If you have issues viewing or accessing this file contact us at NCJRS.gov.

57789

57789

55789

THE IMPACT OF DECRIMINALIZATION ON THE INTAKE PROCESS FOR PUBLIC INEBRIATES

Final Project Report

Grant No. 74NI-99-0055

April, 1977

Co-Principal Investigators

David E. Aaronson
C. Thomas Dienes
Michael C. Musheno

Senior Research Associates

Dale Andrews
Richard Conboy
George Silberman

Research Assistants

Angela Desmond
Harry Dreier
Sylvia Eastman
Martin Edwards
Susan Gilbert
Martha Jo Hager
R. Eugene Hardy

Consultant

Charles Ruttenberg

Administrative Assistant

Sally Andrews

TABLE OF CONTENTS

CHAPTER I: THE RESEARCH FRAMEWORK........................ 1

The Impact Model.................................... 3
The Discretion Model................................ 9
The Prescriptive Model.............................. 28
Summary... 40

CHAPTER II: COMPARATIVE ANALYSIS........................ 61

Design and Data Collection.......................... 63
Findings and Conclusion............................. 66
Comparative Discretion Analysis..................... 67
Organizational Variable............................. 68
Role Variable....................................... 69
Peer Variable....................................... 71
Strategic Environment Variable...................... 73
Strategic Interaction Variable...................... 77
Situation Specific Variables........................ 79
Conclusion.. 83

CHAPTER III: THREE CITY CASE STUDIES.................... 101

WASHINGTON, D.C..................................... 105

The Legal Context................................. 105
The Environmental Context for Policing............ 110
Impact of Easter and ARA on Policing Inebriates... 115
Quantitative Impact............................. 115
Alternative Approved Dispositions............... 116
Self-Admissions................................. 121
Home Deliveries by Police....................... 127
Control Factors................................. 128
The Size of the Problem Drinking Population..... 129
Migration from the Jurisdiction................. 131
Recidivism Rates - The 'Revolving Door'......... 132
Policy Outcomes................................. 137
Qualitative Impact.............................. 141
Low Socio-Economic Status....................... 143
Undersocialization.............................. 144
Summary... 145

Explaining Policy Practices: The Exercise of Discretion.. 146
Quantitative Explanations: Attitudinal Comparisons... 147
Quantitative Explanations: Correlation Analysis...... 150
Qualitative Explanations: The Lack of Organizational Incentives-Disincentives............................. 152

Conclusion.. 155

ST. LOUIS, MISSOURI.................................. 158

The Legal Context.................................... 158
City-wide Demographics............................... 168

Impact of Police Diversion on Policing Inebriates..... 175
Quantitative Impact.................................. 175
Alternative Approved Dispositions.................... 176
Delivery to Detox.................................... 181
Arrest for Public Drunkenness........................ 184
Self-Admissions...................................... 190
Control Factors...................................... 192
The Size of the Problem Drinking Population.......... 192
The Size of the Public Inebriate Population.......... 193
Migration from the Jurisdiction...................... 194
Recidivism Rates - the 'Revolving Door'.............. 195
Policy Outcomes...................................... 198
Qualitative Impact................................... 201
Background Profile................................... 202
Low Socio Economic Status............................ 203
Undersocialization................................... 205
Summary.. 205

Explaining Policing Practices: The Exercise of Discretion.. 207
Quantitative Explanations: Attitudinal Comparisons. 209
Quantitative Explanation: Correlation Analysis..... 216
Conclusion... 220

MINNEAPOLIS, MINNESOTA............................... 224

The Legal Context.................................... 224
The Environmental Context for Policing............... 233
Precincts with Law Concentrations of Public Inebriates - Second and Fifth.............. 238
Impact of Decriminalization on Policing Inebriates.... 239
Quantitative Impact.................................. 245
Alternate Approved Disposition....................... 248
Self Admissions and Civilian Van Deliveries to ARC.................................... 253
Control Factors...................................... 257
The Size of the Problem Drinking Population.......... 258
The Size of the Public Inebriate Population.......... 259
Recidivism Rates--The Revolving Door................. 259
Policy Outcomes...................................... 261
Qualitative Impact................................... 266
Background Profile................................... 268
Low Socio Economic Status............................ 269
Undersocialization................................... 269
Summary.. 270
Explaining Police Practices: The Exercise of Discretion.. 270

Quantitative Explanations: Attitudinal Comparisons. 271
Quantative Explanations: Correlation Analysis...... 273
Conclusion....................................... 274

CHAPTER IV: To be inserted at a later date

CHAPTER V: EXECUTIVE SUMMARY OF FINDINGS AND CONCLUSIONS

Background to Decriminalization
Police Discretion

TABLE OF FIGURES

CHAPTER I

1. General Research Framework 4
2. Specific Research Framework: District of Columbia..... 5
3. Discretion Model on Police Pick-up Behavior............ 14

CHAPTER II

4. Stratified Multiple-Group-Multiple-I Design............ 64
5. Distribution of Observations........................... 65

CHAPTER III

6. General Research Framework: District of Columbia...... 115
7. Specific Research Framework: District of Columbia..... 116
8. General Research Framework: St. Louis, Missouri....... 175
9. Specific Research Framework: St. Louis, Missouri...... 176
10. General Research Framework: Minneapolis, Minnesota.... 246
11. Specific Research Framework: Minneapolis, Minnseota .. 247

TABLE OF TABLES

CHAPTER III

1. Problem Drinking Population, District of Columbia, 1960-1972 112
2. Police Arrests for Public Drunkenness by District, FY 1960-1968 and Estimate of Individuals Picked Up by Police by District, FY 1970-1972 122
3. Percentage of Individuals whose Police District Origin is Unaccounted, Calendar Years 1969-1973 124
4. Percentage of Police Pick-ups by District, FY 1960-1972 125
5. Arrest Statistics for Prince George's County, Maryland, Public Inebriation and Disorderly Conduct, 1964-1973 133
6. Estimate of Number of Individuals Arrested by Police, 1964, 1966, 1967, 1968 135
7. Total Number of Individuals Delivered To Detox, Calendar Year 1969-1973 135
8. Residency of Public Inebriates, by Service Area 144
9. Frequency Distribution of Public Inebriates' Marital Status 145
10. Police Drunkenness Arrests, St. Louis, Mo., 1960-1965 177
11. St. Louis Drunkenness Arrests and Detox Admissions by Source, 1960-1974 182
12. St. Louis Detoxification Center Admissions, by Source of Admission January 1973 - April 30, 1975 188
13. Arrests for Drunkenness, St. Louis County, 1960-1975 196
14. Comparison of Public Drunkenness Recidivism Rates Between Criminal and Decriminalized Periods 197
15. City of St. Louis Occupation of Sample of Persons Arrested In 1963 and 1965, And All Detox Admissions in 1972 and 1974 204
16. City of St. Louis, Marital Status of Public Inebriates Arrested and Admissions to Detox 206
17. Population characteristics of Minneapolis, Hennepin County, and the Minneapolis-St. Paul SMSA, 1970 234
18. Problem Drinking Populations: Hennepin County and Ramsey County, 1970 235
19. Comparison of Public Drunkenness Recidivism Rates Between Criminal and Decriminalized Periods in Minneapolis, Minnesota 261

TABLE OF GRAPHS

1. Monthly Police Intake for Public Intoxication: Washington, D.C. 86
2. Monthly Police Intake Rates for Public Intoxication: Minneapolis, Minnesota 87
3. Monthly Police Arrests for Public Intoxication: Houston Texas 88
4. Monthly Police Arrests for Public Intoxication: San Francisco, California 89
5. Public Drunkenness Arrests (D.C. Code § 25-128), Fiscal Years 1960-1973 118
6. Public Drunkenness Arrests and All Police Referrals To D.C. Detoxification Center, Fiscal Years 1960-1972 119
7. Public Drunkenness Arrests and All Admissions to the D.C. Detoxification Center, Fiscal Years 1960-1972 120
8. Individuals Picked Up by Police for Public Drunkenness Pre- and Post- ARA Calendar Years 1964, 1966, 1967, 1968, 1969-73 136
9. Disorderly Conduct Arrests, District of Columbia, Fiscal Years 1960-1973 139
10. Vagrancy Arrests, District of Columbia, Fiscal Years 1960-1972 140
11. St. Louis Drunkenness Arrests, 1960-1974 183
12. St. Louis Drunkenness Arrests and Detoxification Center Police Admissions, 1960-1974 185
13. St. Louis Drunkenness Arrests and Detoxification Center Admissions From All Sources, 1960-1974 191
14. St. Louis Arrests for Vagrancy and Disorderly Conduct, 1960-1974 199
15. Public Drunkenness Arrests, Minneapolis, Minnesota 1960-1975 249
16. Public Drunkenness Arrests and All Police Referrals to Alcoholism Receiving Center, Minneapolis, Minnesota, 1960-1975 250
17. Public Drunkenness Arrests and All Referrals to Alcoholism Receiving Centers, Minneapolis, Minnesota, 1960-1975 254
18. Disorderly Conduct and Vagrancy Arrests Combined, Minneapolis, Minnesota, 1960-1975 265
19. Public Drunkenness Arrests, Disorderly Arrests, Vagrancy Arrests, and All Admissions to the Alcoholism Receiving Center, Minneapolis, Minnesota, 1960-1975 267

EXECUTIVE SUMMARY OF FINDINGS AND CONCLUSIONS

BACKGROUND TO DECRIMINALIZATION

1. Jurisdictions are seldom purely criminal or purely decriminalized or therapeutic in their handling of public inebriates. Rather, they range on a continum from purely criminal to purely therapeutic.

2. The class of public inebriates is not coterminous with the class of alcoholics or with the class of skid row (homeless men) inebriates. Failure to make these distinctions ignores the reality of policing the public drunkenness problem and the distinction is necessary in assessing the consequences of legal policy change.

3. Urban renewal has increasingly eliminated the traditional concentrated skid row. The skid row inhabitants, however, have not disappeared but have tended to be more dispersed in the city. Often new mini-skid row pockets emerge. In any case, the variety of public drunkenness problems and the diversity of policing environmental contexts persist, and are often complicated by the effects of urban renewal.

4. Criminal jurisdictions vary substantially in the extent to which public drunkenness laws are enforced. Among the factors accounting for the variance in enforcement are community culture, community concern over public drunkenness, command priorities, beat conditions for patrol officers and officers priorities.

5. In criminal and decriminalized jurisdictions alike, there is substantial variation in enforcement policy from police district to police district within the city.

6. Decriminalization by judicial action tends only to brake the use of criminal processing but does not end it. The limitations of judicial policy reform can produce confusion over the status of public drunkenness in the jurisdiction. On the positive side, judicial action can provide impetus to legislative and administrative actors. Meaningful decriminalization usually requires legislative or administrative action providing for the establishment of alternative means of disposition and institutions for handling the public inebriate.

7. Decriminalization of public drunkenness requires the organizational involvement of a cadre of interested individuals and groups or policy subsystems, whose goals are reflected in the legal policy change.

8. The multiplicity of goals impelling decriminalization are often not clearly and fully designated in the resulting legal mandate. These goals often develop and are acted upon without consideration of their potential conflict with one another or with clearly articulated goals emerging from the legal mandate.

9. Reform interests seldom give serious consideration to the potential impact of decriminalization on the police and their order-maintenance functions and the need for ameliorative administrative adjustments to promote the quality pickup and delivery of the potential client. It is critically important to the success of a treatment-oriented system that the police department be involved in the initiation of the decriminalization and be continually involved in its subsequent implementation.

10. Decriminalization results in the forced interaction of two sets of bureaucratic actors, i.e., law enforcement personnel and public health personnel. Tension between these actors is a constant reality in the operations of detoxification program.

THE IMPACT OF DECRIMINALIZATION

1. If a jurisdiction fails to take special ameliorative administrative action, decriminalization of public intoxication will produce a statistically significant decline in the number of public inebriates formally handled by the police in the manner designated by the law on the books. (Quantitative Impact).

a. In comparing the quantitative rate of pickup and delivery of public inebriates by police in decriminalized and criminal model jurisdictions over time, the former experienced a significant decline in the number of public inebriates formally handled by the police following decriminalization while the latter experienced no significant change.

b. Each of the case study jurisdictions experienced a quantitative decline following decriminalization in the number of public inebriates formally picked up and delivered by police as prescribed by the law on the books.

(1) In all three jurisdictions there is a statistically significant decline in the number of police admissions to the detoxification center compared to the number of criminal arrests prior to the legal change.

Even retention of arrest as an option following introduction of a therapeutic alternative in St. Louis does not restore intake rates to their pre-change levels.

(2) While hard data is generally unavailable, it does not appear that police deliveries of the public inebriate to other public health facilities or home delivery, where these formal options are available to the police under the law, account for the quantitative decline in the number of public inebriates being formally processed by police following decriminalization.

c. It is possible that those public inebriates not being processed to treatment centers by the police are getting there by other means. In Washington, D.C., however, self-admissions do not account for the quantitative decline in persons handled by the public system. In St. Louis, a large influx of self-admissions in recent years does provide a quantiative explanation. It is questionable, however, that the self-admittees are the kind of inebriates St. Louis police generally process. In Minneapolis, self-admissions and civilian van deliveries do account for the quantitative decline.

d. The quantitative decline in the number of public inebriates formally processed by the police using approved means cannot be explained in terms of a decline of the number of public inebriates available for pickup and delivery. The number of alcoholics and probably the number of public inebriates has either remained constant or increased in all target jurisdictions.

e. The quantitative decline in the number of public inebriates formally processed by police using approved means cannot be explained by the migration of public inebriates to other adjoining jurisdictions following decriminalization.

f. The quantitative decline in the number of public inebriates formally processed by the police using approved means cannot be explained in terms of the "revolving door". There is a quantitative decline in the number of individuals, as well as cases, following policy change. In fact, the recidivism rate is higher in the post-change period.

g. Regardless of whether or not as many inebriates are being processed by approved means following decriminalization there is an increase in the non-approved disposition of public inebriates. This may include ignoring the inebriate, taking informal action to remove the inebriate or the use of other criminal charges to remove the inebriate.

2. Decriminalization, unaccompanied by ameliorative action, will produce a funneling effect so that the population of public inebriates formally processed by the police using approved means will be substantially more of the emergency case, "skid row" or "homeless man" type of inebriate (Qualitative Impact). Two standards of policing public drunkenness are operative in decriminalized jurisdictions reflecting the character of the public inebriate involved.

a. In the District of Columbia, while arrest was used for all classes of public inebriates prior to decriminalization, the detoxification center serves almost entirely the skid row class of public inebriates.

b. In St. Louis, the police have historically concentrated on the emergency homeless man inebriate. Nevertheless, the data suggests that the police admission to the Detoxification Center is even more likely to have the characteristics associated with the skid row inebriate.

c. Like St. Louis, the Minneapolis police have historically concentrated on the skid row inebriate. The data indicates that this focus has continued following decriminalization and may have even increased.

d. Interview data indicates that a qualitative decrease in the formal intake of the inebriate by the police using approved means produces a greater concentration on the emergency case, when the inebriate's condition may be serious. In this instance, police intervention and formal disposition to an institution becomes a practical necessity.

POLICE DISCRETION

1. The quantitative and qualitative impact of decriminalization can best be explained as a product of attitudinal predispositions of police officers and departmental policy. Decriminalization introduces a mass of disincentives to formal police pickup and delivery of public inebriates using approved means of disposition. In the absence of compensating incentives, primarily through action of the police organization, non-action or informal action serves as a viable mode of patrol officer response in decriminalized jurisdictions.

a. Organizational Variable.

(1) Police organizations generally give a low priority to the public drunkenness problem. Our findings produced no marked differences between officers in criminal and decriminalized jurisdictions in regard to their perception of the organizational priority being placed on this policy issue.

(2) In none of the target cities was the police organization actively involved with improving the handling of the public drunkenness problem. There were variations between jurisdictions on the perceived availability of training in dealing with the public inebriate and on the importance of patrol officer conformity to organizational directives.

b. Role Variable

(1) Role orientation is an important factor distinguishing attitudinal predispositions of officers in criminal jurisdictions from officers in decriminalized jurisdictions. Officers in decriminalized jurisdictions perceive a discrepancy in their law-enforcement-oriented role expectations and a task of formal pickup and delivery of public inebriates. While this discrepancy is present in criminal jurisdictions, it is significantly less. There is, therefore, a marked disincentive in terms of role expectations produced by decriminalization.

(2) There are marked differences in role orientation among the therapeutic jurisdictions towards the task of removing public inebriates from the street. St. Louis police have the greatest degree of law enforcement role orientation and experience the greatest conflict in handling public drunkenness. In the other hand, officers in the District of Columbia experience role conflict to a lesser degree than officers in the other therapeutic cities.

c. Peer Variable

(1) While police officer in therapuetic jurisdictions perceive their peers as having a negative attitude towards the task of removing inebriates from public places, this attitude is not present in criminal jurisdictions. In fact, officers in criminal jurisdictions perceive a positive orientation on the part of their fellow officers towards the job. To the extent that officers respond to cues from their fellow officers, it follows that there is a strong disincentive introduced when a jurisdiction decriminalizes.

(2) In St. Louis, peer influences appear to be especially important. The perception of police officers regarding the attitudes of other officers towards the task of handling public inebriates provides a negative attitudinal predisposition towards the job.

d. Strategic Environment Variable

(1) Police officers in all jurisdicitons share the attitude that institutions charged with handling public inebriates release the inebriate too quickly. This reaction is significantly greater in therapeutic jurisdictions. This more pronounced bias against the public institutions with which the officer must work produces still another disincentive to formal processing in decriminalized jurisdictions.

(2) The negative reaction in therapeutic jurisdictions towards the rapidity of turnover of the public inebriates by the public institutions charged with handling him is only part of an overall negative reaction to the public health treatment subsystem. Negative reaction to the detoxification center and its personnel is common among police officers in decriminalized jurisdictions.

(3) Officers situated in police districts in precincts having the highest concentration of public inebriates experience these negative attitudes to the treatment centers more intensely than officers elsewhere in decriminalized jurisdictions.

(4) Police officers in criminal and decriminalized jurisdictions alike generally possess a negative view of the public inebriate which increases their reluctance to intervene in public drunkenness cases. In criminal jurisdictions, however, the officer perceives the drunkenness situation as more serious in order to justify his/her intervention as a law enforcement officer. This countervailing impetus supporting action is not present in a decriminalized jurisdiction. By removing this justification for intervention decriminalization removes an incentive to intervene.

(5) St. Louis police officers have a more negative reaction to the public inebriate than officers in other jurisdictions. This is consistent with the negative task-orientation generally manifested by SLPD officers towards the police handling of public drunkenness.

(6) There is some evidence that reactions to the public inebriate will vary between police districts or precincts within a jurisdiction.

e. Strategic Interaction Variable

(1) There was general uniformity among jurisdictions regarding the ordering of the sources of pressure for increased pickup of public inebriates. The greatest sources of pressure of increased pick-up and the most important are provided by the business community and the general public. This is a critical source of incentives/disincentives affecting police behavior in handling public drunkenness.

(2) There is some evidence in the decriminalized jurisdictions that police officers perceive detox personnel as hostile to an increased police delivery of public inebriates. A disincentive for formal action is being communicated.

(3) The perception of pressure for increased pickup varies between police districts or precincts within the jurisdiction. A greater police sensitivity to business community and political influences tends to be present in areas where people tend to congregate, e.g., business district, tourist areas. There is some evidence of a higher public toleration of public inebriation or at least less police perception of pressure in low income areas.

f. Situation Specific Variable

(1) While the study did not focus on the influence of the characteristics of the particular situation on police intervention and disposition, interview and observational data suggest it is of major importance. The condition of the inebriate, his/her location, the intensity of the radio traffic are examples of such situation specific factors that influence police behavior in particular cases.

2. The attempt to demonstrate the correlation between attitudes and different modes of policing behavior generally was not successful because of methodological difficulties. However, there are some notable findings concerning the relations of attitude to police behavior both on a citywide and a district basis.

a. The concern of the officer with the well-being of the inebriate is more likely to result in formal institutional action.

b. In the District of Columbia the personal background factor of race is important. Black officers are more likely to take institutional action.

c. In St. Louis, officers in patrol areas with more winos take less action but take more inebriates to detox. Officers from poorer areas take less action while officers from wealthier areas take more action.

d. The relation of the officer's concern with the well-being of the inebriate varies by district.

e. In St. Louis, officers in the central police district who perceive groups as wanting increased pickup of public inebriates will take more action.

f. In the District of Columbia, there is a direct relation between the officer's perception that Detox is too "far away" and the frequency with which she/he delivers public inebriates to the Detoxification Center.

POLICY ALTERNATIVES

1. A clear formulation of the goals and priorities in the pick-up and delivery of public inebriates is a prerequisite to fashioning a pick-up and delivery system that will be fully responsive to those goals.

2. Goals often receive different emphasis in different locations within the same city. This diversity within particular jurisdictions is a result not only of differences in circumstances but the fact that the objectives of the various policy sub-systems in handling public inebriates are seldom well thought out and effectively implemented. The formulation of goals and priorities often is delegated to lower levels of decision-makers within a police organization. Also, within a decriminalized jurisdiction, the goals of police and public health personnel may be in conflict.

3. The realization of public policy goals in the pick-up and delivery of public inebriates may be thwarted by conflicting organizational and self-interest goals absent special ameliorative administrative action. Action that may be taken includes economic, informational, communication, and authority/power incentives and disincentives.

4. Although jurisdictions articulate goals in different ways, we have identified five different public policy goals emphasized in various jurisdictions in handling public inebriates:

a. Removal of public inebriates, usually skid row persons, from the streets and other public areas - i.e., dealing with a "public nuisance" by clearing the streets. This goal often receives special emphasis in downtown business areas of a city.

b. Saving overburdened criminal justice resources (and removing criminal sanctions from what is deemed an illness). The emphasis on saving resources usually is directed to local, in contrast to outside (e.g., federal) resources. In decriminalized jurisdictions the goal of removing criminal sanctions from conduct that is merely a manifestation of an illness is usually applied to publicly intoxicated persons, irrespective of whether an underlying illness is present;

c. Humanizing the handling of public inebriates, especially the provision of prompt care and services to the emergency case public inebriate;

d. Longer term rehabilitation, resocialization or reintegration of public inebriates into the community;

e. Prevention of crime either by or against public inebriates, particularly preventing and suppressing disorder in and around honky-tonks and places where congregation of public inebriates--usually non skid-row persons, is likely to result in assaultive behavior.

5. The goal of clearing the streets of public inebriates implies a substantial commitment of personnel and transportation for the pick-up and delivery of public inebriates and usually substantial resource commitments for facilities--jails and detoxification centers--providing services to public inebriates. It generates a high level of enforcement tending toward indiscriminate intervention in removing public inebriates from designated areas. The more limited capacity of most detoxification facilities - as compared with drunk tanks and work farms in criminal jurisdictions - and the fact the detoxification centers may return chronic skid row inebriates to the streets more rapidly suggest that this goal may be more difficult to attain through legally authorized dispositions in decriminalized jurisdictions.

6. The goal of saving scarce criminal justice resources is proferred in all decriminalized jurisdictions visited by our study generally without any formal consideration of whether increased costs of other governmental agencies - especially public health agencies - are similar, less, or more than the anticipated savings through the criminal justice system. Whether any overall costs savings to society occurs depends on the cost of the services that are substituted for criminal justice processing and the results of those services. A review of secondary data consisting of short-term cost studies suggests, preliminarily, that therapeutic programs often are more expensive than their criminal justice counterparts and that the impact on criminal justice resources has been smaller than anticipated.

7. The goal of rehabilitation of skid row public inebriates has generated controversy. In most jurisdictions inadequate resources and facilities exist to implement a "continuum of care" approach. There is also controversy over diverse treatment modalities - e.g., medical vs. social welfare approaches - and the civil liberties implications of longer term involuntary civil confinement. Some contend that the primary needs of skid row inebriates relate to housing and other resource needs rather than the need for treatment of alcoholic problems.

8. When the goal of crime prevention is given emphasis in decriminalized jurisdictions, it is likely to lead to the use of substitute criminal charges, such as disorderly conduct. In Minneapolis, Minnesota and Erie, Pennsylvania, disorderly conduct arrests increased following the introduction of therapeutic alternatives.

9. A major finding of the prescriptive phase of the study is that in decriminalized jurisdictions the public policy goals are, as a practical matter, in conflict. These policy conflicts tend to be resolved not at the top levels of administration where public police directives are often issued but by police officers on the beat and public health intake workers. The existence of tension or strain among public policy goals and the different perspectives of police and public health personnel increase the likelihood of police use of other than approved means of disposition. It also leads to other than approved intake policies by public health personnel such as "do not admit" lists.

10. A major source of conflict is between traditional law enforcement order maintenance goals (clearing the streets to abate a "public nuisance" and crime prevention) and decriminalization goals (providing more humane treatment and improved services, rehabilitation, and saving scarce criminal justice resources). For example, providing improved emergency services is discriminate in that it is directed to picking up inebriates who present emergency public health problems; clearing the streets is indiscriminate, leading to pick-up of inebriates irrespective of their need for emergency services. Indiscriminate pick-up and delivery overwhelms the limited capacity of most detoxification centers and prevents use of therapeutic resources for those most in need. The goal of clearing the streets of public inebriates also conflicts with the goals of rehabilitation and saving scarce criminal justice resources.

11. Conflict also exists among the decriminalization goals, such as between providing services to the emergency case public inebriate and rehabilitation or reintegration of public inebriates into the community. For example, public health personnel in St. Louis, Missouri over time tended to define "success" more in terms of rehabilitation, resulting

in disenchanment in seeing the same skid row type in need of emergency services with the result of emphasizing voluntary admissions involving more middle class type public inebriates. This change in intake policy resulted in disincentives for police deliveries to the detoxification center.

12. Recognizing conflicts among public policy goals can lead to improved procedures for evaluating trade-offs and setting priorities, specifying workable policy directives and guidelines, improving methods of pick-up and delivery of public inebriates, and selecting techniques of administration and implementation designed to increase the likelihood of achieving public police goals. For example, the conflict between traditional law enforcement and decriminalization goals in Boston, Massachusetts, resulted in the use of both detox centers and civil protective custody/release-when-sober jail options. In Kansas City, Missouri, a criminal jurisdiction a combination of traditional arrest and a therapeutic diversion to "Sober House" is used.

13. Where police are retained as the exclusive pick-up agents in decriminalized jurisdictions, alternative pick-up and delivery approaches include: (1) the increased use of specialized transport vehicles, especially the police wagon or van; (2) increased use of specialized foot patrol officers; (3) use of jails as a drop-off point for subsequent delivery to a therapeutic facility and for civil protective custody/ release when sober.

14. Several alternatives may be considered for adoption in a jurisdiction setting up a decriminalized program that also involve the services of non-police personnel. Civilian van pick-up systems are in use in such cities as San Francisco, California, Erie, Pennsylvania, Minneapolis, Minnesota, and Salem, Oregon. Other approaches include combined police - non-police teams (Manhattan New York Bowery Project), use of public transportation, e.g., taxicabs, and increased emphasis on private agency referrals.

CHAPTER I. THE RESEARCH FRAMEWORK

There has been increasing interest in recent years in the decriminalization of the victimless crime, where the only tangible harm done is to the offender.[1] An area where this movement has been intense and relatively successful is in decriminalization of the crime of public drunkenness.[2] Through formal judicial[3] and/or legislative[4] action and informal diversionary strategies,[5] the criminal offense is being eliminated in favor of therapeutic alternatives; public drunkenness is defined in terms of a sickness requiring treatment rather than as a crime necessitating punishment.[6] It follows that if the therapeutic model is to prove viable, it is essential that the public inebriate be removed from the street and delivered to a treatment facility for emergency services.

But while there has been increasing interest in therapeutic alternatives to the criminal justice system, little attention has been given to this intake process whereby the citizen is delivered to the public health system. The purpose of the present study is to describe and assess the performance of the police as the principal agency responsible for the delivery of public inebriates to designated health facilities. While primary emphasis has been given to the District of Columbia, the principal locus of the research project, the study is designed to provide a comparative study of the intake process, criminal and therapeutic, of several representative cities in the United States.[6a] We also propose to

explore alternative delivery mechanisms that will contribute to the actual linkage of the legal requirements for the treatment of public inebriates with the maximum utilization of treatment facilities in metropolitan areas. Specifically, this project evaluates the intake process for public inebriates nationally through the development and utilization of three research models: impact, decision-making - police discretion, and prescriptive models.

The approach used in this study should contribute to an improved understanding of problems and issues in two related areas of public policy. First, this study will aid understanding of the potential as well as the limitations of the therapeutic (health) approach to public intoxication--and to other types of socially deviant behavior that might similarly be "decriminalized"--as compared with the traditional approach of the criminal law. Second, this study will improve understanding of the nature and process of police decision-making or police discretion with an emphasis both on improving the lot of the public inebriate--or other recipients of police services in a therapeutic approach to socially deviant behavior--and on the more effective use of valued police resources. Also, since the study will explore proposals for improved delivery mechanism(s), using police and alternatives, we hope to contribute to the linkage of the legal requirements for the treatment of public inebriates with the maximum utilization of treatment facilities in metropolitan areas. The focus will be on both "microchanges" (example: incentives developed by central police administration to pick up and deliver public inebriates to public health facilities) and "macro-changes"

(example: the replacement of patrolmen with public health officials as the primary agents for picking up public inebriates) as potential modes for inducing conformity of intake practice to legal policy requirements.

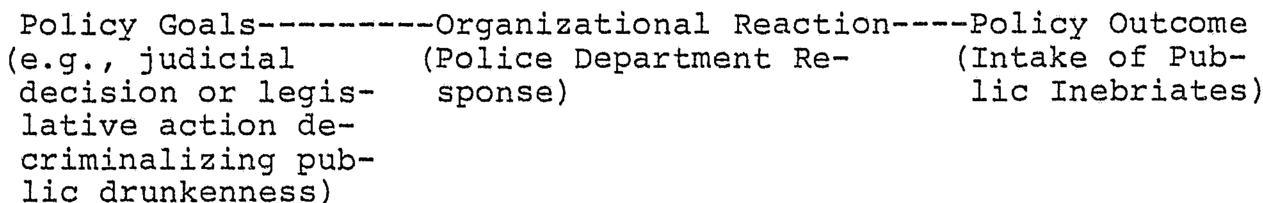
The Impact Model

Through a review of the impact analysis literature in public law and of the writings on public drunkenness, we developed a general and a specific framework for examining the "fit" between the formal "law on the books" which mandates pickup under defined conditions and disposition to designated facilities of public inebriates and the informal "law in action." This model was then used to analyze the impact of the revision of legal policy on the intake of public inebriates by the police department in selected target cities. The principal objective was to test two basic hypotheses. First, we postulate that if no special ameliorative administrative action is taken at the time of decriminalization, there will be a statistically significant decline in the number of public inebriates formally handled by the public system in the manner designated by the law in the books (Quantitative Impact). Second, we expect that this quantitative decline will be accompanied by a qualitative impact. Decriminalization, unaccompanied by ameliorative action, will have a funneling effect so that the population of public inebriates formally processed according to the law on the books will be significantly more of the emergency case "skid row" or "homeless man" type of inebriate (Qualitative Impact). We expect that the character of the population delivered

by the police to a detoxification center will be markedly different from those subjected to arrest prior to the change in legal policy. The quantitative decline in the number of individuals processed is hypothesized even though the use of the therapeutic alternative might be expected to increase the pickup and delivery rate because of two factors. First, a detoxification stay is likely to be shorter in duration than a jail sentence, when imposed, and hence, there possibly is an increased opportunity for pickup in a decriminalized jurisdiction. Also, if the hypothesized qualitative impact is correct, the skid row inebriate is likely to incur more frequent formal institutional handling.

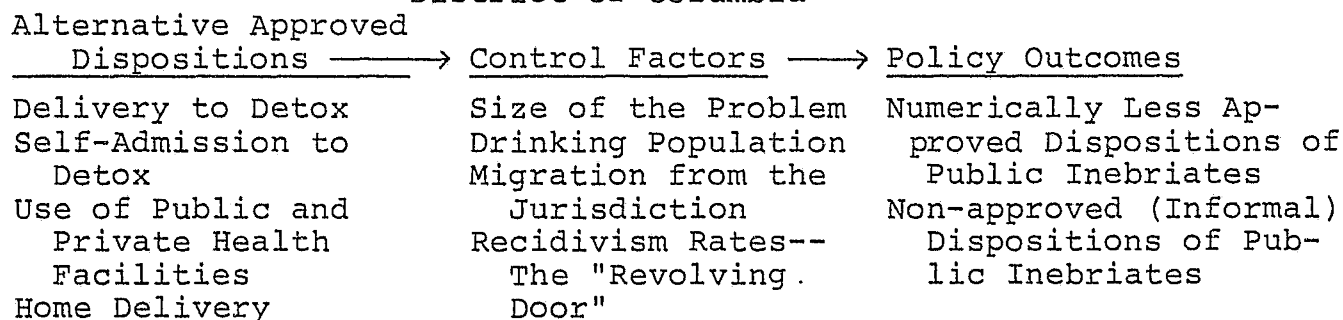
In testing these hypotheses, we developed a policy-impact approach[7] which merges the common threads of impact analysis[8] and policy evaluation literature.[9] Thus, our General Research Framework (see Figure 1) requires examination of relevant judicial and legislative policy statements to determine what goals the police are mandated to implement under decriminalization. Our central focus is to assess the extent to which the police realize these policy directives and how the police response impacts on the designated clientele, the population of public inebriates.

Figure 1
General Research Framework



From this General Framework, a Specific Research Framework was developed for each target jurisdiction. In the case of the District of Columbia, for example, the following Specific Framework (see Figure 2) was created identifying legally approved dispositions available to the police in disposing of the public inebriate, controlling for alternative explanations for observed decline in the numbers of public inebriates processed from the pre-change arrest period to the post-change decriminalization period, and concluding with the policy outcome, measured in terms of the number of public inebriates processed and changes in the character of police behavior towards the public inebriate.

Figure 2
Specific Research Framework:
District of Columbia



As the Specific Framework suggests, in measuring the quantitative impact of decriminalization of drunkenness, we employed a time-series "pretest" using drunkenness arrest rates prior to the point of policy change and a post-test of formal dispositions to the detoxification center. While this methodological strategy will be developed in more detail in Chapters Two and Three, suffice it to note that the study incorporates an ideal social science research design (i.e., a stratified multiple time series design), involving an examination of behavior patterns over time

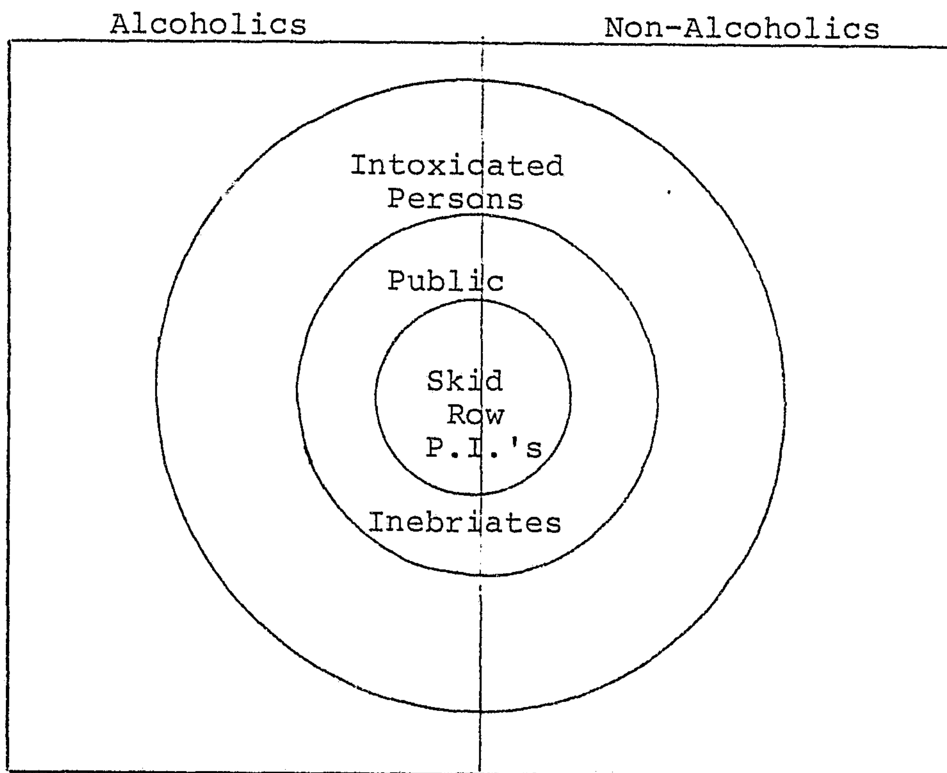
in particular jurisdictions, before and after a designated point of legal change and comparing these patterns with those found for the same period of time in jurisdictions that do not make the legal change under consideration.[10] Thus, in a comparative impact analysis, Houston and San Francisco, major cities that have retained the traditional criminal law, were selected as control jurisdictions and compared with Washington, D.C. and Minneapolis, Minnesota, major cities that have decriminalized (Chapter Two).[11]

In addition, the quantitative impact of legal change in the District of Columbia, Minneapolis and St. Louis, Missouri was studied in detail as three case studies (Chapter Three). In this instance, the quasi-experiment consisted of a "one group pretest-post test design"[12] whereby yearly arrest rates in the pre-change period were compared with detoxification center admissions in the post-change period in each jurisdiction. Each of these jurisdictions has adopted a form of decriminalized policy over a long enough period of time so that data from operational programs would be available and that any transitional stage of changeover would have run its course. Consideration was given to plausible rival hypotheses to legal change that might explain observed differences (i.e., control factors). Thus, any differences in the pickup rates that are not attributable to the policy revision will be discovered.

Use of the in-depth case study method also permitted assessment of the qualitative impact of decriminalization. In measuring this qualitative impact of decriminalization in the three target cities, it was initially necessary to define the

total population to be studied. While the term "alcoholic" is often used in the literature to describe a major characteristic of public inebriates,[13] a close look at most studies reveals that scholars are actually referring to the fact that most public inebriates have as a major characteristic at least an "excessive" drinking problem.[14]

Not all intoxicated persons are alcoholics[15] and the term alcoholic is not coextensive with the class of public inebriates. Further, there are intoxicated persons who are not public inebriates, i.e., they are intoxicated at home or, at least, not in "public."[16] Some public inebriates are "skid row" types as defined below but not all public inebriates can be so classified.[17] This classification scheme can be depicted as follows:



The "skid row" public inebriate may be distinguished from his non-skid row counterpart by the possession of the following three defined characteristics.[18]

-One of the most significant characteristics of the skid row inebriate is "institutional dependency," and more specifically, dependency on the refuge provided largely by jails, prisons, various service agencies, and more recently, public health facilities.[19] A key indicator of this characteristic is "homelessness" as reflected in a lack of permanent residence.[20]

-A second characteristic of the skid row public inebriate is low socio-economic status.[21] Indicators of this characteristic include educational impoverishment, low order of primary occupational skills, underemployment, and poor quality of physical appearance and dress.

-The last primary characteristic of the skid row public inebriate is "undersocialization," with key indicators being a lack of or a broken family relationship (never married, separated or divorced)[22] and a reluctance to join organized groups.

Using these characteristics of the homeless person or skid row inebriate, background data on public inebriates arrested prior to legal change and those admitted to the detoxification center following policy change was gathered for each of the three decriminalized jurisdictions and analyzed. In this way, we expected that any differences in the qualitative character of the two populations would be revealed.

The Discretion Model

The primary objective of the discretion model is to explain the observed quantitative and qualitative impacts of decriminalization. While several scholars identify certain factors which partially explain the invocation or noninvocation of the criminal process by police officers,[23] very few attempt to identify a typology of variables that can be used to explain police discretion in regard to specific policy decisions made by patrolmen on a routine basis.[24] Obviously, even fewer studies exist which assess police discretion in regard to the intake of non-criminals.[25] Despite limited source material, our review of police discretion literature enabled us to extrapolate a list of potential variables that can be tested as critical to a patrolman's decision to initiate the intake process. The investigators reviewed library materials on police discretion as well as sources collected by the Law Enforcement Assistance Administration's library on the subject.

