Alcohol Philosophy
Task Force
Report

Prevention

Intervention/ Treatment

Enforcement

MOA Department of Health and Human Services
Elaine Christian, Director

December 1995
ALCOHOL PHILOSOPHY
TASK FORCE

FINAL REPORT
MUNICIPALITY OF ANCHORAGE
ASSEMBLY MEMORANDUM
No. AM 575–96

Meeting Date: June 25, 1996

From: Mayor

Subject: Anchorage Alcohol Philosophy

The Anchorage Alcohol Philosophy is presented by the Mayor on behalf of the Anchorage Alcohol Philosophy Task Force for adoption by the Assembly. The Alcohol Philosophy was developed as a community wide philosophy to guide Anchorage in dealing with alcohol related problems. The Philosophy will also increase awareness about alcohol abuse in our community. Through commitment and collaboration among individuals, organizations, agencies, and all levels of government this philosophy could be used as the foundation to set policy and guide program planning in the future.

IT IS RECOMMENDED THAT THE ATTACHED ALCOHOL PHILOSOPHY BE ADOPTED BY THE ASSEMBLY.

Concur: Larry D. Crawford
        Municipal Manager

Recommended by: Elaine Christian, Director
        Department of Health and Humans Services

Respectfully submitted:

Rick Mystrom
Mayor

Concur:
George J. Vakalis
Operations Manager
THE ANCHORAGE ALCOHOL PHILOSOPHY

**Purpose:** To provide a clear community philosophy to guide program development and funding that promotes the value of human life, health, safety, productivity, and social justice by reducing the occurrence of alcohol related problems.

**Community Values:** By adoption of this community philosophy and the following principles, we will strive to improve the lives of those who suffer from the impacts of alcohol related problems and work toward:

- Safe and nurturing environments for our children and families;
- Relationships that are free from violence;
- Streets and other public areas that are safe from alcohol impaired drivers and other alcohol related injuries and deaths;
- Neighborhoods that are safe from alcohol-related crime;
- Workplaces that are safe from alcohol related injury; and
- A community that attracts business and leisure activity.

**Anchorage's Alcohol Philosophy:** Irresponsible use and distribution of alcoholic beverages poses substantial risks to the health and safety of individuals, neighborhoods, communities and society. Public policies regarding alcohol consumption, availability, and prevention, intervention, treatment and enforcement efforts should be designed to minimize these risks. Such policies should be consistent with the following principles:

**Underlying Principles:**

1. Respect for abstention in all situations, and sobriety as a lifestyle, in recognition of the relationship between alcohol consumption and alcohol problems.
2. Prevention of alcohol-related problems, and community awareness about those problems and potential solutions are critical to creating a healthy community.
3. Workplaces and public areas in the Municipality must be safe from the dangers and problems associated with alcohol abuse.
4. A full continuum of private and public alcohol treatment and intervention services are necessary to address the problem.
5. Publicly-sponsored alcohol prevention, intervention and treatment programs must be effective, based on well defined objectives and measurable results.
6. Adequate funding is necessary for alcohol prevention, intervention and treatment programs of demonstrated effectiveness.
7. Beverage alcohol pricing strategies are proven and acceptable methods for altering alcohol consumption patterns.
8. Penalties for alcohol-related crimes must be enforced vigorously and consistently in a humane, fair and swift manner.
9. Coordinated and collaborative approaches to the development, implementation, and funding of alcohol-related programs promote effectiveness.
10. Outstanding efforts for alcohol prevention, intervention, treatment and enforcement within our community must be recognized and rewarded.

**Recommended by:**

Alcohol Philosophy Task Force
Bob Erwin, Chair
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We are a diverse group of concerned citizens who will recommend to the Mayor a clear and guiding philosophy on how Anchorage should deal with its alcohol abuse problems; and will recommend guidelines based on that philosophy which will guide the Municipality in addressing alcohol issues in the future.

These recommendations will result from listening to the concerns of Anchorage citizens and studying:

- the impact of alcohol on the community;
- the current status of prevention, intervention and enforcement in the community; and
- approaches which have been shown to increase the quality of life in other similar communities.
Executive Summary

Background

The Anchorage Alcohol Philosophy Task Force is a project of the Mayor’s Community Action Plan On Crime (CAP Crime). The CAP Crime is a task force consisting of law enforcement representatives from federal, state and municipal agencies, appointed by Mayor Mystrom. It has studied crime problems in the municipality and made recommendations to address the priority issues. During this process the task force concluded that we must address the connection between alcohol abuse and crime. Mayor Mystrom, after reviewing the task force’s recommendations, found that while there many efforts addressing alcohol related problems in the city there did not appear to be a clear consensus on how to deal with these problems. This then became an objective in the CAP Crime effort. Mayor Mystrom wanted a community philosophy to guide program development and funding in the future, helping to focus our efforts in prevention, intervention, treatment and enforcement of alcohol related problems.

Alcohol Task Force

In March of 1995, Mayor Mystrom appointed a 14 member task force to develop the philosophy. The task force had broad representation including professionals in fields dealing with alcohol related problems, alcohol industry representation, business, legal, and interested citizens. It met throughout April, May and June, working on the development of the philosophy and policies. The task force held a public hearing on April 10 to listen to peoples perceptions of the problems, read volumes of related materials, and had presentations on prevention, intervention/treatment, and enforcement of alcohol related problems.

The task force then worked in small and large groups to put together:

- the philosophy,
- the community values they believe supported the philosophy,
The task force then worked in small and large groups to put together:

- the philosophy,
- the community values they believe supported the philosophy,
- basic principles important in dealing with alcohol related problems, and
- a list of guidelines within each of the 10 principle areas.

