go from a large shelter from a program to what you have now.

**Rauno Makela:** Yes. Well, about 25 years.

**Dexter:** What did you do in the very beginning? What were the first steps that started this process?
Rauno Makela: To offer the possibility to stay sober in the dry department of the wet/dry rehabilitation shelter. And offer detox and medical services there, and, a possibility to for example, learn how to make food. Because, in the beginning there were no staff persons in the kitchen. Now the rehabilitation shelter has its own cooks, I don't know why, but they have them. This was the first step. Supported housing came 10 years later.

Female in audience: I want to know how anyone who receives a welfare check is responsible for what they do with the money. Will they say they lost it, or I put it in the bank? I would think someone would have to be responsible for saying where the money went.

Mike Huelsman: Can anyone answer the questions that were asked?

Barbara Bennett: I'll do the best I can. I think we're primarily talking about people who are disabled based on drug or alcohol abuse. Maybe, I would guess that is between 10-15 percent of the total population in the shelter. But of those people, if they were on a disability, for drugs or alcohol, or a mental health situation. They're required by the federal government to have a payee. The payee must report once a year what was done with the client's money and make an annual report. It could be a friend or a relative. In many cases, folks aren't able to get a friend or a relative, and then would use an affiliated agency. South Central Counseling, provides some payee or conservators within their agency. Or we have another agency in the state, the Office of Public Advocacy, where they are court-appointed when somebody has no access to their money and their disability is related to alcohol or mental health or drug abuse. And they petition them in court and that takes three to six months to get a payee.

Female from Audience: But the payees allocate this money on a monthly basis to the individuals?

Bennett: There's good tracking if an agency like South Central Counseling is responsible for the money. Or the Office of Public Advocacy. But many people are able to find a friend or a relative who is willing to be their payee. Many of them quit being a payee because they are tired of being abused by their friends or relatives.

Female from Audience: Or can't find the person - -

Bennett: Oh no, they find them. If you've got their money, they find you. If you are on the kind of disability the State of Alaska does not require the checks to be managed. So that money is not managed.

Female from Audience: I know that at one point there was concern was that people were eligible for programs but were not getting into them, because in Chicago they now have turned down a lot of this because they thought "oh, it's just waste of it's loot."
Moulton: Would you put up the transparency of what you referred to as the concentration camp without walls, where you hit the street and the -- I'd like to comment on that.

Moulton: This is a concern of mine. We have institutions there that effectively allow a great deal of money to be spent on alcohol. And to some extent, they have got a lot more to spend on alcohol than they would have ordinarily. And between the shelter and the food and the alcohol are residents of Mt. View and Fairview. And the people who go to the shelter and get free food. When they buy alcohol, they generally start drinking immediately after purchasing it. Alcohol can be purchased in mid-town, Mt. View, and Fairview. It is close and inexpensive. That's where they'll find the cheapest alcohol. Do you have any suggestions for reducing what is a very strong negative impact on both and residents and businesses.

Rauno Makela: You mean that inside the concentration camp there are many other people other living too. So called normal people, and this is a big problem.

Moulton: I'm saying that inside that concentration camp . . .

Makela: So called,

Moulton: . . . so called, live people who abuse alcohol. In order to get to the alcohol, they go through the neighborhood and business areas and they drink in those neighborhoods and business areas and damage . . .

Mike Huelsman: I think what he's saying is that Fairview is within the concentration camp and that normal people are being affected.

Moulton: I'll go with that.

Rauno Makela: Of course it makes for much harm for normal citizens.

Moulton: Much harm.

Female from Audience: There are a number of people who live in the shelters who are not alcoholic users - who live in the shelters, too. Which is by and far, the biggest, I would say the biggest percentage.

John Bajowski: Rauno, you talked about the sort of the "good, bad" split in terms of societal attitudes. And what have you found that has been helpful and integrating the community perception of itself, from black and white to gray?

Rauno Makela: Yes, I said that . . . I felt that. We should take away the power of that counter-culture which those attitudes can produce. And, we should say "people you have
all rights of other people have." So it is not so easy to be, to oppose the normal people by making noises and disturbances and so on. As members of the counter-culture refuse help and accept only charity help of shelter and food. Also, in the counter-culture there is an attractive social life for those people and what are inside this camp or area. And it is nowhere else. We, like other people, we like to be where our friends are.

Female from Audience: In your hometown, do you have other shelters for people besides the chronic alcoholics -- that would be for the poor. Maybe they lost their job and are not making enough money to maintain their own housing. Is that a a necessity in your area?