As is mentioned above, the literature on public inebriates was also reviewed as a preliminary step towards developing a preliminary list of explanatory factors for police intake practices in cities that use a criminal approach and in cities that use a public health-therapeutic approach for dealing with public inebriates. The literature was gathered and analyzed through search of library sources and additionally, sources compiled by the National Clearinghouse for Alcoholic Information (NIAA-HEW).

In the discretion model thus fashioned, police officers are perceived as the units of analysis and the objective is to

explain the manner in which they exercise their discretion: (1) in deciding whether or not to intervene when encountering a public inebriate, (2) in deciding the form of the disposition, resulting in a particular behavior. Essentially the dependent variable is dichotomous--acceptable behavior as prescribed by law and unacceptable behavior, that which is not prescribed by law (e.g., to arrest on other charges when not appropriate).

The evaluation of the literature suggested the following independent variables:

1. Organization Variable: This variable focuses on the effort of the police department's chief administrators to influence patrolmen's decisions to arrest or pick up specific categories of individuals. The referents include the department's training programs, the general orders, the chief's letters, statements of top officials (or lack thereof), the opinions of line supervisors, the allocation of resources, the standards established for promotions and benefits.[26]

2. Police Role Variable: This variable revolves around identifying the forces that collectively influence the police role and evaluating "role" as a factor affecting patrolmen's daily behavior. Especially relevant to this study is the influence of patrolmen's perceptions of professionally appropriate and inappropriate tasks on their intake practices. The referents, therefore, are the officer's attitudes towards what is an appropriate police task, i.e., order maintenance, law enforcement and community service. More specifically, this involves factors such as an officer's attitudes toward danger, service, career goals, helping and crime prevention and enforcement.[27]

3. <u>Strategic Environment Variable</u>: This variable refers to the police officer's attitudes toward significant groups and processes that may predispose him to exercise his discretion in reacting to public inebriates in a particular manner. In part it reflects on attitudes towards the inebriate, his physical needs, the threat he poses, the potential problems he generates. It also includes his attitudes toward the institutions and personnel with which he must deal, e.g., courts, prosecutors, detoxification centers. Finally, it involves perception regarding the seriousness of alcoholism and public intoxication as social problems.[28]

4. <u>Strategic Interaction Variable</u>: This variable refers to the officer's perceptions of what significant actors desire in regard to removing public inebriates from the streets and how they are assessing his work. Relevant others would include the business community, the general public, local community residents, detox personnel, political leaders, liquor store owners and the inebriates themselves.[29]

5. <u>Peer Relationship Variable</u>: This variable simply refers to the effect that fellow officers have on each other's discretionary habits. Specifically, it refers to the veteran-rookie relationship and to the apprentice-partner relationship that emerge in team patrol as an influencing force on patrolmen's attitudes and behavior in regard to picking up public inebriates.[30]

6. <u>Personal Background Variable</u>: The last variable reflects an interest in age, education, sex, and race as partial determinants of patrolmen's decisions to invoke their authority for picking up public inebriates.[31]

Consideration was also given to the myriad of particularistic factors that affect every individual encounter situation between a police officer and a public inebriate. We have termed this the "situation specific" variable. The great multiplicity of these factors limits the ability to probe their separate impact or to make general statements concerning their influence on behavior. It should be stressed that our objective is not to explain the individual police behavior in a particular situation but to indicate the factors predisposing police officers to intervene or not intervene, to choose one form of disposition over another. Nevertheless, an effort was made to provide some assessment of the influence this situation specific variable can have on pick up behavior.

While we emphasized the police discretion model, we also attempted to assess the independent significance of environmental factors that affect the police officer's behavior independent of his discretion. Certain factors may operate either to severely limit or even to preclude the exercise of an officer's discretion, e.g., no transport vehicle available to take a person to the treatment center. Thus, the type of criminal or therapeutic jurisdiction as well as the dichotomy of criminal versus therapeutic are considered vital in evaluating police impact. Our discretion model operates only within the constraints that environmental variables place on the ability to exercise discretion (e.g., if there are few public inebriates in a jurisdiction, there will be a lower rate of pick ups). Hence, a criterion in selecting control jurisdictions was to keep these environmental factors roughly constant.

The relation of the independent variables to the various forms of the dependent variable is indicated in Figure Three diagram.

Preliminary investigation suggested the need to give special attention to intra-jurisdictional pick up patterns. It became clear that within either a criminal or decriminalized jurisdiction, two different systems of public inebriate pick up are at work. Forms of intervention and disposition differ markedly for the skid row inebriate and the non-skid row inebriate.[33] The differential exercise of police discretion in these two classes of cases might therefore be explained by considering attitudinal differences from police district to police district within a jurisdiction. Further, it became increasingly obvious that significant differences in organization, role, etc. can exist because of the peculiarities of the district, e.g., residential vs. downtown business districts, which affect the manner of policing.

Our approach is to compare incentive-disincentive structures operating through this police discretion model in criminal and therapeutic jurisdictions. Controlling for environmental factors, pick up rates will vary in response to changes in the incentive-disincentive structures. The amount of variation will depend on the nature and intensity of the incentives-disincentives introduced in the system operating through one or more of the independent variables of our model.

Examples of changes in the incentive-disincentive structures provide vivid illustrations of the usefulness of this

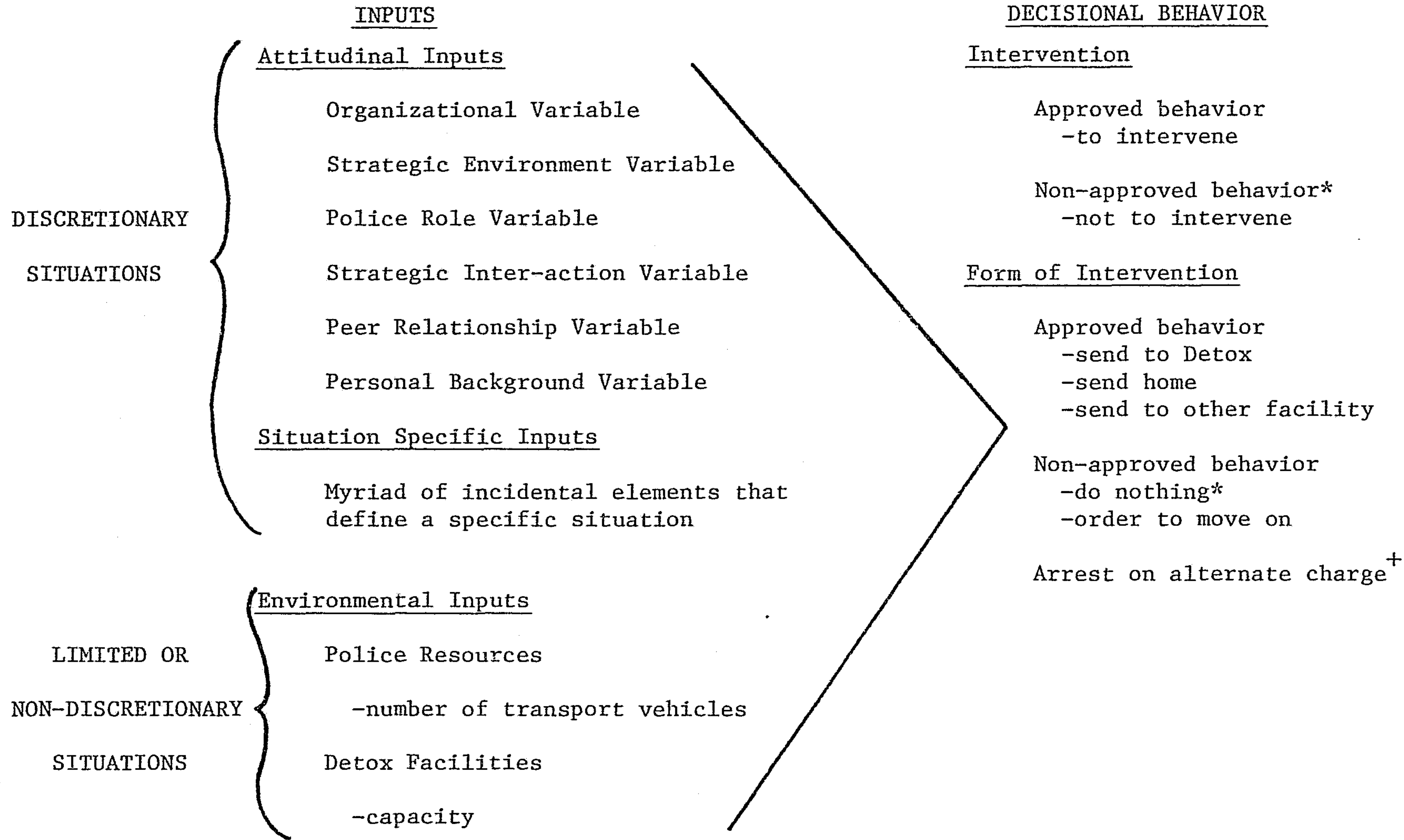


FIGURE 3

Discretion Model on Police Pick-up Behavior

*This may vary for some jurisdictions. Non-intervention or non-action may be an approved mode of response.

+The legitimacy of such an arrest will be dependent on the presence of the elements required for the charged offense.

incentive-disincentive approach in understanding police discretion. In Richmond, Virginia, in 1972, the number of arrests for public inebriates declined nearly 50 percent from the preceding year. This fall-off was preceded by a change in police department orders, resulting from pressure generated by a lawsuit, which required police officers to appear in court at the first appearance of the inebriate.

In Richmond, a court appearance typically involves a substantial amount of police time, often after getting off a late tour of duty, and the rate of overtime compensation is deemed inadequate by police officers. Hence, a substantial and precipitous decrease in police pick-ups resulted. In St. Louis, Missouri in 1963, the number of arrests of public inebriates more than doubled from the preceding year. In connection with the introduction of required medical services, a department directive ordered an increased arrest rate. This was associated with reduced demands on arresting officers to complete paperwork and the use of designated police cars to transport the inebriate. Subsequently, after an initial intensive effort, there was a return to a position that deemphasized pick ups. Arrest rates sharply fell off within the next two years to their former levels and then continued to decline following introduction of a therapeutic alternative. Unlike the experience in St. Louis, the change in the incentive-disincentive structure in Richmond continued and was not compensated for by offsetting incentives to increase pick-ups. The consequence has been a continuation of pick ups at the substantially reduced levels.

The type of criminal or therapeutic jurisdiction, reflecting its incentive-disincentive structure, will not only produce an impact on the number of public inebriates picked up, but also on the type of public inebriates picked up (e.g., skid row vs. non-skid row types and within skid row types those needing emergency care and those who do not). Thus, the nature and extent of police servicing of the public inebriate population is determined by the incentive-disincentive structure operating through our model. An illustration in the District of Columbia was the initial decision to operate only one detoxification facility and to locate this facility in the area of the highest skid row public inebriate population. This provided an incentive for police officers to pick up skid row public inebriates in the vicinity and provided a disincentive for police officers on beats substantial distances away to pick up public inebriates. Police officials do not approve of patrol officers tying up transport vehicles for long periods of time transporting public inebriates.

Given this approach, studying criminal jurisdictions serves two purposes: (1) As a control for our therapeutic jurisdictions, attempting to keep environmental factors constant; (2) As an illustration of differences in incentive-disincentive structures even within criminal law jurisdictions. Therapeutic jurisdictions are significant, not because they are unique, but because they are an example of a major change in incentive-disincentive structure, which may require positive efforts (prescriptive model) to offset the disincentives to pick up

in order to achieve articulated legal policy goals. Our approach does not suggest what the legal goals should be. It does tell us that if a jurisdiction like the District of Columbia wants to service the entire public inebriate population, both skid row and non-skid row, this goal will not be achieved without designed efforts to affect disincentives produced by the change in the law. If the legal goal in the District of Columbia is only to provide emergency services to skid row public inebriates, then the present system of incentive-disincentives may be adequate for this goal, although even then some changes may be appropriate. It may readily be seen that the incentive-disincentive orientation of our discretion model is also critical to the prescriptive phase of our study.

The illustrations mentioned above suggest the wide variety of sources of incentives and disincentives. An advantage of the use of these concepts is that it ties in with a growing literature on organization theory.[34] Among the widely recognized sources of incentives and disincentives are: (1) Economic incentives; (2) Information incentives; (3) Communication incentives; (4) Authority incentives; and (5) Power incentives.[35]

1. Economic Incentives. Economic rewards are thought to be the most important way to motivate individuals in classic management theory.[36] However, the advent of the human relations movement, the discovery of the importance of informal group norms, and advances in behavior science, particularly in information theory, have made us realize that economic gain is often not the most important incentive. Individuals may even accept lower economic rewards as long as their security and independence are

protected. Unionization, civil service systems, and heightened professionalization make it difficult for an organization to use economic incentives as a means of promoting compliance with organizational goals. In interviews with police officers we attempted to identify whether there are any economic advantages or disadvantages in picking up or not picking up public inebriates, such as overtime pay or promotion.

2. Information Incentives. Policymakers (e.g., superior police officials) can and often do control the amount and type of information as a means of getting subordinates to accept specific decisions.[37] Persons frequently will accept decisions if they are unaware that other alternatives are available, or if the cost of searching is too high. It may well be the case that control or manipulation of information about various alternative courses of action, what they are supposed to achieve, and how achievement is to be measured is a much more effective way to produce desired role behavior than manipulation of economic rewards or the use of authority. The use of information is important also because police behavior is influenced by the degree to which patrol officers believe that goals are being achieved (regardless of the "objectively true" situation). Perceptions about whether given goals are being achieved are related both to the kind of information made available as well as the attitudes and theories officers have toward the approach used.

In our interviews, we sought to ascertain whether any records are maintained by police officials on the extent of pick ups and how these records are used in evaluating officers'

performance. We also examined how the Department's policy is communicated to patrol officers, including police orders, roll call communications, academy or in-service training, informal communications and credit policies. We inquired concerning the contacts or communications existing between public health personnel (e.g., Detox personnel) and the Department and probed how communications take place: through a liaison officer, word of mouth between high level personnel, information communication between police officers and public health staff, cooperation on policies and procedures, in budgets, written communications, joint records, and public health training or briefing of police officers.

An interesting example illustrates the importance of information incentives. In St. Louis we were informed that an influential citizen, Henriette Johnson, a Board Member of the Alcoholic Task Force, was concerned why there was only 18% black persons at Detox when the city is 40% black and there are a substantial number of black public inebriates. She went to one of the police districts and "raised hell." Meetings of police officers were arranged with her. Officers were told to pick up blacks and within a few months, black patients at Detox increased from 18% to 33%. We were informed that the main problem was a lack of information on the availability of Detox and the importance of picking up black public inebriates. This example also shows the importance of feedback on lack of goal achievement, discussed under communication incentives.

3. Communication Incentives. An organization must be aware that it is not achieving its goals before it will try new procedures.[38] Policymakers will not be aware the organization is failing if feedback is not working. When feedback about organizational achievement is weak, groups in the organization become isolated and unconcerned with programs faced by other groups in the system. Individuals in one part of an organization may be unaware of what other members of the organization are doing. Important decisions may not become known until well after they are made. When communications in an organization reach a certain point, the organization may become afflicted with the pathology called "displacement of goals." Rules of behavior become ritualistically important; they become an end themselves rather than a means. They displace goals as the primary factor in motivating organizational behavior. Change under these conditions usually can occur only after a crisis. The study of how crises produce change is an important aspect of policy impact analysis. One such illustration appears above, concerning the fall-off in arrests for public inebriates following court litigation in Richmond, when the police department ordered its officers to attend the first appearance of the public inebriate in court.

4. Authority Incentives. When use of information to achieve goals fails, police officials may turn to the use of authority.[39] There are two sides to organizational authority. It can involve the use of sanctions of force, or it may be "benevolent." Sanctions of force include both positive and

negative sanctions such as threats, suspension, dismissal, praise, promotion and so on. The use of coercion has diminished in modern organizations. Unionization, civil service rules, and professionalism all tend to inhibit the use of coercion. Superiors have turned to other means of persuasion or control. Programming of decisions is one method that is often used. When a decision can be programmed, policymakers simply designate rules that are to be followed under different contingencies. The only choice available to subordinates is the determination of which rule to follow in a given case. Because they have the "illusion" of discretion, they may accept authority without the use of sanctions. If a large number of decisions can be programmed, an organization can appear to be decentralized when in fact it is not. There are limits to how many decisions can be programmed. Predictable and recurring situations are required. Through interviews and examination of departmental orders and procedures we sought to insure whether there are differences among jurisdictions in the degree of programming of alternative forms and disposition of pick-ups.

5. Power Incentives. It is essential to understand the degree of consensus that exists in an organization about the goals to be achieved (e.g., in a police organization with regard to the pick up of public inebriates) and what indicators should be used to measure achievement of goals. Power in organizations

is related to the degree of uncertainty faced by various groups in an organization.[40] These groups that deal with more uncertain environments are likely to have more power. It seems clear that people have power over other people insofar as the latter's behavior is narrowly limited by rules whereas their own behavior is not. A new program or procedure will not be given a fair trial in an agency if it does not fit into the power relationships of groups in the organizations where they are introduced. While certainty is a source of power to some groups, it is also a source of distress to those groups in an organization who are not responsible for decisions involving uncertainty. Many workers prefer to adhere to rules that are predictable because it provides them with protection against arbitrary behavior on the part of superiors. There will be pressure in any organization to reduce uncertainty and make most situations fairly predictable, even if this means that information about goal achievement must be distorted. The introduction of a new procedure in an organization has an impact upon power relations because it introduces new uncertainties into the organization. We attempted to determine the degree of certainty or uncertainty over pick up goals and procedures by officers at various levels in the police organization and the degree of acceptance of these goals.

We believe that the emphasis on incentive-disincentive structures strengthens the rationale and further refines the conceptualization of the discretion model. Its tie-in with developments in organization theory and policy impact analysis

provides referents for the organizational, strategic interaction, and peer relationship variables. It is helpful also in tracing the linkages between environmental and police discretion factors. It has provided a perspective for evaluating our research tools and in suggesting additional questions for interview schedules. Finally, it provided a valuable heuristic device for the prescriptive phase of our study.

One of the primary tools for testing the above model was a questionnaire administered in all target jurisdictions. (See Appendix B.) The instrument was developed, pre-tested and administered. Using police officer students representing both criminal and decriminalized jurisdictions from the American University's Center for the Administration of Justice, a number of seminars were conducted regarding police practices. Various questionnaire instruments were administered to the officers and then discussed. A pre-test was then conducted in the Sixth Police district of Washington, D.C., and in the city of Alexandria, a criminal jurisdiction. The instrument was administered in the target jurisdictions, following instructions and a request for cooperation, to all officers in selected districts or precincts in each jurisdiction, either at roll call or during their tour of duty.

While the questionnaire varied to reflect peculiarities of the jurisdiction, there was a common framework. First, we obtained basic descriptive data on the major sections of the questionnaire; personal background variables; the dependent variable consisting of the various forms of acceptable and unacceptable behaviors;

a series of Likert type questions from which we constructed scales for the factors found in the model--organization, strategic environment, peer, police role, and strategic interaction, and general questions bearing on the officer's working environment. In addition to serving as independent variables for purposes of analysis, the data on the officers' personal background questions enabled us, for at least some of the categories of descriptive indicators, to test the representativeness of our sample, vis-a-vis the entire department. The specific indicators for each of the other independent variables are indicated in Appendix A which may be detached and used in reading the report.

The instrument with variations necessitated by jurisdictional peculiarities was then administered in five target jurisdictions. As indicated in the impact section above, the District of Columbia, Minneapolis, and St. Louis provided suitable therapeutic jurisdictions for case studies. The attitudes of officers in each of these jurisdictions toward the task of removing public inebriates from the streets and the relation of those attitudes to behavior is analyzed in Chapter Three. In Chapter Two, the attitudes of officers in three therapeutic jurisdictions are compared with the attitudes of their counterparts in two criminal jurisdictions, Houston, Texas and Richmond, Virginia.

We hypothesize that because decriminalization introduces disincentives to approved actions, significant differences will be found in attitudes between officers in the two jurisdictional categories towards the task of picking up and delivering public

inebriates to designated facilities which will explain the quantitative and qualitative impact of decriminalization. It should be noted, however, that it is obviously a simplification to speak of the pick up practices in various jurisdictions as being purely "criminal" or "decriminalized." Rather, police pick up practices in different cities may be plotted along a continuum ranging from a "pure" criminal jurisdiction to a "pure" decriminalized jurisdiction. For example, in Philadelphia, Pennsylvania, a criminal jurisdiction, there is a moderate to heavy arrest rate (approximately 18 arrests per 1,000 inhabitants in recent years). However, pursuant to a general directive, public inebriates are not taken to court, do not receive a criminal trial or an arrest conviction record. They are detained in a "drunk tank" in the district of arrest but are released by the police within 12 hours. Moreover, unconscious inebriates must be taken to a hospital in the police district where arrested before being taken to jail. They are transported both to the hospital and to the jail in police vehicles. This pick-up practice in Philadelphia is in marked contrast with pick up practices in Washington, D.C., in the pre-change period or in Houston, Texas, and Richmond, Virginia, criminal jurisdictions, at the present time. Similarly, while St. Louis is usually thought of as a "decriminalized" jurisdiction, in fact, the city retains the option of arrest of the public inebriate. Even during the years their detox facility has operated, there have been drunkenness arrests. We believe that our discretion model will be adequate to explain variations in pick up rates in jurisdictions that have different pick up procedures.

The questionnaire to police officers was supplemented by interview schedules administered to a selected sample of police officers. (See Appendix C.) The objectives of this phase of the study were (1) to provide an opportunity, through the use of hypotheticals, to probe the effect of situation specific factors influencing police behavior; (2) to provide a basis for a more proper interpretation of the statistical results obtained through the questionnaire; (3) to provide qualitative data, admittedly often descriptive or anecdotal in form, that lends richness to the statistical results; (4) to provide heuristic information regarding the factors influencing the exercise of police discretion in picking up public inebriates, which would be subject to policy discretion, as a partial basis for formation of the prescriptive model.

In both decriminalized and criminal jurisdictions, command officers--sergeants and above--were also interviewed using a separate schedule, adjusted for the particular jurisdiction involved. (See Appendix D.) This instrument was designed to probe the means through which the police department seeks to translate policy into operative police behavior. It especially related to the organizational dimension of our discretion model although it also probed other dimensions of the model from the police command perspective. The schedule probes factors such as evaluation procedures and record keeping, economic incentives and disincentives, communication flows, the official's perceptions of the patrolman's proper role, pressures that affect the level of pick up of public inebriates and official perceptions

of the work of the detoxification center and any alcoholic rehabilitation centers.

Time and resource pressures prevented interviews of inebriates in each city. (See Appendix E.) However, approximately 30 interviews were conducted with persons picked up for public intoxication in the District of Columbia at the Detoxification Center. Informal interviews were also conducted in other cities. The objective of this phase of the project was to gain some insight into the character of the inebriates serviced, their view of police pick up practices, their assessment of the public health facilities serving them and their perception of the consequence for them of decriminalization. The information derived from such interviews proved to be useful only in a qualitative sense.

We also conducted interviews with court and prosecutorial personnel in criminal jurisdictions and public health (e.g., detox and rehabilitative) personnel (See Appendix F) in therapeutic jurisdictions. Our objective in this phase of the project was (1) to secure information useful to interpret statistical data obtained from records, questionnaires, and other interviews, e.g., the changing pattern of public inebriate pickups, the character of the inebriate serviced, the factors affecting the police performance of this task; (2) to get different perspectives on police implementation of policy regarding the pickup of public inebriates; (3) to probe possible policy revisions applicable to the prescriptive phase of our study.

Finally, interviews were conducted with representatives of relevant interest groups such as the Area Council on Alcoholism, the local Criminal Justice Agency, Salvation Army and other helping agencies, and persons in each target jurisdiction instrumental in fashioning the city's policy regarding public drunkenness. These interviews yielded primarily qualitative data that was used to interpret statistical information and to develop an account of the formation of the jurisdiction's policy in this area.

The Prescriptive Model

In Chapter Four, the Report will focus on policy alternatives for handling pickup and delivery of public inebriates. Based on findings from the impact and discretion phases of the study, a "prescriptive model" is presented which, we believe, will facilitate examination of such alternatives.

The model is premised on four principal elements[41]: (1) the goals that a jurisdiction may wish to achieve; (2) the conflict and compatibility of these goals; (3) delivery mechanisms that are available to achieve these goals; and (4) techniques of administration whereby the delivery mechanisms are utilized to achieve the goals. The goals, then, are perceived as the dependent variable and the delivery mechanisms as the independent variable. Techniques of administration may be perceived as the intervening variables. The objective has been to analyze the relationship of these elements.

One of the items that emerges most clearly from and examination of the criminal justice and therapeutic models for handling

the problem of public drunkenness is the diversity of goals that the policy planners seek to achieve. Among objectives of criminal control jurisdictions are cleaning the streets (abating a nuisance), preventing crime either by or against the inebriate, avoiding accidents or death of a helpless person. Among reform jurisdictions, embodied in judicial decisions, decriminalizing legislation, policy directives, etc., one finds differing emphasis on saving criminal justice resources, long term rehabilitation of the inebriate, provisions of emergency services to the inebriate, purification of the criminal justice system by removing criminal sanctions from what is deemed an illness, humanizing the handling of public inebriates, and a myriad of other considerations. Further, not only are there system-wide policy objectives but individuals and institutions that are charged with achieving these public policy goals have their own interests (self-interest and organizational goals).[42]

A problem arises for a jurisdiction from the fact that the public policy goals may often be in conflict with one another and organizational and self-interest goals may not be in harmony with desired public policy objectives.[43] Pursuit of one objective may often produce negative consequences for realization of other goals. On the other hand, some of the goals are complimentary and may be pursued together. Appreciation of this potential conflict and compatibility is essential if a workable system is to be developed whereby delivery mechanisms and techniques of administration are effectively adapted to viable expectations regarding goals to be achieved.

For example, in terms of conflicts among goals, a conflict frequently arises between providing emergency services and curing the inebriate. In St. Louis, and possibly in any system, a Detox facility which begins providing emergency services finds that this doesn't yield success in rehabilitation--staff personnel and the police see the same people intoxicated again and again resulting in a disenchantment with the program. Others in the system (e.g., political leaders, the public, news media) complain because they don't understand what that facility was designed to do. Under such pressures, a system may change its goals and attempt to become a rehabilitation facility. But, if they're going to produce manifest results in rehabilitation, a change of focus may be needed. It may well require dealing less with the emergency cases which are usually resourceless skid row individuals who lack alternative means of assistance and more with socially advantaged persons having greater motivation. Since the police as a delivery mechanism usually emphasize delivery of skid row type emergency cases in their deliveries to a Detoxification Center, it becomes necessary for the Center to stress voluntary intake mechanisms rather than the police delivery system.

Empirically, then, there emerges a conflict of goals and the delivery mechanisms are accordingly adjusted. There may well be a pattern. Starting out with an emergency pickup process, the system becomes, over time, more specialized, more discriminating, regarding who is treated. Success becomes defined not in terms

of servicing the emergency case; but rather in terms of the recidivism rate.

Another example of a conflict that emerges in fact is between cleaning the streets and curing the inebriate (i.e., rehabilitation). If the policy objective is defined as cleaning the streets (abating a nuisance) that suggests that you pick up all inebriates or at least get them off the street. But if the objective is to clean the streets in the sense of delivering the inebriate to the legally appointed location, then there is a conflict because you're going to be delivering individuals who are not capable of rehabilitation. You'll flood the very limited market and there won't be enough room for the potentially curable given the limited resources of the system. So, in fact, you do have a conflict. But the conflict may be avoided. The police officer could clean the streets by channeling the skid row types into the alleys and in their special areas, and channel other drunks that are perceived as more "curable" (middle class types) into your rehabilitation system. There isn't a conflict if, in fact, the pickup agent is willing to violate the letter of the law and channel the inebriates, e.g., if they just get the chronic cases to move from visible areas. It will be shown that systems adjust to achieve both goals. But the way they can adjust is, in some way, to violate the intent of the law. Informal norms and mechanisms of handling emerge to overcome the conflict.

Another conflict to be discussed arises between the goals of cleaning the streets and providing emergency services. These

two policy objectives appear to cut in different directions--respectively indiscriminate and discriminate in pickup. Emergency services is discriminate in that it is directed to picking up people who are in really serious trouble. On the other hand, cleaning the streets is indiscriminate in removing all inebriates. Again, if the police officer is willing to violate the law as it is usually written, the goals are probably not incompatible because he can deliver the emergency case to a hospital or detox, deal with the non-emergency skid row type by just getting them off the streets and, for example, sending the non-skid row inebriates home.

It may be suggested that informal pickup behavior is in part a response to these conflicts and an effort by the police officer to reconcile them. Indeed, not just the officers but the whole system might tacitly accept such informal norms for processing the inebriates. As will be noted, we haven't seen any special objection when the police just dispose of inebriates in cities where this is a primary model of police behavior. In such cases, the police confine inebriates to parks and places where they're not bothersome or visible and where counter pressure, especially from the business community, seems non-existent.

Another conflict emerges between cleaning the streets and the saving of police resources. If you're going to clean the streets effectively, it requires substantial commitment of police resources. The police officers would have to deliver inebriates to detox, send inebriates home, tell inebriates to

move on, etc. Since this does involve use of police resources, there is a potential conflict.

The self-interest goals of the bureaucracy charged with administering a public policy may also come into conflict with the broader social objectives. For example, one of the primary self-interest goals of any police department is the maintenance of a solid rate of criminal arrests. However, the mandate to remove public inebriates from the streets, to the extent that it draws time and other resources from crime-fighting can be perceived as inconsistent. Similarly, for the police officer who perceives his role as a law-enforcer or "crime-fighter" the enforcement of a public health policy, where he is constantly forced into contact with medical rather than law enforcement personnel, can produce a role or goal conflict.

There is also compatibility of goals. Providing emergency services and saving criminal justice resources are probably basically compatible. A minimal commitment of police resources is involved in seeing to the needs of the emergency case. However, this does not mean that there are no more effective ways of handling emergency cases than using the police, or that more effective ways of using the police are not available. This possibility will be explored in Chapter Five.

There is also compatibility between the goals of curing inebriates and saving criminal justice resources since effective rehabilitation may well depend on increased voluntary intake. In emphasizing the goal of rehabilitation, stress is generally on the non-skid row rather than the skid row inebriate. Since

the police tend to deemphasize the pick up of the non-skid row type of drunk, there is less expenditure of criminal justice resources. It must be stressed, however, that in pursuing the rehabilitation goal, the Detox Center may be unwilling or unable to accept the police emergency cases, thus producing the goal conflict noted above.

Theoretically, there is also compatibility between the goals of providing emergency services and rehabilitation. However, this compatibility may not exist in fact. Empirically there often seems to be conflict between these goals. Theoretically, it is supposed to be possible to channel the emergency case from detox into the rehabilitation system. That was the essential idea in St. Louis in instituting a seven day detox program. The extended time was not for drying out, not for providing medical services, but was intended as a vehicle for channeling the inebriate into the rehabilitation system. In fact, as will be discussed, a goal conflict emerged with a greater emphasis on rehabilitation, on middle class voluntary admissions at the expense of the emergency care of the skid row inebriate brought in by the police. Even in St. Louis where the seven day service is designed to maximize the compatibility of the therapeutic/medical policy objectives, a conflict of goals has emerged.

There can also be compatibility between self-interest goals and broader public policy goals. For example, to the extent that removal of public inebriates is perceived as a means of nuisance abatement or avoidance of crimes either by or against the

inebriate, there is potentially greater agreement between mandates to enforce the criminal law and to pick up and deliver public inebriates. Similarly, a police officer who perceives the task of removal in these terms or who has a greater "helping" role perception, may experience greater personal goal compatibility.

The third element of the model deals with the independent variable, the delivery mechanisms. It seems useful to divide this element into two headings, police delivery mechanisms and other delivery mechanisms.

Within the former category would be included the traditional model for police pickup of public inebriates in which all police resources are used, i.e., squads, scout cars, foot patrol, motorcycles and tricars, vans. We would also include police variations on the traditional model, such as special squads for both pickup and delivery. In Chicago, for example, they use a "bum squad." Similarly, in the 8th district in St. Louis they employ a special squad car which places stress on handling public intoxicants. And in Houston, a wagon is used to patrol the inner city primarily for picking up and delivering inebriates. Another example is the use of a special transport vehicle thereby relieving the pickup agent of the necessity of delivering the inebriate. In St. Louis, in 1963, one of the factors that produced a large increase in pickup rates was the fact that the patrolmen merely had to call for a designated transport. It will be desirable, therefore, to distinguish squads that pick up and deliver versus the use of special

transport vehicles. A final example of a police delivery mechanism for removing inebriates would be the greater use of foot patrol which seems to encourage the removal of public inebriates from public places.

Examples of other delivery mechanisms that will be explored in Chapter Four include the use of medical teams for pickup and delivery, the use of former inebriates to man emergency transports, the use of combined teams such as medical-police or inebriates and police, the use of private agencies as delivery mechanisms, and the use of emergency squads such as fire and ambulance and taxi voucher systems.

The fourth element in the prescriptive model emphasizes techniques of administration, i.e., how the various independent variables (delivery mechanisms) are utilized to achieve the dependent variable (goals). What kind of factors intervene between the independent variable and the dependent variable which influence the effectiveness of the delivery mechanisms in the achievement of the various goals. The basic techniques of administration have been defined as incentives and disincentives in the discretion model discussed above--the economic, informational, communication, and authority-power incentives and disincentives.

The information and communication category are both communicational--they are "flow" type of incentives or disincentives. An example of how this category can be manipulated is the following. If there is a problem of police dealing with medical personnel, it might be possible to alter the

contacts that take place between the persons involved. You might create some device whereby the police, as pickup agent, would not come into contact with the medical personnel. This might alleviate tension that inhibits delivery of inebriates when it might otherwise be desirable.

Economic incentives as well as the influence of paperwork and time might also be considered. This is not simply a function of the time involved in the delivery of the inebriate, but rather in the processing of the inebriate through the therapeutic system (to the extent the pickup agent is involved). Time and paperwork seem to be classical resource allocation problems and thus can be characterized as economic incentives and disincentives and partly communication incentives/disincentives to the extent that you need paper to communicate. The category of economic incentives then might be more broadly labeled as resource allocation.

Still another category of incentives-disincentives involves environmental factors. The first and most important technique of administration in this category is the location of the delivery point--where is the inebriate delivered following pickup. It might be possible to use neighborhood facilities rather than a central Detoxification Center. Another alternative might be the use of the central jail as an initial delivery point for subsequent delivery to a central detox. District or precinct lockups could also serve as initial delivery points. It might be possible to deliver inebriates to private agencies for subsequent transmittal to a central facility, e.g., the

Salvation Army, a mission. Also inebriates might be taken to hospitals either as the place for treatment, or for subsequent delivery. In Maryland, for example, the police deliver inebriates to the hospitals as the point of delivery, but they could thereafter be transferred en masse to a central facility.

Another example of an environmental factor affecting pickup behavior is the effect of the number of calls the officer receives. The amount of police business necessarily places a constraint on the ability of the officer to pick up inebriates. It is a part of the environment, although there may well be only a limited ability for policy planners to manipulate it as a technique of administration. There's not much that can be done about the extent to which other calls occupy the time of the officers. However, consideration can be given to the effect of the size of the force and techniques for limiting the use of manpower in response to radio calls. But it seems doubtful that this can be a major factor, subject to manipulation for influencing the pickup of inebriates.

This then is a sampling of the types of considerations underlying the formation and analysis of the prescriptive model in Chapter Four. The methodology for operationalizing the model involved both a literature review and site visits requiring record data gathering and elite interviewing. Our objective in the latter was to select cities which, when added to those jurisdictions visited for the impact and discretion phases of the study, would provide a viable sampling of alternative delivery mechanisms and techniques of administration. During

the visit, we sought to identify the policy objectives that the planners were seeking to effectuate, the conflicts and compatibility between them and the success in realizing them.

The selection of cities for site visits during this phase of the study was a difficult one. Most research that exists on treatment of public inebriates has been done on a statewide basis (e.g., the state plans) and does not contain the specific information needed about pickup and delivery programs in individual cities. We, therefore, decided on the following initial research approaches which together yielded our list of cities.

1. State plans for all states were read with an eye toward identification of pickup and delivery programs that suited our prescriptive model.
2. Letters were sent to the appropriate alcoholism agency of the state Department of Health requesting that a short questionnaire be completed identifying innovative programs within the state.
3. Personal interviews were conducted in the District of Columbia and other cities with experts in the handling of public inebriates. Often these interviews yielded valuable information, particularly in regard to smaller cities, that we might otherwise not have found.

Additionally we gained access to the results of several national studies that are currently being conducted on a city by city basis which have potentially valuable information on the intake process in those cities.

During the summer, 1976, visits were made to Erie, Pennsylvania; Kansas City, Missouri; Salem, Oregon; San Francisco, California; and San Jose, California. In each jurisdiction we administered an elite interview schedule for the various key actors in the system which would cover the various elements in the model (See Appendix G). It is admittedly a fairly crude instrument, but there is no attempt to be sufficiently rigorous to permit qualitative analysis. In terms of more sophisticated data, we have used the material gathered in various cities for analysis of the discretion and impact models. There was, in fact, a great deal of empirical data gathered in those cities relevant to information and communication flows, economic incentives, power and authority relationships, and environmental conditions influencing the pickup of inebriates. Basic data on the operations of the programs in the cities selected for this phase of the study was gathered.

SUMMARY

This report, then, will focus on the impact of decriminalization, both quantitative and qualitative, on the pickup and delivery of public inebriates to designated places by formal means approved by the "law on the books." The probable explanation for this perceived impact is then examined in terms of the exercise of police discretion, and in terms of policy alternatives available to achieve a better fit between identified public goals and actual street practices. For each of these three

phases of study, a model has been formulated and operationalized and a methodology has been selected appropriate to applying the model. The present report is a statement of the resultant findings.

In the analysis of impact, our objective has been to test the hypothesis that if no special ameliorative action is introduced, decriminalization produces a significant quantitative decline in the number of public inebriates formally processed by legally approved means. Further, we anticipated that decriminalization would have a qualitative impact, a funneling effect, with the population of inebriates formally processed by the public system increasingly being identifiable as emergency case "homeless men" or skid row inebriates. The study has included both an inter-jurisdictional component, comparing the experience of criminal and decriminalized jurisdictions, and an intra-jurisdictional component, focusing on the experience of three cities with adoption of the therapeutic alternative to the criminal justice model for handling public inebriates. We have employed a time-series methodology that permits assessment of quantitative changes in pickup and delivery rates over time. The use of the case study permits control for alternative rival hypotheses to explain quantitative changes in pick up and delivery rates as well as an inquiry into the disposition of those public inebriates not being formally processed by the system. Analysis of the characteristics of those handled by the formal system over time permits some assessment of the qualitative impact of the changing legal policy toward public drunkenness.

The discretion model is designed to probe the explanation for this impact. Premised on the established linkage between attitude and behavior, it was hypothesized that the impact of decriminalization can be explained in terms of the attitudinal disposition of the pickup agent, the police officer. The adoption of a therapeutic model of handling public inebriates is seen in introducing a mass of disincentives to intervention and formal approved processing by the officer. Incentives and disincentives to action are perceived as operating through a discretion model incorporating organizational, role, strategic environment, strategic interaction, peer relationship and personal background variables. The attitudes of the officer and the environmental context in which they operate and their relation to police behavior are probed using questionnaire and interview methodology.

Again, the analysis proceeds on both an inter- and an intra-jurisdictional basis. Attitudes of officers in jurisdictions retaining the criminal model are compared as a unit with their counterparts in the category of decriminalized or therapeutic jurisdictions. The attitudes and behavior of officers in each of three target therapeutic jurisdictions (D.C., St. Louis, and Minneapolis) are examined by comparing them not only with the remaining therapeutic cities, but also with the criminal target cities (Houston and Richmond).