The entire document of recommendations was sent to Mayor Mystrom for review.

**Major Conclusions**

The task force members submit the following philosophy to the community:

*Irresponsible distribution and use of alcoholic beverages poses substantial risks to the health and safety of individuals, neighborhoods, communities and society. Public policies regarding alcohol consumption, availability and prevention, intervention, treatment and enforcement efforts should be designed to minimize these risks.*

The task force also developed basic principles and outlined guidelines to support these principles. The principles and guidelines covered 10 areas around alcohol problems:

- consumption
- prevention and community awareness
- safe workplaces and public areas
- treatment and intervention services
- effective programs
- adequate funding
- pricing strategies
- enforcement
- coordination and collaboration, and
- recognition and reward
Acknowledgments

We wish to thank the Task Force members and resource people for contributing their time and energy in developing this philosophy.

Task Force members:

Chairman Robert Erwin, Attorney
Brian Saylor, Phd, MPH, Institute for Circumpolar Health Studies, UAA
Rev. Ron Martinson, Central Lutheran Church
Debbie Sedwick, Jack White Co.
Bob Klein, Oaken Keg Spirit Shops
Jack Kruse, Phd, UAA, Institute of Social & Economic Research
Kay Bennett, Anchorage School District

Tom Farquhar, South Central Foundation
Joseph Federici, Phd, Human Affairs of Alaska
Peggy Beitia, Partnership for a Healthy Community
Donna Mack, One People (downtown business)
Dennis Carrahah, Veteran’s Admin.
Sharon Richards, Director, YWCA
Ernie Turner, AK Native Alcohol Recovery Center

Resource People:

Lt. Audie Holloway, APD
Cliff Groh, MOA Civil Attorney
Karen Hawkins, MOA Prosecuting Attorney
Pat Sharrock, Alcohol Beverage Control Board
Clifford Haywood III, Youth Court

Sandra Miscovich, Partnership for a Healthy Community
Jim McMichaels, Program Coordinator, State division of Alcohol & Drug Abuse
Bernie Segal, Phd, UAA

Department of Health & Human Services:

Elaine Christian, Director
Jewel Jones, Manager, Social Services
Mary Ellen Gordian, MD

Mike Huelsman, Planning Office
Delisa Culpepper, Supervisor, Community Health Education
Carrie Longoria, SAFE Cities
Anne Pennington, Secretary

Special thanks to the over 50 public members who attended the Alcohol Philosophy Task Force meeting on April 10, 1995, for their comments and information about alcohol abuse in our community.
PART I

ANCHORAGE ALCOHOL

PHILOSOPHY
THE ANCHORAGE ALCOHOL TASK FORCE PHILOSOPHY

**Purpose:** To provide a clear community philosophy to guide program development and funding that promotes the value of human life, health, safety, productivity, and social justice by reducing the occurrence of alcohol related problems.

**Community Values:** By adoption of this community philosophy and the following principles, we will strive to improve the lives of those who suffer from the impacts of alcohol related problems and work to:
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- Relationships that are free from violence;
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**Anchorage's Alcohol Philosophy:** Irresponsible use and distribution of alcoholic beverages poses substantial risks to the health and safety of individuals, neighborhoods, communities and society. Public policies regarding alcohol consumption, availability, and prevention, intervention, treatment and enforcement efforts should be designed to minimize these risks. Such policies should be consistent with the following principles

**Underlying Principles:**

1. Respect and accept abstention in all situations and value sobriety as a lifestyle, in recognition of the relationship between alcohol consumption and alcohol problems.
2. Support the prevention of alcohol-related problems, and support community awareness about those problems and potential solutions.
3. Make workplaces and public areas in the Municipality safe from the dangers and problems associated with alcohol abuse.
4. Assure a full continuum of private and public alcohol treatment and intervention services are available.
5. Assure that publicly-sponsored alcohol prevention, intervention and treatment programs are effective, based on well defined objectives and measurable results.
6. Adequately fund alcohol prevention, intervention and treatment programs of demonstrated effectiveness.
7. Acknowledge that beverage alcohol pricing strategies are proven and acceptable methods for lowering alcohol consumption patterns.
8. Enforce penalties for alcohol-related crimes vigorously and consistently in a humane, fair and swift manner.
9. Promote a coordinated and collaborative approach to the development, implementation, and funding of alcohol-related programs.
10. Recognize and reward outstanding efforts for alcohol prevention, intervention, treatment and enforcement within our community.
Guidelines

1. Consumption

- Community environments must be created which help people make healthy choices and render unhealthy choices more difficult.
- Abstention is acceptable in all situations.
- Sobriety (being free from the devastating effects of alcohol) is valued as a lifestyle.
- Heavy alcohol consumption is discouraged at all times; alcohol consumption in high risk situations is unacceptable; and moderate consumption in low risk situations can be acceptable.
- Measures which limit the availability of alcohol can make significant contributions to prevention of alcohol related problems.
- Use of alcohol by youth under age 21 is unacceptable.
- Current alcohol risk limits for adult impaired drivers should be lowered; and there should be zero tolerance for drivers under the legal age for drinking (at present 21).

2. Prevention and Community Awareness

- The public has the right to accurate and easily accessible information about health risks of alcohol.
- People are responsible for knowing their own personal drinking limit and the effect that exceeding the limit has on their behavior.
- Carefully monitor and control the use of alcohol in publicly owned facilities according to these policies.
- Support a variety of prevention approaches and encourage community involvement in prevention.
- Promote educational information, such as posters and labels, on the potential health risks of alcohol consumption;
- Restrict alcohol promotions aimed at youth, including alcohol promotional activities on college or university campuses.
- Develop education programs which reinforce the public’s knowledge that consumption of all forms of alcohol pose risks to health.