Rauno Makela: Yes, we have "dry shelters". We call them halfway homes. But this 18 bed wet shelter is the only wet shelter in our town.

Mike Huelsman: Do the dry shelters have the same model with a social worker hooking people up to supportive housing?

Rauno Makela: No. They can use normal services which are available.

Huelsman: They don't need the social worker?

Rauno Makela: They don't have it so organized. They can use the normal social worker, normal services or social worker office, or the housing office of the city. Because most often they are not so disabled in the area of their life skills.

Bennett: How long after someone is identified as a chronic alcoholic does it take for them to get on the disability pension. Is it safe to assume that when they're in the wet shelter, part of their pension pays for staying at the wet shelters?

Rauno Makela: You ask how long does it take an alcoholic to get a disability pension. If someone gets liver damage or brain impaired function or symptomatic effects of alcohol, they can get it quickly. But, if they don't have those symptoms, it takes about 10 years of being unemployed. About 10 years outside of work life and drinking, it is possible. And, in my opinion, that is too late, because much earlier can see that they are hopeless. Why not give them regular income at that time. In our welfare system they are they have to ask for help every month. When they have permanent small incomes. quite often they can move to a normal apartment. Thus, they are willing to arrange their lives to live in a permanent home."

Bennett: Can you continue to drink on your pension as here? Would it be pulled from them? Are they trapped by a social worker once they get their pension, which is related to this lady's question. Or that they got 10 years into the illness or they got like you suggested, that their pattern of living is self-destructive and that they would be eligible earlier. Would they then immediately have a social worker or a conservator through an agency of the state or a private agency to with their money, to make sure it wasn't spent
on alcohol. Do you control that? My sense is that there are issues about controlling people's money. Do they control because they don't manage (it) well?

**Rauno Makela:** If I understand - if somebody has a pension, ... he can use it for drinking. And when he has no money to pay their rent they lose their apartment. Then they have to go to the shelter, which costs them just as much as independent housing.

**Huelsman:** The charge for the independent housing is the same as the charge for the shelter.

**Rauno Makela:** Because the shelter charges the clinic and thus future money is taken from the client.

**Bennett:** You have the means to do that in your country, and if you end up in the shelter and haven't maintained your independent housing on your pension, if it's an alcohol or drug determined disability, and you end up in the shelter, then you've got a computer system that says "Charles Brown - half of Charles Brown's check is going to be paid directly to the shelter while he's there - -"

**Rauno Makela:** So that being in the shelter is as expensive as living in an apartment - to the person himself. So most often people don't want to do so. So they try to pay their rent and drink those monies which are left over after they have paid the rent and groceries.

**Bennett:** We do not have a system in existence that would automatically, once somebody lost housing because they chose not to pay their rent - or Brother Francis could dial up and say "Charles Brown is staying at the shelter now, so send half of his check to us". So he only got half of his check. Is that what happens there?

**Makela:** Yes.

**Huelsman:** I think the answer to your question is "no, we don't have that kind of system and yes, we do have that kind of system". In a way, let's just call that a barrier for right now. If we wanted to get control of the money we would have to develop a system. We would have to use guardianships and then if the person was spending his money correctly, he could control the funds. But as soon as he showed up at the shelter, somehow the shelter could contact the guardian and say "you owe us for today" or something like that, and then the guardian starts giving the person less money.

**Rauno Makela:** If you have that system then the people know it. Then you don't need to use it very often, because people say "okay, I will try to be responsible so that I can decide how I handle my money".
Huelsman: One way that I've described it is that it's a carrot and stick approach. The carrot is--they get their own place; the stick is that--if they don't stay in it, they have got to pay the same amount.

Maggie Carey: I think that the concept is different. You receive this funding in Finland and is it automatic controlled by the government, essentially. The person may choose to live here or there, but it's a responsibility to use it wisely. If not, you have to pay for all of the services. But the decision is made by the agency that distributes the money. Because you go into the computer system and you're billed. There's no payee system. No guardianship system. The originating agency would distribute the money that makes the determination. They control the money.

Huelsman: They have a way of centralizing the money into one place, but if you have a guardianship, all that person's money is at least is centralized in one place - their permanent fund dividend, their native corporation dividend, whatever, is at least, in that sense, that's a possibility.

Carey: You have a cultural difference here where the United States is a country that in the balancing of individual rights and the rights of the community good, there are times that the community good is not always . . .