Finally, in the prescriptive phase of the report, we examine the policy goals sought to be achieved in the area of public drunkenness control, the conflict among the goals, the delivery mechanisms and techniques of administering these

delivery mechanisms through which an effort is made to realize the policy objectives. Microchanges involving the manner of utilizing limited police resources as well as macro-changes involving creation of alternative pick up and delivery mechanisms to the police are examined. From this policy-making analysis, we hope to contribute to a more efficient linkage of the legal mandate regarding the treatment of public inebriates with the utilization of limited public resources.

FOOTNOTES

Chapter One

1. On the increasing interest in decriminalization of victimless crimes, see N. Kittrie, The Right to be Different (1971); N. Morris and G. Hawkins, The Honest Politician's Guide to Crime Control (1969); H. Packer, The Limits of the Criminal Sanction (1968) (see especially pt. 3); E. Schur, Crimes Without Victims (1965); E. Schur and H. Bedau, Victimless Crimes: The Sides of a Controversy (1974); Kadish, The Crisis of Over-Criminalization, 374 Annals 157 (1967).

2. In the mid-1960s, three prestigious commissions (the United States' and District of Columbia's Crime Commissions and the cooperative Commission on the Study of Alcoholism) rejected the criminal approach to public drunkenness and recommended the substitution of a public health approach. In 1969, the American Bar Association and the American Medical Association collaborated on model legislation for divesting public intoxication of its criminal status. In 1971, the National Conference of Commissioners on Uniform State Laws drafted model legislation for decriminalization--the Uniform Alcoholism and Intoxivcation Treatment Act. In Washington, D.C., the Washington Area Council on Alcoholism and Drug Abuse worked toward decriminalization throughout the 1960's and in Minneapolis, Minnesota,

a similar group worked as members of the Minnesota Council on Alcohol Problems.

See generally F. Grad, A Goldberg, B. Shapiro, Alcoholism and the Law (1971) (herein after cited as F. Grad, A. Goldberg & B. Shapiro); R. Nimmer, Two Million Unnecessary Arrests (1971) (herein after cited as R. Nimmer); U.S. Dep't of H.E.W., The Legal Status of Intoxication and Alcoholism, in Alcohol and Health 85 (1971) (herein after cited as U.S. Dep't. of H.E.W.); Hollister, Alcoholism and Public Drunkenness: The Emerging Retreat from Punishment, 16 Crime & Delinquency 238 (1970) (herein after cited as Hollister); Hutt, Perspectives on the Report of the President's Crime Commission--the Problem of Drunkenness, 43 Notre Dame Lawyer 857 (1968); Murtagh, Arrests for Public Intoxication, 35 Fordham L. Rev. 1 (1966); Tao, Criminal Drunkenness and the Law, 54 Iowa L. Rev. 1059 (1969).

3. The two ground-breaking cases were Easter v. District of Columbia, 361 F. 2d 50 (D.C. Cir. 1966) and Driver v. Hinnant, 356 F. 2d 761 (4th Cir. 1966), holding that a chronic alcoholic having lost control over his drinking behavior, could not be criminally punished since his act was not voluntary, a prerequisite for criminal sanctions. Hinnant placed emphasis on the constitutional prohibition against infliction of cruel and unusual punishment. U.S. Const. Amend. VIII. See generally sources cited in note 2 supra, Hutt, The Recent

Court Decisions on Alcoholism: A Challenge to the North American Judges Association and Its Members, in President's Comm'n on Law Enforcement and Adm'n of Justice, Task Force Report: Drunkenness (1967) (hereinafter cited as Drunkenness Report)

But in Powell v. Texas, 392 U.S. 514 (1968), the Supreme Court narrowly rejected the contention that criminal punishment of the chronic alcoholic violated the constitutional ban, placing heavy emphasis on the lack of any general consensus regarding the nature and treatment of alcoholism. The Court quored from the President's Commission on Law Enforcement and Administration of Justice, stating,

> "(T)he 'strongest barrier' to the abandonment of the current use of the criminal process to deal with public intoxication 'is that there presently are no clear alternatives for taking into custody and treating those who are now arrested as drunks.'" 392 U.S. at 528 n. 22.

The Court added that "it would be tragic to return large numbers of helpless, sometimes dangerous and frequently unsanitary inebriates to the streets of our cities without even the opportunity to sober up adequately which a brief jail term provides." Id. at 528. It followed that "before we condemn the present practice across-the-board, perhaps we ought to be able to point to some clear promise of a better world for these unfortunate people. Unfortunately, no such promise has yet been forthcoming." Id. at 530.

In fact, the Justices divided 4-4, with Justice White concurring in the holding dismissing Powell's appeal, but basing his decision

on the lack of evidence that Powell could not avoid being in public. Much of his reasoning, however, supports the principles formulated by the dissent. A 1970 Senate Report stated:

> (F)ive of the nine Justices agreed that alcoholism is is a disease, that the alcoholic drinks involuntarily as a result of his illness, and that an alcoholic who was either homeless or who could not confine his drunkenness to a private place for some other reason could not be convicted for his public intoxication. Powell's conviction was upheld by a 5-to-4 vote, however, because the record failed to show that he was homeless or otherwise unable to avoid places when intoxicated.

S. Rep. No. 1069, 91st Cong. 2d Sess. 3 (1970). See U.S. Dep't. of HEW, supra note 2. (1971).

4. By the end of April, 1975, some 24 states had enacted the Uniform Alcoholism and Intoxication Treatment Act (1971) or essentially similar legislation. Well over half of the states have decriminalized as of this writing. Many others have diversionary strategies in cities where current statutes remain in effect. See generally U.S. Dep't of HEW, supra note 2, at 89-96; Goodman & Idell, The Public Inebriate and the Police in California: The Perils of Piece-Meal Reform, 5 Golden Gate L. Rev. 259 (1975) (herein after cited as

Goodman & Idell); Hollister, supra note 2.

On the interaction of the legislative and judicial actors in producing legal change responsive to social change, sec. C. Dienes, Law, Politics and Birth Control (1972); Dienes, Judges, Legislators, and Social Change, 13 Am. Behav. Sci. 511 (1970).

5. In St. Louis, for example, persons arrested for public drunkenness who "consent" are generally diverted to a Detoxification Center by the arresting officer. If the person "voluntarily" remains at the Center for seven days, the summons is not processed. See ch. 3, pp. infra. On the Manhattan Bowery Project, see Vera Institute, In Lieu of Arrest: The Manhattan Bowery Project Treatment for Homeless Alcoholics (1971).

On diversion from the criminal justice system, see D. Aaronson,

;

R. Nimmer, Dimension: The Search for Alternative Forms of Prosecution (1974).

6. The Uniform Alcoholism and Intoxication Treatment Act (1971), in section 1, provides:

> It is the policy of this State that alcoholics and intoxicated persons may not be subjected to criminal prosecution because of their consumption of alcoholic beverages but rather should be afforded a continuum of treatment in order that they may

lead normal lives as productive members of society.

Similarly, John N. Mitchell, former Attorney General, stated in a speech,

> (A)lcoholism as such is not a legal problem -- it is a health problem. More especially, simple drunkenness per se should not be handled as an offense subject to the process of justice. It should be handled as an illness, subject to medical treatment.

Address by John N. Mitchell, "Alcoholism -- To Heal, and Not to Punish" (Dec. 10, 1971), quoted in U.S. Dep't of HEW, supra note 2, at 119.

6A. In this report, the terms "decriminalization" and "therapeutic" will be used interchangeable in referring to the categorization of a jurisdiction. In fact, many jurisdictions have converted to a therapeutic model for handling public drunkenness even while retaining the facade of the criminal model. In St. Louis, for example, public drunkenness remains a criminal offense but the public inebriate is typically handled through a civiliam detoxification center. Thus, the jurisdiction is treated as employing a variant of the "decriminalized" or "therapeutic" model. Philadelphia, on the other hand, continues to arrest and jail public inebriates even though those arrested are released without ever appearing before a magistrate. It is classified

as a criminal jurisdiction.

7. On the role of impact analysis in public policy research, see C. Dienes, Law, Politics and Birth Control (1972); T. Dye, Understanding Public Policy 291-96 (1972); Musheno, Pulumbo & Levine, Evaluating Alternatives in Criminal Justice: A Policy-Impact Model, 22 Crime & Delinquency 265 (1976).

8. Studies of this genre include Campbell & Ross, The Connecticut Crackdown on Speeding: Time-Series Analysis Data in Quasi-Experimental Analysis, 3 Law & Soc'y Rev. 33 (1968); Glass, Analysis of Data on the Connecticut Speeding Crackdown as a Time-Series Quasi-Experiment, 3 Law & Soc'y Rev. 55 (1968); Glass, Tiao & Maguire, The 1960 Revision of German Divorce Laws: Analysis of Data as a Time-Series Quasi-Experiment, 5 Law & Soc'y Rev. 539 (1971); Ross, The Scandinavian Myth: The Effectiveness of Drinking-and-Driving Legislation in Sweden and Norway, 4 J. Legal Stud. 258 (1975); Zimring, Firearms and Federal Law: The Gun Control Act of 1968, 4 J. Legal Stud. 133 (1975).

9. See, e.g., Public Policy Evaluation (D. Dolbeave ed. 1975).

10. On this methodology of impact analysis, see D. Campbell & J. Stanley, Experimental and Quasi-Experimental Design for Research (1966); G. Glass, V. Wilson & J. Gottman, Design and Analysis of Time Series Experiments (1975); Lempert, Strategies of Research Design in the Legal Impact Study: The Control of Rural Hypotheses, 1 Law

& Soc'y Rev. 121 (1966) (herein after cited as Lempert);

11. Examples of case studies of the legal treatment of public drunkenness in particular jurisdiction other than the target jurisdictions selected for case studies in the present report include:

California: Goodman & Idell, supra note 4.

Chicago: R. Nimmer, supra note 2, at 35-57.

Connecticut: E. Lisansky, The Chronic Drunkeness Offender in Connecticut (1967).

Florida: Farrell, Florida Courts Regard Public Inebriate as Health Problem, 45 Fla. V.J. 196 (1971);

Comment, Involuntary Commitment of Alcoholics, 26 U. Fla. L. Rev. 118 (1973);

Note, The Revolving Door Cycle in Florida, 20 U. Fla. L. Rev. 344 (1968).

Hawaii: Koshiba, Treatment of Public Drunkenness in Hawaii, 7 Am. Crim L.Q. 228 (1968).

Massachusetts: Landsman, Massachusetts' Comprehensive Alcoholism Law -- Its History and Future, 58 Mass. L. Q. 273 (1973);

Note, The Chronic Alcoholic: Treatment and Punishment, 3 Suffolk U. L. Rev. 406 (1969).

New York City: R. Nimmer, supra note 2, at 58-77.

North Dakota: Note, Reform of the Public Intoxication Law: North Dakota Style, 46 N.D.L. Rev. 239 (1970).

Tennessee: Comment, The Proposed Criminal Code: Disorderly Conduct and Related Offenses, 40 Tenn. L. Rev. 725 (1973).

Washington: Recent Developments , 50 Wash. L. Rev. 755 (1975).

Wisconsin: Robb, The Revision of Wisconsin's Law of Alcoholism and Intoxication, 58 Marq. L. Rev. 87 (1974).

12. Lempert, supra note 10

13. See Drunkenness Report, supra note 3, at 8.

14. R. Straus, Escape From Custody 11 (1974).

15. Close to 100 million Americans drink alcoholic to some extent. About 15 million Americans are considered heavy drinkers and about 9 million are classified as alcoholics. U.S. Dep't of HEW, supra note 2, at VIII; Letter from Dr. Sidney Wolfe, Director, Public Citizen's Health Research Group, Washington Post, June 10, 1976.

The classic definition of alcoholism was provided by the World Health Organization:

> Alcoholics are those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily or mental health, their inter-personal relations, and their smooth social and economic functioning; or who show the prodromal signs of such development.

16. Consider the proposition that when intoxication in public is legalized, an ethical distinction is drawn between proper and improper uses of alcohol. This distinction brings into operation both social and legal rules for handling behavior. Szasz, Alcoholism: A Socio-

Ethical Perspective, 6 Washburn L. J. 225 (1967).

17. Only about 3 to 5 percent of the alcoholic population, (i.e., 9 million Americans can be considered "alcohol abusers") can be classified as skid row, "homeless persons." U.S. Dep't of HEW, supra note 2, at viii; Stevenson, The Emergence of Non-Skid-Row Alcoholism as a "Public Problem, 45 Temple L. Q. 529, 531 & n. 14 citing Hearings on an Examination of the Impact of Alcoholism Before the Special Subcomm. on Alcoholism and Narcotics of the Senate Comm. on Labor and Public Welfare, 91st Cong., 1st Sess. 220 (1969) (testimony of Merle Gulick) (1972).

In a study of Sacramento's skid row, a street survey of 118 respondents indicated that "an average of approximately 910 persons live on Skid Row at any given time....550 persons in this total, have serious drinking problems....Alcohol is a predominant aspect of Skid Row, although the residents see basic life needs as more important. When asked to identify their basic problems, only 8 percent felt drinking the most important." The author states: "While the population of this geographical area is by no means composed entirely of the chronic public inebriate, a large part of this population is made up of the same people who 'cycle through' the jail, the Detoxification Center, alcoholic recovery homes and the Missions....

When asked how many Skid Row residents had a drinking problem, the respondents felt that 55 percent did. Thus, perception does

cloud an objective view of the degree of alcoholism among Skid-Row residents -- the problems of basic survival often seem more immediate." S. Thompson, Drunk on the Street: An Evaluation of Services to the Public Inebriate in Sacramento County 8-11 (1975).

18. Characteristics of the skid row inebriate have been drawn from a number of classic treatments of skid row society such as N. Anderson, The Hobo: The Sociology of the Homeless Man (1923); H. Bahr, Homelessness and Disaffiliation (1968); D. Bogue, Skid Row in American Cities (1963); S. Harris, Skid Row USA (1956); D. Pittman & W. Gordon, Revolving Door: A Study of the Chronic Police Case Inebriate; S. Wallace, Skid Row as a Way of Life (1965). See generally, R. Nimmer, supra note 2, at 15-34; Alcoholism, pt. 3, at 55-128 (D. Pittman ed. 1967); D. Pittman, Public Intoxication and the Alcoholic Offender in American Society, in Drunkenness Report, supra note 3, at 7-13.

19. The Drunkenness Report, supra note 3, at 3, for example, notes that "(W)hat the (criminal justice) system usually does accomplish is to remove the drunk from public view, detoxify him, and provide him with food, shelter, emergency medical service, and a brief period of forced sobriety." The Court in Powell v. Texas, 392 U.S. 514, 528 (1968), also noted the beneficial aspects of criminal justice handling of at least, skid row inebriates. But see Adelson, Huntington Recy, A Prisoner is Dead, 13 Police 49 (1968); Drunken-

ness Report, supra note 3 at 2.

20. See Rubington, Referral, Post Treatment Contacts and Lengths of Stay in a Halfway House - Notes on Consistency of Societal Reactions to Chronic Drunkenness Offenders, 31 Quarterly J. Study of Alcoholism - (1970).

21. See Griffen, The Revolving Door: A Functional Interpretation, in Social Problems in a Changing Society (W. Gerson ed. 1969).

22. The Pittman-Gordon study of the Revolving Door phenomenon, for example, characterized this as one of the skid row inebriates' "most important attributes." Forty-one percent of the sample had never been married, 32% were separated, 19% were divorced, 6% were widowed, and only 2% had been living with their spouses before incarceration. Pittman & Gordon, The Chronic Drunkenness Offender, in Alcoholism 99, 101 (D. Pittman ed. 1967), (reporting the findings of the Pittman-Gordon study).

23. See, e.g., K. Davis, Police Discretion (1975) (herein after cited as K. Davis); W. LaFave, Arrest: The Decision to Take a Suspect Into Custody (1965) (herein after cited as W. LaFave). As Davis states the proposition, "The Police make policy about what law to enforce, how much to enforce it, against whom, and on what occasions." Davis, supra at 1.

24. But see J. Wilson, Varieties of Police Behavior (1970).

25. But see B. Nimmer, supra note 2; D. Petersen, The Police Discretion and the Decision to Arrest (unpublished Ph. D. dissertation, U. of Ky., 1968) (herein after cited as D. Petersen). Bittner, Police Discretion in the Emergency Apprehension of Mentally Ill Persons, in The Ambivalent Force (A. Niedhoffer & A. Blumberg eds. 1970); Bittner, The Police on Skid Row: A Study of Peace-Keeping, 32 Am. Soc. Rev. 699 (1967), Goodman & Idell, supra note 4.

26. Wayne LaFave, for example, stresses the budgetary restraints on a full-enforcement policy of a police organization. LaFave, supra n. 23.

Two commentators note the existence of department-wide biases towards the enforcement or nonenforcement of certain criminal categories. J. Wilson, Varieties of Police Behavior (1970) (herein after cited as J. Wilson); Goldstein, Police Discretion not to Invoke the Criminal Process: Law-Visibility Decisions in the Administration of Justice, 69 Yale L. J. 543 (1960). See also, Goldstein, Administrative Problems in Controlling the Exercise of Police Authority, 58 J. Crim. L. C. & P. S. 171 (1967) (herein after cited as Goldstein). See generally B. Grossman, Police Command: Decisions and Discretion (1975).

On the ability of the police organization to control the exercise of officer discretion in the field, compare Goldstein, supra (control possible) with J. Skolnick, Justice Without Trial 74 (1967) (patrolman more like craftsman than bureaucrat, and behavior not susceptible

to organizational pressures). James Q. Wilson, takes a middle ground position, saying the ability of the organization to manage police discretion varies according to the issue involved. He suggests, for example, that activities categorized as law enforcement rather than order maintenance and community service are more amenable to control. J. Wilson, supra note 24, at 64-65.

The relevancy of police organization to police behavior in the area of public drunkenness has been noted in R. Nimmer, supra note 2, at 116. The need for training and organizational incentives to encourage police pickups has been noted in Pittman, Interaction Between Skid Row People and Law Enforcement and Health Professionals at 19 (May 8, 1973) (paper prepared for the National Institute on Alcohol Abuse and Alcoholism, Seminar on The Role of Public Health Services in the Skid Row Subculture). Helen Erskine suggests the relevancy of training and the complexity of procedures and forms on police practices. H. Erskine, Alcohol and the Criminal Justice System: Challenge and Response 17 (1972) (herein after cited as H. Erskine).

27. James Q. Wilson identified three basic role orientations of a police officer -- law enforcement, order maintenance and community service. J. Wilson, supra note 24, at 17-49. Although the latter two functions probably consume the greatest part of an officer's time, research has indicated officers identify with and evaluate jobs in terms of law enforcement. The Police and the Community 16-30 (R. Steadman

ed. 1972).

The relevance of this role perception in creating a negative predisposition to the task of removing inebriates from public places has been noted in D. Bradley, Project Report: Alcoholic Detoxification Center; R. Nimmer, supra note 2. Egan Bittner has noted this negative bias is especially strong when delivery is to a medical treatment center. Bittner, Police Discretion in the Emergency Apprehension of Mentally Ill Persons, in The Ambivalent Force (A. Niederhoffer & A. Blumburg eds. 1970).

28. See, e.g., H. Erskine, supra note 26, at 17; R. Nimmer, supra note 2, at 116; Younger, The Inebriate and California's Detoxification Centers, The Police Chief, May 1972, at 30-38.

29. The relevancy of pressures from the public and businessmen on police behavior is noted in W. LaFave, supra note 23, at 129; R. Nimmer, supra note 2, at 116; D. Petersen, supra note 25, at 158-68; D. Castberg, The Exercise of Discretion in the Administration of Justice at 13 (1972) (paper prepared for American Political Science Association Convention) (herein after cited as D. Castberg).

30. The importance of peer group socialization to the exercise of police discretion is noted in J. Wilson, supra note 24, at 283; Bittner, The Police on Skid Row; A Study of Peace Keeping, 32 Amer. Soc. Rev. 99, 701 (1967). D. Castberg, supra note 29, at 9;

31. See, e.g., Wilson, supra note 24, at 280; D. Castberg, supra note 29, at 10.

32. Examples of the relevancy of situation specific factors are provided in LaFave, supra note 23; D. Petersen, supra note 25, at ch. VI. Petersen also discusses the importance of the location of the violation and the degree of incapacity of the inebraite to police officer behavior in public drunkenness cases. Id. at 185-88.

33. This phenomena of differential enforcement of the public drunkenness laws by class has been frequently noted. See, e.g., A. Gammage, D. Jorgensen & E. Jorgensen, Alcoholism, Skid Row and Police 6 (1972); W. LaFave, supra note 23, at 439-44; R. Nimmer, supra note 2.

34. See Palumbo, Power and Role Specificity in Organizational Theory, 29 Pub. Adm. Rev. 237 (1969).

35. This classification is based on work by J. Levine, M. Mucheno & D. Palumbo, Evaluating Alternatives in the Criminal Justice System (Unpublished research monograph 1974).

36. See C. Perron, Complex Organizations: A Critical Essay (1972).

37. See R. Guest, Organizational Change: The Effect of Successful Leadership (1962).

38. See C. Argyris, Organization and Innovation (1965).

39. See P. Plau, Decentralization in Bureaucracies, in Power in Organizations (M. Zald ed. 1970).

40. See R. Bucher, Social Process and Power in a Medical School, in Power in Organizations (M. Zald ed. 1972).

41. See Musheno, Palumbo, & Levine, Evaluating Alternatives in Criminal Justice: A Policy-Impact Model, 22 Crime & Delinquency 265 (1976).

42. Levine, Musheno & Palumbo, The Limits of Rational Choice Theory in Choosing Criminal Justice Police, in Policy Studies and the Social Sciences 89 (S. Nagel ed. 1975).

43. Palumbo, Levine & Musheno, Individual, Group, and Social Rationality in Controlling Crime, in Modeling in the Criminal Justice System (S. Nagel ed. 1977).

CHAPTER II. COMPARATIVE ANALYSIS

As indicated above, this chapter compares police pick up and delivery of public inebriates in criminal and decriminalized jurisdictions. It seeks to provide a perspective for examining differences in quantitative pick up rates and in the attitudes of police officers towards this task as it influences the exercise of their discretion. Along with Chapter Four on the prescriptive phase of the study, this chapter constitutes the central focus of the study.

Significant differences in police behavior in formally processing public inebriates was expected between police officers in criminal and decriminalized jurisdictions. It was also expected that significant differences in police attitudes toward the task of formally processing public inebriates would exist and would contribute to an understanding of the variations in the exercise of police discretion in dealing with the problem of public drunkenness.

In this section, an empirical evaluation is presented of the quantitative impact of decriminalization on police departments' performance in removing inebriates from public places in Washington, D.C. and Minneapolis, Minnesota. As indicated in Chapter One, this study is designed to question the facile assumption of routine police support for this task by hypothesizing that police intake of public inebriates, in

the absence of significant administrative ameliorative action, has significantly decreased since decriminalization despite police officer's legal mandate to remain the central pick up agent.[1]

As will be indicated in the second section of this chapter which deals with comparative discretion analysis, the conceptual basis of this hypothesis is derived from the literature on organization theory as well as studies focusing on police behavior. For example, given the removal of the criminal sanction, the intake of public inebriates falls outside the parameters of what both police officers and the command structure of police departments consider proper and important tasks.[2] Also, the loss of the criminal sanction eliminates a critical organizational incentive that elicits patrol officers' cooperation to carry out this often messy and time consuming job.[3] Further, police intake of inebriates under a public health mandate requires the cooperation of two different public service bureaucracies that diverge in both their organizational structure and value orientation. Such a fragmented authority structure is a potential impediment to goal achievement.[4] Other similar premises will be developed below.

As for our overall academic focus, this paper is part of the growing body of literature which merges the common threads of empirical impact analysis and public policy analysis.[5] Thus, this "policy impact study" empirically evaluates the impact of state judicial and legislative mandates on agencies' responses to these directives.[6] It contributes, then, to both the breaking

of the "upper court bias" associated with public law research[7] and public administration literature's increased focus on empirically assessing public agencies' interpretation of the law.[8]

Design and Data Collection

To empirically test the impact of decriminalization, we carried out an "interrupted time-series quasi-experiment"[9] based on a "stratified multiple-group-multiple I design"[10] (see Figure 3). Specifically, we have collected monthly public drunkenness arrest rates (pre-decriminalization) and monthly rates of police deliveries to detoxification facilities (post-decriminalization) for two experimental cities: (1) Washington, D.C. (a high arrest jurisdiction);[11] and (2) Minneapolis, Minnesota (a moderate arrest jurisdiction).[12] Also, we have collected the available monthly arrest data for two control cities where decriminalization has not been implemented: Houston, Texas (a high arrest jurisdiction) and San Francisco, California (a moderate arrest jurisdiction).

These selections closely meet the criteria of what scholars often point to as critical ingredients for a strong design. The "... design is more valid the more heterogeneous each set of states is within itself and the more similar the two sets of states when each set is viewed as a whole."[13]

Figure 4
Stratified Multiple-Group-Multiple I Design

Type A (D.C.-High Arrest):	... 0 0 0 0 I_1 0 0 0 0 ...
Type B (Minn.-Moderate Arrest):	... 0 0 0 0 I_1 0 0 0 0 ...
Control A (Houston - High Arrest):	... 0 0 0 0 I_2 0 0 0 0 ...
Control B (S.F. - Moderate Arrest):	... 0 0 0 0 I_2 0 0 0 0 ...

I_1: decriminalization of public drunkenness

I_2: No decriminalization of public drunkenness

As many researchers carrying out time-series analysis well know, a laborious effort is often required in the search for relevant and reliable data that also provides enough observations to allow sophisticated analysis.[14] Indeed, certain jurisdictions selected for study elsewhere in this Report could not be used because of inadequate data. Since we were collecting data from four different municipalities, we were unable to collect an equivalent number of monthly observations for each jurisdiction, nor is the time sequence the same for each jurisdiction. Also, the data of decriminalization (I_1) is different in the experimental jurisdictions.

Graphs 1 and 4 depict these differences and also indicate the decision rules arrived at concerning the placement of the intervention lines (I_1 or I_2) for each jurisdiction. The intervention line drawn for each of the decriminalized jurisdictions (I_1) was based on two criteria: (1) the date that decriminalization took effect in each jurisdiction, and (2) the date that the public health facility (i.e., the detox facility) opened to receive clients. In Minneapolis, the Alcoholism

Receiving Center opened on the same date decriminalization became effective - July 1, 1971. Thus, for Minneapolis, we designate this date as the point of intervention. While decriminalization became effective on August 1, 1968 in Washington, D.C., the Detoxification Center was not fully operational until November 1, 1968. For Washington, D.C., then, we designate November 1, 1968 as the point of intervention.

We based the decision rule for drawing the intervention lines in the control jurisdictions (I_2) on the following considerations: (1) a review of the number of observations that were available before and after decriminalization for the experimental jurisdictions; (2) a desire to match and therefore control for potential seasonal patterns emerging from police behavior in the experimental and control jurisdictions; (3) and an attempt to maximize the overlay of observations among the jurisdictions. A composite of these decisions rules and their influence on the overall design is depicted in Figure 5.

Figure 5
Distribution of Observations

Washington, D.C.:	0_{-34} . . .	0_{-1}	I_1	0_{+1}	. . .	0_{+74}
Minneapolis, MI :	0_{-66} . . .	0_{-1}	I_1	0_{+1}	. . .	0_{+38}
Houston, TX* :	0_{-18} . . .	0_{-1}	I_2	0_{+1}	. . .	0_{+36}
S.F., Calif. :	0_{-18} . . .	0_{-1}	I_2	0_{+1}	. . .	0_{+34}

*The 36 observations after I_2 (no decriminalization) are not continuous. Twenty-four monthly observations (1972, 1973) were unavailable.

Findings and Conclusion

The data provides considerable support for our decriminalization hypothesis. Specifically, in Washington, D.C. (see Graph 1), the estimated change in level is a reduction of 76.4 police intakes per month which is significantly different from zero.[15] In Minneapolis, the impact of decriminalization on police intakes is more dramatic (see Graph 2). Here, the estimated change in level is an even greater reduction of 263.2 police intakes per month.[16] Simple analysis of the data from our control jurisdictions (i.e., visual scanning)[17] shows that no similar effect takes place in police departments where criminal sanctions against public drunkenness remain intact (see Graphs 3 and 4).

Does this mean, then, that one effect of decriminalization is increased neglect of the public inebriate population? Rather than concluding from the above analysis that inebriates are being left on the street at a significantly higher rate since decriminalization, we also investigated a series of plausible rival hypotheses and alternative dispositions that could not be controlled for in the stratified multiple-group-multiple I design. As will be shown in Chapter Three, our investigation of these controls indicates the importance of "micro analysis" in tracing the impact of legal mandates on administrative agencies.

For each experimental jurisdiction, we analyzed whether a change in the recidivism rate (pre-, post-decriminalization) and/or a change in the size of the drinking population (pre-,

post- decriminalization) might explain the apparent reduction in police pick-ups. Also, as we noted earlier, the reform legislation in both jurisdictions grants the police two additional formal options for handling public inebriates--take the person home or deliver the individual to a facility equipped to handle alcoholism (e.g., hospital).[18] An attempt was made to analyze the use of these approved formal means of disposition of the public inebriate. Finally, in addition to these legitimate options, we investigated whether the police are impermissibly processing public inebriates under existing misdemeanor charges (i.e., disorderly, vagrancy), a non-approved, informal disposition. As indicated, the results of this micro-analysis are reported in Chapter Three.

Comparative Discretion Analysis

This part of the Report presents a comparative analysis of the mean scores on the attitudinal responses of officers in criminal (i.e., Houston and Richmond) versus decriminalized (i.e., District of Columbia, Minneapolis and St. Louis) jurisdictions. We hypothesize that statistically significant differences would be found between the attitudes of officers in these two jurisdictional categories towards the task of formally picking up and delivering the public inebriate to approved places designated by law. Based on the common social science practice of using attitudes as a measure of behavior, we would expect that these perceived attitudinal differences might explain the quantitative behavioral changes following decriminalization which were found through the impact analysis.

In Chapter Three, we will also explore the linkage of these attitudes to the qualitative impact of policy change.

For each questionnaire item, a hypothesis was formulated regarding the expected results. Four classes of hypotheses were used:

(1) significance of differences between criminal and therapeutic jurisdictions,

(2) commonality of direction of response across jurisdictions,

(3) ranking within the strategic interaction variable,

(4) variability expected by jurisdictions with no general trends.

The means of each of the two categories of jurisdictions was used to test these hypotheses.[19] In comparing criminal versus therapeutic means it becomes necessary to aggregate scores from our criminal and therapeutic cities. This was done by multiplying the mean score for each criminal (or decriminalized) city by the respective number of respondents for that city, adding these figures and then dividing by the total number of respondents for all of the criminal (or decriminalized) cities combined.[20]

Organizational Variable

The organizational variable does not seem an especially good indicator for differentiating police attitudes in the area of public drunkenness. As we expected, there was general recognition (although marginal) that the problem has a low organizational priority. But, we had also anticipated that

the perceived priority would be significantly greater in criminal jurisdictions since public drunkenness would still be treated as a crime and the function of the police is handling criminal matters. In fact, public drunkenness has such a low visibility and is such a very low priority in all of the jurisdictions, whether criminal or not, that differences are minimal.[21]

The item dealing with the prevalence of training in handling public drunkenness produced an unexpected significant difference.[22] Officers in criminal jurisdictions at least perceive themselves as being trained in handling the public drunk. Perhaps their referent is the general training police are given in making an arrest--police are trained in the process of handling the criminal offender if not in the particular needs of the inebriate. In a decriminalized jurisdiction, where the mandate is for medical processing, the police generally receive little training other than that provided in the general orders.[23]

While a significant difference was found on an indicator of the organizational variable, then, it was unexpected.[24] We did not find a significant difference on the PRIORITY item, where we did expect it. The organizational variable, at least in terms of the present study on public drunkenness, would not seem especially useful in differentiating attitudes in criminal and decriminalized jurisdictions.

Role Variable

The role variable, on the other hand, produced notable differences between the jurisdictions. For example, we had

expected that officers in therapeutic jurisdictions--where the task of picking up and delivering inebriates to a treatment center is the performance of a "medical social welfare" job--would react much more negatively on the SOCWORK indicator than officers in criminal jurisdictions where the job remains at least nominally a matter of law enforcement. This was confirmed.[25] Officers in therapeutic jurisdictions can be expected to find role conflict in being charged with performance of the pickup and delivery functions.

Similarly, officers in criminalized jurisdictions, as we hypothesized, found the task of removing public inebriates to be a more appropriate task for the police than their counterparts in decriminalized jurisdictions.[26] If picking up drunks is dealing with a crime, this is more readily accepted as consistent with a police officer's role.

Both of the above results take on increased significance against the marked law enforcement orientation of the officers in all five target jurisdictions. Rejection of a "community services" role characterization was common.[27] In terms of role preference, police officers markedly opted for a law-enforcement model.

The role variable, especially the indicators SOCWORK and APPROP, therefore, seems especially valuable as a reflection of relevant attitudinal differences between police officers in criminal and decriminalized jurisdictions.[28] Officers in decriminalized jurisdictions find a discrepancy in their law enforcement-oriented role expectations and the

task of picking up public drunks. This discrepancy, while still present, is much less marked in criminal jurisdictions. The view that decriminalization introduces a marked disincentive in terms of role expectations therefore is strongly supported.

Peer Variable

It was expected that officers in all jurisdictions would perceive their peers as having a negative attitude towards the task of picking up and delivering public drunks. We also expected this perception of a negative cue to be significantly greater in therapeutic jurisdictions.

First, we hypothesized that police officers in all jurisdictions would agree that veteran officers view it as a waste of time to remove public drunks from the street. This was not confirmed. Indeed, there was general disagreement in the jurisdictions.[29] Apparently, the veteran officer is perceived by fellow officers as not as hostile to the task as we expected which is especially interesting when compared to the perception in the therapeutic jurisdictions, discussed below, that officers generally do mind performing the task.

However, the second hypothesis was confirmed. Officers in criminal jurisdictions perceive significantly more often veteran officers as having a positive attitude towards removal of public inebriates from the streets than do officers in the therapeutic jurisdictions.[30]

This finding is repeated for attitudes towards the reactions of fellow officers. While there was general disagreement

in therapeutic jurisdictions that fellow officers do not mind removing public inebriates from the street, there was agreement (which we did not hypothesize) in the criminal jurisdictions. The difference was significant, strongly supporting the thesis that officers in decriminalized jurisdictions will have a more negative reaction to this task than officers in a criminal jurisdiction.[31]

The same findings held for officers' perception of the reactions of their partners. While we did not find the general disagreement in the jurisdictions we expected, officers in criminal jurisdictions perceive their partners as having a positive attitude toward the job of removing public inebriates to a significantly greater degree than their counterparts in therapeutic jurisdictions.[32]

Like the role variable, then, the peer variable provides a valuable tool for distinguishing between the attitudes of officers in criminal and decriminalized jurisdictions. All three indicators produce results consistent with the basic comparative formulated hypotheses. The officer in Houston and Richmond believes that his peers have far more positive attitudes toward the task of picking up public inebriates than does his counterpart in Washington, D.C., St. Louis, and Minneapolis. To the extent that a police officer reacts to cues from his fellow officers, it follows that there is a strong disincentive to formal action introduced when a system decriminalizes.

Strategic Environment Variable

The strategic environment variable is actually a combination of attitudes toward the institutions responsible for processing the public inebriate and attitudes toward the inebriate itself.[33] In the case of the former, we had expected that police officers in all jurisdictions would agree that the institutions release the inebriate too quickly but that officers in decriminalized jurisdictions would agree to a significantly greater extent. Interviews indicated that a common complaint of police officers is the rapidity of turnover. They constantly see the same faces back on the street, even when they had just recently removed the individual and delivered him to an appropriate facility.

But we found the complaint was especially pronounced in the decriminalized jurisdictions where the inebriate is delivered to a detoxification facility for a short stay of 2 to 7 days. Criminal arrest is often followed by a jail sentence (at least for the chronic, skid row offender), thus removing the inebriate from the streets for a more extended period. Coupled with a police officer's probably more favorable bias toward law enforcement, as opposed to medical institutions, we expected a significant difference.

We found, as expected, both general agreement among all jurisdictions and a significantly higher level of agreement in the therapeutic jurisdictions.[34] The officers in the therapeutic jurisdictions thus have another disincentive

to taking formal action, given their dislike for the task of handling public inebriates.

Indeed, this distaste for the job is enhanced by a negative reaction to the inebriate himself. We expected that the inebriate would be perceived as a threat, as belligerent and as messy, in all jurisdictions. We hypothesized no significant differences between criminal and decriminalized jurisdictions. Both expectations were generally confirmed, although the perception of the inebriate as a threat was ambivalent.[35] Perception of the environment as hostile is not likely to induce intervention and certainly not a helping intervention.

Another group of strategic environment indicators relating to the officers' perception of the inebriate did produce significant differences between criminal and decriminalized jurisdictions. Based on interviews, we had expected officers generally to perceive the inebriate as a bother, a potential victim of mugging and in need of protection from inclement weather. We also hypothesized that the agreement would be significantly greater in criminal jurisdictions. The officer in such a jurisdiction, involved in a potential arrest, will perceive the situation as more serious, in order to justify intervention by a law enforcement officer.[36] He will rationalize his role. Our expectation were generally confirmed.

For example, we expected officers to agree that most persons intoxicated in public bother other citizens and that officers in Houston and Richmond would agree to a significantly

greater extent. This was confirmed.[37] Similarly, as we expected, officers generally perceive the public inebriate as a potential victim of crime. Given the perceived need for preventing potential crime, there would be greater perceived justification for criminal justice involvement. Hence, as we hpothesized, officers in the criminal jurisdictions agreed to a significantly greater extent that the public inebriate is a potential victim of robbery and mugging.[38]

One of the reasons most frequently given by police officers why they pick up public inebriates is the need for protection from inclement weather. They almost uniformly assert that pickup rates are higher in cold months (which is generally not true). We therefore hypothesized and found general agreement in all jurisdicitons, although it was marginal in St. Louis. Since the need to protect the inebriate from weather hazards would constitute another justification for police intervention using the criminal law, we hypothesized significantly greater agreement in criminal jurisdictions.[39]

On the other hand, interviews with police officers suggested that they generally believed that most public inebriates can get around without assistance. We therefore expected disagreement. However, again reflective of the "need for justification" thesis which we believe to be operative for these indicators, we expected greater agreement in the criminal jurisdiction.

In fact, the discrepancy between the criminal and decriminalized jurisdictions is especially marked for this indicator.

While there is the expected disagreement in the decriminalized jurisdictions, officers in the criminal cities agree that the public inebriate generally cannot get around without assistance. The difference is significant.[40]

Again, the general picture of the inebriate suggested by the police in interviews was of a person who generally could take care of himself. The need for medical attention being only an occasional factor, we expected general agreement. But, the need for justifying police intervention was again expected to produce greater disagreement in criminal jurisdictions.

Neither hypothesis was confirmed. While there was general agreement, with the exception of Washington, D.C., it was marginal. No significant difference was found between jurisdictions. Perhaps this factor would not so much justify a criminal intervention as a medical intervention.[41]

In terms of the strategic environment variable, then, three findings emerge as most critical for this study. First, there is a negative perception of the institutions handling the public inebriate which is significantly more pronounced in the decriminalized jurisdictions. This produces a major disincentive to formal delivery of the inebriate to the detoxification center. Second, there is a strong negative perception of the inebriate in all jurisdictions. This provides the basis for a negative reaction to the task of handling public inebriates. But in criminal jurisdictions there is a countervailing impetus that is not present in the decriminalized jurisdictions. Public intoxication is perceived as a problem justifying intervention

through the criminal law. Decriminalization arguably removes this need for justification and thus removes an incentive to intervention in the environment to which the officer relates.[42]

Strategic Interaction Variables

Based on our interviews, we anticipated that the "significant other" for police officers on the matter of removing public inebriates were principally the business community and the general public in their patrol area. These would be perceived as the sources of pressure for increased removal of the public inebriates. We assumed that pressure for increased pickups would also come from interest groups dealing with the public inebriate, e.g., AA, Salvation Army. On the other hand we did not expect that officers would perceive political leaders, liquor store owners, court and detox personnel and the inebriates themselves as wanting increased pickup. We expected the pressure would be perceived as declining using the following rank order: business, general public, AA, etc., political leaders, liquor store owners, court and detox personnel, public inebriates.[43]

There was general agreement for the three groups where it was expected, but political leaders were also perceived as wanting increased pickups of inebriates.[44] Perception of the other reference groups varied from jurisdiction to jurisdiction with the exception of inebriates themselves. We hypothesized general disagreement in all jurisdictions in spite of the claims of officers that the inebriate wanted to be picked up. Most non-police interviews indicated that with exceptions when the

weather was cold or when the inebriate was hungry, even the skid row inebriate preferred to be let alone. There did not seem to be any reason to expect pressure for pickup from the non-skid row inebriate. We fully expected this to produce the highest level of disagreement. There was general disagreement in all jurisdictions and DRUNKS generally ranks the lowest of the indicators in level of agreement.