3. Safe Work Places and Public Areas

- Encourage alternatives to serving alcohol when combining business and social events and carefully monitor and control the use of alcohol during those events where alcohol is served.
- Promote and support efforts at early identification of workplace substance abuse problems.
- Support policies and systems which protect workers and people who use public areas who are vulnerable to alcohol impaired people.
4. Treatment and Intervention Services

- Develop and maintain a broad continuum of alcohol treatment and intervention services for the alcoholic, the alcohol abuser, and their family and friends.
- Support rehabilitation and reentry programs as part of the continuum of care.
- Have available adequate and effective, low-cost recovery services to the entire public.
- Develop and maintain a case management system which tailors individual treatment and support services to the person’s needs.

5. Effective Programs

- Base policy choices on strategies shown to be effective and cost-effective.
- Prevention, intervention and treatment programs which receive public funding will be based on well defined objectives and measurable results.
- Require accountability for the use of public funds through documentation of program effectiveness.
- Prevention, intervention and treatment program data should be available for analysis to measure system effectiveness.

6. Adequate Funding

- Recognize that prevention, intervention and treatment programs in Anchorage serve a statewide population.
- Discussions of appropriate funding must recognize the contributions of many agencies and organizations working together.
- Track total public funding for these services.
- Determine funding levels according to the impact, scope, extent, and type of alcohol related problems in neighborhoods and the community.
- Adequately fund employee assistance programs for all employees seeking help in overcoming personal alcohol problems.
- Victims who suffer financial, emotional, or medical losses as a result of an alcohol related incident should be compensated by those responsible for the losses.

7. Pricing Strategies

- Alcohol prices must be set to balance health risks and social costs with the impact on the alcohol industry.
- Pricing strategies should be indexed to inflation.
- Pricing should be used as a tool to discourage consumption, reducing alcohol related problems for specific target groups, such as youth.
8. Enforcement

- Insist on public protection from the drinking behaviors of individuals.
- There must be consistent and vigorous enforcement of DWI laws.
- Make the consistent enforcement of underage drinking laws a priority.
- Enforce mandated server intervention programs and alcohol vendor liability laws to assure that those selling and serving alcoholic beverages in both commercial and social settings are minimizing the risk that patrons will harm themselves or others.
- Promote and consistently enforce local availability laws and regulations which control the number, location and type of outlets so that high-risk settings are reduced and responsible business practices are increased.
- Promote insurance incentives for sober driving and responsible business practices.
- Establish clear criteria for the Assembly to evaluate the renewal or revocation of liquor licenses.

9. Coordination and Collaboration

- There should be a centralized review of alcohol prevention, intervention, treatment and enforcement activities under the direction of a publicly accountable body.
- Foster collaboration among all agencies, organizations and community, business, and neighborhood groups working with alcohol issues.
- Encourage a periodic review of confidentiality laws and regulations which threaten the continuity of care.
- Encourage providers to work together to identify gaps and overlaps in programs and services related to alcohol.

10. Recognition and Reward

- Periodically review and identify outstanding prevention, intervention, treatment and enforcement efforts.
- Establish mechanisms to recognize and reward prevention, intervention, treatment and enforcement efforts.
PART II

SUPPORTING INFORMATION
Acute Alcohol Consumption
Anchorage vs US

Source: Centers for Disease Control and Prevention; State Div. of Public Health BRFSS 1992

Acute = 5+ drinks in one sitting in the last month

Chronic Alcohol Consumption
Anchorage vs US

Source: Centers for Disease Control and Prevention; State Div. of Public Health BRFSS 1992

Chronic = 60+ drinks reported a month
Estimated Anchorage Expenditure for Alcohol

$45,899,000 - Visitors

$61,610,000 - Residents

MOA Health and Human Services Commission Report, 1989

Top US Cities in Rapes Per Capita in 1993

1. Rapid City, SD 99.0
2. Killeen-Temple, TX 95.8
3. Ocala, FL 90.5
4. Gainsville, FL 90.0
5. Tallahassee, FL 88.0
6. Waco, TX
7. Jacksonville, FL 85.3
8. Anchorage, AK 84.6

Source: MOA/DHHS Safe City Fact Sheet, January 1995
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<th>Type of Inebriate</th>
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<th>Number of Pickups</th>
<th>Percent of All Pickups</th>
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<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>
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<tr>
<td>Currently Treatable</td>
<td>700</td>
<td>6000</td>
<td>50</td>
<td>Middle stages of alcohol abuse</td>
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<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>
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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.](image-url)
Alaska Tops Per Capita Rape List

- Alaska topped the per capita rape list 12 times since 1976
- Alaska was in the top three per capita 16 of the last 18 years, (and 4th and 5th the other two years)
  - Alaska was second on the per capita list 2 times since 1976
  - Alaska was third on the per capita list 2 times since 1976

MOA/DHHS Safe City Fact Sheet, January 1995

Alcohol factor in 18.8% of all non-fatal hospitalized Injuries:

- Assault 52%
- Suicide Attempts 55%
- Pedestrian 34%
- ATV 26%
- Cold Temp. 41%
- Fire 20%
- Motorcycle 25%

Source: State of Alaska Trauma Registry, 1994
Alcohol Effects on the Body

- brain cell destruction
- liver injury - cirrhosis
- damage to pancreas
- heart/cardiovascular system +/-
- immune system impairment
- damage to endocrine & neurologic systems
- fetal alcohol syndrome/fetal alcohol effect