Huelsman: It seems like in Finland, it's pretty voluntary. They came to this point from a system of tremendous control. It's even more control than we have. They decided that wasn't working, and they shifted to a more voluntary system. They want to see the people spending their own money and they give them repeated attempts at spending their own money. That right is only taken away from them when they fail to provide for their own housing, their food, the basic necessities. Only then government starts filling in, and when it starts doing that, it starts getting productive.

Moulton: I think we actually have provided a disincentive for self-responsibility. That is a lot of what concerns me. It was rather ironic that we had a potluck at Central Lutheran with the people in my neighborhood to celebrate a day of tremendously hard work; about 70 people to cleanup the park that had been taken over by inebriates. During the potluck, an inebriate came into the church and went through the line and sat down to the extent we could only stand him. He had left some village that day. He was coming to town, he said, to get married. He was bombed. And he was going to spend the night at the shelter. He knew that when he left his village. He had no need to provide for his own maintenance while he was in Anchorage. He could spend his money on alcohol. That's part of this incentive to, and I don't know what you do about it, but it certainly is not saying to people that they are even capable for maintaining themselves. It is a bad message to send that they need our help all of the time. - and I think that we do send that message quite a bit.

Female in Audience: In Chicago the big problem is people selling food stamps.
Moulton: You don’t get paper food stamps. They have instituted cards and the supermarkets cooperate with this. All they do is get food, they cannot have something that they can go and sell down the street. If you only have food and you don’t have something to sell, maybe that would be an incentive to live a normal life.

Male from Audience: On a food stamp day, you can go to the Red Apple in Mt. View and you can buy them at half the value. And they go from there to the liquor store next door. You can do it any day.

Balance of meeting not transcribed.
Summary of Community Discussion
by Mike Huelsman
December 9, 1994

A. Participant Concerns

1. Most felt what we are doing to address the problem is not working.

2. Many like the idea of focusing on behavior rather than treatment. They liked the normalization approach. Still, like Finland many are frustrated by the problem and would like them isolated from "normal" society. Dr. Makela's response to them was "if they are not with us they are against us."

3. Several expressed concerns in addition to the public inebriate, one example is increasing problems with crack and cocaine. Another is concerns about crime.

4. Many citizens said they feel social service agencies, those from the non profit and government sectors, are not effective. Some wonder if they are interested in their jobs more than helping. Others said that agencies were hard working and faced overwhelming, often unsolvable problems, and had too little money to be effective.

5. Several also believe there are many private sector businesses, including the alcohol beverage industry, who profit from this misery, and they should be paying the costs. Industry representatives said that alcohol was heavily taxed and that the funds were being used elsewhere in government.

6. Some citizens felt current programs damage the surrounding neighborhoods and businesses and programs should be designed to strengthen these neighborhoods.

7. Much of the money, including food stamps, which the inebriate receives is not spent wisely. Thus, government money contributes to the problem. There are many different sources for these funds. Several agreed with Dr. Makela that free services are dangerous.

B. What the Participants Perceived as Barriers

1. The Finnish concept of local citizenship and local government responsibility seems hard to apply in Alaska. One way train tickets are cheaper in Finland and more easily enforced. In Alaska rural to urban migration is an unaddressed problem. When they come to Anchorage it is too often considered "Anchorage's problem." It should be seen as a regional or statewide problem.

2. People were surprised by the scattered apartment site approach. Still, most seemed willing to give the idea a try.
D. Participant Recommendations

1. Anchorage must develop its own solutions.

2. Start a pilot program of scattered site apartments.

3. There also must be statewide/regional planning and leadership.

4. There is a weakness in the Finnish model with the lack of a social life. This needs to be addressed. Still, a sober lonely ex inebriate is better off than and inebriate drinking with his friends. The neighborhoods are better off also.

5. Neighborhoods have rights. We must respect these rights. If an ex inebriate moves into a neighborhood he must not add to such concerns as safety and security and be an asset to the community.

6. Individuals have rights. They shouldn't have to tell their neighbors they are an alcoholic. All programs must respect their rights.

7. Inebriates need to pay for the emergency alcohol and shelter services they receive. If they can't someone should manage their money for them. State welfare should mirror the new Social Security requirements for money management. Beans Cafe should be able to receive food stamps in exchange for clients eating there.
Overview of Anchorage's Public Inebriate Problem
by
Michael Huelsman

Introduction

1. While we can take steps to improve problems concerning the public inebriate, we do not have available to our society a treatment method or other tool that can solve the problem. Anchorage has always had, and will continue to have in the future, problems caused by alcohol use.