We had not expected any difference between criminal and decriminalized jurisdictions for any of the indicators. However, there were significant differences regarding the perception of pressure for increased pickup in criminal jurisdictions in the case of the general alcoholism public interest groups and public inebriates.[45] However, an examination of the mean scores below indicates that this was principally a product of the particular jurisdictions rather than the criminal/decriminalized dichotomy. In fact, the most interesting result of the attitudes relating to the strategic interaction variable is the extent to which the ranking of the indicators conformed from jurisdiction to jurisdiction. Police officers apparently perceive pressure from most significant others to remove public inebriates from public places and the sources of the pressure tend to be uniform in all jurisdictions.

	Wash.	St.L.	Minn.	Rich.	Hous.
BUSINESS	2.75	2.30	2.32	2.21	2.45
GENPUB	2.59	2.64	2.22	2.28	2.26
POLITICO	2.96	2.91	2.41	2.67	2.74
AAETC	3.41	3.27	3.08	3.14	2.96
LIQUOR	3.47	3.57	3.27	3.43	3.24
CRTPER/DTXII	4.06	3.43	3.70	3.53	3.39
DRUNKS	3.99	4.73	4.75	4.64	5.11

Alternatively, the increased level of agreement may indicate that officers in criminal jurisdictions perceive greater pressure from external sources to remove inebriates from public places than do their counterparts in decriminalized jurisdictions. Whether such a perception is accurate or only an unfounded belief of the officers in the criminal jurisdiction, it would suggest that decriminalization can produce an alteration in the perceived pressures for pickup of the public inebriate. The rank order of the indicators of the strategic interaction variable is generally as we hypothesized.

Situation Specific Variable

As indicated in Chapter One, the influence of the situation specific variable on police officer pickup behavior is not a central focus of the present study. We did not seek to identify the myriad of particularistic factors that impact on every street encounter situation involving public drunkenness. Our emphasis has been the factors predisposing public officers to take action or to avoid an encounter, to choose from among the many formal and informal options available. Thus, no effort was made to probe the potential influence of the situation specific variable in the questionnaire. However, in the interview schedule we did undertake to at least begin to delineate some of the factors that might bear on a particular street encounter.

One element of interest was the importance of the severity of the inebriate's condition as it affected police

response. Ride-along observations indicated that the condition of the inebriate did influence the mode of police disposition.[46] Further, discussions and open-ended interviews with police line officers and police officials suggested that a decrease in police interventions with public inebriates would tend to place greater importance on the condition of the inebriate in determining occasions for action and the character of response. Only when police intervention became a practical necessity would police intervene. In order to probe this hypothesis, officers were presented with three hypothetical situations. The first two involved a minor degree of severity: an inebriate staggering down the street obviously drunk (situation No. 1) or sitting on steps or leaning against a building (situation No. 2). The third situation involved a higher degree of severity, a man down, a public inebriate who was unconscious and immobile. In each instance, the officer was asked what he would do if he encountered such a situation.

We sought to probe the following two hypotheses:

(1) as the severity of the situation increases, the tendency to select an institutional option (e.g., arrest, delivery to detox or hospital) increases.

(2) as the severity of the situation increases, the tendency to select a non-institutional option (e.g., move on, take or send home) and/or opt for no action decreases.

The following tabular presentation of responses indicates the impact of the severity of the situation on the mode of police behavior.

	Institutional	Non-Institutional	Do Nothing
Situation 1	103	188	119
Situation 2	95	211	79
Situation 3	240	84	35

Gamma = -.3152

The strength of the relationship is even clearer if situation 2 (which differs only marginally in severity from situation 1) is eliminated.

	Institutional	Non-Institutional	Do Nothing
Situation 1	103	188	119
Situation 3	240	84	35

Gamma = .5530

Similarly 129 of 136 officers interviewed indicated that the mobility or immobility of the inebriate was important in deciding what they would do.

It seems fair to conclude therefore, that the probability of police response, and of an institutional mode of disposition is substantially increased as the severity of the situation increases as police involvement with the public inebriate decreases and the incidence of approved formal action declines, it is to be expected that police reaction would increasingly focus on the emergency case. In this instance, non-action is not a viable option and the need for institutional intervention is enhanced.

Another situation specific indicator of interest was the location of the incident. Interviews and ride-alongs had

suggested that a complaint from business or government officials tended to produce police action and that the police were more likely to intervene when the inebriate was hanging around businesses or government offices than if he were moving or in a non-intrusive location, e.g., a vacant lot.

Using hypothetical situations one and two, the following hypothesis was tested.

> As the proximity of the inebriate to locations occupied by business or government establishments increases, the tendency of officers to take some form of action increases.

The following distribution resulted:

	Action	No Action
Situation 1	291	119
Situation 2	306	78

Gamma = -.2320

While the relationship is not as strong as for the first two hypotheticals, the above table does indicate the relevance of the place where the inebriate is located to the probability that the officer will take some effective action. In numerous interviews, officers indicated that if a businessman or public official complained about public inebriates by their establishments, some action would be taken to abate the complaint. This might be only the informal mode of intervention, e.g., an order to move on, but action would be necessary.

One other situation specific factor emerged as potentially important in the interviews. Some 86 of 131 officers

interviewed indicated that the number of radio calls they were receiving made a difference in how they would react to a public drunkenness incident. If the level of radio traffic is heavy and the officer is preoccupied with higher priority matters, non-action for incidents of public drunkenness is an attractive option.[47]

An effort was also made to determine, via interviews, whether it made a difference to the officer whether or not the inebriate was a wino and whether or not he knew the inebriate. A majority of officers indicated the fact that the inebriate was a wino (128 of 165) or was known (92 of 163) made <u>no</u> difference in deciding what to do. Of course, some hesitancy in admitting the influence of these factors is to be expected. In any case, the situation specific variable does emerge as a potentially important factor affecting whether an officer will intervene and the mode of the intervention in a particular case.

Conclusion

It is our belief that the above analysis demonstrates not only the usefulness of our discretion model but also the significantly greater disincentives at work in the decriminalized/ therapeutic jurisdictions regarding the formal pickup and delivery of public inebriates to appropriate facilities. The officer in a therapeutic jurisdiction perceives a low organizational priority for the problem, it produces a role conflict with his preferred role of law enforcement officer, his peers

have a negative reaction to the task, he personally has a negative reaction to the medical treatment facilities with which he must now deal, the inebriate is perceived as a threat, belligerent and messy, the officer lacks the support provided in a criminal jurisdiction by beliefs created to justify a police officer's intervention.

The recitation of these attitudinal factors almost compels the expectation of non-action or informal disposition where action is required as a predominant mode of behavior in a decriminalized jurisdiction in the absence of any special incentives designed to offset these effects. If our demonstration of the quantitative and qualitative impacts resulting from decriminalization is valid and if the established premise of the social sciences that attitude is linked to behavior is accepted, the attitudinal disincentives revealed in the questionnaire and interviews provide a viable explanation of police behavior in decriminalized jurisdictions. While the situation specific will vary, the attitudinal predispositions of the officers are carried from encounter to encounter and effect the character of policing.

More concretely, the above findings pose a serious dilemma for policy planners seeking to decriminalize the offense of public drunkenness. If police are retained as the agent for pickup and delivery of the public inebriate to a detoxification center, and no ameliorative action is taken to overcome the disincentives introduced by the change, there is serious doubt that the goals of decriminalization can be met. This suggests,

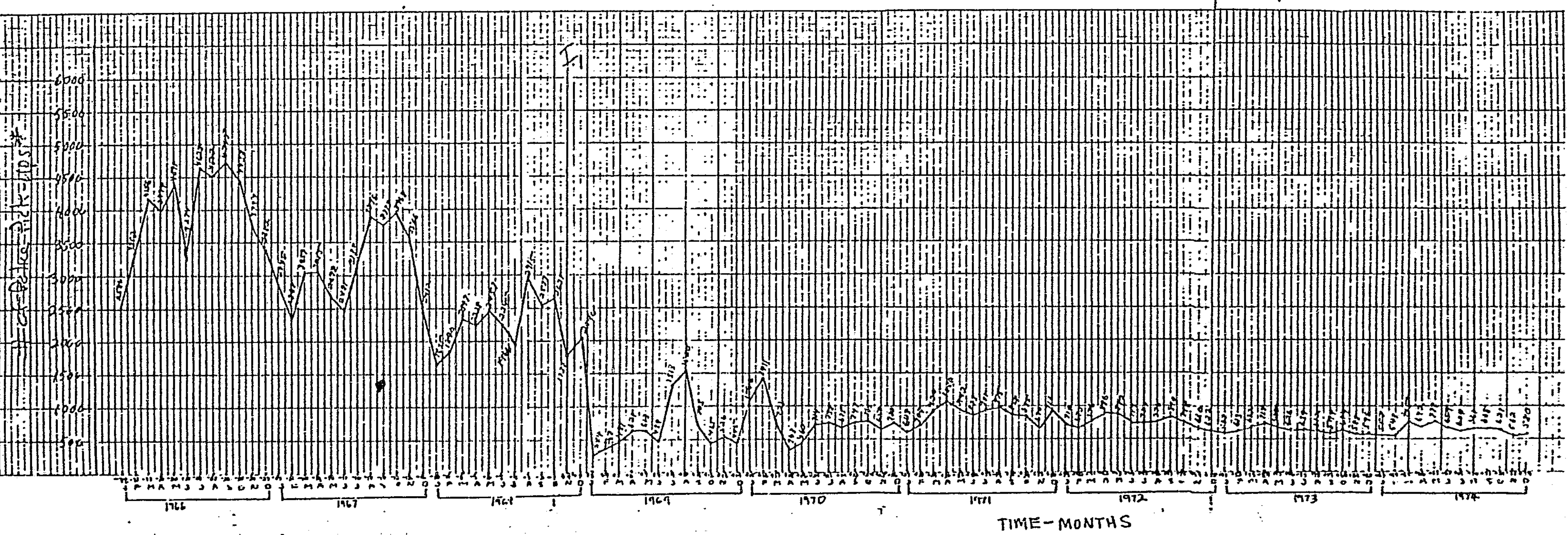
once again, the need to consider devices whereby the goals of decriminalization can be achieved either through the use of police of some alternative pickup agent. This is the focus of the fourth chapter.

GRAPH 1

Monthly Police Intake For

Public Intoxication:

[a]Washington, D.C.[b]



[a]Based on Official Statistics of Metropolitan Police Department, Washington, D.C. and Official Records of the D.C. Detoxification Center.

[b]Point of Intervention - Nov. 1, 1968

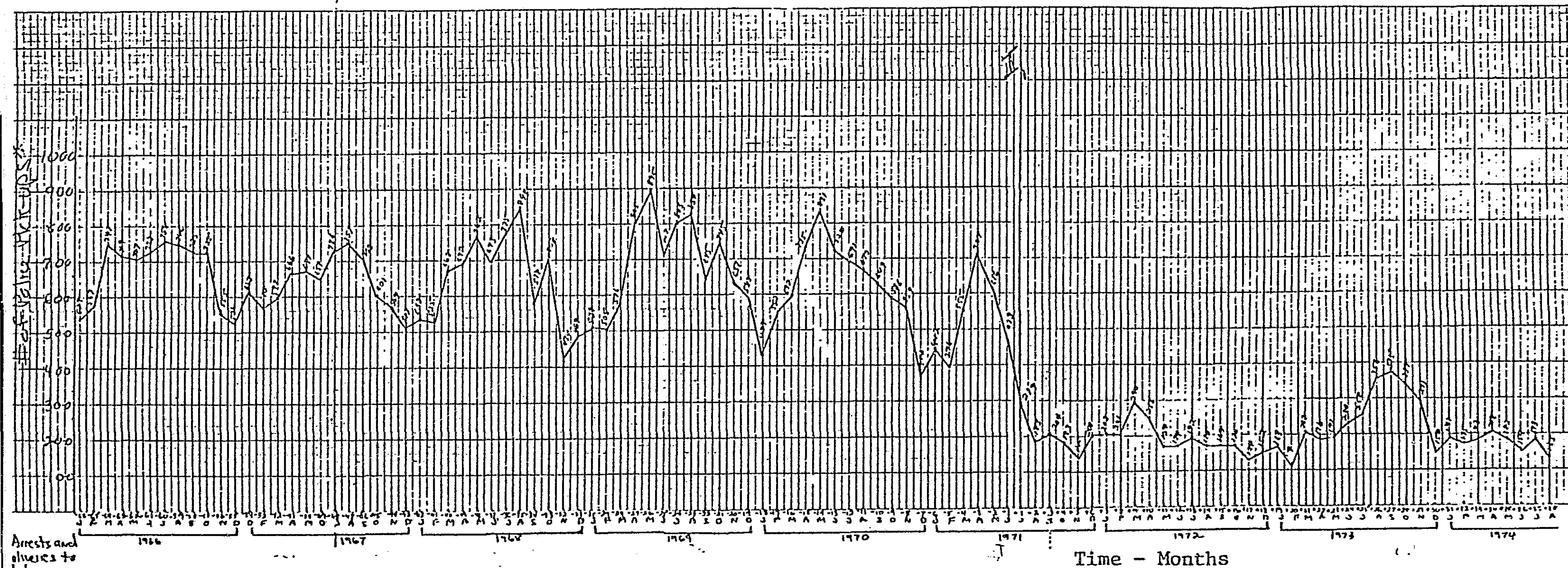
*Arrests, and Deliveries to Detox

GRAPH 2

Monthly Police Intake Rates For

Public Intoxication:

[a]Minneapolis, Minnesota[b]



[a]Based on Official Statistics of Minneapolis Police Department, Minneapolis, Minnesota and Monthly Intake Statistics, Alcoholism Receiving Center

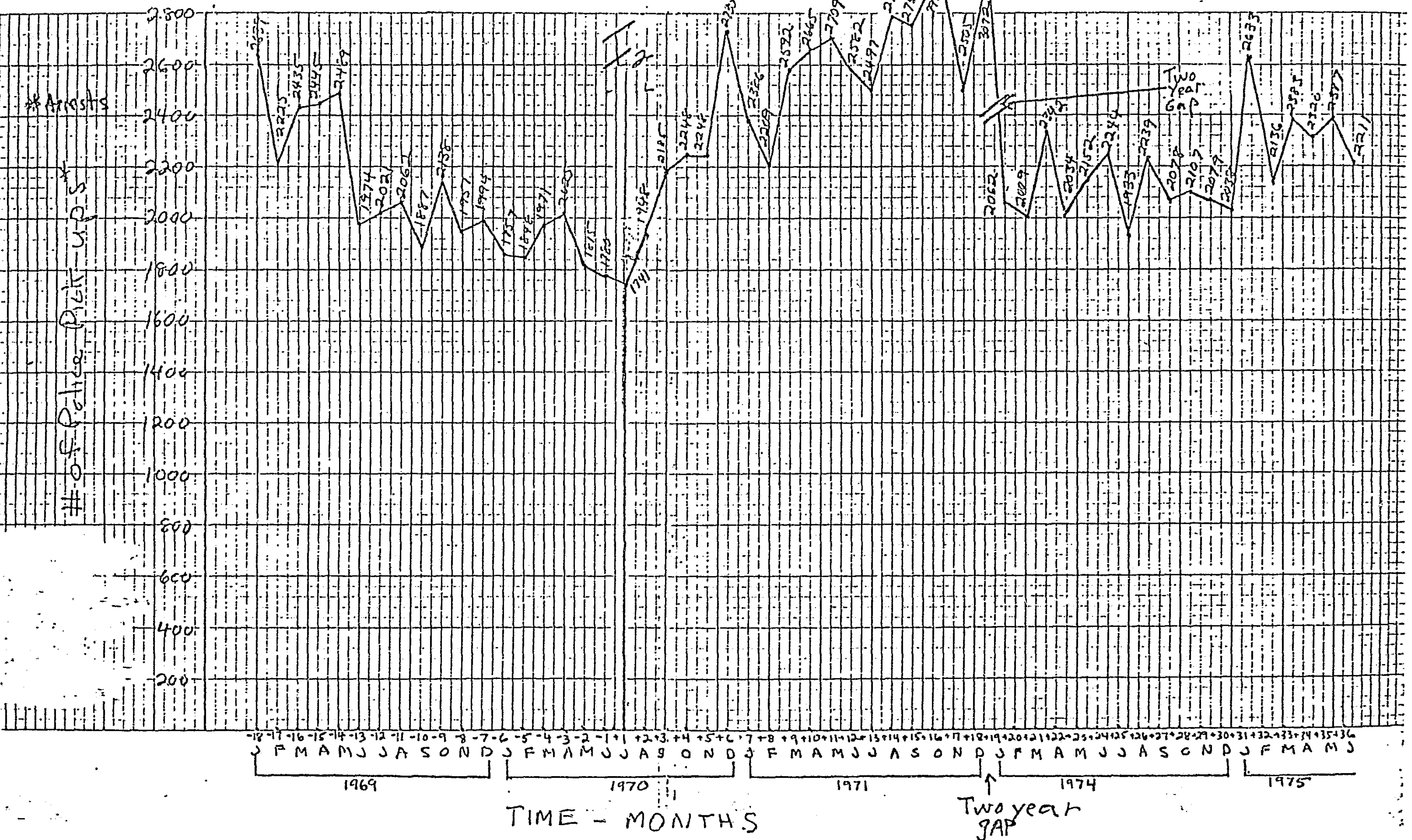
[b]Point of Intervention - July 1, 1971

*Arrests, and Deliveries to Detox

GRAPH 3

Monthly Police Arrests For Public Intoxication;

[a]Houston, Texas[b]

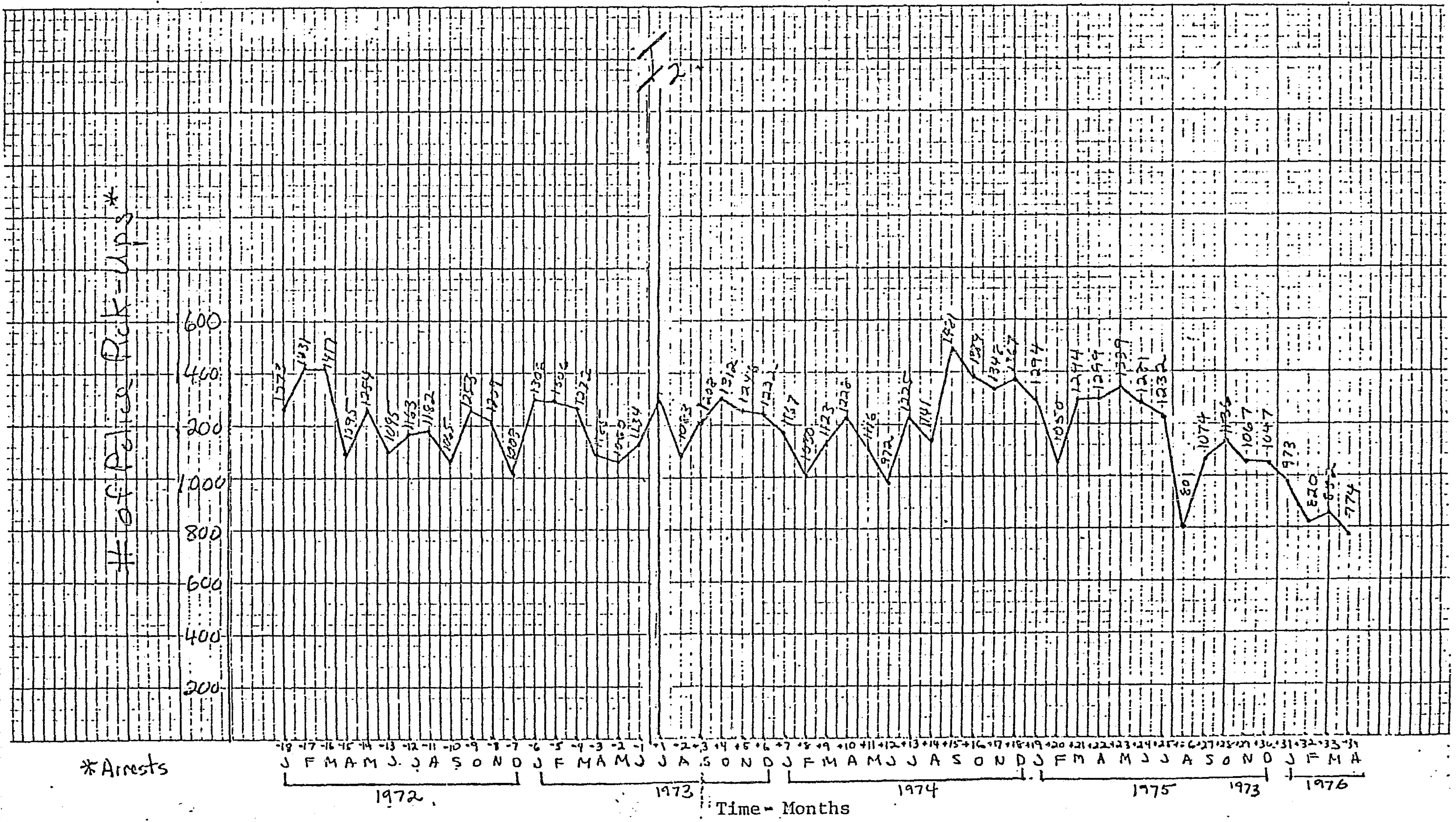


[a]Based on Official Statistics of Houston Police Department, Houston, Texas

[b]Point of Intervention - July 1, 1970

GRAPH 4

Monthly Police Arrest For Public Intoxication:
[a]San Francisco, California[b]



[a]Based on Official Statistics of San Francisco Police Department, San Francisco, California

[b]Point of Intervention - July 1, 1973

FOOTNOTES

Chapter Two

1. The nature of the mandate varies markedly between jurisdictions. In Washington, D.C., for example, the legislation requires the police officer to take one of three options--"any person who is intoxicated in public: (1) may be taken or sent to his home or to a public or private health facility; (2) if not taken or sent to his home or such facility shall be taken to a detoxification center..." In Minneapolis, the police officer is granted more discretionary power--the police officer may "(a) take the person into custody and transport him to a facility equipped to treat alcoholism...; (b) take the person home...; (c) leave the person where he is found."

2. See, e.g., J. Wilson, Varieties of Police Behavior: Management of Law and Order in Eight Communities, 49 (1971).

3. Departments have often given credit for such arrests much in the same way they award credit for making other misdemeanor and traffic arrests. Former Police Chief of Washington, D.C., Jerry V. Wilson, discusses the importance of this incentive in Executive Control of Poaicies for Police Handling of Public Inebriates, (Unpublished paper, The American University, College of Law, Project on Public Inebriation, 1975).

4. See Levine, Musheno, & Palumbo, The Limits of Rational Choice in Evaluating Criminal Justice Policy, in Policy Studies and the Social Sciences 94-99 (S. Nagel ed. 1975).

5. For a discussion of these common threads, consult T. Dye, Understanding Public Policy 291-292 (1972).

6. See ch. 1, note 8 supra.

7. An early study that contributed to the expansion of public law research beyond the workings of the Supreme Court is Kenneth Dolbeare's Trial Courts in Urban Politics (1967).

8. Other similar works include Milner, Comparative Analysis of Patterns of Compliance with Supreme Court Decisions: Miranda and the Police in Four Communities, 5 Law & Soc'y Rev. 119 (1970); Baugh, Guarasci, Ostrom, Parks & Whitaker, Community Organization and the Provision of Police Services, 1 Sage Professional Papers in Administrative and Policy Studies 1 (H. Frederickson ed. 1973); Medalie, Zeitz, & Alexander, Custodial Police Interrogation in our Nation's Capital: The Attempt to Implement Miranda, 66 Mich. L. Rev. 1347 (1968).

9. See D. Campbell & J. Stanley, Experimental and Quasi-Experimental Designs for Research (1966).

10. See G. Glass, V. Wilson, & J. Gottman, Design and Analysis of Time-Series Experiments 20 (1975) (herein after cited as G. Glass, V. Wilson, & J. Gottman).

11. By "high arrest jursidiction," we mean a jurisdiction whose police department has given high priority to the public drunkenness offense by making a large number of arrests over time.

12. By "low arrest jurisdiction," we mean a jurisdiction whose police department has given only limited priority to the public drunkenness offense by making a relatively low number of arrests over time.

13. R. Lempert, Strategies of Research Design in the Legal Impact Study: The Control of Plausible Rival Hypotheses, 1 Law & Soc'y Rev. 121 (1966).

14. Observation requirements for sophisticaled analysis are discussed in G. Glass, V. Wilson, & J. Gottman, supra note 10.

15. Fortunately, Professor Gene V. Glass of the University of Colorado has developed a computer program, CORREL, which computes autocorrelations and partial autocorrelations for raw data. CORREL also includes a seasonal option for identifying cyclic series. He applied his program to our data for Washington, D.C. and Minneapolis, Minnesota. The data was analyzed as a p=o, d=1, g=1 (integrated moving averages) with a seasonal component (cycle = 12). For Washington, D.C., this analysis produced a T=3.20, significant at .001 with 106 degrees of freedom.

16. T = -4.84, significant at .001 with 102 degrees of freedom.

17. Professor Gene V. Glass advised that visual scanning of the control jurisdictions' data in Graphs 3 and 4 adequately establishes that no similar effect is taking place in these criminal jurisdictions.

18. See note 1 supra.

19. The standard formula for comparing a mean for one sample of means with a mean from another sample of means is as follows:

$$Z = \frac{\text{Mean 1} - \text{Mean 2}}{\dfrac{(\text{Standard Deviation \#1})^2}{\text{Sample number 1}} + \dfrac{(\text{Standard Deviation \#2})^2}{\text{Sample number 2}}}$$

See D. Palumbo, Statistics in Political and Behavioral Science 134 (1969). The Z score obtained from this formula is translated into a significance level by use of a graph of "Areas under the Normal Curve" see Id., table 1, at 367.

20. The formula used was as follows:

$$Z = \frac{\dfrac{(HX \cdot HN) + (RX \cdot RN)}{HN + RN} - \dfrac{(SX \cdot SN) + (MX \cdot MN) + (WX \cdot WN)}{SN + MN + WN}}{\dfrac{\left(\dfrac{(HS \cdot HN) + (RS \cdot RN)}{HN + RN}\right)^2}{HN + RN} + \dfrac{\left(\dfrac{(SS \cdot SN) + (MS \cdot MN) + (WS \cdot WN)}{SN + MN + WN}\right)^2}{SN + MN + WM}}$$

Where:

HX = Houston Mean
HN = Houston Number
HS = Houston Standard Deviation

RX = Richmond Mean
RN = Richmond Number
RS = Richmond Standard Deviation

SX = St. Louis Mean
SN = St. Louis Number
SS = St. Louis Standard Deviation

MX = Minneapolis Mean
MN = Minneapolis Number
MS = Minneapolis Standard Deviation

WX = Washington Mean
WN = Washington Number
WS = Washington Standard Deviation

21. The mean scores on the PRIORITY item are as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
3.53	3.55	3.40	3.55	3.39

The Z score of 0.86 was not statistically significant.

Indeed, interviews with police officers, line supervisors and high level command as well as the paucity of organizational directives in all jurisdictions indicated the low visibility and low priority of the public drunkenness problem within the police organization.

22. Z = 6.42, s = .01. The mean scores on TRAINING were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
3.92	3.41	3.25	3.37	2.82

23. In interviews, when questioned directly about training in handling the particular problem of the public inebriate, the officers generally indicated a lack of any real training. See, e.g., ch. 3, pp. infra (material on training in St. Louis).

24. The CREDIT item does not apply to criminal jurisdictions. However, it should be noted that officers in the decriminalized jurisdictions

indicated that they did not find the lack of credit important.

25. Z = 2.28, s = .03. Mean scores on TRAINING were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
3.90	3.21	3.47	4.08	3.83

26. Z = 7.45, s = .01. The mean scores on APPROP are as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
2.88	3.23	3.35	2.19	2.23

27. The mean scores on SERVICES indicating substantial disagreement were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
4.49	5.31	5.28	4.85	5.22

While this difference is statistically significant (Z = 2.80, s = .01), this appears to be essentially a product of the exceptionally high level of agreement in the District of Columbia.

28. The proposition that it is impossible to remain idealistic after being a police officer for a while (IDEAL) not only produced uniform agreement across jurisdictions; officers in criminal jurisdictions also agreed to a significantly greater extent (Z = 3.52, s = .01). No hypothesis had been formulated for this indicator and no reason for the difference is apparent.

	Wash.	St. L.	Minn.	Rich.	Hous.
$\bar{X}$ score	3.14	2.73	3.00	3.22	3.48

29. The mean scores for VETOFF were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
3.49	3.50	3.67	3.67	4.17

30. Z = 4.77, s = .01.

31. Z = 8.12, s = .01. The mean scores for BUDDIES/FELLOWS were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
3.51	4.20	3.59	2.56	2.90

32. Z - 5.70, s = .01. The mean scores for PRTNR were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
3.41	3.56	3.37	2.71	2.83

33. The more general strategic environment indicators, i.e., TOURIST and SERIOUS, did not produce findings of major value. TOURIST did produce a significant difference between criminal and decriminalized jurisdictions (Z = 2.54, s = .01), but the mean scores indicate that this has nothing to do with the criminal-decriminalized dichotemy.

Wash.	St. L.	Minn.	Rich.	Hous.
3.26	2.66	--	3.47	2.58

SERIOUS also produced a significant difference between the jurisdictional groups (z = 2.82, s = .01). Again, the mean scores suggest this may not be attributable to the categorization. In any case, we cannot provide any reason for the difference.

Wash.	St. L.	Minn.	Rich.	Hous.
2.18	2.58	1.77	1.71	1.84

34. Z = 5.43, s = .01. The mean scores for QUICK/CQUICK are as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
2.25	2.43	2.37	2.71	2.93

35. Our original indication was that the inebriate would not be perceived as a threat. However, interviews with officers and the frequency with which disorderly conduct is an associated offense especially for the blue-collar inebriate caused us to expect a perception of threat (i.e., disagreement). The mean scores for THREAT which are ambivalent are as follows:

	Wash.	St. L.	Minn.	Rich.	Hous.
$\bar{X}$ score	3.10	3.75	3.45	3.08	3.69
Significance of Difference			Z=1.80 N/S		

BELLIGERENT did not produce a significant difference (z = 1.66, N.S.). The mean scores indicating a uniform attitude among jurisdictions of the inebriate as belligerent are as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
3.70	4.41	4.28	3.51	4.35

MESSY also produced no significant difference (z = 1.07, N.S.) but did produce a uniform perception of the inebriate as messy. The mean scores were as follows:

36. We had not hypothesized that this "need for justification" would be present for the WELLDRESS/POORDRESS indicator. However, officers in criminal jurisdictions did perceive a need for intervention to a significantly greater degree than officers in the decriminalized jurisdictions (WELLDRESS, z = 5.65, s = .01; POORDRESS, z = 2.13, s = .01). The need for assistance as a justification for law enforcement intervention would be present for both indicators.

We had hypothesized general agreement on both indicators based on our view of what really happens--the officers generally do not treat the well-dressed inebriate as in great need of police assistance (i.e., family, friends, etc., will take care of them). Nevertheless, we doubted that the reality would be revealed in the questionnaire responses. Officers agreed only for POORDRESS and disagreed strongly that the well-dressed inebriate usually doesn't need police assistance. The mean scores for WELLDRESS were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
4.17	4.25	4.37	4.31	4.86

The mean scores for POORDRESS were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
3.19	2.80	3.11	2.70	2.86

37. Z = 6.52, s = .01. The mean scores for BOTHER were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
2.44	2.19	1.78	1.57	1.80

38. Z = 7.44, s = .01. The mean scores for MUGGING were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
2.73	2.47	2.67	1.37	2.07

39. Z = 1.94, s = .05. The mean scores for WEATHER were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
2.46	3.45	2.73	2.32	2.68

40. Z = 8.47, s = .01. The mean scores for IMMOBIL were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
4.40	3.62	3.81	2.74	3.31

41. Z = 1.27, N.S. The mean scores for MEDICAL were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
3.86	3.34	3.14	3.35	3.47

42. We expected and found that officers generally would agree that it was important to them that publicly intoxicated persons be properly cared for. However, we had not expected any significant difference between jurisdictions. In fact, there was a significantly higher level of agreement in the criminal jurisdictions (z = 3.75, s = .01). Perhaps, although it seems strained, the need for justification in the use of the criminal law to remove inebriates finds expression even in this indicator. The mean scores for PROPCARE were as follows:

Wash.	St. L.	Minn.	Rich.	Hous.
2.49	3.36	2.94	1.93	2.60

43. The hypothesis that officers would not perceive court and detox personnel as wanting increased pickups of inebriates may be surprising. However, interviews suggested that officers perceive these institutional actors as having a negative view towards handling public inebriates or, as being so overloaded with inebriates that they discourage pickups.

44. See the table of means, p. infra, regarding the levels of agreement in each jurisdiction.

45. GENPUB, z = 3.19, s = .01; AAETC, z = 3.16, s = .01; DRUNKS, z = 6.77, s = .01.

46. Forty ride-alongs conducted in the District of Columbia indicated the relationship between the condition of the inebriate and the mode of disposition.

Condition of Inebriate		Mode of Disposition: Detox-Hospital-Home	Mode of Disposition: Move on
	Incapacitated	11	2
	Unsteady	8	7
	In Control	4	8

47. Ride-along data from the District of Columbia suggests that if a complaint is received by radio rather than from an on-the-scene complainent there is a greater pressure to alter the situation in an effective manner, such as institutional disposition.

CHAPTER III: THREE CITY CASE STUDIES

This part of the Report is devoted to an analysis of the findings in three decriminalized jurisdictions selected for study, i.e., the District of Columbia, Minneapolis and St. Louis. Each city paper provides an introduction dealing with the historical and present legal context of public drunkenness in the jurisdiction and the environmental context in which policing of the public inebriate takes place both city-wide and in the selected target police districts. This is designed to permit an increased appreciation of the results of the impact analysis and the questionnaires and interview results.

Each city paper then assesses with the quantitative and qualitative impact of decriminalization of public drunkenness in the jurisdiction. Again, the basic hypotheses are that, if the police are retained as the pickup and delivery agent, and no special administrative changes are introduced to provide special incentives to induce pickup and delivery, there will be a quantitative decline in the number of individual public inebriates formally processed by the legal-medical system. Further, the remaining population of public inebriates formally processed will be, to an increased degree over the pre-change period, emergency case, skid row (homeless men) inebriates. Other inebriates, not formally processed under the therapeutic regimen will be ignored by the police or will be informally

disposed of using unapproved means. By examining alternative hypotheses for the observed decline in the formal approved pickup and delivery of public inebriates, i.e., control factors, it is possible to provide greater credibility to this description of the policy impact of decriminalization.

Each city paper then considers the reasons for this quantitative and qualitative impact in terms of the discretion model outlined in Chapter I of this Report.[1] The attitudes of officers in the target city are examined and compared with the attitudinal responses of officers in each of the other target cities, criminal and decriminalized. The statistical significances of the difference between the means of the attitudinal responses of the jurisdictions is measured using Z-scores.[2] This attitudinal section also attempts to probe intrajurisdictional differences by comparing mean results between police districts within the jurisdiction.

The relationship between the attitudes reported and the officer's subjective report of his behavior is then examined. We began this phase of the study with grave doubts whether a subjective assessment by the police officer of the frequency of defined behaviors, having the natural limitations of memory and perception, would yield meaningful results. This concern proved to be well-taken. While some interesting correlations were produced, most relationships were weak and not statistically significant.

In analyzing the questionnaire results for possible correlations,[3] we initially formulated hypotheses relating the

independent variables identified in Chapter I of this Report[4] to various forms of police behavior in handling public inebriates. The indicators (i.e., questionnaire items) available to measure each of the independent variables are set forth in Appendix A.

From this pool of potential indicators for each independent variable, factor analysis was used to refine our independent variables into new grouped variables (e.g., GROUPS, CONCERN, ROLE, PROTECT). In forming the grouped variables, factor score coefficients were used to weigh each of the selected indicators. One problem encountered in summating the variables was that the Statistical Program for the Social Sciences (SPSS) program used included missing values in the computing process. To circumvent this problem, individuals with missing scores for a particular indicator were assigned the group mean score for the indicator. Outlined below is the procedure followed in the construction of the grouped variables:

Grouped Variable = (factor score coefficient for indicator #1 x value for indicator #1) + factor score coefficient for indicator #2 x value for indicator #2) + . . .

D.C. Example:

CONCERN = (.773 x Propcare) + (.201 x Effective)

In regard to those hypotheses in which factor analysis failed to produce a grouped variable, we tested each available indicator as a potential measure of the independent variable (e.g., variables: Peer, Organization). The pre-designated indicators of the Background Variable (e.g., indicators: Age,

Education, Race and Time on Force) were each correlated with the proper dependent variable.

The dependent variables were created as a ration measure. In the District of Columbia, for example, our major concern was the determination of the percentage of times officers took any action, approved action, institutional action, and delivery to detox. Thus, in D.C., the final set of dependent variables chosen were:

ACTION = (DETOX + ARREST + HOSPITAL + HOME1 = MOVEON + HOME 2) / Total (Options)

APPROVED ACTION = (DETOX + ARREST + HOSPITAL + HOME1 + HOME2) / Total (Options)

INSTITUTIONAL ACTION = (DETOX + HOSPITAL) / Total Options

DETOX DELIVERY = DETOX / Total Actions

TOTAL OPTIONS = DETOX + ARREST + HOSPITAL + HOME1 + MOVEON + HOME2 + DO NOTHING

Similar ratios were formed of the behaviors proved in each target jurisdiction.

WASHINGTON, D.C.

For many years Washington, D.C. has been known as a reform city in regard to its handling of the public intoxication problem. Much of this reputation derives from judicial and legislative decision-making in the 1960s[5] which established the District of Columbia as a decriminalized jurisdiction well before the Uniform Act[6] had its impact on jurisdictions throughout the United States.

Despite this early notoriety, the District's decriminalized system and especially its means of intake has come under attack from various sources, including groups that ardently worked for the reform.[7] This paper is designed to evaluate the performance of the Metropolitan Police Department (MPD) as the major agency responsible for the delivery of public inebriates to designated health facilities in the District of Columbia. It is first necessary to consider the legal context which emerged from the judicial and legislative reforms in order to determine what goals the MPD is expected to implement.

THE LEGAL CONTEXT

Prior to Easter v. District of Columbia, 361 F.2d 50 (D.C. Cir. 1966), the public inebriate was handled under the criminal process. The usual procedure involved a police arrest of the offender based on an alleged violation of the D.C. Code, Section 25-128, which made it a crime to be "drunk or intoxicated in any street, alley, park, or parking in any vehicle in or

upon the same or in any place to which the public is invited or at any public gathering, and no person anywhere shall be drunk or intoxicated and disturb the peace of any person." Violations of this statute could mean a fine of not more than $100 or imprisonment for not more than 90 days or both.

The legal challenge to this public intoxication statute in the Easter case relied on a fundamental principle of criminal responsibility that criminal sanctions may be applied only to voluntary action.[8] Specifically, in Easter, the United States Court of Appeals for the District of Columbia held that the defendant could not be convicted of public intoxication because, as a chronic alcoholic, he had lost the power of self-control with respect to the use of alcoholic beverages and thus, under common law principles, could not be convicted for his involuntary intoxication. As indicated, the decision applied only to the "chronic alcoholic." Public intoxication remained a crime but there was increased uncertainty whether an arrest would result in a conviction. Further, the lack of any systematic therapeutic means for handling the chronic inebriate resulted in a "revolving door" worse than that produced by the ordinary criminal processing of inebriates. The result for the police was general confusion.