Source: Eighth Special Report to US Congress: Alcohol and Health
US Public Health Service, DHHS
Alcohol and Crime

- A 1993 study by the Alaska Sentencing Commission found:
  - 73% of a sample of felony offenders sentenced between 1986-91 were chronic alcohol abusers
  - 53% of these offenders were under the influence at the time of the offense

Source: State of Alaska, Division of Alcoholism and Drug Abuse, Meeting the Challenge, A Strategic Plan, July 1994

Alcohol and Crime

- An Alaska Judicial Council study from 1980-82 found:
  - a strong relationship between alcohol and violent felonies
  - up to 78% of offenders sentenced for murder and kidnapping; and 66% of other violent offenders had used alcohol at the time of the offense
  - 71% of misdemeanants had used alcohol at the time of the crime

Source: State of Alaska, Division of Alcoholism and Drug Abuse, Meeting the Challenge, A Strategic Plan, July 1994
## Alcohol and Crime in Anchorage

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<th>Crime</th>
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<tr>
<td>Sexual assault/rape</td>
<td>71%</td>
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<td>Felony assault</td>
<td>36%</td>
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<td>Simple assault</td>
<td>41%</td>
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Source: Anchorage Uniform Crime Report, 1992
Apparent Per Capita Consumption of Pure Alcohol 1961-1995

Alaska By Fiscal Year, USA By Calendar Year
(Data from last month of 1995 estimated)
Per Capita Consumption of Pure Alcohol For Several Countries.
Alaska and Judicial Division III *

Liters Per Capita

France
Spain
West Germany
Switzerland
Hungary
Portugal
East Germany
Austria
Belgium
Denmark
DIVISION III
Italy
Bulgaria
ALASKA
Czech.
Australia
Holland
Romania
New Zealand
Canada
Great Britain
Finland
UNITED STATES
Argentina
Poland
Cyprus
Japan
Yugoslavia
Ireland
Sweden
S. Africa
Iceland
Norway
USSR
Turkey

*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)
Summary of Major Issues in the Book:

Alcohol Policy and the Public Good
by Griffith Edwards, et al.

Conclusions
1. The aim of alcohol policies must be to reduce the occurrence of problems
2. The target problems are pervasive and enormously costly.
3. Alcohol gives pleasure as well as pain, and any government which fails to acknowledge that fact is unlikely to have the support of the people.
4. Neither a country’s level of drinking nor its level of drinking problems are unchangeable.
5. The overall level of a population’s drinking is significantly related to the level of alcohol related problems which that population will experience.
6. The problems which alcohol policy targets should be broadly defined.
7. The tone taken must be rationally based. Anti-alcohol passion and vested interests are equally poor guides to decision-making where so much is at stake, and where ample research is now available.

Research Supported Policies
1. The aim of alcohol policies must be to reduce the occurrence of problems
2. Taxation of alcohol is an effective environmental mechanism for reducing alcohol problems broadly.
3. Environmental measures which influence physical access to alcohol can make a significant contribution to prevention of alcohol problems.
4. Drunk-driving countermeasures are effective if vigorously enforced and given a high public profile.
5. Other situationally directed measures, i.e. control of alcohol sales at sporting events, are showing success.
6. The community’s acceptance of, or better still its active backing, is a prerequisite for the successful application of any public health policy. Community action strategies must aim to mobilize existing community resources to this end.
7. The contribution treatment can make to public health policies is important.

Suggestions for Policy Mix and Defining Policy Priorities
1. There is no one policy panacea.
2. Alcohol problems have too often been left to ebb and flow. It is the job of policy so far as possible to capture and control that tide in the public interest.
3. In general, the research strongly points to some policy measures as being more likely to produce the wanted effect than others. A policy mix which makes use of taxation and control of physical access, which supports drunk-driving countermeasures, and which invests broadly in treatment and particularly in primary-care, is most likely to achieve success in reducing the level of problems.

4. Political feasibility and public acceptance are of strategic importance in selecting alcohol policies. The evidence for the scope, seriousness, and costs of the target problems has to be stated for the public to be better educated to understand the logical policy choice.

5. Policy choices will need to be determined not only by what is effective, but by what is most cost effective also.
Prevention

Yesterday
Today
Tomorrow?

Primary Prevention

- The objective of primary prevention is to protect the individual in order to avoid problems prior to signs or symptoms of problems.
Secondary Prevention

- *Secondary prevention* identifies persons in the early stages of problem behaviors associated with alcohol abuse and attempts to avert the ensuing negative consequences.

Tertiary Prevention

- *Tertiary prevention* strives to end compulsive use of alcohol and/or to lessen the negative effects through treatment and rehabilitation.
Community-Level Alcohol Related Problems

- public drunkenness
- drinking and driving
- alcohol related injury
  - injuries/ "accidents"
  - violence
- crime/violence
- lowered production at work
- under-age drinking

Communities can take action to prevent or reduce these problems by modifying the settings and circumstances where problematic alcohol consumption occurs.

Source: Institute for the Study of Social Change, UC Berkeley

What are Alcohol Environments?