2. The State, and not the Municipality, is charged with providing treatment, including emergency intervention for public inebriates. However, this requirement is subject to the availability of funds. Several different governmental and non profit agencies provide services to the public inebriate and the Municipality doesn't have authority over many of them. We do take a leadership role in helping to coordinate the efforts of these agencies. Both municipal and state funds available to address this problem have been declining. It appears this decline will continue.

3. This issue is a regional problem and is tied to people migrating to Anchorage from rural parts of Alaska. 85% of the Community Service Patrol pick ups are Alaskan Natives. Many are not residents of Anchorage or are temporary residents.

4. In addressing these problems we must be consistent with constitutional requirements. This includes public drunkenness can not be made the subject of criminal sanctions.

5. Anchorage consumes a lot of alcohol, and we live in a state which also has high consumption problems. While 5% of Alaskans report they are chronic drinkers, the U.S. rate is less than 3%. While 24% of Alaskans report they are acute drinkers, the U.S. rate is about 14%. An acute drinker is defined as 5 or more drinks on an occasion, one or more times in the past month.

Description of the Current Treatment System

1. State law requires police to take into protective custody an inebriated person who is in a public place and so drunk he or she is in danger. We use a Community Service Patrol because it: 1). saves money over the costs that would be incurred if Anchorage police

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2 AS 47.37.130(c) states: "The division (of Alcohol and Drug Abuse) shall ensure that adequate and appropriate treatment is provided to alcoholics and intoxicated persons admitted under AS 47.37.160 -- 47.37.190 within the limits of available state and federal funds."

provided the service; and 2). frees police up for more critical work. The CSP operates from noon to 4 am 7 days a week. They pick up about 12,000 people a year.

2. The law says the CSP should take them to an appropriate health facility. Usually the alcohol treatment programs are full. The law says if they are full they should be taken to jail. The jails are also usually full. They end up at the Transfer Station until morning or until they are no longer in danger. The transfer station has a capacity of 30 clients and since October has frequently been at capacity and has refused to accept more clients.

There is a catch here. If we don't protect them, some will drink less and even stop. Others will die. By providing this service we prevent the deaths but we support the drinking by providing transportation and shelter.

3. Some will go to Detox. This is only temporary emergency treatment to help the person withdraw from the drug. Some will request treatment.

4. If there is treatment space they will begin treatment. If you don't have a home it must be residential treatment to be effective. This costs about $100 a day. According to the Salvation Army Clitheroe Center 66% of all admissions will successfully complete treatment and over half of these will still be sober and productive 6 months later. However public inebriates probably account for more of the treatment failures because they have fewer social support and other resources to use when transitioning back to the community. In the fiscal year ending June 1994, Salvation Army Clitheroe Center had 45 beds. For the current fiscal year, the center was cut by 12 beds. Next June it may be cut by an additional 12 beds because of the ending of federal funding.

5. Next they go to a Half Way House where they find employment, an apartment and begin to return to the community. Finally they continue outpatient treatment and almost all who are successful are active in AA.

Types of the Homeless Inebriate

1. About 2/3rds of the homeless population have a problem with substance abuse, almost always alcohol is involved. Still, we need to keep in mind many homeless are not inebriates.

2. People picked up by the CSP can be roughly divided into three different groups.
<table>
<thead>
<tr>
<th>Type of Inebriate</th>
<th>Number of Different People</th>
<th>Number of Pickups</th>
<th>Percent of All Pickups</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard Core</td>
<td>60</td>
<td>4800</td>
<td>40</td>
<td>Often treatment failures who are in later stages of abuse, most have permanent brain damage</td>
</tr>
<tr>
<td>Currently Treatable</td>
<td>700</td>
<td>6000</td>
<td>50</td>
<td>Middle stages of alcohol abuse</td>
</tr>
<tr>
<td>Binge Drinkers</td>
<td>1000</td>
<td>1200</td>
<td>10</td>
<td>Often have a steady source of income, may be from out of town</td>
</tr>
</tbody>
</table>

**Apparent Per Capita Consumption of Pure Alcohol 1961-1993**

[Graph showing apparent per capita consumption of pure alcohol from 1961 to 1993 for Alaska and USA.]
Per Capita Consumption of Pure Alcohol For Several Countries, Alaska and Judicial Division III

Liters Per Capita

*Most of the population in Judicial Division III are from Anchorage*
State Division of Alcohol and Drug Abuse
Total Per Capita Budget FY 1981-1994
(Adjusted to 1994 dollars)