On August 1, 1968, the District of Columbia Alcoholic Rehabilitation Act went into effect. Its enactment was a direct result of Easter as well as its chaotic aftermath. The law established an alternative to the criminal justice system for handling public inebriates generally. It directs all

public officials in the District of Columbia to "take cognizance of the fact that public intoxication shall be handled as a public health problem rather than as a criminal offense." Nevertheless, the statute retains the assumption that simple public intoxication is a sufficient cause of public intervention regardless of the wishes of the intoxicated individual. The police are retained as the legal instrument for removing intoxicated persons from the streets, but they pick up "patients" under a public health provision which reads:

> Except as provided in subsection (b) of this section, any person who is intoxicated in public: (1) may be taken or sent to his home or to a public or private health facility; (2) if not taken or sent to his home or such facility under paragraph one shall be taken to a detoxification center.

The Metropolitan Police Department of Washington, D.C. detailed its interpretation of the new law and created a formal policy in MPD General Orders Eight and Eleven, series 1968. There is explicit recognition in General Order Eleven that the Metropolitan Police Department recognizes intoxication in the District of Columbia as a health problem--"Intoxication shall be handled on a public health rather than a criminal basis." In the orders, intoxicated persons are divided into three distinct classes: (1) those not endangering the safety of themselves or other persons or property, (2) those who endanger the safety of themselves or other persons or property, (D.C. Code §25-218) (3) those charged with criminal offenses other than those specified in D.C. Code, Section 25-128.

The police department remains the primary intake (or pickup vehicle for all three classes under the revised process. Under the first class, the police may take the citizen home or to the Detox (the Detoxification Center) and no arrest notation results (other forms are substituted). The second class, covering those public inebriates who do endanger the safety of themselves or other (a criminal offense) are arrested, and a detainer is left with the Detox medical officer. While those citizens in the third class are also to be taken to Detox, the Center was never equipped with appropriate security measures, and therefore any person whose escape is considered likely is presently treated as any other criminal arrest.

The legal formulation of the District's decriminalized approach to public drunkenness is primarily attributable to the intensive efforts of an identifiable set of individuals and groups (a policy subsystem).[9] As with the formulation of a good deal of public policy, it was not an issue of intensive concern to the general public. Rather, it represented a major victory for the cluster of interests that for nearly 20 years sought a "therapeutic" oriented policy rather than a criminal approach to public drunkenness in the District. Coordinated by the Washington Area Council on Alcoholism and Drug Abuse, these forces included members of city and federally chartered criminal justice reform commissions, the news media, civil libertarian groups, public health institutions, and alcoholism interest groups. This policy subsystem was also instrumental in prodding Congress to enact the

Alcoholic Rehabilitation Act and has continued to serve as a "watchdog" over the implementation of decriminalization in the District.

While all of the coalition members backed Easter and the Alcoholic Rehabilitation Act, their reasons for supporting these reforms varied and of course reflected the differences in professional expertise and interest that existed within the subsystem. The criminal justice reform commissions and the civil libertarians stressed the constitutional protections and their desire to free the courts and criminal justice system generally from a responsibility that was "non-criminal" in nature. The alcoholic reform groups and officials of public health institutions emphasized the provision of emergency services for the inebriate as well as the desire to use decriminalization as a stepping stone for resocializing and rehabilitating inebriates.[10] We found no indication of active discussions among coalition members concerning the potential conflict among these goals. Yet, as will be discussed more fully in Chapter IV of this Report, there is a very real possibility for "conflicting goals" sabotaging new governmental programs.[11]

Also, it is important to note that the Metropolitan Police Department neither volunteered nor was drafted to participate in this policy subsystem. Some members of the assumed that the department would simply be opposed to a non-criminal approach. Recent reform efforts in some jurisdictions have included the police departments in the formulation

stage as a means of receiving accurate information concerning the street activity of the inebriate population and to assure a high level of police cooperation in implementing non-criminal alternatives.[12] But, much more effort is required to assure policy involvement in the policy change.

Before presenting an evaluation of how the Metropolitan Police Department actually responded to this change in policy, it will be valuable to consider the environmental context in which the policy enforce the legal mandate in the District of Columbia. While city-wide environmental and demographic characteristics are outlined, stress is also placed on the unique characteristics of patrol areas (i.e., districts) on which the present study focused because of the variation in the "public drunkenness problems" that the department encounters between districts.

THE ENVIRONMENTAL CONTEXT FOR POLICING

Washington, D.C. is a city of socio-economic extremes. Like many central cities, the District is made up of three diverse types of areas: (1) entrenched poverty areas; (2) transitional areas; and (3) stable medium and high income areas.[13] In a ten-city comparison of cities with equivalent size, the District has the highest percentage of Black population (70 percent, followed by 46 percent for Baltimore, 41 percent for St. Louis). Another unique characteristic of the District is its low unemployment rate (1970 - 4.0 percent) in comparison to the national figure on central cities.

Also, this rate is only one percentage point higher than the figure for the Washington Metropolitan Area. However, the city does suffer from the currents of urban decline. The civilian labor force is heavily plagued with low income jobs. In 1970, 28 percent of the experienced labor force earned less than $4,000. Adding this figure to the unemployment rate, we see that over 110,000 persons in the District are either low income earners or unemployed.

As for levels of educational attainment, the District is bimodal with the highly educated and uneducated occupying significant percentages of the population. Thus, well over a third of its younger population (19-24 years) have not completed high school and 24 percent of the adult population (25 years or more) have less than one year of high school education. In comparison, this places the District well below the figures of such central cities as Baltimore, Cleveland, and St. Louis. Yet, the District has 22 percent of its male population with more than four years of college, a figure considerably greater than the percentage for comparable cities.

Like many urban centers, the District has experienced serious problems with heroin addiction and alcoholism. However, based on the standard formulas that produce yearly estimated rates for these addictions,[14] we see they differ in their degree of seriousness in the District.

The Narcotics Treatment Administration (NTA) estimated that the District of Columbia had a heroin user population

of 18,000 for the period of 1969 to 1971. The post-1971 estimate is much lower with a drop from as much as 50 percent to two-thirds of reported heroin users. This estimated reduction in the heroin user population is based on several crude measures: (1) drop in heroin deaths, (2) reduction in the number of clients in NTA programs, and (3) the significant drop in the reported presence of the drug in urine samples taken in connection with the Superior Court and D.C. Jail records.

On the other hand, the problem drinking population continues to grow in the District. Below are the estimates based on the Jellinek Formula.

Table 1
Problem Drinking Population,
District of Columbia, 1960-1972[a]

Year	No. of Problem Drinkers	Year	No. of Problem Drinkers
1960	52,500	1967	95,900
1961	64,100	1968	97,100
1962	68,100	1969	95,400
1963	78,000	1970	98,400
1964	70,000	1971	129,000
1965	86,700	1972	130,000
1966	97,600		

a. Based on Jellinek Formula as calculated and reported by Dr. Dorothy Mindlin, Director of the Adams Mill Alcoholism Center, Washington, D.C. See First Project Report, pp. 27-34.

"The Detox Area - Police District"

The Detoxification Center is located in the First Police District, a subdivision of Washington, D.C. roughly comparable to Health Service Areas 6 and 9 combined.[15] The former service area is an entrenched poverty section of the city

with a high concentration of "street" inebriates and heroin users. However, unlike the Bowery of New York City, the inebriate population is spread out and located in pockets of the many poverty and low income residential neighborhoods. Thus, while police officers identify certain corners and lots where the inebriates tend to congregate, they point out that inebriates are mobile and not concentrated in a one or two block area.

Policing the inebriate population in the First Police District is further complicated because Service Area 9 represents the central location of the tourist attractions as well as the site of governmental offices and retail stores. The "street drinking" population often "spills over" into this area, "panhandling" and using the parks for "hang-outs". Problem drinkers are also located within this service area due to the proliferation of "honky tonk" bars and strip tease joints. Thus, complaints from many community sources can be an everyday problem facing police officers in these patrol areas.

"Police District 5"

The Fifth District encompases Health Service Areas 2 and 5. The latter in many respects represents a continuation of the entrenched poverty area located in the First District. While Ser`ice Area 5 is more interspersed with middle income residential housing, the core of central city poverty has a firm hold on this part of the city. Again, "street drinking" represents the major policing problem

related to intoxication, but public inebriates in this area are more isolated from tourist attractions and government offices. Thus, complaints are more likely to come from residents.

Service Area 2 is distinctly wealthier than Service Area 5, representing a strong community for Black middle class families in the District. Public inebriation is considered a minor problem in this part of the city because drinking is usually confined to homes and bars in the neighborhoods.

"Police District 2"

The Second District falls almost completely within Health Service Area 8 and represents the neighborhoods of the middle and upper income white population in Washington, D.C. Its officers are also responsible for patrolling the Georgetown shopping and tourist section of the city.

Public inebriation is an insignificant problem in this district both because resident drinking is confined mostly to homes, and the street drinkers are largely located a considerable distance from the commercial Georgetown section of the city. The police do respond to inebriation problems resulting from bars along M Street and Wisconsin Avenue that attract young people and servicemen stationed in the metropolitan area.

IMPACT OF EASTER AND ARA ON POLICING INEBRIATES

We turn now to an analysis of the major research hypotheses concerning the combined impact of Easter and the Alcoholic Rehabilitation Act on the pick up of public inebriates. Quantitatively, we hypothesized that police intake of individual public inebriates has significantly decreased since decriminalization despite police officers' legal mandate to remain the central pick up agent and remove inebriates from the street. Qualitatively, we hypothesized that since decriminalization, policing of non-skid row public inebriates has greatly decreased, and in fact, such public inebriates rarely find their way into the Detoxification Center.

Quantitative Impact

To assess the impact of Easter and the ARA on police intake practices, the time-series experimental design discussed above was used.[16] Specifically, the General and Specific Research Frameworks as it applies to the District of Columbia is presented in Figures Six and Seven.

Figure 6
General Research Framework: District of Columbia

Policy Goals-----	Organizational Reaction-----	Policy Outcome
(As defined in Easter and Alcoholic Rehabilitation Act, ARA)	(D.C. Metropolitan Police Department General Orders)	(Decreased Formal Intake of Public Inebriates)

Figure 7
Specific Research Framework: District of Columbia

Alternative Approved Dispositions	Control Factors	Policy Outcomes
Delivery to Detox	Size of Problem - Drinking Population	Numerically Less Approved Dispositions of P.I.'s by police
Self-Admission to Detox*	Size of Public Inebriate Population	
Use of Public and Private Health facilities	Migration from the Jurisdiction	Non-approved Dispositions of P.I.'s by police
Home Delivery	Recidivism Rates: The "Revolving Door"	

*This is not a police option but it is an approved mode of intake of public inebriates to the public system.

To differentiate the criminal era from the decriminalized era, the opening of the detoxification center to full capacity as mandated under the Alcoholic Rehabilitation Act was identified as the point of policy intervention (i.e., November 1, 1968). Thus, we have symbolically designated the criminal period as "pre-ARA" and the decriminalized era as "post-ARA."

Alternative Approved Dispositions

"Delivery to Detox"

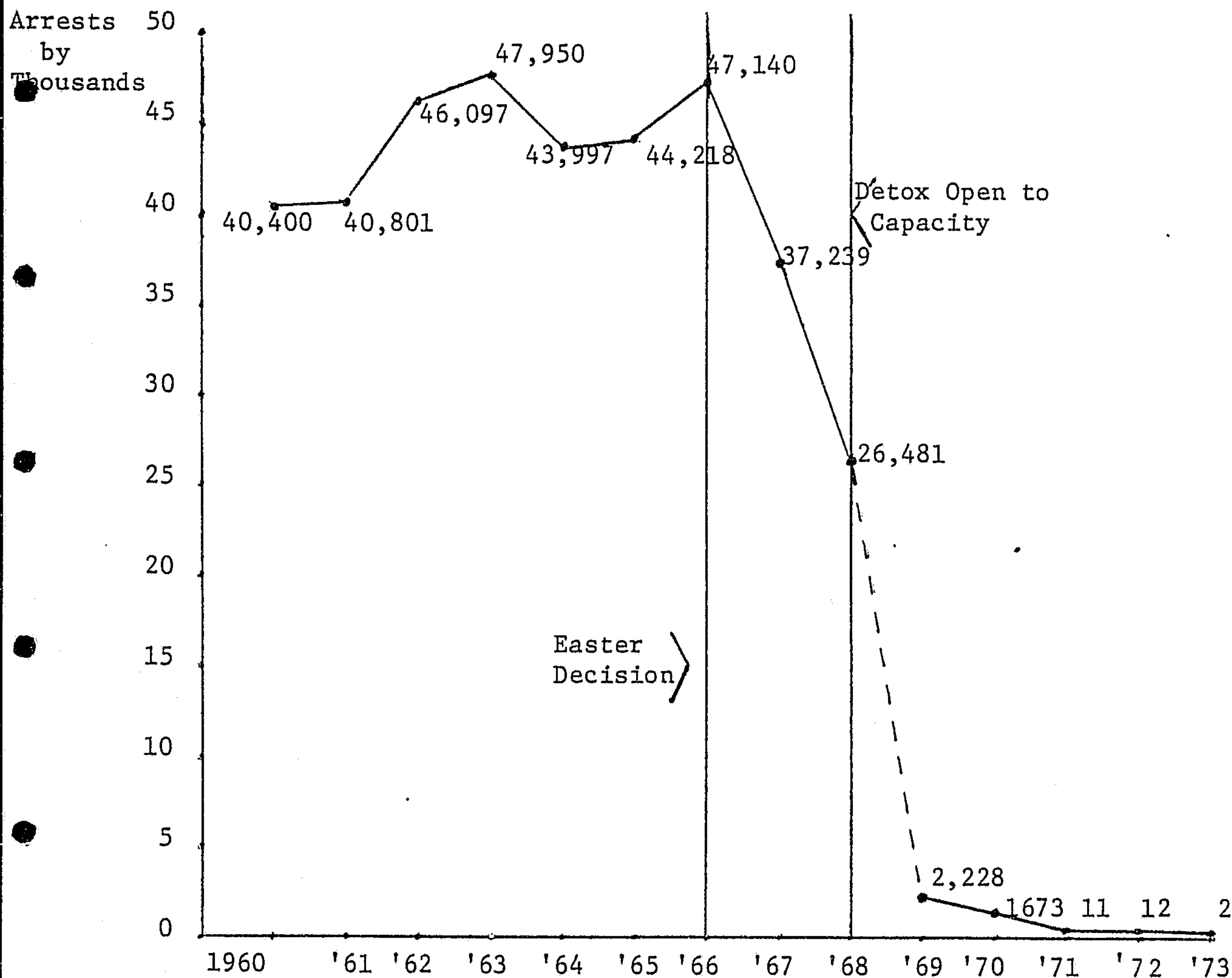
Graph Five indicates police arrest rates for public drunkenness (D.C. Code, § 25-128) over a period of 14 fiscal years beginning in 1960. The graph also includes notation of the relevant judicial and legislative events, and their corresponding impacts on the arrest rates for public drunkenness in the District of Columbia.

Notice that while the Easter decision has a braking effect on arrest rates, the implementation of the ARA through the opening of the Detox Center to capacity and the police department's corresponding general order informing patrol officers of the ARA requirements emerge as essential ingredients to the decriminalization of public inebriation. Of course, the general dependency on enforcement agencies for the full realization of judicial and legislative intent is well documented in impact literature.[17]

The next graph (Graph Number Six) illustrates the relationship between police arrest rates for public drunkenness in the post-ARA period, combining arrest statistics and police delivery rates to the Detox Center. As before, the source of police arrest rates for both periods is the official statistics of the Metropolitan Police Department. Police delivery rates to the Detox Center are based on the official monthly admittance statistics from the D.C. Alcoholic Detoxification Center. The Center's statistics are categorized as follows: police volunteer, involuntary, self-volunteer, and informal volunteer. These categories represent the Detox Center's attempt to comply with the mandates of the Alcoholic Rehabilitation Act's division of public drunks into four separate types: (1) of persons who are not endangering self or others (Detox equivalent - police volunteer), (2) persons who are endangering self or other (Detox equivalent - involuntary), (3) persons intoxicated and who are committing other crimes (never administratively institutionalized by police

GRAPH 5

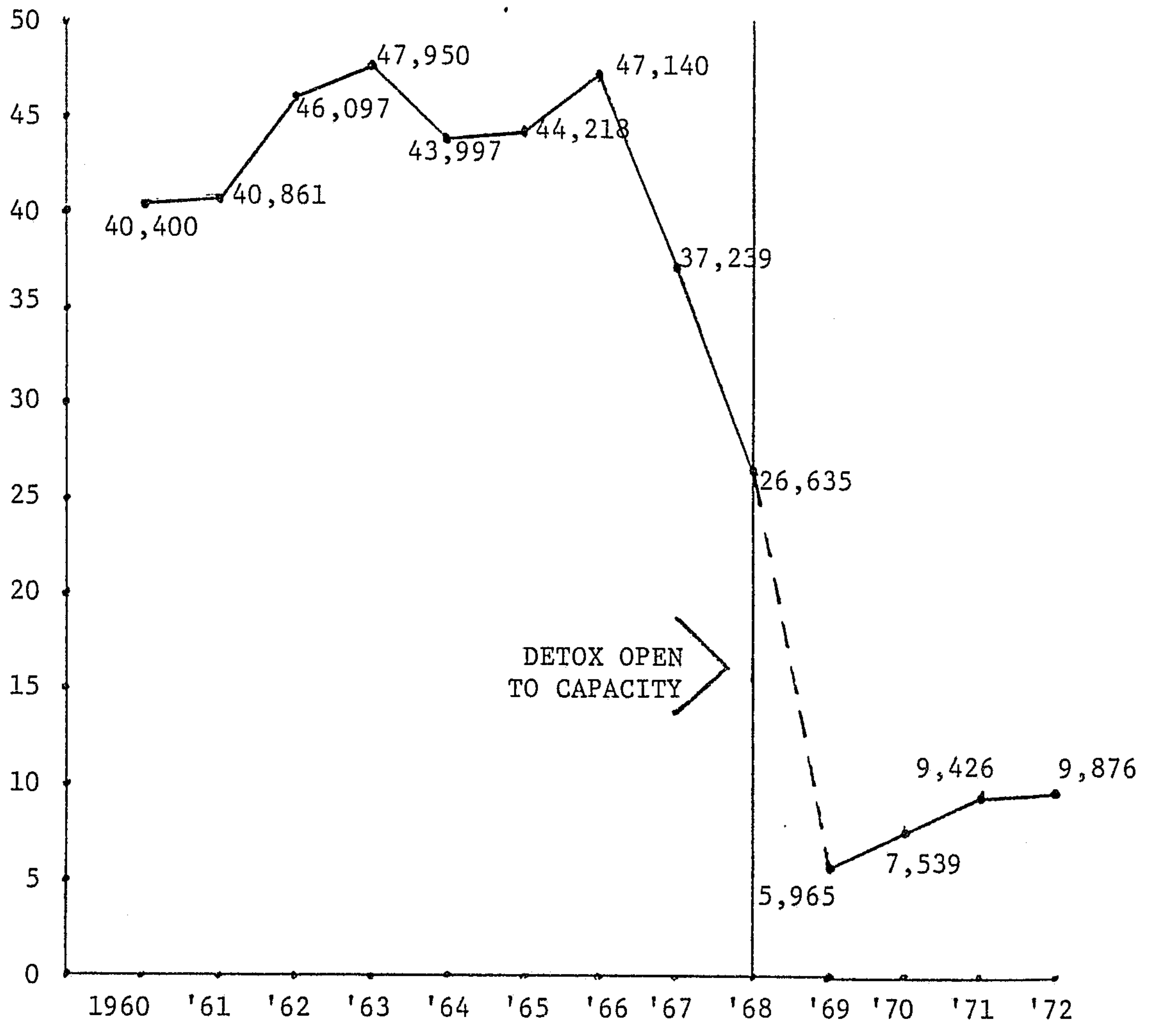
Public Drunkenness Arrests (D.C. Code, § 25-128),[a]
Fiscal Years 1960-1973.



[a]Figures are Official Statistics of Metropolitan Police Department, Washington, D.C. Annual Reports, 1960-1973.

GRAPH 6

Public Drunkenness Arrests[a] and All Police Referrals to D.C. Detoxification Center,[b] Fiscal Years 1960 - 1972.

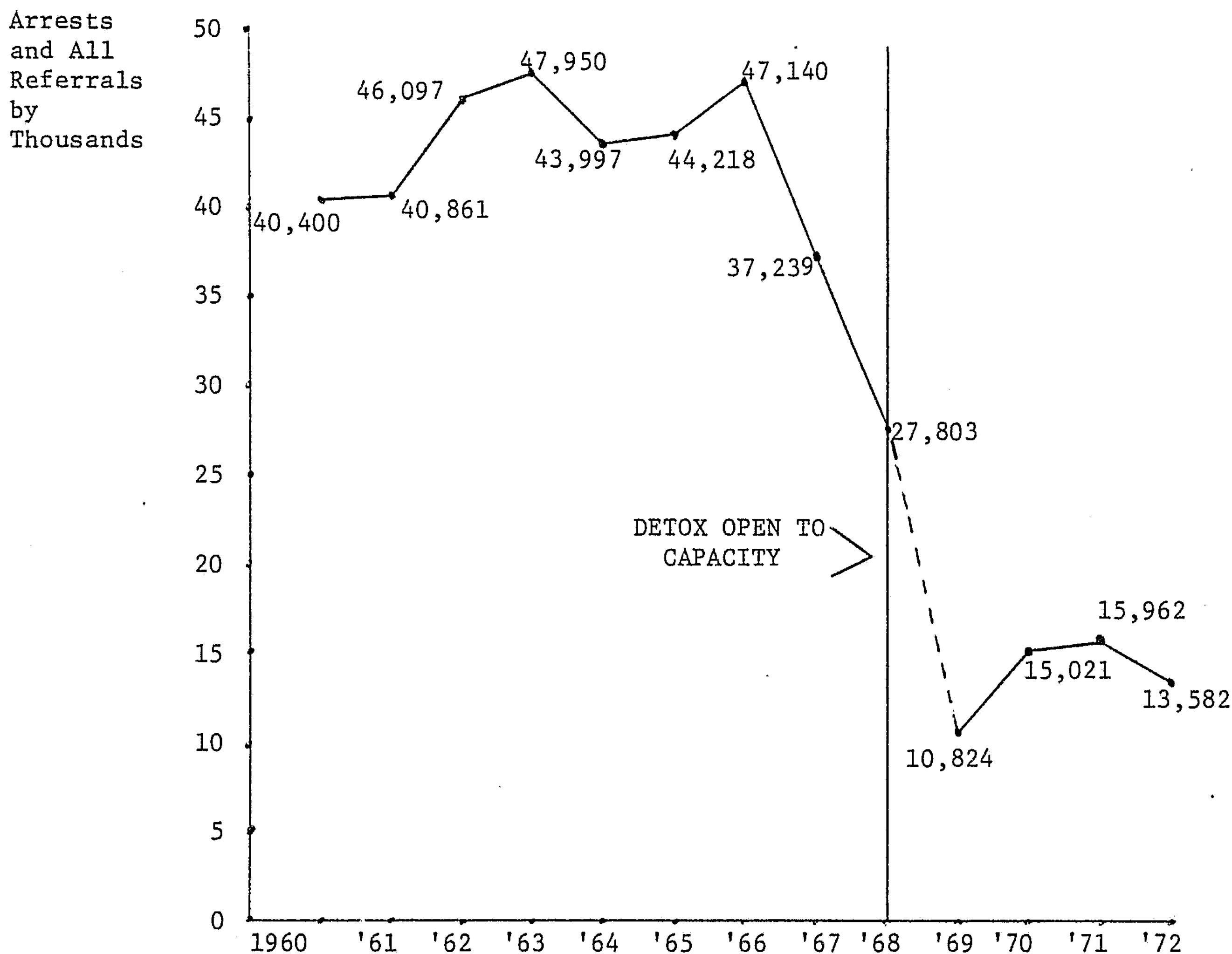


a) Figures are official statistics of Metropolitan Police Department, Washington, D.C. Annual Reports, 1960-1972.

b) Official records of D.C. Detoxification Center, Washington, D.C. Monthly Statistics, May 1968-June 1973, Police Volunteer Admissions.

GRAPH 7

Public Drunkenness Arrests[a] and All Admissions to the D.C. Detoxification Center,[b] Fiscal Years 1960-1972



a) Figures are official statistics of Metropolitan Police Department, Washington, D.C. Annual Reports, 1960-1972.

b) Official statistics of D.C. Detoxification Center, Washington, D.C. Monthly Statistics, May 1968-June 1973, All Categories.

or Detox), (4) self-admission (Detox equivalent - self volunteer/informal volunteers). The records of the Detoxification Center establish that the police fail in practice to distinguish between public drunks who are not endangering themselves or others, in that during the 53 months of record-keeping, the police have processed _no_ public drunks under the involuntary category. Thus, by combining police arrests with police admissions to Detox in the post-ARA period, Graph Six demonstrates the significant decrease[18] in police pick up rates following _Easter_ and passage of the ARA.

"Self-Admission"

To explore the possibility that self-admission may serve as an explanation for the difference in police intake rates in the two periods, Graph Seven shows the police arrest rates and all of the categories of admission to Detox, including self-admission. Again, the anticipated result of a significant decrease in pick up rates for public drunks in the post-ARA period considering only Detox, is confirmed.[19] Thus, all of the data indicates that, in terms of arrest and intake rates, the decrease is significant and dramatic in the post-ARA era.

Table Two shows the actual number of pick ups by each district for each of the pre-ARA years, 1960-68. As the table illustrates, the rate of intake for each district with the possible exception of District Five, remains relatively stable through 1966. As suggested by Graph Five, each District

Table 2
Police Arrests for Public Drunkenness by District, FY 1960-1968[ab] and Estimate of Individuals Picked-Up by Police by District, FY 1970-1972[c]

Districts	1960	1961	1962	1963	1964	1965	1966	1967	1968	1970	1971	1972
1	13,890	13,431	14,781	15,110	14,109	14,300	16,208	15,847	10,666	3,013	4,999	6,342
2	2,560	2,199	2,527	2,558	2,175	2,093	3,507	3,195	2,325	838	1,280	848
3	9,537	10,639	11,814	11,901	11,102	11,130	10,735	5,706	4,150	838	461	984
4	5,369	4,711	5,256	5,369	4,865	5,735	5,549	4,148	2,824	334	1,280	286
5	5,972	6,539	8,180	8,773	7,902	7,220	5,780	3,969	2,724	504	1,045	848
6	1,817	1,673	1,773	1,866	1,680	1,589	1,582	1,163	843	- d	- d	- d
7	889	1,224	1,338	1,467	1,719	1,961	2,390	2,151	1,888	- d	- d	- d

a) Based on official statistics of Metropolitan Police Department, Washington, D.C.
b) Some estimations have been made because of the redrawing police district lines (precinct to district system).
c) Based on sample from Men's Detoxification Center
d) Missing data.

experienced a fall-off in arrests in 1967 following Easter. This decline continued through the opening of Detox to full capacity. As shown in Table Four, the pick up rates during the post-ARA period indicate that pick ups in each District, while sometimes increasing, have failed in any way to approximate their pre-ARA rate.

One strong qualification should be made at this point before comparing the differences in intake by district. The rates for the Pre-ARA years are drawn from statistics made available by the Metropolitan Police Department and reflect the actual number of intakes during that era. The rates for the post-ARA period, however, are estimates based on samples drawn from the Men's Detoxification Center for each of those years. Although making inferences regarding population parameters based on data from the sample is certainly a valid procedure, the picture is clouded by the fact that a large percentage of the records sampled supplied no information regarding the district in which the pick up was made. Table Three shows the percentages of individuals from each sample year without an indication of their district point of origin.

Having made the above qualification, we can examine an interesting aspect of the decline in the number of pick ups following the transition from the pre-ARA to the post-ARA period. Although there were fewer pick ups in every district, the rate of decline from one period to the next was not uniform throughout the city. Table Four shows the percentage of the total number of city-wide police pick ups accounted for by

Table 3
Percentage of Individuals Whose Police District Origin is Unaccounted,[a]

Calendar Years 1969-1973

1969	b
1970	55 %
1971	47 %
1972	54 %
1973	44 %

[a]Men's Detoxification Center Sample

[b]Data missing

Table 4
Percentage of Police Pick-ups
by District, FY 1960-1972

Districts	1960	1961	1962	1963	1964	1965	1966	1967	1968	1970	1971	1972
1	35	33	32	32	32	32	35	44	42	54	55	68
2	6	5	6	5	5	5	8	9	9	15	14	9
3	24	26	26	25	25	25	23	16	16	15	5	11
4	13	12	11	11	11	13	12	11	11	6	14	3
5	15	16	18	19	18	16	13	11	11	9	12	9
6	4	4	4	4	4	4	3	4	3	-[b]	-[b]	-[b]
7	2	3	3	3	4	4	5	6	7	-[b]	-[b]	-[b]

[a]Based on Table 2

[b]Missing data

each of the districts over a 13 year period. Had the rate of decline in the transition from the pre- to post-ARA period remained constant across district boundaries, each district would continue to account for the same percentage of total number of pick ups in the latter period as it had in the former. Upon examination, however, we see that District One exhibited a marked increase in this statistic following the opening of the Detox Center. This strongly suggests that the Detox Center is being used largely by the Metropolitan Police Department to service its many policing problems deriving from the proliferation of street inebriates in District One, and that officers in other police districts are not as frequent users of Detox as the officers in District One.

"The Use of Public and Private Health Facilities"

The Alcoholic Rehabilitation Act stipulates that public inebriates "may be taken or sent to . . . a public or private health facility." However, all police general orders implementing the ARA refer only to private health facilities as the appropriate alternative to Detox as a mode of disposition. To determine whether police officers significantly use the option to deliver public inebriates to public and private health facilities as an explanation for the discrepancy between pre-ARA arrest rates and Detox admissions, we developed a list of public and private health facilities that service inebriates based on a publication supplied by the Washington Area Council on Alcoholism and Drug Abuse. Research assistants were then instructed to contact those respective institutions and as a

first priority collect any statistics on police deliveries to those facilities. Where statistics were unavailable, the researchers were asked to conduct an interview schedule to elicit equivalent information about police deliveries.

As for statistics on police deliveries to these facilities, no record of police deliveries exists and, in fact, very few facilities keep accurate records of admissions by type of referral. In regard to the interview schedule, all of those interviewed stated that police deliveries to their respective facilities were extremely rare events and more important, no institution reported any significant increase in deliveries corresponding to the emergence of the post-ARA era.

"Home Deliveries by Police"

The ARA and police general orders sanction home deliveries of public inebriates. In order to determine if the police are taking or sending a larger number of public inebriates home during the post-ARA period than the pre-ARA period, thus explaining the observed discrepancy, we contacted police administrative personnel to see if any datum on this proposition was available. Police form PD253 (an Incident Report) is to be filed by any officer transporting a public drunk to his/her home. Despite the Department's specific directions on the utilization of the Incident Report for this contingency, the MPDC indicated that in the last four years <u>no</u> use was made of this form for that purpose.

Our review of observation forms for police ride-alongs confirmed headquarters' statement as we saw virtually no use of

this option. While these means of analysis fall short of fully controlling for this alternative disposition, the interviews and observations do provide additional support for our proposition that home deliveries fail to explain the significant discrepancy in intake between the two periods.

Control Factors

Given this analysis of the formal mandated options available for police officers for handling public intoxicants, we arrived at our anticipated explanation--that a large number of public inebriates are simply being left in the street or are disposed of by informal, unapproved means. However, before reporting this as a conclusive finding, we introduced and analyzed a comprehensive set of hypotheses that might explain the observed discrepancy other than as a failure on the part of police officers to pick up public inebriates. For example, we introduced two controls reflecting possible changes in the size of the potential target group population as defined by the legal policy statements:

-has the class of intoxicated persons decreased significantly enough in the post-ARA period to reduce the potential for police pick up of publicly inebriated individuals?

-has the public inebriate population decreased significantly enough to lower the potential for intake either through an actual decline in population or through migration?

We also sought to control for the possibility that the number of public inebriates had declined through migration from the target city to adjacent jurisdictions. Finally we explored the possibility that the observed decline in pick-ups is artificial in that as many individuals are being formally processed in the post-ARA period with the difference lying in a lower rate of recidivism in the post-change period.

"The Size of the Problem Drinking Population"

The first factor addresses the issue of the entire population of individuals that are intoxicated. If this population has shown a significant decline that is coterminous with decriminalization of public drunkenness, then we would need to weigh this variable as influencing the potential for police intake of public inebriates. Public inebriates are a subset of intoxicated persons. If the entire set decreases, then the subset *may* shrink. While there is no measure which is accepted as accurately reflecting the problem of intoxication in this nation, there is a measure which serves to indicate the trends in the size of the class of intoxicated persons in the District of Columbia--the alcoholism rates determined by the Jellinek formula.

Dr. Dorothy Mindlin, a clinical psychologist and the Director of the Adams Mill Alcoholism Center (the oldest public treatment center for alcoholics in the District of Columbia), has calculated estimates for the number of alcoholics in the District over a period of 13 years beginning in 1960,

based on the "Jellinek Formula." This formula, an accepted method in the medical and social scie ces for making rough estimates of the degree of alcoholism for large populations is based on deaths from cirrhosis of the liver.

As indicated earlier in Table One, Dr. Mindlin's figures for the incidence of alcoholism in Washington, D.C. shows a steady increase over 13 years covering substantial parts of the pre- and post-ARA periods. However, it should be noted that the Jellinek formula is considered most accurate in predicting alcoholic rates for very large populations (predominantly whole countries). Therefore, the figures are undoubtedly inaccurate for as small a population as the District of Columbia. Second, one should recognize the heavy dependency of the formula on the accuracy of the detection and reporting techniques for death by cirrhosis of the liver.

In any case, this certainly suggests no decrease in the size of the alcoholic population. While the class of intoxicated persons is not coextensive with the class of alcoholics, the lack of any decrease in the size of the latter indicates the lack of any decrease in the size of the former. In the absence of any decrease in the size of the class of intoxicated persons, there is no reason to expect any decrease in the size of the class of public inebriates. Thus, there is no reduced potential for the pick up of public inebriates in the post-ARA period.

"The Size of the Public Inebriate Population"

Are there any indicators that specifically identify the size of the public inebriate population over time? No precise statistical data has been uncovered to trace the size of this specific population in the District of Columbia. Therefore, a number of elite interviews with individuals closely associated with the public inebriate problem were conducted. None of those interviewed see any decrease in the size of the public inebriate population. Further, the District of Columbia's Area Council on Alcoholism and Drug Abuse reports that there has been a steady increase of the public and private health facilities for treating individuals with alcohol-related problems throughout the last ten years. The Council does note that recent increases are largely related to improved health insurance benefits for treating alcoholism and alcohol-related problems, but the increases do suggest that there has been no significant decrease in the size of the public inebriate population.

"Migration from the Jurisdiction"

Has the public inebriate population decreased significantly through migration to surrounding jurisdictions? We selected Prince George's County, Maryland, to analyze this question because it more closely approximates the socio-economic characteristics of the District than any of the other suburban jurisdictions.

Arrest statistics for public inebriation and disorderly conduct were obtained to determine if there has been any

increase during the post-ARA period in the District of Columbia. Until 1968, when arrest for public inebriation ended, both public inebriation and disorderly conduct were used to process public drunks. Since the change of the Maryland Law in 1968, the only offense used to process public inebriates is disorderly conduct. As indicated in Table Five, the data does not support the rival hypothesis that a migration to Prince George's County of public drunks took place at the time of the change in the law in D.C.

"Recidivism Rates - The 'Revolving Door'"

The point of reference for the foregoing analysis has been "rate of intake" without consideration given to the number of individuals that are picked up in each period. Thus, one could argue that as many individuals are being picked up in the post-ARA period as were in the pre-ARA period, and the only difference being the lower rate of recidivism in the latter period.

Table Six represents an estimate of the number of individuals that the police processed in four-ARA years (Calendar 1964, 1966, 1967, 1968) to control for the "revolving door" argument as an explanation for the higher police pick up rates in the pre-ARA period. Since the police have no record of the number of individuals they processed for this charge in the pre-ARA period, court records (<u>The D.C. Court of General Sessions Index</u>) listing cases for each calendar year in alphabetical order by individual name, were used.

Table 5
Arrest Statistics for Prince George's County, Maryland, Public Inebriation and Disorderly Conduct, 1964-1973[a]

Year and Offense		Situations Reported	Total Persons Arrested
1964	P.I.	1960	961
	D.C.	6102	940
	Total	8062	1901
1966	P.I.	1735	1215
	D.C.	2920	967
	Total	4655	2182
1967	P.I.	1664	1456
	D.C.	1809	2147
	Total	3473	3603
1968	P.I.	720	748
	D.C.	1149	1276
	Total	1869	2024
1969	P.I.	88	92
	D.C.	1380	1413
	Total	1468	1505
1970	P.I.	1	34
	D.C.	625	1868
	Total	626	1902
1971	P.I.	0	1
	D.C.	1361	1712
	Total	1361	1713
1972	P.I.	1503[c]	0
	D.C.	1020	1156
	Total	2523	1156
1973	P.I.	1454	0
	D.C.	767	885
	Total	2221	885

a) From the official records of the Prince George's County Police Department.

b) "Situations Reported" refers to citizens' complaints to the police. These situations are recorded according to how the complainant describes them.

c) This sudden increase has been explained as due to a change in the recording system on the part of the County Police.

Because the District's Court of General Sessions processed only a percentage of the total police arrests for this charge (some individuals forfeited their collateral), the court-abstracted estimate for the number of drunk arrests per individual for each sampled year is divided into the police arrest rates for that particular year to obtain an estimated total number of different individuals arrested for drunkenness in the sampled year. It should be noted that this estimate is undoubtedly inflated because more individuals with multiple arrests would be processed in the courts while the more affluent single offenders would forfeit their collateral rather than be exposed to the court process. Therefore, this bias of the estimate runs counter-productive to the hypothesized result that the post-ARA police pick up rate for public inebriates is significantly less than their pre-ARA pick up rate.

Due to the thorough record-keeping system of Mrs. Doris Bradley, Director of the D.C. Detoxification Center, post-ARA population statistics exist on the number of individuals admitted to Detox for each post-ARA year. Assuming that self-admissions in the post-ARA era could have been primarily police pick-ups in the pre-ARA era (again, an assumption that runs counter-productive to our anticipated result), Table Seven shows the total number of individuals admitted to Detox on a calendar year basis.

Finally, Graph Eight demonstrates that after controlling for the revolving door phenomenon, the number of individuals

Table 6
Estimate of Number of Individuals
Arrested by Police, 1964, 1966, 1967, 1968

Year	Rate of[a] Arrest	Court Sample[b] Recidivism Rate	Estimation of Indivs. Arrested
1964	44,107	1.58	27,916
1966	42,189	2.59	16,289
1967	31,860	1.48	21,527
1968	14,354	1.23	11,670

a) Based on official statistics, Metropolitan Police Department, which are compiled on a FY basis. A rough conversion, using 50% of each FY has been made to bring this data into congruity with the court data.

b) Based on sample of arrested individuals, D.C. Court of General Sessions Index, by calendar year.

c) Rate of arrest divided by court sample recidivism rate.