- Retail settings
  - bars, restaurants, convenience stores...
- Public settings/events
  - parks, beaches, city-sponsored events
- Social settings
  - graduation parties, work environments, parties, private party

Source: Institute for the Study of Social Change, UC Berkeley
Strategies Available to Help Communities

- public ordinances
- planning and zoning ordinances
- alcohol safe events
- alcohol free events
- voluntary/negotiated agreements
- environmental design
- organizational policies
- public information campaigns
- working with the Anchorage Assembly & ABC Board

Source: Institute for the Study of Social Change, UC Berkeley

Prenatal and Infancy Programs

- Risk factors addressed
  - family management problems
  - favorable parental attitudes and involvement in behavior
  - constitutional factors
- Protective Factors addressed
  - parent-infant bonding and infant cognitive development
  - healthy beliefs and clear standards for behavior
Early Childhood Education

- Risk factors addressed
  - family management problems
  - early and persistent anti-social behavior
  - academic failure in elementary school

- Protective factors addressed
  - promote bonding to family and school
  - promote cognitive, social, and self-control skill development
  - offer opportunities for developmentally appropriate interaction

Parent Training

- Risk factors addressed
  - family management
  - family conflict
  - favorable parental attitudes
  - early and persistent
  - Academic failure
  - friends who engage in the problem behavior
  - early initiation of behav.

- Protective factors addressed
  - promote bonding to families
  - establish clear standards against the problem behavior
  - promote commitment to school
  - promote skills to interact with schools
Marital and Family Therapy

- Risk factors addressed
  - family management
  - family conflict
  - favorable parental attitudes
  - early and persistent antisocial behavior

- Protective factors addressed
  - bonding to family
  - skills for effective family interaction
  - healthy beliefs and clear standards for behavior

Organizational Change in Schools

- Risk factors addressed
  - transitions and mobility
  - low neighborhood attachment/Community disorganization
  - academic failure
  - lack of commitment to school
  - friends who engage in behaviors

- Protective factors
  - promote bonding to school, family ...
  - promote opportunities for involvement of school and parents
  - recognize positive behavior, activities, and accomplishments
  - promote skills for effective interaction
Classroom Management and Instructional Strategies

- Risks factors addressed
  - early and persistent antisocial behavior
  - academic failure in elementary school
  - lack of commitment to school

- Protective factors addressed
  - promote bonding to school/positive peers
  - promote academic and cognitive skills
  - provide opportunities for positive interaction with teachers
  - recognize positive behav., activities

Community and School Policies and Programs

- Risk factors addressed
  - availability of drugs
  - availability of firearms
  - community laws and norms favorable towards drugs/crime
  - low neighborhood attachment
  - extreme economic deprivation

- Protective factors addressed
  - promote healthy beliefs and clear standards
  - promote bonding to communities, schools...
  - promote opportunities and recognition for youth involvement and contributions to community
Media Mobilization

- Risk factors addressed
  - community laws and norms favorable towards drug use and crime
  - media portrayals of violence
    - as normal
    - as entertaining
    - no consequences

- Protective factors addressed
  - promote healthy beliefs and clear standards
  - recognize youth’s positive behaviors, activities, and individual and community accomplishments

Prevention Today

- Treatment
- Intervention
- Prevention
Prevention Tomorrow

Prevention Main Concepts

- Prevention is before a problem occurs
- Prevention targets the underlying causes
- Prevention enhances protective factors
  - Healthy beliefs
  - Clear standards
- Prevention involves the community and uses community development strategies
- Prevention is comprehensive
Prevention Legislation & Policy

1980  City of Anchorage changed local bar closing hours.

1989  A brochure warning about alcohol consumption during pregnancy given out with marriage license applications.

1989  AS47.37 amended to include Inhalant Abuse.

1990  Marijuana law passed making the possession of less than four ounces in the home a misdemeanor, punishable by up to 90 days in jail and $1,000 in fines.

1991  Fetal Alcohol Syndrome legislation passed, requiring all liquor outlets & establishment to post warning signs.

1994  The State passed legislation lowering BAC from .10 to .08

1994  Anchorage Assembly members voted into law seizure of vehicle from any motorist who fails a sobriety test.

1994  "Zero Tolerance Level" adapted by the State. The minors' drivers license or permit, privilege to drive; or privilege to obtain a license becomes subject to administrative revocation under "use it, lose it" statutes.
Community Initiatives

1981
Alaskans for Drug-Free Youth Southcentral Chapter was founded to target parents and provide them with tools to raise drug free youth. Began several campaigns in Alaska including:
- 1979 -- Started the drug free celebrations, Operation Prom,
- 1981 -- Started the Safe Homes program in Alaska,
- 1982 -- Youth to youth education program and
- 1988 -- the first major Red Ribbon Campaign

1985 -
AK Federation of Natives Sobriety Movement formed to promote present a positive, healthy and productive way of life, free from the devastating effects of alcohol and drugs.

1988
People in Peril series a 10-day, 80-page series that chronicled alcoholism and self-destruction in rural Alaska was published in Anchorage. "Well done article"

1989 -
AK State Troopers & Highway Safety Planning Agency 1990 launched "I'm Too Cool - to drink and drive" campaign targeting teens during prom/graduation session.

1992 - Present
Inhalant Awareness Campaign designed by the Alaska Council to increase the awareness of the dangers associated with inhalants.

1992 - Present
Alcohol Awareness Youth Campaign launched by the AK Council to promote alcohol awareness.

1994 - Present
Cops in Shops Program undercover officers in stake outs to nab underage kids and the adults who purchase alcohol for them.

1990 - Present
Anchorage Community Partnership started through the Municipality of Anchorage. In 1995 it became a private corporation, a community based colloboration to prevention ATOD abuse in Anchorage.
Prevention Projects

History of Education/School-based "Alcohol, Tobacco and Other Drug" Education in Anchorage

1981 - Present
AK Council Statewide Prevention Symposium, offered to provide training and workshops to participants.