Anchorage Department of Health and Human Services
Total Per Capita Operating Budget (1985-1995)
(Adjusted to 1994 dollars)
Additional Overheads
Used in
Talks
Costs For Services in Finland Which are Frequently Used by Public Inebriates

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Per Month</th>
<th>Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Housing</td>
<td>$700</td>
<td>$23</td>
</tr>
<tr>
<td>Emergency Shelter with Life Skills Training</td>
<td>$1500</td>
<td>$50</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>$3000</td>
<td>$100</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>$4000-18000</td>
<td>$135-600</td>
</tr>
</tbody>
</table>

Sources for Client to Pay for the Cost

<table>
<thead>
<tr>
<th>Source</th>
<th>Tampere</th>
<th>Anchorage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pension or Disability</td>
<td>$700/month</td>
<td>808/month</td>
</tr>
<tr>
<td>Welfare</td>
<td>$400/month</td>
<td>280/month Some Rental Subsidies</td>
</tr>
<tr>
<td></td>
<td>$200/month Rental Subsidies</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>None</td>
<td>Perm. Fund $980/yr. Native Corp. $0-2000/yr.</td>
</tr>
</tbody>
</table>
## Comparison of Costs

<table>
<thead>
<tr>
<th>Service</th>
<th>Tampere</th>
<th>Anchorage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protective Custody</td>
<td>$120 Police Pickup and Stay in &quot;Jail&quot;</td>
<td>$65--$40/ CSP Pickup, $25/ Transfer Station Admit</td>
</tr>
<tr>
<td>Detox</td>
<td>$50/day @ Rehab. Shelter, $100 Detox Center</td>
<td>$100/day @ Detox Center</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>$100/Day</td>
<td>$100/Day</td>
</tr>
<tr>
<td>Supportive Housing</td>
<td>$23/Day</td>
<td>$30/Day</td>
</tr>
</tbody>
</table>
Chronology of Alcohol Policy in Finland

1919-32  Prohibition

1932  Involuntary commitment, residential treatment and work therapy

1950  AA, case management (voluntary out patient treatment)

1960  Detox in psychiatric hospitals, rural to urban migration increases, number of homeless alcoholic increase, first sleep-off shelters
Chronology of Alcohol Policy in Finland (Cont.)

1970  Rate of alcohol consumption increases, expansion of residential and outpatient programs, more large emergency shelters for the homeless

1980  Start of supportive housing programs, some responsibility of care shifted from welfare system to health care system, demand for shelters begins to decrease, smaller shelters are created with active case management

1990  Economic recession up to 20 unemployed, residential programs decreased, more supportive housing, more early intervention
L. Murto, R. Mäkelä & K. Nopola: **Skid-row alcoholics and their social care and support.** Institute of Social Policy, University of Tampere, and Pitkäniemi Hospital, Nokia, Finland.

The research tries to describe the life of the skid-row alcoholics in their subculture and to estimate the suffering caused by this way of living. The principal aim is to work out the factors hindering the skid-row alcoholics from returning to society. Also the state of health and the need of medical treatment are mapped out.

There are 200-250 skid-row alcoholics in Tampere. 100 of them were interviewed and examined. Their average age was 46.5 years. 64% were divorced and 26% unmarried. The dominating substitute drink was Household Spirits T. The average number of drinking days in the preceding 12 months was 161. The average number of working days during the preceding 12 months was 64. The skidrows know the social care system well, but they don't to use its services. They know the results of treatment are poor and they don't want to lose their freedom either. 12 men were in need of urgent treatment. 38% were estimated to be totally or partly unable to work.

The social care and support of the skidrows should primarily be on voluntary basis. The satisfaction of the fundamental needs should be guaranteed. The treatment process should never end simultaneously with the finishing of the institutional care. The leading principle in treatment policy should be to give repeated pushes to activize and help the possible trials to return back to society. - Grant: The Finnish Foundation for Alcohol Studies.
Housing Administration

Most of the flats acquired by the Y-FOUNDATION are re-rented to local authorities or parishes, who then choose the occupants. The inhabitants are, therefore, tenants of a municipality or a parish.

The Y-FOUNDATION holds rights of ownership of the flats and is responsible for maintenance costs and other duties of an owner. Electricity and compensation for use are mainly paid for by the occupants themselves. Responsibilities concerning upkeep and maintenance are shared as set out in the regulations of the Housing Association Act and the Tenancy Act.