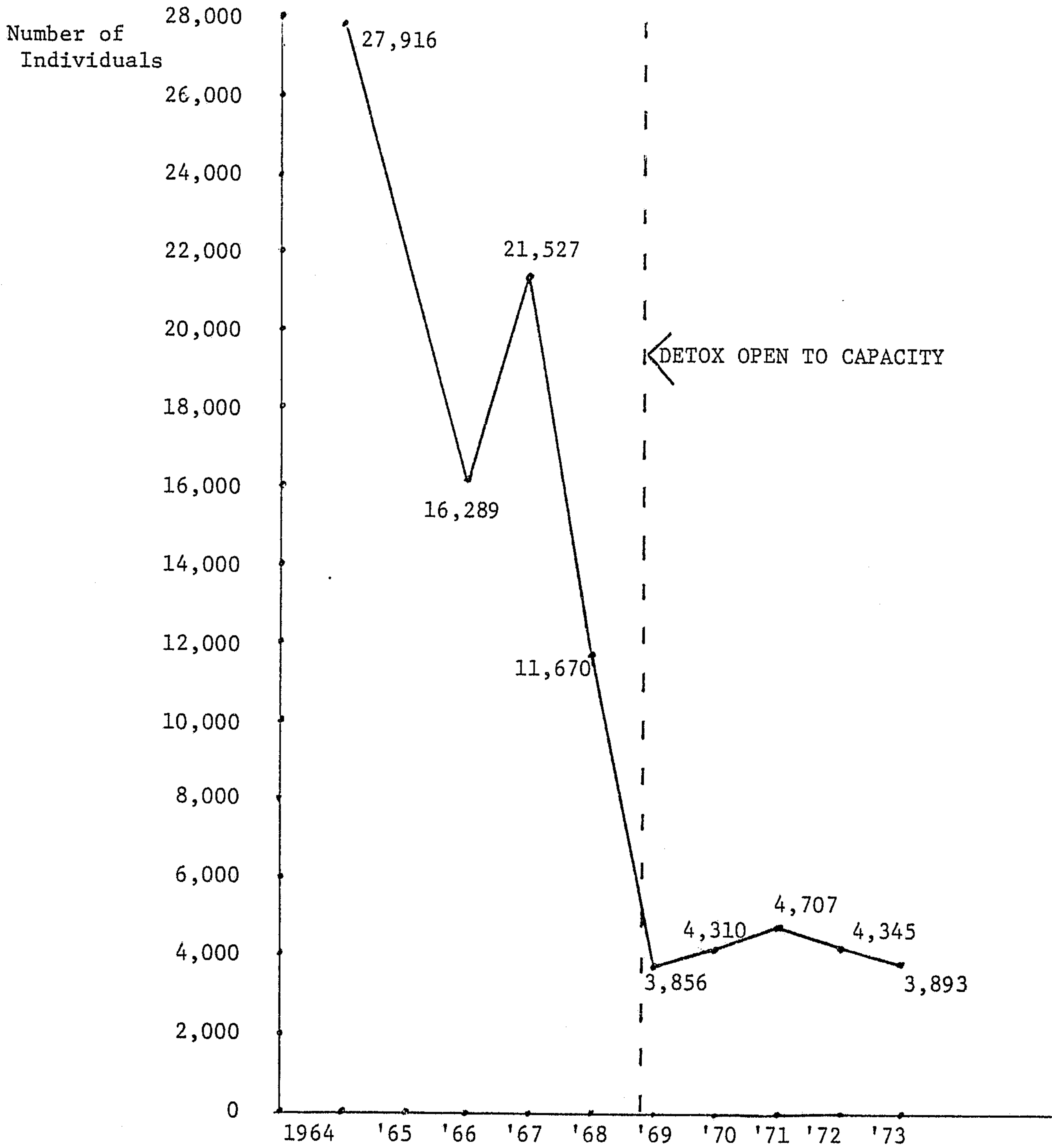
Table 7
Total Number of Individuals Delivered To
Detox, Calendar Year 1969-1973

Year	Rate of Admissions	Recidivism	Individuals Admitted
1969	11,695	3.03	3856
1970	14,293	3.32	4310
1971	14,845	3.15	4707
1972	12,465	2.87	4345
1973	10,436	2.68	3893

a) Official statistics of the Men's Detoxification Center

GRAPH 8

Individuals Picked Up by Police for
Public Drunkenness, Pre- and Post-ARA
Calendar Years 1964, 1966, 1967, 1968, 1969-73



picked up by the police in the post-ARA period has shown a significant decrease. It should be noted that if one adds the approximate 500 individuals delivered yearly by the police to the Female Detox Unit since January, 1972, the discrepancy in police intake between the two periods remains significant.

Policy Outcomes

Analysis of the relevant control hypotheses, then, do not explain the observed discrepancy in intake rates between the pre-change arrest rates and post-change approved formal disposition rates. We arrive, then, at the conclusion that a substantial number of public inebriates in the therapeutic system in the District of Columbia are not being formally processed but are either ignored, handled by informal means, or are processed using other criminal charges.

The latter possibility might be either a legitimate disposition reflecting an increased incidence of "other crimes" among public inebriates or simply an inpermissible vehicle for disposing of a street problem, i.e., removing the inebriate from the streets using the criminal justice system. Certainly, the latter possibility has been frequently suggested. In any case, we sought to explore whether this mode of disposition might be a viable explanation for the observed numerical discrepancy in pick-up rates.

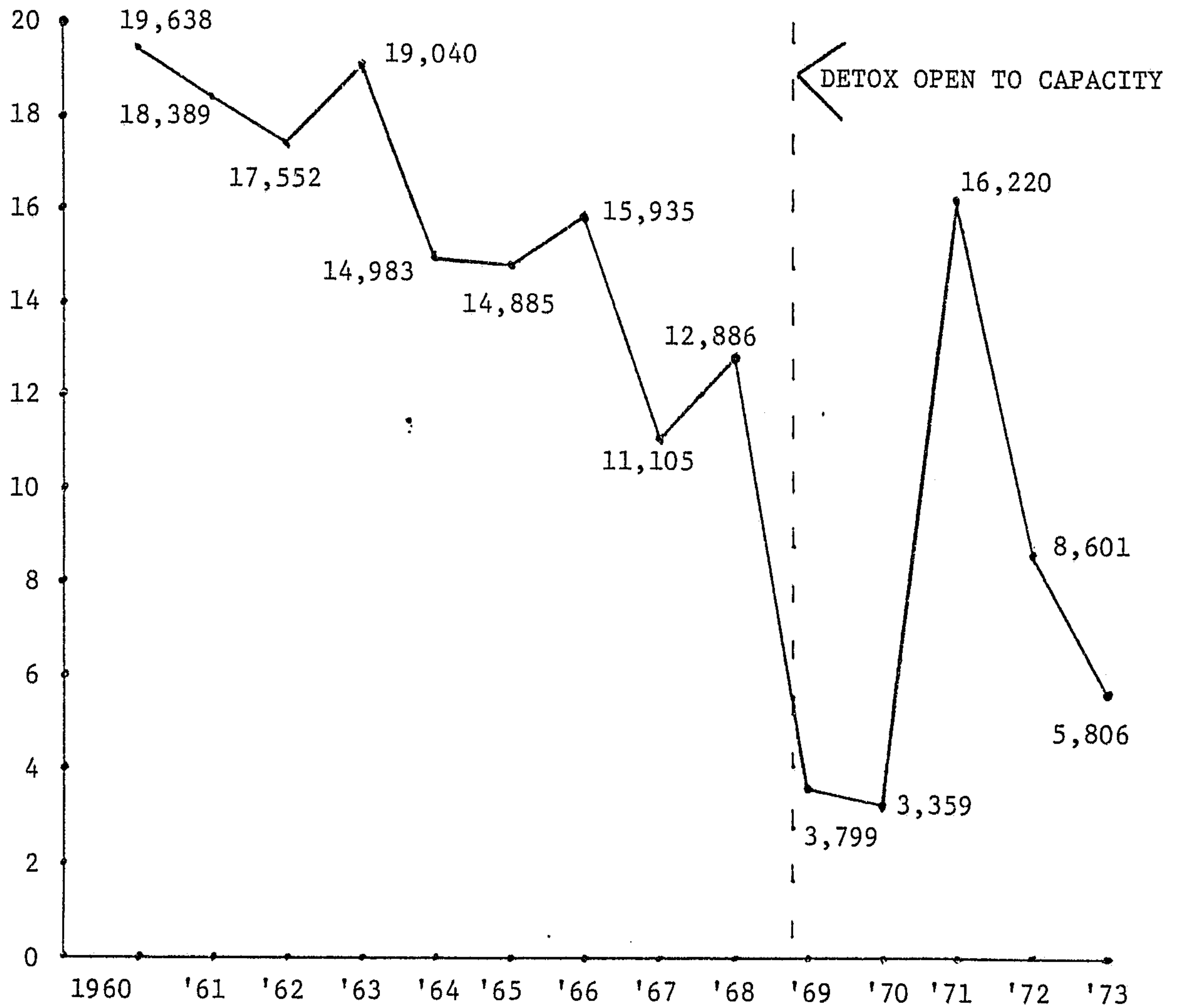
In order to examine this possibility, interviews were conducted with court personnel to determine whether such a practice was occurring and if so, to find out what offenses

were being used for this purpose. All of those interviewed asserted that public inebriates are no longer being processed by the courts and, in addition, many pointed out that the primary factors responsible for reducing the case backlog in the Criminal Division of the Superior Court has been the removal of public drunkenness as a criminal offense. Some further suggested that because such charges as disorderly conduct and vagrancy were often attached to public drunkenness charges in the pre-ARA period, the criminal justice system has seen a reduction of these offenses in the post-ARA era.

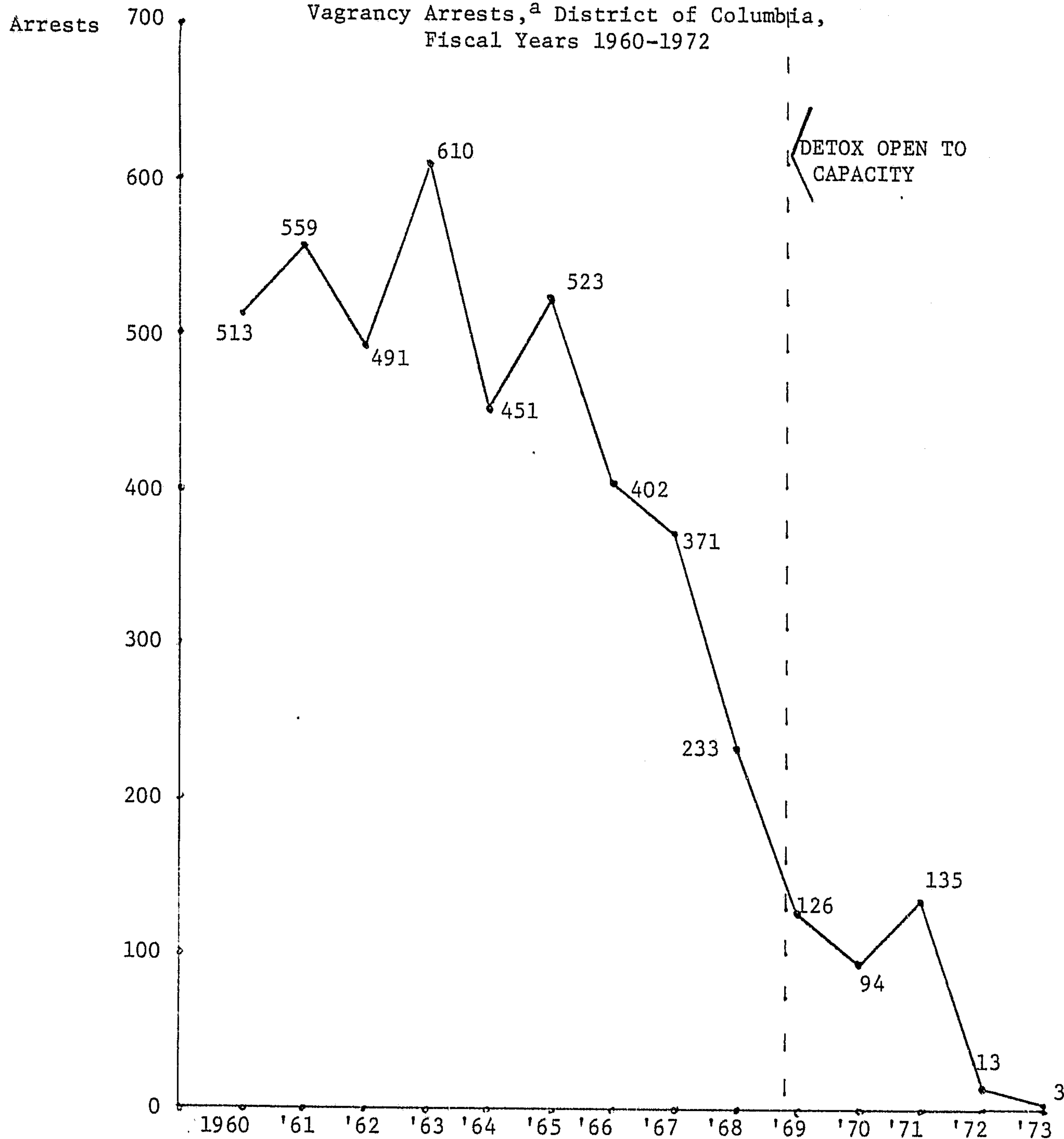
We obtained official police statistics to probe these assertions, and to consider the possibility that other charges (principally disorderly conduct and vagrancy) were being used to process public drunks through the criminal justice system in the post-ARA period. As indicated in Graphs Nine and Ten, official arrest statistics from the Metropolitan Police Department establish that disorderly conduct and vagrancy charges have decreased substantially in the post-ARA period. The sharp increase in disorderly conduct arrests in fiscal year 1971 is most likely attributable to police actions regarding antiwar demonstrations, as over 9,000 of the arrests took place in May, 1971, the month of the "May Day Demonstrations" in Washington, D.C. The official statistics and the information derived from the interviews strongly suggest that other crimes are not being used to any significant extent to process public drunks.

GRAPH 9

Disorderly Conduct Arrests,[a] District of Columbia,
Fiscal Years 1960 - 1973



a) Figures are official statistics of Metropolitan Police Department, Washington, D.C. Annual Reports, 1960-1973.



a) Figures are official statistics of Metropolitan Police Department, Washington, D.C. Annual Reports, 1960-1973.

This leaves only the explanation that public inebriates in the District of Columbia in the post-change period are either ignored or are disposed of by informal means such as ordering them to move on or otherwise removing them from public view. Direct observation, and interviews with police officers and with others interested in the public drunkenness problem in the city lent added credibility to this conclusion. Public drunkenness is not as great a police problem at the present time as it was in the past at least in part because it is not accepted as a significant police problem. Ignoring the presence of the inebriate or the informal disposition of the public inebriate, even though not options approved by the law on the books, become viable alternatives under the law in action.

Qualitative Impact

Besides giving less attention to the entire public inebriation problem, are the police being more selective in their enforcement practices since decriminalization? In short, what type(s) of public intoxicants did the police give formal attention to prior to decriminalization, and how does this compare with those receiving current police formal attention? To determine this, we studied existing reports on the public inebriate population and also collected original sets of data on pre- and post-ARA intoxicants who received formal attention from public institutions.

Very little precise information exists on the characteristics of the public inebriate population arrested in the

pre-ARA era. However, in 1957, the prestigious Committee on Prisons, Probation and Parole, completed a comprehensive study of the public inebriate problem in the District of Columbia.[20] In 1956, they found that 58.2 percent of the individuals picked up for public intoxication were disposed of by forfeiture of collateral, fine or court releases.[21] This large class of inebriates is labeled "social drinkers" by the Committee. The remaining inebriates were committed to the Workhouse (38.8%), and the Committee identifies three classes of intoxicants in this group:

> Many are relatively youthful offenders who are simply intoxicated at the time of arrest; a somewhat larger group are problem drinkers, bordering on chronic alcoholism--but who have families, job prospects, and a desire to get back home and back to work; finally, the great majority of the approximately 14,000 intoxicants committed each year to the Workhouse are chronic skid-row alcoholics.[22]

Thus, the Karrick Report indicates that the police picked up a wide range of public intoxicants including social drinkers, youthful offenders, and problem drinkers. They did not concentrate solely on the chronic skid row inebriate.

On the other hand, studies of those individuals entering the Alcoholic Detoxification Center indicate a population largely made up of chronic skid row inebriates:

> The composite picture is that of a black man, not married, who tends to be in his mid-forties, having completed ten years of education, of low socioeconomic status . . . . He has an average of 18 prior admissions to the Alcoholic Detoxification Center.[23]

To further assess the qualitative impact of decriminalization, we collected original data on the characteristics of

the public inebriate population in both periods. By drawing a random sample of individuals arrested from the police records for two pre-ARA years (1963, 1967), as well as a similar sample from the files of the Detoxification Center during post-ARA years (1969, 1970, 1971, 1972, 1973), we have: (1) created a comparative background profile and (2) developed indicators for two of the three characteristics often associated with skid row inebriates--low socio-economic status, and undersocialization. No indicators of institutional dependence appear in the comparative samples.

"Low Socio-Economic Status"

The comparative indicator from the samples (i.e., occupation) fails to show a difference between the pre- and post-ARA populations. Of those reporting on their occupational status from the pre-ARA sample (N=379) 64.1 percent indicate no occupation, unskilled, or semi-skilled while 64.9 percent (n=412) identify themselves as unskilled or semi-skilled from the Detox sample.[24]

To develop one additional measure of socio-economic status for the detox sample, we plotted the addresses of public inebriates admitted to Detox who reported their residences according to the Department of Human Resources service areas. As we expected, public inebriates reside in service areas with the highest percentage of socio-economic health-related problems. The service area most often associated with public inebriate residency is Health Area 6 (29.1 percent), the

Model Cities Area, which presently ranks the highest in social, economic, and health problems, and the service area in which the Detox Center is located. Table Eight reveals that 63.7 percent of the public inebriates admitted to Detox reside in the three most deprived service areas. Note that this figure does not include those admitted to Detox who report no permanent residence.

Table 8
Residency of Public Inebriates, by Service Area

	Rank[a]	Service Area	Public Inebriates'[b] Residency (%)
Most SES problems	1	6	29.1
	2	5	12.4
	3	7	22.2
	4	3	5.0
	5	4	6.3
	6	9	8.0
	7	1	7.4
	8	2	4.2
Least SES problems	9	8	5.4

a) see D.C. Department of Human Resources, "Demographic, Social, and Health Characteristics of the District of Columbia by Service Areas," Office of Planning, April, 1973, pp. 5-6.
b) from random sample, Men's Detoxification Center Permanent File Data (Sample Size = 766; Missing Cases = 306). Combined sample, Calendar 1969, 1970, 1971, 1972, 1973.

"Undersocialization"

Table Nine reveals the degree of undersocialization by showing the low rate of marriage among public inebriates included in our Detox sample. Only 17.9 percent of those

revealing their marital status are married while over 60 percent of the public inebriates are either single or separated. This differs greatly from the pre-ARA finding; 38.8 percent (N=376) report that they are married and only 9.0 percent (N=376) indicate that they are divorced or separated.

Table 9
Frequency Distribution of
Public Inebriates' Marital Status[a-b]

Marital Status	Absolute Frequency	Relative Frequency (%)	Adjusted Frequency (%)	Cumulative Adj. Freq. (%)
Single	154	20.1	32.0	32.0
Separated	147	19.2	30.6	62.6
Widowed	23	3.0	4.8	67.4
Divorced	71	9.3	14.8	82.2
Married	86	11.2	17.9	100.0
Missing	285	37.2	-	100.0
Total	766	100.0	100.0	100.0

a) based on permanent file record of Men's Detoxification Center
b) combined sample, Calendar 1969, 1970, 1971, 1972, 1973.

"Summary"

Besides being intoxicated, the public inebriates admitted to Detox in Washington, D.C. have the following traits: mid-forties, black, single or separated, low

educational and occupational skills, and reside in areas with high percentages of socio-economic and health problems. These traits characterize the skid row public inebriate. The non-skid row public inebriate appears to rarely find his way into the Detoxification Center. Direct observation and interviews with police and Detox personnel tended to confirm this finding. In spite of the limitations of our pre-ARA finding, it does indicate that non-skid row public inebriates were being picked up by the police at a rather significant rate. This class of public inebriate continues to exist but has minimal contact with public health facilities purportedly designated for the intake and treatment of <u>all</u> public inebriates. Such selective enforcement practices in the post-ARA era raise serious doubts concerning decriminalization's ability to meet at least two of the principal goals articulated by supporters: (1) increased potential for rehabilitation/ resocialization (i.e., skid row inebriates are least likely to respond to rehabilitative attempts), and (2) improved constitutional protections for public inebriates (i.e., equality of treatment under the law is not being provided).

Explaining Policy Practices: The Exercise of Discretion

The final section of this report evaluates why police officers have lowered their intake of inebriates in the post-ARA period. The primary tool for this section of the study was the attitudinal questionnaire (N=461) focusing on five potential explanatory variables of police discretionary

behavior: police organization, role, peer, strategic environment, and strategic interaction. Also, we conducted interviews with patrol officers (N=59) and with the command structure of the Metropolitan Police Department (N=11) exploring these factors in greater depth. Last, we benefited from "think pieces" written by Jerry V. Wilson, former Chief of Police, and Maurice Cullinane, current Chief of Police, on past and present police departmental practices concerning the intake of public inebriates in the District of Columbia.

Quantitative Explanations: Attitudinal Comparisons

One means employed to determine why police officers have reduced their intake of public inebriates is through a comparison of patrolmen's specific attitudes (item responses) in the District of Columbia with the attitudes of officers both in other therapeutic jurisdictions (i.e., Minneapolis, St. Louis) and selected criminal control jurisdictions (i.e., Richmond, Houston). The attitudes of officers among the three sampled districts (i.e., precincts) were also compared to determine whether district assignments as an environmental factor reveal any variations in attitude. Given this background, what are the findings?

In terms of the organizational variable, officers in the MPDC see the department giving very little emphasis to the public intoxication problem in the reform era. There is, for example, a significant difference between officers' attitudes towards the priority given pickup of inebriates by officers in the MPDC and those in the Minneapolis Police

Department where periodic training sessions have been developed and implemented.[25] (Z=3.61, S=.01).

However, officers in the MPDC do feel the intake of inebriates is coterminous with their "role" and thus, role expectation does not serve as an "internal" impediment to the handling of inebriates as it apparently does in the other therapeutic cities.[26] Why do the District's officers differ significantly from those in the other therapeutic jurisdictions on this dimension?

We would present two potential reasons for the District's diversion from the other therapeutic cities. First, the MPDC, in comparison to departments of similar size, has a long history of high disposition rates for public inebriation that, despite the significant drop since decriminalization, continues to be the case.[27] Second, the MPDC has a high ratio of "new officers" (e.g., racial minorities, women) that are considered by most student of police behavior to be more oriented toward community service than "traditional officers" with a white, male background.[28]

While the "peer" variable revealed little about police practices in regard to this police issue, the "strategic environment" variable did point to differences among officers within the District of Columbia based on their respective patrol areas. Officers in District 1 differed significantly from their fellow officers on the importance of removing intoxicated persons from public places due to the tourist

attractions located in Washington, D.C. Since the major tourist attractions are located in District 1 and since the command of the MPDC does place an emphasis on aiding tourism, officers in the First District are much more responsive to this environmental factor that routinely influences their patrol practices.[29]

Another environmental factor that significantly influences officers' attitudes regarding intake practices has to do with how quickly inebriates are released from the holding facilities in therapeutic jurisdictions. While officers throughout the MPDC differ significanly from those in criminal jurisdictions where inebriates are likely to be detained for a longer period,[30] those in District One feel this problem is particularly acute.[31]

Finally, in regard to environmental factors, "perceptions of the inebriate" are important factors in differentiating officer's attitudes in the District of Columbia. Officers in the First District are more responsive to variations in inebriates' condition as determinants of how to respond than officers in Districts Two and Five. For example, officers in District One are more likely to intervene if an inebriate is bothering another citizen than officers in the other sampled districts.[32]

Overall, we can say that the environmental dimension does play an important part in determining what officers are likely to do in the District of Columbia. More specifically, analysis of this dimension strongly suggests that

officers working in areas where skid row inebriates are prevalent seem "sensitized" to the public inebriate problem. Officers in other patrol districts have little contact with this type of inebriate and thus they are much less aware that public intoxication is a police problem. In short, decriminalization has greatly reduced the "unit of analysis" for this policy issue from the department to the district.

Coupled with the absence of directives from the departmental and district command, decisions about who to pick up and who to leave on the street are left largely to individual officers working in areas where there exists high concentrations of skid row inebriates. Street decision-making, in turn, is usually shaped by officers' perceptions of the inebriate (e.g., "belligerent," "messy") and his ranking of various cues that emerge from the community (e.g., "general public," "politics").[33]

Quantitative Explanations: Correlation Analysis

For those officers who showed a propensity to intervene, what factors stimulated their activity? The relevant forms of the dependent variable for the Washington, D.C. questionnaire are as follows:

ACTION = (DETOX + ARREST + HOSPITAL + HOME1 + MOVEON + HOME2) / Total Options

APPROVED ACTION = (DETOX + HOSPITAL + HOME1 + HOME2) / Total Options

INSTITUTIONAL ACTION = (DETOX + HOSPITAL) / Total Options

DETOX DELIVERY = DETOX / Total Options

The grouped variables (those developed on the basis of factor analysis) for the District of Columbia are: groups, concern, role and protect.

Little additional insight can be drawn from this phase of the quantitative analysis. No city-wide correlations of a .30 or greater emerged for the grouped variables. However, some single indicators for the strategic environment variable did produce acceptable correlation coefficients (.20 or greater) when the unit of analysis was the "district or section" rather than "city-wide".

"Faraway" deals with distance from Detox as an incentive-disincentive force in handling public inebriates. The farther away officers perceive their patrol area to be from Detox, the less likely they will deliver inebriates to the Detoxification Center. As we expected, "district" is the critical unit of analysis. We found the attitudes on this item to be most relevant in determining behavior for those officers farthest from the Detoxification facility, i.e., District 2.[34] (Faraway X Detox: $r = .262$, $s = .001$).

For the District of Columbia, the only variable that produced a citywide relationship is "race." Black officers are most likely to take institutional actions.[35] We attribute this to "new officers" greater likelihood of having a community service orientation than their white counterparts.

Thus, the correlational analysis tends to support the findings from the previous section. Officers in Washington, D.C. are uninfluenced by such often cited

incentive-disincentive forces as organizational cues. The final section is addressed to why these forces play little role in the District of Columbia.

Qualitative Explanations: The Lack of Organizational Incentives-Disincentives.

This final section compares pre- and post-ARA departmental decision-making concerning the intake of public inebriates. This comparative review reveals two critical factors that have greatly influenced the reduction in police intake since decriminalization: (1) police officers received credit for picking up inebriates prior to decriminalization while today they receive no such credit; (2) decriminalization occurred at a time when serious crimes and street disorders were at a peak and the department needed to shift its attention away from victimless crimes to these new "high priority" contingencies.

As early as 1957, District officials proposed changes in the police handling of public inebriates.[36] The authors of the Karrick Committee made the following recommendations:[37]

> That appropriate action be taken by the Chief of Police to encourage the policeman on patrol make a more determined effort to send persons who are simply intoxicated directly to their homes, and avoid where possible, arrest and detention.
>
> That a specific drive be undertaken in precincts No. 1 and No. 2, with the Metropolitan Police Department, the Alcoholic Beverage Control Board, Alcoholics Anonymous, and other

> appropriate governmental or private groups co-operating, to reduce the incidence of arrests for intoxication in these two areas, including more stringent action on the part of the ABC Board relative to the sale of alcohol in both precincts.
>
> That the Board of Commissioners authorize and direct the Chief of Police to select a committee, including at least one representative of the Corporation Counsel, to study and report to the commissioners ways and means for better handling the first offender intoxicant, particularly with a view to his release without a formal charge of intoxication.
>
> That any person, who, having been arrested and charged with intoxication has forfeited collateral and/or paid a fine on at least three prior occasions within the period of one year, shall be prohibited from further forfeiture and his appearance in court be mandatory.

A committee was appointed by the Chief of Police to consider these recommendations.[38] While the members agreed that it might be possible to avoid arresting and formally charging some of the first offenders which the Karrick Committee called "social alcoholics", they found no practical alternative for the police to arresting and presenting to the court the category of "skid row alcoholics". While a procedure was initiated for releasing public inebriates who could pay collateral and go home,[39] little administrative oversight took place, and the number of arrests for public drunkenness actually increased during ensuing years.[40]

Thus, according to Chief Wilson, there were no written, formal policies of the MPDC regulating arrests of public inebriates prior to <u>Easter</u>. As for informal goals, they are roughly classified into two categories: (1) keeping derelicts

from the streets; and (2) arresting other inebriates to reduce disorder in and around "honky-tonk" areas. The general incentive used to achieve these goals was to tabulate such an arrest as one indication of officers' performance.[41] Thus, a specific organizational incentive was offered prior to decriminalization.

In addition to this critical factor, Chief Wilson identifies several "situation specific" factors that would often influence an officer's decision on whether to arrest or not: (1) orderliness of the inebriate, (2) the degree of inebriation; (3) the location where inebriated (more likely to be arrested in areas of special police attention), (4) willingness to go home, (5) the ratio of police officers on patrol to the number of serious crimes, and (6) reluctance to arrest tourists and conventioneers.[42]

The time between the Easter decision and the enactment of the Alcoholic Rehabilitation Act (ARA) was too short for firm police policies to evolve. Also, after the implementation of the ARA, the MPDC was under considerable pressure because of the Poor People's Campaign and other protect activities that required significant police allocations. A final overarching factor affecting the MPD's attention given to the handling of public inebriates was the sharp upward trend of serious crime and narcotics traffic in the late 1960's. Police officials identify their reaction to this trend as a justification for a reduced commitment to the public inebriation problem in the reform era.

Other than the circulation of police orders to notify officers of the change in policy, the Department's command

structure only periodically attempted to influence patrol officers' attention to public drunkenness. Specifically, in the fall of 1969, Chief Wilson responded both to his own observations and complaints from businessmen concerning the proliferation of skid row inebriates in the downtown areas by ordering the First District to begin submitting a monthly report on police deliveries to Detox. This approach was used with some temporary success to periodically reduce the number of skid row inebriates congregating on downtown streets.

Chief Wilson concludes that only through an unusual demand for narrative or statistical reports can the executive officer assure at least temporary compliance through communications and information incentives. When such reports become simply paper exchanges or when subordinates sense that the chief is no longer reviewing such documents, they lose their utility as a prod for reinforcing organizational goals.[43]

Conclusion

In conclusion, we find that at least four factors account for the reduction in police attention to the public intoxication problem. First, going back to the formulation of the decriminalized approach, advocates created a set of conflicting goals while giving no consideration to a problem routinely facing patrol officers--keeping inebriates off the streets. This "order maintenance" functions that various community forces expect the police to carry out was most likely neglected because

the police department played almost no role in the formulation of the new policy.

Coupled with this lack of foresight was officers' expectation that the Detoxification Center would serve as a substitute for jail,[44] producing a wide gap in expectation between police officers and public health officials as to what Detox is supposed to accomplish. Therefore, patrol officers today almost uniformly express anger at seeing inebriates back on the street within 24 hours of having delivered them to the Detoxification Center.[45]

Third, decriminalization's impact on police intake suffered from the ageless problem of "bad timing." In the mid- and late-1960's, the Metropolitan Police Department was hoping to reduce its attention to victimless crimes in order to meet new pressures concerning both the rise in serious crime in the District and the increase in protest activity related to civil rights and anti-war activities focused in the Nation's Capitol.

Fourth, the MPDC failed to create any incentives for officers to pick up public inebriates during the reform efforts. The tabulation of intakes as one measure of officers' performance was discontinued and only sporadic efforts were made to enforce written directives to patrol officers.

All of these forces contribute to the present condition of street decision-making that is concentrated largely in the First District, where skid-row inebriates reside and congregate. Thus, current decisions as to whether officers should pick up inebriates or leave them in the street are shaped largely by

officers' perceptions of the inebriate and their ranking of various "outside" cues that emerge from community sources. Such intake practices not only decrease the potential for rehabilitation/resocialization and the application of constitutional protections to the inebriate population, they raise serious questions whether emergency and health services are being adequately extended to these inebriates.

ST. LOUIS, MISSOURI

St. Louis is generally thought to be a city which has "decriminalized" the offense of public drunkenness. In fact, the public inebriate in St. Louis continues to be subject to arrest as a misdemeanant or to booking for protective custody.[46] Further, while statutory provision is made for diversion of arrested inebriates to treatment facilities by the Warden of the Workhouse,[47] or of chronic inebriates by the court[48] there is no legal provision governing police diversion of inebriates from the criminal justice system. Nevertheless, the great mass of public inebriates formally processed by the police are taken to a detoxification center rather than to jail. It is necessary, then, to consider the manner in which this rather unique system of police street diversion of the public inebriate from the criminal justice system began and developed and the objectives which the interests supporting it hoped to achieve.

THE LEGAL CONTEXT

The origins of the St. Louis detoxification program, the first in the nation, are traceable to the opening in February, 1962, of an Alcoholic Treatment Rehabilitation Center (ATRC) at Malcom Bliss Mental Hospital. This facility became a demonstration project, focusing community attention on the possibilities for treating the chronic alcoholic. The ATRC was a joint product of David J. Pittman and Laura Root

of the Social Science Institute of Washington University and Dr. Joseph B. Kendes who became Medical Director of the Center. This team was to become an active force in ensuing years, arguing the therapeutic case for the decriminalization of public drunkenness.[49]

In 1963, members of the St. Louis Metropolitan Police Department visited the ATRC. In the same year the police initiated a pilot program to facilitate the arresting officer's disposition of the public inebriate, apparently at the urging of the ATRC group, to encourage increased pickup of those intoxicated in public and to assure an initial medical screening of inebriates at a City Hospital.[50] Police officers were ordered to "extend every effort to arrest and remove intoxicated persons from the streets, alleys, and public view." The arresting officer only had to call for a two-man police cruiser and then he could return to service. The Intoxicated Person Report was to be completed by the officers in the pick-up cruiser who were also responsible for transporting the inebriate to a City Hospital for medical diagnosis and then to the Central Police Headquarters for booking.[51] Training programs on handling the public inebriate were given by Dr. Kends.[52] Drunk on the Street arrests rates more than doubled in the seven months the procedure was in operation.[53]

The relationship between the therapeutic and law enforcement interests which crystallized in 1963 was to persist. In 1965, both groups began to urge that funds be secured from LEAA for the creation of a detoxification center. Captain Frank

Mateker, head of the SLPD Research and Planning Division, raised the need for such a Center with Department officials. Col. Edward Dowd, the President of the St. Louis Board of Police Commissioners, who became a prime mover in the project joined by other police command personnel, urged the Division to draft a proposal. The St. Louis Police Department became the first police department in the country to apply for funds to create a Detoxification Center for servicing public inebriates.[54]

While the original grant application was for $318,496.04 to fund a 60-bed unit, in October, 1966, LEAA award $158,781 to fund the St. Louis Detoxification and Diagnostic Evaluation Center, a 20 bed unit. One month later, the Center began offering medical treatment and supportive social and rehabilitative services at St. Mary's Infirmary, a hospital run by the Sisters of St. Mary. Dr. Kendis became the Center's first medical director, and Laura Root served as consultant charged with designing the Center's operation and training its personnel. Over 20 community organizations sent representatives to be briefed on the Center's operations, and Center staff made personal visits to various interested community groups.[55] Every effort was made to attract public attention and support for the project.

Originally, the Center limited its admissions only to police cases from the Fourth police district, which had accounted for over 50 percent of all drunkenness arrests in 1966. Within one month, the Third District was added, and in

March 1967, the Ninth District was included. Together, these three district accounted for 82 percent of the City's 1,733 drunkenness arrests in 1966.[56] The remaining six police districts did not formally participate until 1970, although it does appear that informally some of their arrests found their way into the participating districts for delivery to the Center.

Police regulations,[57] originally drafted in 1967 in response to the new program, provide that if there are no other charges against a person arrested for public drunkenness, e.g., disorderly conduct, there are no signs of injury or illness requiring emergency hospital treatment, no complainant wishes to pursue the incident as a prosecuting witness, the inebriate does not indicate the desire for criminal treatment, and if room is available, the arresting officer is to request a Code 27 conveyance from the dispatcher, transport the inebriate to the Detoxification Center and fill out an admitting form (Appendix). A wanted check is to be made, a police admitting form is to be completed, and a city court summons charging public drunkenness is to be issued. The subsequent stay of the inebriate at the Center is designated by the regulations as "strictly voluntary." However, if he leaves before medical release (usually seven days), the summons is supposed to be forwarded by Detox personnel to the police, who are to apply for an information. The summons technique was devised to provide a means to assure the continued cooperation of the "voluntary" admission. (In fact, "elopers" are seldom prosecuted.) If the inebriate is a "defendant-not-found," the regulations provide that the next arrest of the

inebriate should result in booking and court trial (again this provision seems not to be implemented). If the inebriate remains at the Center for the treatment period, the summons is voided and no arrest record results since a formal police report is never filed.[58]

If the above mentioned conditions for Code 27 are not met, the police regulations indicate that the arrested intoxicated person should be processed as a Code 25, the traditional method for processing public inebriates. He is taken to one of the two City Hospitals and then to Prisoner Processing at Central Headquarters for booking as a drunk-on-street. The officer prepares an Intoxicated Person Report [Appendix] and applies at the City Counselor's office for an information (warrant). Subsequently the inebriate is tried in City Court.

Although in theory a charge of Protective Custody is available only for drunkenness in a <u>private</u> place, in fact this offense has been heavily used for processing public inebriates. In the early and mid-1960's, pickups for this charge exceeded drunk-on-street arrests by a 2 to 1 ratio, although this has been subsequently reversed. Under the protective custody offense, an individual is retained in custody for up to 20 hours, and then released. The police do not seek an information. Since there is a police Intoxicated Person Report, the charge is added to the person's police record. There are indications that this device is being phased out after the city attorney expressed reservations over its legality.[59]

The law on the books, then, makes all persons intoxicated in public guilty of a misdemeanor. Through police regulations (with the apparent agreement of the City Prosecutor's Office), alternative formal dispositions of the arrested inebriate are provided. Behind these approved formal dispositions lie a range of possible unapproved informal dispositions such as telling the inebriate to move on, taking him or her home, moving the inebriate to a different place, and the possible decision to do nothing.

The union of the therapeutically-oriented interests and the police in the formation of the Detoxification Center pretty well assured the manner in which its goals would be defined. In the original grant proposal, five goals are set forth:

> (a) to remove chronic inebriates to a sociomedical locus of responsibility which will markedly reduce police processing;
> (b) remove chronic inebriates from the city courts or jail;
> (c) provide sociomedical treatment for them;
> (d) begin their rehabilitation; and
> (e) refer them to an agency for further rehabilitation with the goal that they will return to society as a productive person.[60]

While one finds references to other objectives such as preventing crime, the two goals of saving criminal justice resources and promoting rehabilitation tend to dominate the correspondence and news articles at the initiation of the project.[61] Indeed, there seems to have been a far lesser emphasis placed on the short-term value to the physical well-being of the inebriate from provision of emergency services

than on the possibility of longer-term rehabilitation. The very use of the seven-day detox indicates this orientation.[63] After a brief period in intensive care, the inebriate spends his time in therapy, counselling, and developing a program for aftercare. The Grant Application states the premise simply: "The chronic court and police case inebriate have a potential for rehabilitation."[64] While concerns for providing emergency services were clearly present and the initial two days of the stay at Detox is devoted to acute emergency care,[65] the emphasis on rehabilitation objectives is marked.

Nor does there seem to have been much question concerning the target population to be serviced by the new program. In the Detox Centers final evaluation report, it was stated that "the target group under study is mainly composed of individuals who habituate the skid row areas of the city. 'Homeless men,' 'chronic police case inebriates,' 'transient population' etc., are all terms which characterize the patients."[66] Given the fact, discussed below, that the SLPD generally followed a pattern of non-action and informal disposition of public inebriates where action was required, limiting arrest to a last-resort mechanism for the down-and-out and predominantly "skid-row" inebriate, this limitation generally conformed to the chronic police case. The goals of rehabilitating homeless persons and of saving criminal justice resources given the common target population were thus generally compatible in St. Louis.