1976
Anchorage School District identified a lack of a comprehensive alcohol education curriculum in Anchorage and statewide. Most teachers had no professional training in subject matter and most schools lacked any alcohol education materials.

1978
"Here's Looking At You" was introduced to 13 Anchorage schools. The Municipality of Anchorage contracted with the AK Council to provide curriculum materials.

1978
Senate Bill 541, Section 2, AS 14.30.360 introduced an act requiring public school systems to implement alcohol and drug education.

1979
The Alaska Council received a grant from the State Division of Alcoholism and Drug Abuse to implement the K-12 "Here's Looking At You" alcohol and drug abuse education in the schools.

1980 - Present
"Here's Looking at You" curriculum training was offered statewide to teachers. Training courses provided to 139 schools and continues to be used throughout the state.

1981
300-500 teachers were trained to implement "Here's Looking At You"; 30,000 - 52,000 students received the "Here's Looking At You" curriculum.

1984
Natural Helpers began. Natural Helpers is a program to help adolescents in a high school environment deal with such problems as mood changes, difficulties with friends, families, school and drugs.

1984
Life Skills For Little People, Refusal Skills, Friday Night Live, and a Matter of Time prevention education were programs made available to all Alaska schools through the AK Council.
1984 Alaska Teen Institute was added to AK Council prevention programs. It was based on the premise that students can exert a positive influence in the school setting to combat alcohol and other drug abuse.

1986 Stop the Drinking Driver was developed by the AK Council. It is a one day training program designed to teach qualified high school students to become in-school highway safety instructors.

1987 - Present Governor's Health & Safety Conference was implemented. It is a 2 day youth conference for planning successful highway safety projects dealing with drinking and driving, seatbelts and substance abuse issues.

1989 - Rural CAP introduced Alcohol & Addiction Education Studies (BABES). Curriculum. BABES Program addresses issues around substance abuse, targeting children 3-8 years and utilizes "hands-on" method that involves the use of puppets and storytelling. Lessons include self-image, feelings, decision-making and coping skills.
<table>
<thead>
<tr>
<th>Year</th>
<th>Gal. Pure Alcohol per Person</th>
<th>Description of Era</th>
<th>Description of Treatment Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1850-1870</td>
<td>2.6</td>
<td>Civil War</td>
<td></td>
</tr>
<tr>
<td>1871-1900</td>
<td>1.75</td>
<td>Women’s Christian Temperance Union and Carrie Nation Anti Saloon</td>
<td></td>
</tr>
<tr>
<td>1901-1918</td>
<td>2.6</td>
<td>World War I</td>
<td></td>
</tr>
<tr>
<td>1919-1932</td>
<td>1.0</td>
<td>Prohibition</td>
<td></td>
</tr>
<tr>
<td>1932-1960</td>
<td>2.0 US 2.5 AK</td>
<td>High Taxation Policies Limits on availability</td>
<td>Criminalization and Civil Commitment, Inpatient Treatment, Social Isolation</td>
</tr>
<tr>
<td>1960-1980</td>
<td>2.8 US 3.8 AK</td>
<td>Lowering Taxes, Fewer Limits on Availability</td>
<td>Outpatient Treatment, Expansion of Self Help Groups</td>
</tr>
<tr>
<td>1981-19??</td>
<td>2.5 US 3.2 AK</td>
<td>MADD et. al.,</td>
<td>Drunk Driver Intervention, Employee Intervention</td>
</tr>
</tbody>
</table>

34
Alcohol is one of Anchorage's most important health and quality of life issues.

We Can Do Something, or Do Nothing

- Develop and Implement Well Thought Out Policies
- Allow Drift and Economic Determinants to Guide Anchorage

Alcohol

- Problems are experienced worldwide
- Many solutions have been tried and retried and many new approaches are being tested
- There seems to be an overwhelming number of solutions

How to Make the List Shorter!

- Consider those approaches which have been shown to be effective
- Choose strategies which have a realistic possibility of being implemented

Examples of Guiding Philosophies

- X Commandments (a bit broad in scope)
- Sobriety Movement (perhaps a bit narrow)

Intervention and Treatment
MOA Department of Health and Human Services

Two Worlds of Prevention and Treatment

Individually Directed  Society Directed

Another View of Prevention and Treatment

Intervention and Treatment  Prevention

Continuum of Treatment

Intensity → Quit on Own  Self Help Groups  Outpatient Treatment
Intensive Outpatient  Residential/Inpatient  Incarceration w/ Treatment  Long Term Imprisonment

Efficacy of Treatment

→ It Works. But not Well
→ Anti-Craving Drugs May Improve Efficacy
→ Dual Diagnosis

AA is a:

→ Walk in Treatment Agency
→ Philosophy
→ Social Movement
→ Friendship Network

It does not lend itself to research evaluation, rise of AA correlates with drop in cirrhosis

Effectiveness of Intervention

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking Driver</td>
<td>Modest Impact</td>
</tr>
<tr>
<td>Brief Intervention/</td>
<td>Significant Reduction</td>
</tr>
<tr>
<td>Medical System</td>
<td></td>
</tr>
<tr>
<td>Family and Friends of</td>
<td>Unable to Determine</td>
</tr>
<tr>
<td>Alcoholic</td>
<td></td>
</tr>
</tbody>
</table>

36
Enforcement

A Tool for
Prevention, Intervention,
and Treatment

Laws and policies around alcohol:

- Set boundaries for behavior
  - reflect values, norms of community, culture

- Act as deterrents to behavior
  - Prevention
    » consequences clear and sufficient to keep most people from engaging in the behaviors
  - Intervention
    » consequences severe enough to deter subsequent behavior (i.e. 1st time drunk drivers-3 days in jail, lose car for 30 days)
Laws and policies continued.....