At first, the Detox officials accepted the marginal success in rehabilitation while providing emergency services to those in greatest need of assistance. But as new officials took over and the Center became more institutionalized, there was an increasing loss of the sense of the original mission and rising concern over the continuing frequency of readmissions.[67] Recidivism, however, might be cut if the population serviced by the Center was changed. In 1973, Detox stopped reserving beds for police cases and patients were taken on a first come, first served basis.[68] The Center increasingly accepted more volunteer admissions which initial analysis suggest produced a less skid row patient population. Recent increased state supervision of the Center and change in Center officials also suggest the validity of these perceptions.[69] Certainly, the ratio of voluntary admissions to police admissions was radically altered.[70] Detox officials submit that more inebriates are finding their way to the Center on their own and becoming voluntary admissions.[71] Further, there are reports that police often drop the inebriates off at the Center and let them self-admit.[72] In any case, police officers report that they frequently find the Center filled--there is less room for the emergency case, the chronic police case inebriate. Police referrals to Detox decreased substantially in 1974, after four years of general increase.[73] Detox officials were said by police officers interviewed to have shown increasing reluctance to take the chronic case and to have released inebriates before the end of the seven-day period. Further,

even as the Center continued to proclaim its interest in rehabilitation and the success of its rehabilitation program, the police officers continued to encounter the same inebriates day after day.

The close involvement of the SLPD with the initiation of Detox explains the initial enthusiasm of the Department that it be successful. Extensive training programs for recruits and police officers were conducted. Special Orders for processing public inebriates were issued. Later, financial support was provided by the Department.

The environment of the Center also gave impetus for an initial favorable police reaction. St. Mary's was located near the downtown business district, readily accessible to the skid row areas of the city. The sisters who ran the infirmary and assisted in the hospital were warm and friendly with the police officers.[74] The involvement of the Washington University Institute lent the operation a sense of professionalism.

But the difficulties were not long coming. When the federal funds were exhausted, the Center was required to move to the grounds of the State Hospital in order to secure state funding. This location was far removed from the primary areas of drunkenness arrests--approximately a 20 to 30 minute ride each way. The facilities lacked the cordiality associated with St. Mary's. After a time, police were required to spend substantial time at the Center until a medical officer was available to check the inebriate. After all police districts were included in the program, and as the rate of voluntary

admissions increased, the few beds were frequently filled. The police training programs and official enthusiasm began to wane--there was essentially no organizational impetus for pickup and delivery of inebriates to the Detoxification Center.[75] In short, numerous disincentives to approve institutional handling of public inebriates were introduced.

An example of this change is found in the area of police training which is presently handled by the Greater St. Louis Police Academy. There has been some training in problems of alcoholism since 1962, and there were six hours devoted to the subject after the opening of the Detox Center.[76] Today there are less than twc hours of a 640-hour training program devoted to the subject. Even this figure is generous since this is mixed in with numerous other subjects--Detox procedures are taught in connection with the subject of Driving While Intoxicated.[77]

The primary methods for formal communication within the Department are the Police Manual consisting of General Orders and the rules and regulations issued by the Board, verbal communications at Commanders' meetings, Administrative Orders issued to all persons of the rank of sergeant or above, Bureau Orders issued by the bureau affected, Special Orders to all commissioned personnel designed to standardize and formalize procedures, and memoranda applicable to a particular district or patrol area which are included in the station desk book and read at roll call. A search of each of these communication

vehicles for indications of Department policy revealed with a few notable exceptions primarily in 1963 and 1967 (when Detox was open), essentially an absence of concern. There is nothing in the present Police Manual. An eight year review (1963-1970) of the minutes of Commanders' meetings produced nothing for 1964, 1965, 1968, 1969 or 1970 and interviews indicated the subject has not come up since that time. Nothing appears in Administrative or Bureau Orders from 1966 to the present. The procedures for processing public inebriates have been spelled out in Special Orders. Two Fourth District station house desk books for several winter and summer months which were reviewed did not contain a single notation regarding public intoxication.

The extent to which the initial favorable administrative response and the subsequent period of disenchantment affected police arrest patterns remains to be discussed. But before turning to subject, it would seem desirable to have some appreciation of the city-wide and police district (i.e., target district selected for this study) environment in which the St. Louis police operate. Police attitudes and behavior must be placed in the environmental context in which they are found.

City-wide Demographics

St. Louis, a city of 622, 235 (1970 Census), ranks 18th in size in the nation.[78] Like most cities in the Midwest and East, it is an old city experiencing rapid deterioration, a shrinking population in the central city as the suburbs

continue to grow, and an increasing proportion of older persons and poor and unskilled citizens yielding a diminished tax base.

The central city of St. Louis has experienced a declining population ever since 1950. By that time much of the land available for residential development had been used and the existing dwellings were seriously deteriorating. But the percent of the area population located in the central city had begun to shrink even earlier. While 54 percent of the region's residents resided in the central city in 1940, the percentage had diminished to 50 percent in 1970. While the central city population declined to 17 percent in the 1970's, the suburban population increased 29 percent.

The exodus of the population was accompanied by a movement of business and industry to the suburbs. The personal and business tax base shrank as the need for municipal revenues to provide needed social services increased. Further, the low-skill jobs so important to many uneducated city dwellers increasingly were out of reach.

The population remaining in the Central City is also increasing by non-white--257,244 non-white city dwellers migrated out of the city during the 1960's and the white population remaining increased their numbers by only 12 percent. While there was no net migration gain or loss for non-whites, there was a natural increase in their numbers of 19 percent. The city's black population rose from 29 percent to 44 percent in the 1960's.

The St. Louis City Planning Commission identified three emerging characteristics of the urban population: "(1) a high percentage of households with female heads, 21 percent city-wide, (2) an unusually high proportion of elderly residents, 65 years and over, 14.7 percent as contrasted to a national average of 9.8 percent, and (3) a relatively high proportion of households living in poverty, 26.5 percent as contrasted to a national average of 19.1 percent."[80] All of these characteristics are associated with a host of social problems such as high rates of illegitimacy, high numbers of dependent children, drugs, crime, anomie, housing deterioration.

In the area of housing quality, for example, St. Louis has experienced a declining quality of sound residential dwellings. Only about 31 percent of the housing units in the city are characterized in "good condition." Forty percent are listed as fair, and 29 percent are described as in poor condition. There are large areas of abandoned dwellings, and some of the early efforts at urban renewal are essentially high rise slum dwellings.

St. Louis has one of the highest crime rates in the nation. It is one of the eight cities selected to receive LEAA High Impact Anti-Crime Program funds. In terms of index crimes per 1,000 population, 1970 produced a crime rate of 35.7 compared to a national metropolitan area average of 24.7. The crime rate has been increasing at a higher rate than the rest of the nation even though the city has more police in

absolute numbers (2200 in 1970) than all but eight other cities, most far more populus than St. Louis, a police ratio of 3.5 per 1,000 population (in 1970) compared with a ratio of 2.0 for the 55 cities having 250,000 or more residents.

Police estimate that there are at least 3,500 heroin addicts in the city and 7,000 or more users of other illegal drugs. We were unable to discover any hard figures on the number of alcoholics in the city. The estimate of 100,000 has been used by the Council on Alcoholism based on the Jellinek formula for the past five years.[81]

If one examines a map of St. Louis indicating the areas of highest crime, poverty, poorest health, urban blight, or almost any other urban social problem, it will be plain that the prime problem areas lie in the central belt extending from the downtown area on the Mississippi River and extending north-westward. The worst areas lie on either side of the Highway 40 corridor running approximately down the center of the city. It is in this same area that public intoxication arrests have historically been concentrated. The historic skid row area has been located near the downtown area around the old court-house and Eads Bridge riverfront in this same area. It should be noted that Highway 40 roughly forms a demarcation line between St. Louis' white, ethnic population and the black population.

In an attempt to infuse life into the central city, a major effort at urban renewal has been launched. The downtown area bordering on the Mississippi River had been essentially

torn down and rebuilt as a tourist center. As a result, the traditional concentrated skid row has generally been eliminated except for a small pocket bordering the tourist and business district. This does not mean, however, that the public inebriate or even the skid row inebriate has disappeared from St. Louis. Rather, the skid row public inebriate population is more diffused moving generally west of the downtown area. Further, there is substantial weekend drinking and public drunkenness by the White blue collar population and the Black low income citizens in their own residential areas. Finally, St. Louis continues to be a major transportation center and the problem of transient public drunkenness is visible in the area surrounding the bus terminals and railroad yards.

"The Fourth Police District"

The Fourth Police District extends westward from the Mississippi River, at the center of the eastern border of St. Louis. It was in this area that the city was founded and spread outward. Prior to the 1940's, this was the area of shantytown, home to a large number of homeless and semi-homeless persons, many alcoholic. In the last 1940's, 1950's and 1960's, the city undertook a major renewal effort in this central area which resulted in construction of the Jefferson National Expansion Memorial (the Arch) and the new Busch Memorial Stadium and numerous business, residential buildings. Today, this area is the center of the downtown business and entertainment area, the city, state, and federal government offices,

the tourist attractions, the bus station, and the central sports arena.

Some of the old skid row remains, however, containing cheap hotels and the Salvation Army's Harbor Light Mission. While luxury hotels and apartments border the Mississippi on the east side of the district, there are wide areas of poor to very poor residential dwellings on either side of the business district. Urban renewal projects can be found in the western part of the District. The poverty of much of the area is indicated by the fact that it has one of the highest tuberculosis and infant death rates in the city.[82]

In short, the Fourth District, which is located in the Central Police Headquarters across from City Hall, is an area of contrasts. Police encounter all classes of public inebriates from the skid row alcoholic to the middle and upper class inebriates leaving the downtown nightclubs and restaurants. As previously indicated, it has always had the highest arrest rates for public drunkenness in the city.

"The Third Police District"

The Third Police District, containing the Soulard neighborhood, running westward from the Mississippi River, borders the Fourth and Ninth Districts on the South.[83] It is a predominantly white ethnic part of St. Louis, with the mixture of Slavic, Germanic and Italian inhabitants retaining strong ethnic identification. Like the city generally, the Third District is old (approximately 88.9 percent of the houses in Souland in 1970 had been constructed prior to 1939) with a

declining population and increasingly older inhabitants. There is a high level of property crimes.

It is predominantly a lower middle class residential area, although there are a number of factories including Anheuser Busch. Also there is a poor, more transient section on the northern border of the District. The residents are generally blue collar workers with an average income of $4,000 to $8,000.

As all of the above suggests, the public inebriate in the Third District is generally the blue collar worker out for a long weekend. Local neighborhood bars are plentiful.

"The Ninth Police District"

The Ninth Police District in the center of St. Louis extends westward from the western border of the Fourth Police District to Forest Park. It is predominantly composed of black citizens, having a mean income of less than $4,000. In spite of some pockets of very rich whites, it is overwhelmingly a low income, black residential area. There are numerous vacant buildings and a high level of unemployment. It is also an area with a fairly high degree of transiency. As the above suggests, street drinking and public drunkenness are common in the District.

"The Eighth Police District"

This is an overwhelmingly black residential area. It is the only police district having a black commander in charge. While it is characterized as low income, high unemployment and

fairly high infant mortality, it has a generally stable population. It has the highest crime rate of the three non-downtown areas. In spite of indications of a substantial amount of public intoxication and the use of a patrol car emphasizing control of public drunkenness, there are almost no deliveries to Detox and the yearly arrest rate for public drunkenness, with a couple of extreme exceptions, has been generally low.

IMPACT OF POLICE DIVERSION ON POLICING INEBRIATES

Quantitative Impact

Figure Seven and Eight provides the General and Specific Research Frameworks governing the analysis of the impact of policy change in St. Louis. As it indicates, we hypothesize that, controlling for alternative explanations, the number of formal approved police pick ups has dropped significantly. In assessing the result of this quantitative decline, we hypothesized that, at least until recently when self admissions dramatically increased, public inebriates were left on the street or handled by informal non-approved disposition.

Figure 8
General Research Framework: St. Louis, Missouri

Policy Goals	Organizational Reaction	Policy Outcome
(As defined in Detox Center Project Application, statements of actors)	(1967 St. Louis MPD regulations)	(Decreased Formal Intake of Public Inebriates)

Figure 9
Specific Research Framework: St. Louis, Missouri

Alternative Approved Dispositions	Control Factors	Policy Outcomes
Deliver to Detox	Size of Problem Drinking Population	Numerically Less Approved Dispositions of PI's by Police
Arrest for Public Drunkenness (Protective Custody??)	Size of Public Inebriate Population	Non-approved Disposition of PI's by police
Self-Admissions*	Migration from the Jurisdiction	
	Recidivism Rates: "The Revolving Door"	

*This is not a police option but it is an approved mode of intake of public inebriates to the public system.

Alternative Approved Dispositions

In assessing the impact of the policy change--essentially through formal revision of police regulations and the informal concurrence of other relevant actors--it is first necessary to note a critical premise. In spite of the fact that St. Louis at the time of change in November, 1966, was an old and fairly large urban area with a public drunkenness problem roughly comparable to that of similar cities, it has always had a very low level of arrests for public drunkenness. At the same time that Washington, D.C., a somewhat larger city, was averaging 40,000 arrests per year, St. Louis averaged 2,000 to 3,000. The arrest rates for the pre-change period indicate this characteristic:[84]

Table 10
Police Drunkenness Arrests, St. Louis, Mo., 1960-1965

1960	2853
1961	2768
1962	2978
1963	7847
1964	3786
1965	2488

As previously indicated, the aberration in 1968 was produced by a change of procedure whereby the arresting officer was no longer charged with responsibility for processing the public inebriate. Further, there was a crackdown on the public drunkenness problem revealed in police orders calling for arrests of persons drunk on the street.

A number of reasons might be given for this extremely low arrest pattern. As indicated above, St. Louis is an old city with a highly ethnic population more tolerant of heavy drinking. The city's history as riverfront community would further support a community cultural milieu more tolerant of public intoxication. Certainly, the level of complaint concerning public drunkenness by the public and business concerns seems to have been far less than in other cities we studied. Further, the St. Louis MPD has always emphasized the quality of arrest and deemphasized the low quality arrest, perhaps because of its high index crime rate. For example, in 1965 Washington, D.C. and Atlanta, Georgia reported an arrest rate approximately twice as high as St. Louis. However, when drunkenness, disorderly conduct and vagrancy arrests (i.e., low quality arrests) are excluded from the respective arrest

statistics, the St. Louis arrest rate exceeds that of the other two cities by a 3 to 2 ratio for that year.[85] As previously indicated, with a single exception in 1963, a low quality crime like Drunk on Street was never given a high priority by the Department. This negative attitude has been reinforced within the ranks. Officers who make large numbers of non-quality arrests are likely to be chided by their fellow officers. The "drunk squad" in the 8th District was an obvious source of amusement among all the officers in the District. Finally, when the amount of time for criminal processing of a public inebriate, including delivery to a public hospital since 1963, is added, there was a clear disincentive to formally process such cases.

But whatever the reason, the low arrest rates are extremely important to the present study. The St. Louis MPD has always stressed non-action or the informal disposition of public inebriates.[86] If some action was required, the emphasis was on abating the problem. This usually meant telling inebriates to go home, or transporting them to their residence. There have been complaints in the past of "dumping" of drunks along the banks of the Mississippi River and the police still jokingly refer to the area as "Detox East." Essentially only when the situation indicated some type of medical emergency or when a disorder was created, was arrest used. It should again be noted that all public inebriates had to be taken to the City Hospital prior to criminal processing--a time-consuming unpleasant procedure.

The very fact that the arrest rate for drunkenness offenses in St. Louis could be doubled in a single year suggests that a substantial number of public inebriates were not being formally processed through the criminal justice system.

The fact that such a small number of inebriates were being processed criminally--most likely, predominantly the hard core emergency skid row cases--coupled with the substantial police role in effectuating the change, would suggest that, while arrest rates would decline, the total number of inebriates processed, at least in the period immediately following the change, should either remain constant or increase.

On the other hand, the move of the Detox Center to the state hospital grounds, the increasing bureaucracy of the operation in the early 1970's, the decreasing command level interest in the detox operation--all disincentives to active policing--led us to hypothesize at least a marginal decrease over the entire post-change period.

Qualitatively, we expected little difference in the immediate post-change period in the character of the public inebriates processed. The small numbers being arrested and the comments of those interviewed indicated that the SLPD was already processing essentially only the hard core, emergency cases.[87] However, if the pickup rate did decline over the long run, as we hypothesized, then an increasingly skid row population would be expected. Further, the framers

of the St. Louis Detox project clearly perceived their target population as the skid row inebriate. We therefore hypothesized a qualitative change in the character of the public inebriate population processed with an increasingly skid row population at the Detox Center.

The retention of the arrest option in St. Louis following the change complicates the matter. This option is supposedly used only when Detox is filled or for those inebriates having an outstanding warrant issued because of previously leaving "against medical advice" (AMA). However, this could be used as a vehicle for processing non-skid row cases. No specific hypothesis was formulated.

The SLPD actually conducted their own evaluation study of the first year impact of the detox project on policing and on the rehabilitation of those processed.[88] Significant savings in criminal justice resources were reported. There was a 50.2 percent reduction in the time required by the police officer to process the inebriate, from 95.8 minutes to 47.7 minutes, a 54 percent reduction in the number of information applications, a 40.5 percent decrease in the number of informations issued, a decrease of 34.5 percent in the number of Drunk on the Street cases handled by the City Courts, a decrease of 38.7 percent in commitments to the Workhouse and a 41.6 percent reduction in inmate days for the DOS charge.

While the methodology used in assessing the rehabilitative impact of the project has been critized, it also indicated

a significant rate of success. A study of 200 male patients was conducted under the auspices of the Social Science Institute of Washington University, approximately three to six months (a rather short period of time) following release. Based on a pooled scaled score for each individual the Final Report indicated the following level of success:

	Markedly Improved	Remained Same	Deteriorated
Drinking	47%	50%	3%
Employment	18%	76%	6%
Income	16%	71%	13%
Health	49%	42%	9%
Housing	15%	82%	3%

"Delivery to Detox".

The Final Report to LEAA also indicated a 53.5 percent decline in the level of drunkenness arrests in the city between 1966 and 1967 as a measure of success in achieving their goals. Our own longitudinal study verifies this decrease in the arrest levels in the post-change period. Table 11 indicates the arrest rates and detox admissions for a 14-year period from 1960 to 1974. Relevant administrative and detox changes are noted.

Graph 11 indicates arrest rates for the 14 year period. As can be seen, the post-change arrest rates are far below the pre-change rates. The chances that this difference could be merely a matter of chance is less than .001.[89]

Of course, the arrest rate had been dropping ever since the abnormally high 1963 rate, and it is difficult to

Table 11
St. Louis Drunkenness Arrests and Detox Admissions by Source, 1960-1974

	ARREST	DETOX		TOTAL
		Police	Voluntary	
1960	2853			2853
1961	2768			2768
1962	2978			2978
1963	7847			7847
1964	3786			3786
1965	2488			2488
1966[a]	1719	60	-	1779
1967	796	1120	-	1916
1968[b]	551	1174	-	1725
1969	333	946	-	1279
1970[c]	540	1251	215	2006
1971	463	1317	203	1983
1972	300	1301	217	1818
1973[d]	168	1449	533	2150
1974	301	801	1698	2800

a. First admission to Detox Center (St. Mary's Infirmary November 1966.

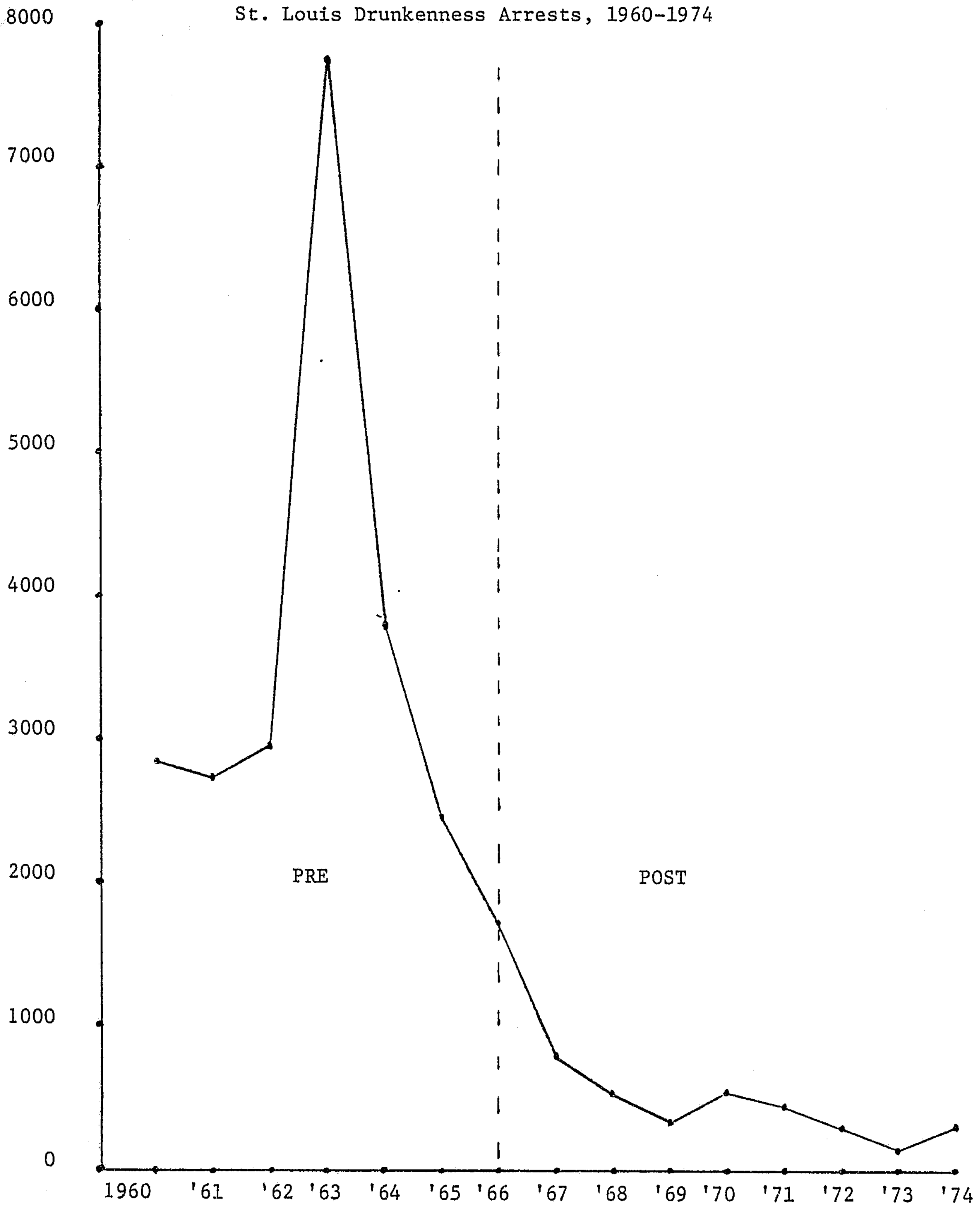
b. Detox moved to St. Louis State Hospital in Nov. 1968 28 bed capacity.

c. All police districts included. Detox begins setting aside four beds for walk-in, non-police cases.

d. Bed capacity increased to 40 8/13/73. All patients accepted on first come first served basis--no beds reserved exclusively for patients brought in by the police.

Source: St. Louis MPD and St. Louis Detoxification Center

GRAPH 11
St. Louis Drunkenness Arrests, 1960-1974



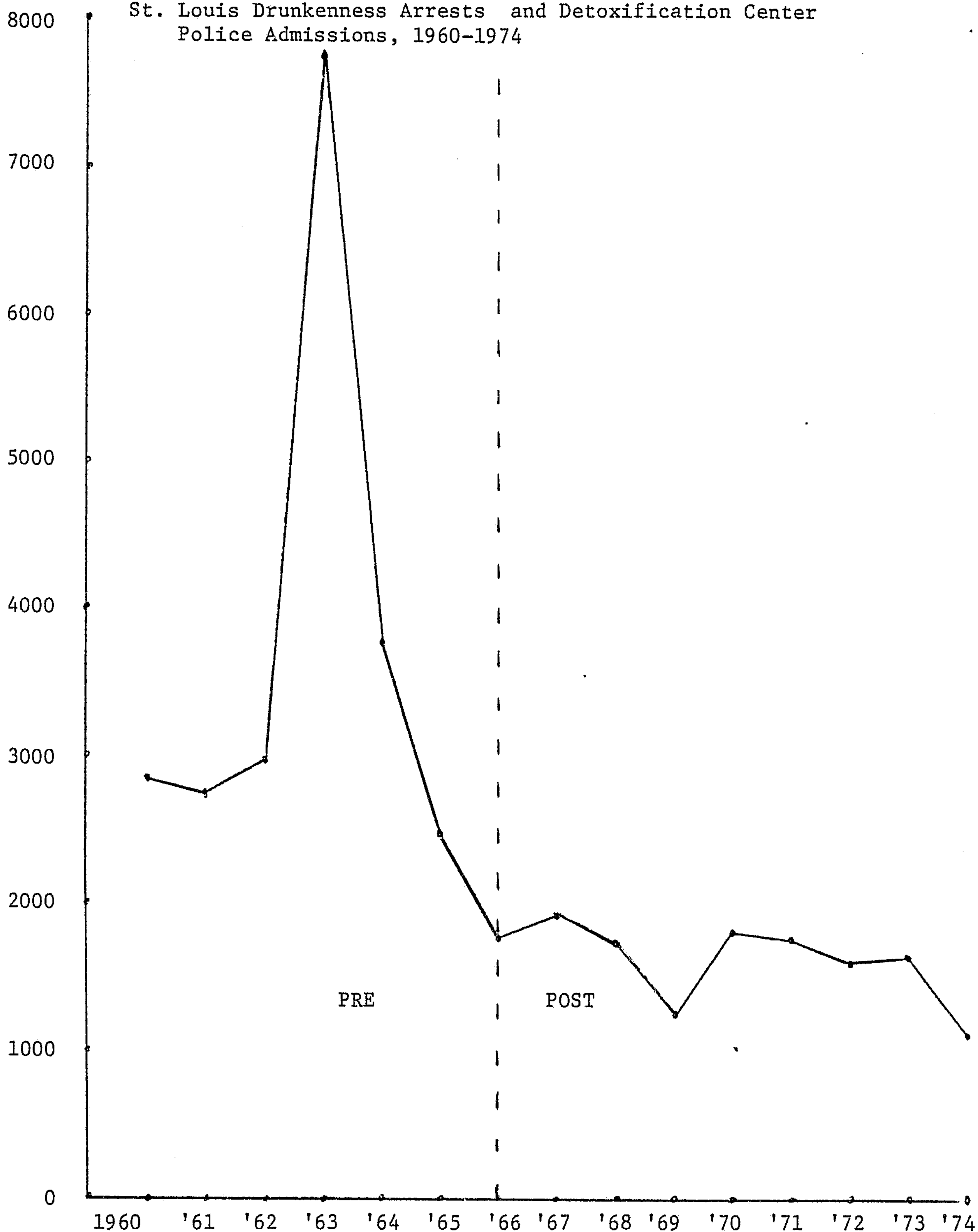
establish decriminalization as the critical factor. However, even assuming that high level would not be maintained, it would be expected that the rates would return to their pre-1963 level (i.e., in the 2000 to 4000 range). But by 1966 the "decriminalization" of public drunkenness in St. Louis was clearly in the winds, and by November, 1966, it was an accomplished fact. The arrest rates following November, 1966 remained far below their pre-change levels.

"Arrest for Public Drunkenness"

Graph 12 depicts the arrest rate and the police referral rates to detox in the 14-year period. The decrease from the pre-change period remains statistically significant.[90] Even when the police deliveries to detox are added to police arrests, the pick up rates never returned to the pre-change arrest levels.

A few other interesting points are revealed by Graph 12 and Table 11. The rate of police referrals to the Detoxification Center drop precipitously with the movement of the Detox Center to the State Hospital grounds. This meant a 20 to 30 minute drive for police from the primary area of arrests and the locus of the primary skid row area, the Fourth Police District. Further, the atmosphere at the State Hospital, its locus in a middle class, Italian neighborhood, the changes in the staff, the diminishing command involvement, the continued presence of the same inebriates on the street in spite of the "promise" of rehabilitation, all produced disincentives

GRAPH 12



to police delivery. However, the decline may be due to the loss of admissions while the Center was being moved and a decline in the number of beds available (from 30 to 26).[91] Raymond Nimmer, in his work, Two Million Unnecessary Arrests, noted the decrease in police delivery to Detox and claimed it was accompanied by the use of alternative means to arrest even when pressure for formal removal of public inebriates was present and the increasing return to informal means of processing the public inebriate.[92]

The second marked decrease in police referrals to Detox was reflected in the 1974 police admission rates (indicated in Table 11) after four years of increasing or stable rates. In mid-July, 1973, Detox increased its bed capacity, but it also ended its practice of reserving any beds for police cases. Prior to 1970, all beds had been reserved. After 1970, 24 of the 28 beds had been held for police cases. The 1973 action appears to have been due to controversy over the level of police support for the Center, financial and otherwise.[93] In any case, in 1974 the arrest rate rose, police deliveries to Detox decreased, and police officers reported their perception that Detox was less available as a place for delivery (e.g., interviewees reported it was frequently filled).

The then-director of the Detox Center, Dr. Gupta, expressed to newspaper reporters his belief that the enactment of a law requiring ambulance transportation of all sick persons picked up by police--patrol cars could not be used--as producing this decrease.[94] After two and one half months

(7/1/74 to mid-September, 1974), the law was interpreted by the Board of Police Commissioners as not being applicable to public inebriates if taken to detox but only to persons suffering from illness or injuries other than intoxication. An examination of the monthly detox admission statistics (Table 12) for 1974 does indicate a sharp drop in police admissions for the period that the law was in full operation. However, this decrease was only a small part of the total decrease for 1974 in spite of the increased bed capacity, and the rate had been dropping ever since late 1973. Further, the decrease in police admissions intensified in the first quarter of 1975, falling to rates even below these recorded during the time the law was having its negative impact.

It appears that the police perception of detox frequently being filled to capacity is accurate. However, this phenomenon was nothing new. Records of refusals of admissions were maintained by the detox center from April, 1970 to July, 1972. In 1971, there were over 368 persons refused admission because the Center was full; 196 or over 50% were police cases.[95] In May and June, 1970, 90 and 82 police referrals, respectively, were refused because of overcrowding. On two occasions in his monthly reports, Dr. Kendis, director of the Center prior to 1972, expressed concern over the refusal rate and nated that two police cases had subsequently died following denial of admission. The average daily census for 1974 and 1975 indicates an average daily population of

Table 12
St. Louis Detoxification Center
Admissions, by Source of Admission
January, 1973 - April 30, 1975

	1973		1974		1975	
	Police	Self-Adms.	Police	Self-Adms.	Police	Self-Adms.
January	98	18	105	104	32	197
February	126	20	85	111	24	184
March	124	18	89	114	17	197
April	95	19	86	115	33	207
May	134	20	82	129		
June	126	21	72	135		
July	140[a]	23	49[b]	161		
August	165	92	38	187		
September	129	63	47[c]	164		
October	119	63	74	145		
November	108	80	37	167		
December	85	94	46	166		

a. Bed capacity increased from 28 to 40. All patients accepted on a first come first served basis--no beds reserved exclusively for police cases.

b. Law requiring ambulance and prohibiting use of police patrol cars to transport sick persons, went into effect 7/1/74.

c. Law interpreted to permit transportation of inebriates to Detox in patrol cars in mid-September, 1974.

Source: St. Louis Detoxification Center, Monthly Activities Reports

36.6,[96] or operation at 92% capacity, indicating that the Center is frequently filled to capacity resulting in refusal of admission. But now the population is composed primarily of self-admissions. Police officers cannot expect any beds to be reserved for their referrals.

There were two points at which higher police delivery rates to detox were notable. The first occurred, as hypothesized, in 1967, following the initiation of the project at St. Mary's. Indeed, the combined arrest and detox delivery rate exceeded the previous year's arrest rate by 7 percent. Given all the positive incentives to formal police action, this was to be expected. In fact, it is more surprising that the rate of increase was not higher. The 1963 arrest statistics and estimates of the number of alcoholics in the city indicate the pool of potential inebriates for delivery was much larger than those picked up and that police command orders to increase pickup rates can be effective. In spite of the strong endorsement of the Department and the use of the three primary arrest areas accounting for 82 percent of drunkenness arrests as target areas, the detox delivery rate did not even reach the level of arrests in the prior year. It should be noted, however, that the Center had only a limited bed capacity. Nevertheless, there did not seem to be any substantial numbers of refusals by the Center to accept cases because of being overcrowded. In general, the low level of increase in spite of all the incentives present, tends to suggest police reluctance to use a detox center.

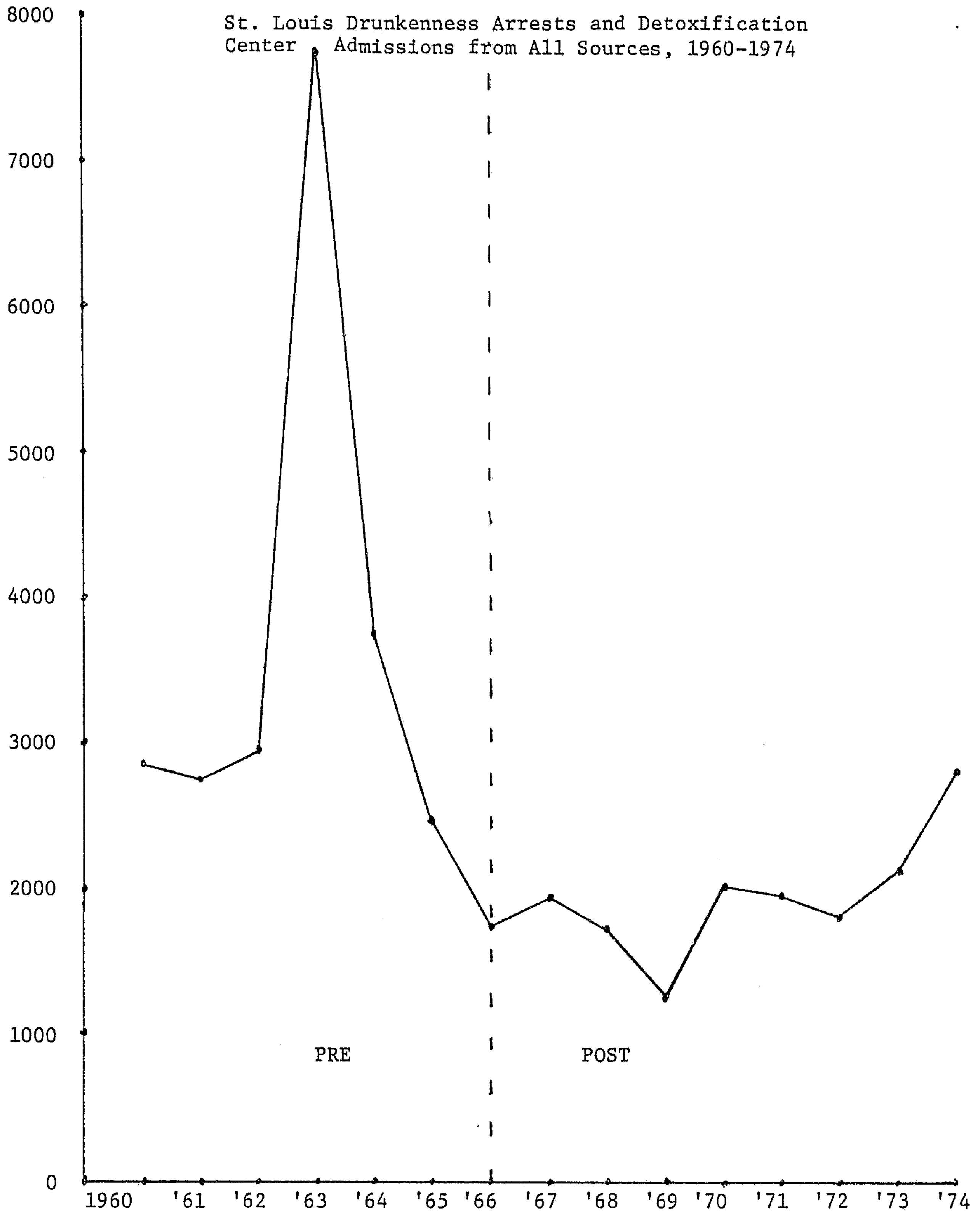
The police admission rate to detox also increased in 1970 when all police districts were included in the Detox Center's catchment area. It is interesting to note that this occured immediately after St. Louis newspapers publicized Nimmer's contention that Detox was not being used by the police.[97] However, the inclusion of all police district had been planned from the initiation of the Detox project.

"Self-Admissions"

Graph Thirteen indicates the result when all forms of admission to detox are included. There no longer is any statistically significant difference between the pre- and post-change eras.[98]

Inclusion of self-admissions and the dramatic increase in such cases in 1974 clearly made the critical difference. In 1974, for the first time, detox admission levels combined with drunkenness arrest rates reached pre-change arrest rate levels. Of course, the question remains whether these self-admissions represent public inebriate cases, especially skid row, police-type chronic cases, or whether there is an increased number of middle class drinkers who typically would not have been criminally processed by the police at any point in time in the city's history. There can be no question that the rate of formal police admissions to the Detoxification Center has markedly declined. Indeed, as Table 12 indicates, this decline continued into the first quarter of 1975. Whether this was replaced by informal police drop-offs, self-transportation

GRAPH 13



by the inebriates, or increased delivery by interested groups such as AA and Salvation Army or a combination of those mechanisms, or an increase in public non-action and informal disposition remains open question. The public drunkenness arrest rate did increase in 1974 but not equal to the decline in police admissions to the Detoxification Center.

Control Factors

As in our analysis of developments in the District of Columbia, an effort was made in St. Louis to assess explanations for the decrease in police pickups other than the possibility that the inebriates are simply being informally disposed of or ignored. Of course, since this mode of policing public inebriates was dominant in St. Louis even before the advent of the Detoxification Center, and there is a drop in formal dispositions by police of public inebriates, we are actually asking if this informal mode of handling the public inebriate problem has increased. Consideration was first given to the possibility that there simply are less intoxicated persons or less public inebriates in the city.

"The Size of the Problem Drinking Population"

The first alternative hypothesis to increased use of informal dispositions or the possibility police are increasingly ignoring the public inebriate is that there are simply less intoxicated persons in St. Louis than in the pre-change period.

Unfortunately, the relatively hard data on alcoholism rates in D.C. was not available in St. Louis. However, the

local Council on Alcoholism regularly has made public estimates of the number of persons in the city having an alcoholism problem apparently based on Jellinek's formula. In the mid-1960's, the estimates for the metropolitan area were approximately 55,000-60,000, with less than 10 percent being categorized as "skid row" alcoholics.[99] In 1969-1970, the estimates were approximately 75,000-80,000 persons labelled as alcoholics.[100] By 1972, the estimates were 100,000,[101] and it has remained at that level since that time.[102]

Coupled with interview information and the rising concern of business and industry with lost work days because of workers' alcoholism problems, there is every reason to believe that the class of intoxicated persons has not decreased in the post-change periods. There does not appear to be a reduced potential for persons to become public inebriates, at least in the incidence of alcoholism problems in the city.

"The Size of the Public Inebriate Population"

It is, of course, most difficult to get any accurate assessment of the size of the public inebriate population. The historic tolerance of the police and the community for the practice makes the task even more difficult. Those interviewed did indicate that the problem of skid row public drunkenness was certainly less visible because of urban renewal. However, it was also noted that the skid row inebriate had simply dispersed into other low income areas of the city--the numbers were as great (especially given the recent high levels of

unemployment), but the skid row inebriate problem was less concentrated and less visible. Again, the increased availability of welfare might make the incidence of <u>public</u> intoxication less, but most of those interviewed did not believe there are less public inebriates.

Further, unlike many other cities, until recently, there was a marked absence of private and public facilities for middle and upper class inebriates in St. Louis. The emphasis has been so directed to the homeless person, that there has been neglect of the greater part of the alcoholism problem. As indicated, however, business and industry are becoming involved, and private facilities are increasingly available. In any case, the absence of such resources would suggest a greater incidence of public intoxication.

Finally, the public inebriate population in St. Louis has always far exceeded the numbers formally processed by the police. The 1963 increase in pick ups suggest the availability of a larger pool of inebriates available for pickup if the police were so inclined. Interviews and observation indicate that this remains true today.

All of this suggests that the police have simply reduced their level of formal pickup and disposition. Whether self-admissions to the Detox Center have filled the gap remains possible, but to us, highly doubtful.