- **Protect public safety**
  - consequences are shaped to stop repeated behavior by removing the person from society, or removing an element of the environment needed to engage in the behavior, i.e. car, drivers license.
  - Drive Drunk - Lose your Car law
  - 1st offense for 30 days
  - 2nd offense forever

Examples of alcohol laws and policies

- **Criminal**
  - drunk-driving
  - no consumption under age 21

- **Non-criminal**
  - license to sell alcohol
  - land use laws
  - limit number of licenses
  - limit hours to sell alcohol
Enforcement of alcohol laws and policies

- To reinforce norms/boundaries
  - **Prevention** - enforcement is a prevention tool if the laws or policies are vigorously enforced, the **public perceives them to be vigorously enforced**, and the consequences severe enough to deter behavior.

- To deter subsequent behaviors
  - **Intervention** - individuals must perceive the consequences to have been **severe enough to not want to experience them again**.

Who Enforces Alcohol Laws and Policies?

- State troopers
- Anchorage Police Department
- Prosecutors, courts, corrections
- Alcohol Beverage Control Board (ABC)
- Municipal Assembly
- Municipality
Drive Drunk -- Lose Your Car

- Anchorage drunk driving laws are some of the toughest in the nation.
- They have been progressively tougher
  - 1st offense - 3 days in jail, lose license for days, and lose car for 30 days.
  - Refusal to take breathalyzer test is an offense punishable by jail.
The Anchorage Alcohol Philosophy
Task Force

Outline of Process

Pre Meeting Activities--Feb thru March, 1995
   Task Force members are appointed
   Mayor approves Task Force Mission Statement

Organizational Meeting--Wednesday, March 29, 8:30-10:30am
   Introductions
   Mayor’s greeting and review of Task Force’s mission
   Review of the process the Task Force will use
   Status of alcohol use in Anchorage
   Suggestions for additional information sources or ideas
   Review of suggested readings for next meeting
   Housekeeping
       Meeting time and place
       Timeline for Task Force

Town Meeting--Saturday, April 8, 10am-1pm
   Public testimony

Prevention Issues--Wednesday, April 19, 8:30-10:30am
   Presentations on Prevention
       History
       Current paradigms
       Status of prevention in Anchorage
   Discussion (includes 10 minute comment period for audience)
   Consensus points
   Reading assignments for next meeting

Intervention and Treatment Issues--Wednesday, May 3, 8:30-10:30am
   Presentations on interventions and treatment
       History
       Current paradigms
       Status of intervention and treatment in Anchorage
   Discussion (includes 10 minute comment period for audience)
   Consensus points
   Reading assignments for next meeting
Enforcement Issues--Wednesday, May 17, 8:30-10:30am
   Presentations on enforcement issues
       History
       Current paradigms
       Status of enforcement in Anchorage
   Discussion (includes 10 minute comment period for audience)
   Consensus points
   Reading assignments for next meeting

Develop Philosophy--May 31, 8:00 am - 12:00 pm
   Review and condense consensus points
   Use a method to develop a philosophy

Develop Guidelines--Wednesday, June 27, 8:30-10:30am
   Using consensus points and philosophy develop policy guidelines for prevention,
       intervention and treatment.

Work Group Develops Public Inebriate Strategies--June to August
Mayor’s Alcohol Philosophy Task Force
Action Steps and Main Decision Points

Mayor Appoints Task Force

Mayor Approves Task Force Mission Statement

Clear & Guiding Community Philosophy on Alcohol Abuse

Guidelines on Prevention Intervention Enforcement

Mayor Receives Philosophy & Guidelines

Develop Public Inebriate Plan

Plan Approved by Mayor

Plan is Implemented

Plan is Monitored by DHHS & HHSC
<table>
<thead>
<tr>
<th>Strategic Planning Arena</th>
<th>Type of Planning</th>
<th>Primary Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are concerned with the current and future, individual and collective self-sufficiency, self-reliance, and quality of life of the world in which we--and our external clients--live.</td>
<td>Mega</td>
<td>Society</td>
</tr>
<tr>
<td>We are concerned with the quality of that which our organization delivers to its external clients.</td>
<td>Macro</td>
<td>Organization</td>
</tr>
<tr>
<td>We are concerned with the quality of that which is turned out within our organization and is used by internal clients as they do the business of the organization.</td>
<td>Micro</td>
<td>Individual or small group</td>
</tr>
</tbody>
</table>
sober (sō'ber) adj. [ME. sobre < OFr. < L. sobrius, akin to ebrius, drunk] 1. temperate or sparing in the use of alcoholic liquor 2. not drunk 3. temperate in any way; not extreme or extravagant 4. serious, solemn, grave, or sedate 5. not bright, garish, or flashy; quiet; plain; said of color, clothes, etc. 6. not exaggerated or distorted [the sober truth] 7. characterized by reason, sanity, or self-control; showing mental and emotional balance —vt., vi. to make or become sober (often with up or down) —SYN. see SERIOUS —sober·ly adv. —sober·ness n.

sober-minded (-min'did) adj. sensible and serious —sober-minded·ly adv. —sober-minded·ness n.

sober·sides (-sidz') n., pl. -sides' a sedate, serious-minded person —sober-sided adj.

So·bies·ki (sō byes'kē), John see JOHN III

so·bre·ty (sə brē'tē, sō-) n. [ME. sobrete < OFr. sobriete < L. sobrietas < sobrius, SOBER] the state or quality of being sober; specif., a) temperance or moderation, esp. in the use of alcoholic liquor b) seriousness; sedateness
THE MAYOR'S COMMUNITY ACTION PLAN ON CRIME FOR THE MUNICIPALITY OF ANCHORAGE

January 16, 1995
## Community Action Plan On Crime: "CAP Crime"
### Part III: Amplification and Assignment of Actions

<table>
<thead>
<tr>
<th>Cross Reference From Part II</th>
<th>Action Statement</th>
<th>Amplification</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>D. DRUGS AND ALCOHOL ABUSE</strong></td>
<td><strong>Da.</strong> Develop a clear and guiding community philosophy on how Anchorage deals with its alcohol abuse problem. This philosophy will provide the direction for all prevention, intervention and enforcement activities. To have an impact on the problems of alcohol abuse in Anchorage, a clear philosophy must be developed that addresses the causes and consequences of alcohol abuse. This philosophy must have community consensus and will be used to guide funding of programs in the municipality in the future.</td>
<td>DHHS</td>
</tr>
<tr>
<td></td>
<td><strong>Db.</strong> Sponsor an annual meeting of providers of drug and alcohol abuse services.</td>
<td>Convene a meeting of service providers to facilitate collaboration and cooperation in alcohol and other drug abuse services.</td>
<td>DHHS</td>
</tr>
<tr>
<td></td>
<td><strong>Dc.</strong> Promote local activism in identifying &quot;crack houses.&quot;</td>
<td>Work with local neighborhood groups and others to address the problem of drug dealing in the neighborhoods.</td>
<td>APD</td>
</tr>
<tr>
<td></td>
<td><strong>Dd.</strong> Promote all actions that increase landlord responsibilities for illegal activities conducted in their buildings.</td>
<td>Work with community councils and others to promote landlord involvement in controlling illegal activities in their buildings.</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td><strong>De.</strong> Increase the drop off center capacity.</td>
<td>The demand for space at the drop off center fluctuates by seasons and often reaches capacity during the winter months.</td>
<td>DHHS</td>
</tr>
<tr>
<td></td>
<td><strong>Df.</strong> Explore the revision of the State's current voluntary and involuntary commitment laws.</td>
<td>Streamlining the alcohol commitment procedures will assist agencies in committing public inebriates to residential programs when appropriate. Facilitating the use of outpatient commitment procedures can prevent the use of more restrictive procedures and afford greater protection to the public and to the clients because it will be possible to intervene at an earlier point. It would be used on those with mental illness and alcoholism problems, and could assist the city in dealing with public inebriate and mentally ill homeless problems. Revising the State's emergency detention and evaluation facility provisions to clarify the definition of what facilities can be used in conjunction with detention and evaluation.</td>
<td>DHHS</td>
</tr>
</tbody>
</table>
PART III

PUBLIC TESTIMONY
Mayor's Alcohol Philosophy Task Force
Synopsis of Public Testimony
April 10, 1995

Advice:
1. Control/influence of alcohol lobby is barrier
2. Refocus away from only public inebriate
3. Go beyond studying the problem, do something that will last
4. Community must be ready to change, want change
5. Need to hear more from general public
6. Focus on solution, not just problem
7. Have the courage to make hard decisions

Strategy/Prevention
1. Grandfathering of liquor lisc. w/o restrictions allows increase in actual volume sold
2. Problems of meeting basic needs of people
3. Alcohol taxes have failed over the past 30 years to keep pace with inflation
4. Alcohol advertising needs to be more responsible
5. Youth get mixed messages from community norms, laws, and policies
6. Need to use zoning as prevention tool
7. More community education/awareness
8. Support taxation publicly
9. Sobriety as a lifestyle is acceptable

Problem
1. Botello's report linking alcohol to crime
2. Connection of violence to alcohol
3. Look at impacts to the cost of doing business
4. Most people who are in shelters or are homeless are touched in some way by alcohol
5. Data from UAA Claire House study - alcohol is problem for homeless
6. Concerns of downtown business people; unsafe for workers, disruption from noise, lack of resources
7. Alcohol is common thread across social and criminal problems
Treatment
1. Need more treatment opportunities
2. Need creditable, capable, trained people doing education and treatment
3. Need in-state opportunities for trainers and counselors
4. Concern for dual diagnosis treatment, losing funding
5. Propose not court ordering treatment to free up slots for those who want treatment; court order abstinence and do weekly tests (Michigan Model)
6. Collaboration and cooperation is needed among providers
7. More support for people who want recovery vs. those who don’t and are mandated
8. Need long term stable housing after treatment
9. Need accountability for programs and for clients
10. Some people won’t go to treatment because they can’t read
11. Most treatment programs do not work for most people; fund based on proof that they work

Strategy Enforcement
1. Concern about mortality from drunk-driving - should increase penalties
2. Concern about the court ruling on double jeopardy when drivers lisc. is taken at arrest
3. Must be penalties for inebriates who are given housing and abuse it
4. Use it/ Lose It is example of strategy that could motivate youth
5. Need some type of drunk/disorderly law to impact downtown merchants
6. Need tougher penalties on those who continue to act irresponsibly
7. Use community service work instead of jail sentencing
8. Should have lisc. to buy liquor, and then suspend buying lisc. when violations occur
9. Police need to ask where people have been drinking - to report establishments that are serving illegally

Concerns: Plight of Natives and alcohol; and lack of respect for alcoholics
Bibliography for the Alcohol Philosophy in Anchorage


38. State of Alaska, Department of Health and Social Services, Meeting the Challenge, A Strategic Plan for The Division of Alcoholism and Drug Abuse, 1994