"Migration From The Jurisdiction"

We examined the level of arrest for public drunkenness in St. Louis County which completely envelops St. Louis city

on the Missouri side of the Mississippi River. It is possible that the public drunkenness problem has migrated out of the central city to the county.

As indicated by Table Thirteen, only since 1972 have arrests by the county police for drunkenness reached the levels of the pre-change period. Unfortunately, the arrest rates for all agencies in the St. Louis County Area are not available for the period 1960-64. The 1965 arrest figure (a pre-change year) is roughly comparable to the rates which prevailed prior to 1972. The dramatic increase in drunkenness arrests in 1975 has not been explained.

The data suggests that the drop in pickups for public drunkenness by St. Louis City Police was not accompanied by corresponding increases in arrests by law enforcement agencies in the surrounding county. Indeed, the relative stability of those rates during the post-change period suggests that some phenomenon (i.e., opening and operation of the detox center) was having an impact on policing in the central city that was not operative in the surrounding law enforcement jurisdictions.

"Recidivism Rates - the 'Revolving Door'"

In assessing the quantitative impact of St. Louis policy change, the unit of analysis has been the "rate of intake." The possibility exists, however, that just as many individuals are being arrested or picked up and delivered to detox in the post-change era as in the pre-change period but that there is simply a lower rate of recidivism.

Table 13
Arrests for Drunkenness,
St. Louis County, 1960-75

	ARRESTS BY ST. LOUIS COUNTY POLICE DEPT		ARRESTS BY ALL AGENCIES, ST. LOUIS COUNTY	
	Adult	Juvenile	Adult	Juvenile
1960	143	0	Not Available	
1961	161	0	Not Available	
1962	150	0	Not Available	
1963	116	1	Not Available	
1964	209	1	Not Available	
1965	162	2	663	9
1966	95	4	562	42
1967	107	5	562	39
1968	123	17	691	83
1969	83	14	572	86
1970	79	5	571	57
1971	101	6	651	53
1972	157	7	800	54
1973	195	8	907	42
1974	267	17	934	95
1975	585	70	1456	256

SOURCE: BUREAU OF PLANNING AND RESEARCH, ST. LOUIS COUNTY POLICE DEPARTMENT, JANUARY 29, 1976

A random sample of arrest cases was drawn for two criminal years (1963 and 1965) and two post-change years (1972 and 1974) and of detox cases for two post-change years (1972 and 1974). The records of these cases were reviewed to determine the frequency of arrest or admission during the study year.

As Table Fourteen indicates, there is no diminished rate of recidivism in the post-change period that would suggest a comparable number of persons actually being processed. In fact, the "revolving door" seems even more descriptive of the detoxification center than of the criminal justice system at least in the more representative pre-change year of 1965.

It might be noted as an aside that the 1963 recidivism rates suggest that the dramatic increase in arrest for that year was achieved by more frequent arrest of the same individuals rather than enlarging the number of persons arrested. Again, this would support the thesis of a different arrest policy for different classes of inebriates.

Table 14
Comparison of Public Drunkenness
Recidivism Rates Between Criminal
and Decriminalized Periods

Year	No. of Individuals	
1963[a]	N = 162	4.84
1965[a]	N = 147	1.64
1972 (arrest)[a]	N = 424	1.07
1974 (arrest)[a]	N = 412	1.09
1972 (Detox)[b]	N = 149	3.07
1972 (Detox)[b]	N = 125	4.30

a. Based on official arrest records of the St. Louis MPD.

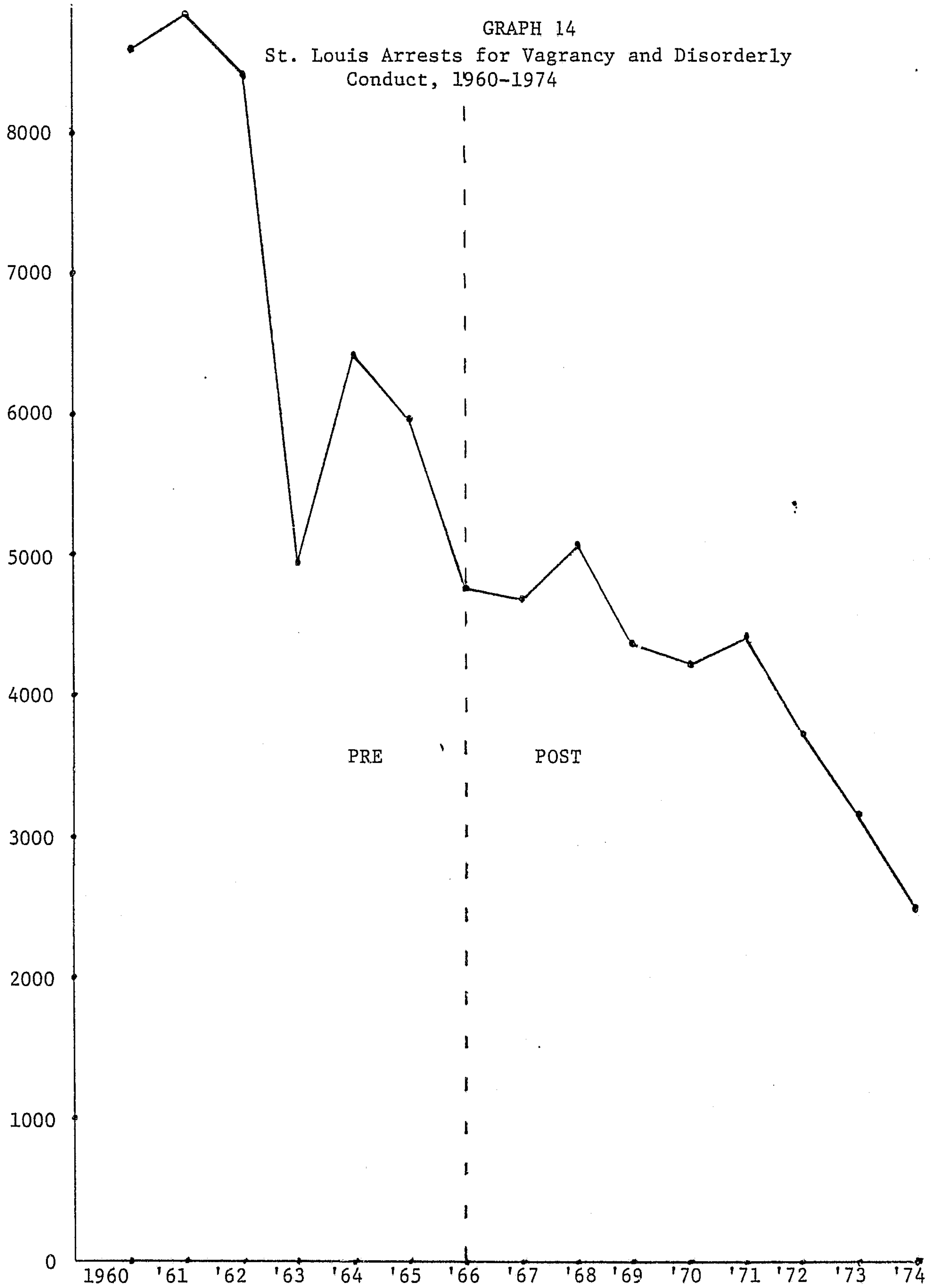
b. Based on official case records of the Missouri State Hospital at St. Louis.

Policy Outcomes

Assessment of the rival control hypotheses, then, do not explain the observed quantitative decline in formal approved police pickups of public inebriates following the introduction of St. Louis' diversion program. This impels the conclusion, that the public inebriate is ignored or informally handled by non-approved means in the post-change period to an even greater degree than in the pre-change era. This conclusion is especially notable when it is remembered that the St. Louis MPD has always emphasized the informal mode of disposition in handling public inebriates.

In exploring the non-approved dispositions actually being used in St. Louis, as in the District of Columbia, consideration was given to the possibility that the police were processing public inebriates for other offenses in the post-change period. In order to assess this possibility, we examined the level of arrests for disorderly conduct and vagrancy in the pre- and post-change periods. Interviews had indicated that these were the crimes most associated with the public drunkenness offender. If the inebriate was being picked up and criminally processed for these offenses, an increase would be expected.

As Graph Fourteen indicates, the arrest rate of disorderly conduct and vagrancy have declined markedly during the period in question. There certainly is no basis for the hypothesis that police, either legitimately of illegitimately, are processing the inebriate using other crime categories. In any



Source: St. Louis Metropolitan Police Department

case, since public drunkenness remains a criminal offense in St. Louis, such a charge would be available to a police offender desiring to arrest an inebriate--an alternative criminal charge would be of marginal utility. Indeed, the drop in disorderly conduct and vagrancy arrests lends some credence to the view expressed by some that "decriminalization" of public drunkenness also results in a "decriminilization" or a drop in criminal arrests for the associate charges of disorderly conduct and vagrancy.

An effort was also made to examine the use of home delivery and the use of other public facilities, neither of which is an approved mode of disposition in St. Louis under existing MPD regulations. Indeed, police are prohibited from using police vehicles except for emergency transport of ill persons to medical facilities (the exception which permits transport of inebriates to the Detox Center). This prohibition is prominently displayed on MPD vehicle. On the other hand, police interviews did suggest that a relative or a friend may be present or might be called to transport an inebriate home--an option seldom available for the skid row homeless man public inebriate. In any case, no hard data is available on use of such options, and it is difficult to get an impression of the frequency of use of this non-approved informal mode of disposition.

Similarly, we were unable to secure hard data in the time available to us on the frequency with which public hospitals and other facilities are used as places for final delivery of

the inebriate. Police did note the distaste of hospital personnel for handling the inebriate and indicated that this device was not used except for an inebriate clearly needing medical treatment--a situation that is estimated to exist in only about 3-6 percent of all cases in most cities. Further, it was an option available in the pre-change period.

While it was not possible, therefore, to identify with any precision the extent to which the various modes of unapproved informal disposition are employed in St. Louis, it is clear that either ignoring the public inebriate or the use of such informal means is the overwhelming mode of police handling of public drunkenness in the city. This mode of response to the problem has only intensified in the post-change period. Whether the dramatic increase in the incidence of self-admissions to the Detox Center in the last couple of years will continue to fill this hiatus and whether the new self-admittees represent the traditional police case inebriate in St. Louis remains an open question.

Qualitative Impact

As previously indicated, in the pre-change period, the St. Louis police generally followed a policy of either ignoring or informally disposing of the public inebriate. The extremely low arrest rates suggest that formal intervention was seldom used and there is a reasonable inference that it was employed only in extreme cases where there was no home, friends, or family to care for an inebriate needing emergency assistance.

This suggests that the arrest population in the pre-change period would have been emergency skid row cases where no alternative form of disposition was available.

While we have hypothesized that decriminalization produces a qualitative as well as a quantitative change in the inebriates formally processed, in St. Louis this means that while the populations in both periods would be dominated by those having characteristics of the skid row inebriate, the post-change population would be even more pronounced in these characteristics. Clearly, we anticipated difficulty in identifying such marginal differences. A sample of police cases for the pre-change years of 1963 and 1965 was drawn as well as a sample of public drunkenness and protective custody arrests for the post-change years 1972 and 1974. This permitted comparison with a sample of patients handled by the Detoxification Center in 1972 and 1974 as well as patient profiles developed by the Detoxification Center itself. We were able to make an evaluation of general background characteristics and an assessment of at least two of the indicators generally associated with skid row inebriates, low socio-economic status and under-socialization. The higher rate of recidivism for the post-change detox sample bears on the degree of institutional dependency, indicating it is higher in the post-change period This suggests a more skid row "homeless man" type of inebriate.[103]

"Background Profile"

The average age of those arrested in 1963 (N = 124) and 1965 (N = 127) was 45 and 44 years respectively, with 81

percent and 71 percent whites. Over 90 percent of those arrested were male (1963 = 96 percent; 1965 = 91 percent). Our detox sample for 1972 (N = 149) and 1974 (N = 125) produced essentially the same age distribution of 46 and 44 years respectively with a 75 percent white population each year. The detox sample was slightly less male-dominated than the arrest population (1972 = 90 percent; 1974 = 89 percent). It might be noted that the sample of those arrested in the post-change period was younger, ranging between 41 and 43.

There was little difference then in the general background characteristics of the two samples. Certainly, there is nothing to indicate a more skid row population in the post-change period. However, demographic profiles drawn by the Detox Center itself in the early years of the Center's operation indicated an older population. In a profile of 1,854 persons admitted between 1966 and 1968, the average age was 48. There were also fewer blacks (17 percent) and fewer females (7 percent). It should be noted, however, that there has been increased pressure in recent years from representatives of the black community for increased black detox admissions.

"Low Socio-Economic Status"

The occupational indicator that was used to compare samples from the pre- and post-change periods also provides only limited assistance in characterizing the respective populations. As indicated in Table Fifteen, the number of

unskilled persons in the 1972 Detox Sample is substantially higher than in the arrest samples. However, the 1974 sample reverses this comparison. The disparity between samples in the use of the categories none, unknown, and unemployed (16 percent in the 1974 detox sample), makes any inferences dangerous. Further, the large number of self-admission cases to the Detox Center in 1974 might well skew the results.

Table 15
City of St. Louis Occupation of Sample of Persons Arrested In 1963 and 1965, And All Detox Admissions in 1972 and 1974

	1963	1965	Detox 1972	Detox 1974
Unskilled	37.9% (47)	38.6% (49)	49% (73)	30.6% (38)
Skilled	25.8% (32)	17.3% (22)	?	21% (26)
None, Unknown & unemployed	36.3% (45)	44.1% (56)	?	48.1% (60)

It is interesting to note that the Detox Center's own profile of the population made for cases admitted between 11-18-66 to 6-20-68 shows 52 percent of the patients as being unskilled and 15 percent being elderly and disabled. Similarly, a profile of all admissions prior to December 31, 1970 (N = 4,767) indicated a 53 percent unskilled occupation rate and 20 percent retired or disabled. These statistics would indicate a more skid row population resulting from police referrals to Detox than the population of those arrested in the pre-change period.

"Undersocialization"

The factor which we found to be the most significant indicator of a change in the character of the pre- and post-change population in St. Louis was marital status. As expected, the profile of the Detox clientele indicated a divorced/widowed/separated rate in excess of 60 percent. But more important, as Table Sixteen indicates, the percentage of married persons in the detox sample and in the Detox Center's own patient profile was consistently below comparable data from the arrest sample. The rate of "unknown" in the 1965 arrest sample is a cause of concern; and confusion in the meaning of "single" in the arrest samples is unfortunate but it would not seem to affect the percentage of married persons. It is interesting to note that the percentage of those married in the 1972 and 1974 public drunkenness and protective custody arrests samples ranges between 28 and 31, again indicating a somewhat more representative sample of the city's population generally than does the Detox Center population. As our interviews indicated, Detox is simply not perceived by the city police as a delivery point for non-skid row inebriates. When formal action is necessary for non-skid row public inebriates, arrest is a more viable alternative.

"Summary"

The characteristics of the post-change police admission to the detoxification center generally mirror those traits associated with a skid row inebriate--male, mid-forties, unmarried, widowed, divorced or separated, and occupationally

Table 16
City of St. Louis, Marital Status of Public Inebriates
Arrested and Admissions to Detox

	Arrest Sample		Detox Sample		Detox Center Profile		
	1963 %	1965 %	1972 %	1974 %	1966-1968	Pre-1970	1967
Married	29 (36)	19.4 (25)	18.8 (28)	17.6 (22)	14	13	14
Divorced/Widowed Separated	1.6 (2)	2.3 (3)	57 (85)	60.8 (76)	63	64	62
Single	68.5 (85)*	46.5 (60)	21.5 (32)	20.8 (26)	21	21	22
Unknown	.8 (1)	31.8 (41)	2.7 (4)	1 (1)	2	2	2

*Police apparently classified many "divorced/widowed/separated" persons as "single".

unskilled. Monthly reports of the Center in the early 1970's characterize the inebriate clientele as "marginal and sub-marginal poverty level." However, this may also be true of the arrest population in the pre-change period. Since arrest was always a last resort for the St. Louis police and police pick up rate has decreased in the post-change period, making formal disposition even more of a last resort (if that is possible), it is not surprising that the two populations are quite similar.

In any case, the public inebriate being processed to the Center, while probably being in greater need of emergency services and a seven day building up period, are not the most likely to produce marked rehabilitation statistics. Further, they are hardly representative of the estimated 100,000 alcoholics in St. Louis nor of the number of public inebriates in the city. It should be noted that while there were some 1818 and 2800 admissions to detox in 1972 and 1974, the five year recidivism rate for our sample in those two years was 3.07 and 4.30 respectively,[104] indicating that a far smaller number of persons are being processed through Detox. Whether the alcoholics and public inebriates who never get to the Detox Center are being ignored or are being informally disposed of remains an open question. What does appear certain is that there are two standards of policing operative for the public inebriates in St. Louis.

EXPLAINING POLICING PRACTICES: THE EXERCISE OF DISCRETION

In order to ascertain the roots of the historical pattern of policing the public inebriate among St. Louis police

and the post-change quantitative decline and possible qualitative narrowing of the inebriate population formally processed, a questionnaire was administered to officers and taped interviews were conducted with officers and command personnel. The questionnaire was returned by the completion of the shift. The return rate is estimated to have been 95 to 100 percent.

The target districts were selected on the basis of statistical data and interviews with command level personnel. As indicated above, when the Detox Center began operations in late 1966 only the Fourth District, which included the skid row area, was included. Soon the Third and Ninth Districts were added. Together these three districts accounted for 82 percent of the arrests in the pre-change period. Review of the Detox admission forms completed by police indicates that this dominance has continued. The Eighth District was added for certain unique features noted above.

Following the pattern used in other target jurisdictions, the item responses of the officers of the SLPD were compared with officers in the other "therapeutic" jurisdictions (i.e., District of Columbia, Minneapolis) and selected "criminal" jurisdictions (i.e., Houston, Richmond). Interdistrict variations were also noted and compared with the citywide mean on the item.[105]

Interviews were conducted with approximately 65 patrol level officers in the Third, Fourth, and Ninth Districts, the "bum squad" in the Eighth District and about 15 command level

officers. The interviews were conducted in the police station during all shifts. Officers were selected for interviewing based on the patrol areas having the highest incidence of public intoxication.

Quantitative Explanations: Attitudinal Comparisons

In regard to the organizational variable, we had anticipated that the officers in SLPD would perceive public drunkenness as having a low priority. Historically this has been true with the exception of the 1963 policy change and the period immediately following the opening of Detox. Interviews with command personnel indicated a pervasive lack of concern with the problem (indeed a bewilderment with why anyone wanted to study the subject) and the patrol officers reflected this same attitude in both interviews and on the questionnaire. (PRIORITY $\overline{X}$ = 3.55).

Perhaps even more important in terms of policy planning in the SLPD was the importance placed on personal discretion by the officers. While generally agreeing that a good police officer's conduct closely conforms to police orders (CONFORMS $\overline{X}$ = 2.44), the officers demonstrated the highest degree of disagreement of all cities. The difference was significant in all cases except Washington, D.C.[106] This emphasis on personal street decision-making and informal dispositions has characterized the practical operations of the SLPD towards the public inebriate.

Analysis of the item responses under the role variable produce a picture of the SLPD as a rather hard-nosed, law

enforcement oriented police force. Officers showed a greater agreement with the proposition that removing public inebriates from the streets makes the police officer too much of a social worker than any other jurisdiction (SOCWORK $\bar{X} = 3.21$) and the difference was statistically significant except when compared with Minneapolis.[107] Similarly, SLPD officers disagreed to a greater extent than officers in other jurisdictions that police are an appropriate agency to handle the task of picking up public inebriates (APPROP $\bar{X} = 3.23$). Again, only the Minneapolis mean score was not significantly different.[108]

Two general items dealing with role paint the same picture. SLPD officers manifest a law enforcement orientation to a greater degree than officers in any other jurisdiction (SERVICES $\bar{X} = 5.31$) although only the difference from Washington, D.C. is statistically significant.[109] Again, the St. Louis officers produced the highest level of agreement that it is hard to remain idealistic in the police department (IDEAL $\bar{X} = 2.73$), differing significantly from both Houston and the District of Columbia.[110]

Handling of public inebriates is hardly consistent with this attitudinal disposition. When coupled with the fact that the department has always emphasized the high quality arrest and the acceptance of personal discretion among the officers, the basis for a negative response to the task of picking up public inebriates for delivery to Detox is clearly laid.

Further, this negative orientation is reinforced by the attitudes of fellow officers (i.e., peer variable).

Fellow officers were perceived as objecting to the task of removing intoxicated persons from public places (BUDDIES $\bar{X}$ = 4.20) to a significantly greater degree than in any other target jurisdiction.[111] Similarly, St. Louis police perceived their partner as considering the task unimportant (PRTNR = 3.56), differing significantly from both criminal jurisdictions.[112] Even in the case of Veteran officers, where there was an inconclusive directional response (VETOFF $\bar{X}$ = 3.5), there was greater agreement among St. Louis perceived their partner as considering the task as unimportant (PRTNR = 3.56), differing significantly from both criminal jurisdictions.[112] Even in the case of Veteran officers, where there was an inconclusive directional response (VETOFF $\bar{X}$ = 3.5), there was greater agreement among St. Louis police officers that veterans considered the job a waste of time than in the other jurisdictions.

It seems obvious the negative orientation to the formal handling of public inebriates is perceived as pervasive within the institution. From the command level to the attitudes of fellow officers, the groundwork is present for a policy of non-action or informal disposition when some action is necessary.

This attitude is carried over to all aspects of the strategic interaction variable. While SLPD officers generally agreed that public intoxication is a serious health problem (SERIOUS $\bar{X}$ = 2.58) there was a statistically significantly greater disagreement than in other jurisdictions.[113]

Officers in St. Louis see Detox as returning inebriates to the street too quickly in spite of the mandatory seven day

(QUICKLY $\overline{X}$ = 2.30). Although none of the differences were significant, only the District of Columbia where the perception of quick release seems most acute produced greater agreement ($\overline{X}$ = 2.25). Further, the SLPD officers perceive the criminal justice system as releasing inebriates just as quickly (CQUICK $\overline{X}$ = 2.43). Officers in the Fourth police district exposed to the drunkenness problem to a greater extent than other officers, agreed to a significantly greater degree ($\overline{X}$ = 1.77). In fact, in recent times, the courts have released the inebriate even faster than Detox or have sent him to Detox. Interviews with the prosecutor, jail personnel and judges generally confirmed that they shared the disdain of the officers with handling the public inebriate.

There was general agreement among the St. Louis officers that Detox returned inebriates to the street without "helping them" (NOHELP $\overline{X}$ = 2.67), producing no statistical difference with the other therapeutic jurisdiction, and this agreement was significantly greater in the Fourth District where the problem is most pronounced ($\overline{X}$ = 2.21). Again, the stress on rehabilitation as a goal of the St. Louis Detox must be stressed. The patrol officer, seeing the same faces day after day in spite of the Center's decade of existence is likely to characterize the institution as a failure in terms of rehabilitation. There has been inadequate instruction or emphasis placed on the role of Detox as a helping agency in terms of the health and well-being of the street skid row inebriate.

This negative perception of the institutions for formally handling inebriates is further underscored by the fact that St. Louis officers disagreed more than did officers in other "therapeutic" jurisdictions that it is important to them that detox is effective (EFFECTIVE $\overline{X}$ = 2.80), although the difference was significant only for the District of Columbia.[114]

The distance to the Center was surprisingly not perceived as a major obstacle to its use (FARAWAY $\overline{X}$ = 4.15). However, the level of agreement (although not significant) was greatest in the Fourth District ($\overline{X}$ = 3.69), the major source of the drunkenness problem and probably the most distant from the Center.

But it was in the perception of the inebriate that the negative attitudes of the SLPD officers became most pronounced. The inebriate is perceived to a greater extent, although not always significant, than in any other of the jurisdictions as a THREAT ($\overline{X}$ = 3.75),[115] BELLIGERENT ($\overline{X}$ = 4.41)[116] and as MESSY ($\overline{X}$ = 1.85).[117] Once again, the attitude of the officers bespeaks a policy of non-action or informal disposition where action is required.

When consideration is given to some of the strategic environment factors that migh occasion action, the St. Louis officers tend to downplay the need for police intervention. While inebriates are seen as a bother to citizens (BOTHER $\overline{X}$ = 2.19), there is statistically less agreement that this is the case than in all jurisdictions, other than Washington.[118] It is interesting to note that the level of agreement is significantly higher in

the Fourth District ($\overline{X}$ = 1/81. 2 = 2/50. 5 = .01), where the panhandler in the downtown business district, government, tourist and sport center areas, is a recurring problem.[119] This is reinforced by the fact that officers in the Fourth District agreed that tourism makes it more important to remove public inebriates.[120]

The potential for robbery or mugging of an inebriate (MUGGING $\overline{X}$ = 2.47) is perceived as significantly less of a problem than in the criminal jurisdictions, although more than in the purer decriminalized jurisdictions of Washington and Minneapolis (not significant).[121] Perhaps the retention of the criminal charge and the need for justification, while generally not an important factor in officers' attitudes, could be expected to have its greatest impact in regard to this item.

Again, there is a statistically significant greater disagreement that public inebriates need protection from the weather (WEATHER $\overline{X}$ = 3.45) than in all jurisdictions.[122] Similarly, there is perceived to be less need for assistance in public inebriates getting around than in either of the criminal jurisdictions (IMMOBILE $\overline{X}$ = 3.62),[123] although officers in the Fourth districts perceive a need for assistance to a significantly greater extent than other city officers ($\overline{X}$ = 4.09, 2 = 2.7, S = .03). Nor does the SLPD officer see a need for medical assistance for inebriates (MEDICAL $\overline{X}$ = 3.34), the highest level of agreement for all jurisdictions, although significant only when compared with Washington.[124] Finally, and

as a logical derivative of all of the above, the St. Louis police officer disagrees to a statistically significant degree from officers in all of the other jurisdictions that it is important to them that publicly intoxicated persons are properly cared for (PROPCARE $\overline{X}$ = 3.36).[125]

Officers then see the problem of removing public inebriates as disagreeable and (whether in self-justification or not) as generally less necessary. Given this perception, non-action and informal disposition when action is needed become probable street-determined policy approaches.

It should at least be noted that officers perceived no distinction between inebriates who are well-dressed and poorly-dressed--both are said to be in need of care (WELL DRESS $\overline{X}$ = 4.25; POOR DRESS $\overline{X}$ = 2.80). In fact, the non-action and informal disposition policy seems to prevail for both although the latter appears more common for the nightclub drinker. It is interesting to note that Fourth District officers, who most often come in contact with public inebriates, agree significantly more that well-dressed persons generally do not require police intervention ($\overline{X}$ - 3.78, Z = 2.08; S = .04) and poor persons do need police intervention ($\overline{X}$ = 21.8, X = 3.40, S = .01). On the other hand, Eighth District officers, confronted with the poorly-dressed inebriate, believe that he generally does not require police intervention ($\overline{X}$ = 3.53, Z = 2.79, S = .01).

Given this attitudinal disposition, the perceived need for street discretion and a historic policy in the city of

relative departmental freedom and lack of concern with community pressures, the officers of the SLPD could be expected to be non-receptive to external influences in their policing of the public inebriate. Some of the lowest scores for the strategic interaction variable come from St. Louis. Nevertheless, the hypothesized ordering of the influences, with business (BUSINESS $\overline{X}$ = 2.29) and the general public (GENPUB $\overline{X}$ = 2.64) leading the way and liquor store owners and drunks bring up the rear was confirmed. Further, the perception of pressure from the businessmen in the sector and the general public is significantly greater in the Fourth District which, given its place as the business, tourist, government, sport center, is to be expected ($\overline{X}$ = 1.91, Z = 2.18, S = .03). The consistently low level of pressure for increased pick up reported by officers in the Eighth District and the statistically significant political influences, in the level of disagreement that politicians in the area want increased pickup ($\overline{X}$ = 3.64, Z = 2.05, S = .04), is also not surprising given the high tolerance levels of street drinking in the black low income, high unemployment area.

Quantitative Explanation: Correlation Analysis

An effort was made to link these attitudinal indicators to various forms of action that officers might take in regard to the public inebriate. Given the prevalence of non-action in St. Louis, it may well be that this is not the critical relationship. Nevertheless the effort was made.

The relevant forms of the dependent variable are as follows:

ACTION = (DETOX + ARREST1 + ARREST2 + PROTECTIVE
CUSTODY + MOVEON + HOME1 + HOME2) / Total Actions

APPROVED1 = (DETOX + ARREST1 + ARREST2 + PROTECTIVE
CUSTODY) / Total Actions

APPROVED2 = (DETOX + ARREST1 + ARREST2) / Total
Actions

DETOX = DETOX / Total Actions.

The ambivalent status of the protective custody disposition is reflected in its different treatment under the two forms of the institutional dependent variable, APPROVE1 and APPROVE2. The grouped variables (those developed on the basis of factor analysis) for St. Louis which are relevant to this analysis, cynic, concern groups and alcoholic.

In spite of the acknowledge relevance of the role and peer variable generally, these factors were not shown to have any real explanatory force city-wide. There were, however, some notable results at the district level of analysis.[126] But why these correlations between the peer variable and behavior should be significant in only these instances is not apparent.

We also expected that the very pronounced attitudes of the St. Louis police regarding the strategic environment might produce some significant relationships. While some unimpressive results were produced by the WEATHER item,[127] it was the grouped variable CONCERN, composed of PROPCARE and EFFECTIVE that produced the most notable results. It was hypothesized that agreement would produce more ACTION, more approved action (APP 1 + 2) and more DETOX behavior (all negative correlations).

The hypothesis for APP1 and 2 and DETOX but not ACT were confirmed citywide. All four hypotheses were confirmed in the Fourth District where the problem of drunkenness is greatest. In the Eighth District all but the ACT hypothesis was confirmed. In the Third District, the APP1 & 2 were confirmed but not the ACT or DETOX. In the Ninth District, only DETOX was confirmed.[128]

Given the negative attitude of the St. Louis MPD indicated in the attitudinal analysis above, the reasons for the low pickup rate in St. Louis become evident. The use of approved actions in the Third District seems consistent with their response to organizational pressure. The fact that the target population is blue collar would explain the nonsignificance of DETOX but for the fact that DETOX was the response of those who reacted to ORGANIZATION. We have no explanation for the mode of response in Districts 8 and 9.

The Fourth District produced a notable relation between the grouped variable GROUPS (BUSINESS, GENPUB & POLITICO) and ACT. We hypothesized that officers who agreed that these groups wanted increased removal of inebriates from the street would take more action, a negative correlation. While no citywide correlation was found, officers in the Fourth District did respond as expected. Since this is the central business, tourist, and government district, the main city entertainment and sports sector, this is where the external influence of these groups would be expected to be most intense.[129]

The relationship between the character of the inebriate population in the officer's sector and the manner of policing has been suggested frequently in this study. Responses to the questionnaire produced a significant citywide positive relationship between the number of "WINOS" and ACT and DETOX. The greater the number of winos in the sector, the less the amount of action taken.[130] No action appears to be the dominant response of the SLPD to the skid row public inebriate. Whether no action or informal disposition is the dominant mode of behavior for other inebriates remains an open question, although it seems clear that formal disposition is not the norm. The questionnaire responses also indicated that the greater the number of winos encountered in the area, the greater the number of inebriates taken to Detox.[131] When Detox is used by the police, it is for the skid row ("wino") inebriate, not the middle or upper class. The arrest statistics for the reform period show no use of the arrest mechanism as a special vehicle for handling non-skid row inebriates.

This differential treatment is also indicated in the significant citywide relationship found between the class of officer's patrol area and ACT. The poorer the officer's patrol area, the less the officer takes action. Conversely, the wealthier the residences in the patrol area, the more the officer takes some action.[132] Since these non-skid row inebriates are not finding their way into Detox and are not notably being arrested, the use of the informal means of

disposition of non skid row inebriates is indicated. In low income areas, the street inebriate is tolerated--no action is taken.

Conclusion

The introduction of an alternative mode of disposition of public inebriate police cases did not produce as immediate or dramatic quantitative decrease in the number of public inebriates formally processed as in the District of Columbia. Indeed, the low rates of drunkenness arrests in the pre-change period and the incentives for police action in the immediate post-change period made such a shapt decrease highly unlikely. Nevertheless, over the long term, as the incentives to police action waned and the disincentives increased, the police arrest and referral rates did significantly decrease. They have never returned to the pre-change arrest totals.

It is difficult to perceive any dramatic qualitative change in the character of the inebriate population being formally processed by the police. There is no doubt that the Detoxification Center population prior to 1975 was by original design overwhelmingly composed of homeless, skid row public inebriates. There is no indication that those arrested for Drunk on the Street or for Protective Custody differ markedly from those being sent to the Center, although there are marginal indications of a somewhat less skid row type inebriate as the typical arrestee. But it is difficult to any accurate picture of the character of the persons being

arrested before November, 1966. Every indication is that the typical police case at that time, especially given the small numbers being formally arrested, is that of an emergency case who is homeless, a skid row resident. Any increase in the degree of this characterization of the police case in the post-change period is simply too marginal and too difficult especially given the weakness of the data and the adequacy of the skid row indicators.

The analysis of the attitudes of the officers in the St. Louis MPD would certainly support a street policy of non-action and informal disposition. As expected, the indicators of the Organizational Variable in St. Louis reflected the low priority of the public drunkenness problem to the Department. Equally important, however, is the greater emphasis by the respondents on the importance of the personal discretion of the officer, which provides a basis for the emphasis on non-action and informal disposition which we found to characterize the practical operations of the SLPD towards the public inebriate. The Role Variable and the Peer Variable both provide a picture of the SLPD as a rather hard-nosed, law enforcement oriented police force. Handling of public drunkenness is considered inconsistent with the proper role of the police officer and this view is reinforced by the attitudes of fellow officers. This attitudinal disposition is carried over to the Strategic Environment Variable--the public inebriate is perceive as a threat, belligerent and messy (although at times needing assistance), again laying the basis for non-intervention or

informal disposition as a mode of behavior. Indeed, the level of disagreement on the importance to the officer that the public inebriate receive proper care seems to summarize the attitudes of the police officers towards those factors that might suggest a need for intervention. In terms of the Strategic Interaction Variable, the non-receptivity of the officers to external influences was expected. Nevertheless, the hypothesized ordering of the influences, with business leading the way and liquor stores and drunks bringing up the rear, was confirmed.

The intra-jurisdiction results also point up the importance of the characteristics of the police district involved in shaping attitudes. In many instances, the relevance of public drunkenness in the Fourth District was notable (e.g., TOURIST, QUICKLY, NOHELP, WELLDRESS AND POORDRESS, BOTHER, IMMOBILE, BUSINESS). The non-intervention and informality characterizing police handling of inebriates in the Eighth District was suggested in the results, although there was seldom statistical significance. Finally, the blue collar "weekender" character of the inebriate in the Third District is suggested by questions relating to the belligerency of the inebriate, but again results are not statistically significant.

We had entered the analysis of the relation between these attitudes and behavior with a real lack of expectation for meaningful results. This expectation was generally confirmed. In only three instances did significant citywide

relationships support our hypotheses. However, they were notable.

The relationship between CONCERN and approved behaviors indicates the importance of motivation. Further, it suggests reasons for the low level of approved actions in St. Louis given the generally negative attitudes of the police officers towards the public inebriate. The relevance of the number of WINOS in the district to behavior tends to confirm our expectation that different forms of dispositional behavior will be afforded skid row type inebriates and other type public inebriates. The greater probability of some action, but not necessarily approved institutional actions, in wealthier districts and the lesser police action in poorer district, also suggests the dual mode of policing of public drunkenness in St. Louis.

Numerous intra-jurisdictional relationships have been found but the reasons for particular districts to differ are seldom available. Only in the case of the Fourth District, where the problem of public drunkenness is an ever present reality, and where tourism and business are concentrated, are the relationships readily understandable.

MINNEAPOLIS, MINNESOTA

Minneapolis was among many jurisdictions significantly influenced by concerted regional and national forces that called for the decriminalization of public drunkenness in the 1960's. While most of this reform constituency focused on both the illegitimacy and impracticability of municipal criminal court processing for solving this social and public health problem, little attention was given to the potential reaction of the police to such a change. Reformers simply assumed that the police would continue to serve as a viable intake agent for public inebriates under the "new" public health model.

This paper empirically evaluates the impact of decriminalization on the performance of the Minneapolis Police Department as the central intake agent for public inebriates and challenges the assumption of routine police support for this task under the legal reform. The evaluation begins with an analysis of the reform's legal context in Minnesota in order to pinpoint the intended goals of this change in policy and to understand the expectations for the agencies charged with its implementation.

THE LEGAL CONTEXT

Much like the District of Columbia, Minneapolis has experienced three legal phases in the handling of public inebriates: (1) a criminal phase, (2) a transitional phase, and (3) a public health phase. From 1889 until 1966, Minneapolis commonly applied the criminal directive of the Minnesota legislature in the processing of public drunks. Minnesota Statute 340.96 makes it a

criminal offense to become drunk "by voluntarily drinking intoxicating liquors. . ."[133]

The initial indication that Minneapolis would change its approach to public drunkenness emerged from action taken by Hennepin County Court Services. In 1966, the court organized the Pre-Court Screening Committee (formally, the Court Committee of the Task Force on Homeless Alcoholics) to review drunkenness cases and make recommendations for disposition to the bench.[134] The Committee had a membership of approximately twelve that represented a range of organizations mainly geared to the provision of services for chronic alcoholics (e.g., Alcoholics Annonymous, Salvation Army). The majority of drunks interviewed by the committee were skid row types who represented a revolving door problem for the local courts.[135]

Ground-breaking legislation was passed on May 22, 1967 under the Hospitalization and Commitment Act.[136] Generally, the Act provides for voluntary, involuntary, and emergency hospitalization of and treatment for mentally ill and drug dependent persons, including intoxicated persons. Specifically as for the pick up and treatment of public inebriates,[137] the Act provides:

> ... A peace or health officer <u>may</u> take a person into custody and transport him to a licensed hospital, mental health center or other facility equipped to treat alcoholism. If the person is not endangering himself or any other person or property the peace or health office may transport the person to his home.
>
> Application for admission of an intoxicated person to a hospital, mental health center or other facility equipped to treat alcoholism shall be made by the peace or health officer taking such person into custody and

> the application shall contain a statement given by the peace or health officer stating the circumstances under which such person was taken into custody and the reasons therefore. Such person may be admitted to a facility specified in this provision for emergency care and treatment with the consent of the institution.

Essentially, this Act provided police officers with an additional option for handling individuals intoxicated in public. No special treatment facilities for inebriates were authorized under this legislation and the health officer clause in the legislation was developed to recognize the use of ambulance service as a means of transporting intoxicated persons. While such a mode of intake and delivery is available in many states, it is seldom used as a routine means of transporting public inebriates. Such has been the case in Minneapolis.

During this transitional era, the next legal attack on the criminal processing of public inebriates came from the Minnesota courts. On April 7, 1967, Bernard Fearon was arrested for being in violation of Minnesota Statute 340.96. As a defense to this charge, Fearon argued that the statute did not apply to him as he was a chronic alcoholic who, by virtue of his condition, was incapable of controlling his consumption of alcohol. The Municipal Court of Ramsey County found Fearon guilty as charged.

Fearon appealed to the Supreme Court of Minnesota, again arguing that the statute was not applicable to his case. In addition, Fearon argued that the Eighth Amendment prohibiting cruel and unusual punishment bars application of the statute to the chronic alcoholic who, as a sympton of his disease, appears intoxicated in public. On March 21, 1969, the State

Supreme Court held that the statute did not apply to the chronic alcoholic.[138] By so ruling, the Minnesota courts recognized that chronic alcoholism is a disease to be treated, not a criminal offense that should be punished. The Court based its decision on five grounds:

> (1) "Voluntary drinking," as defined under 340.96 means drinking by choice. Therefore, the statute does not apply to the chronic alcoholic whose drinking is caused by his disease and, as such, cannot be controlled.[139]
>
> (2) Similar to the reasoning applied in Easter, a person cannot be convicted of commiting a crime when the necessary mens rea is lacking. This would preclude conviction even if "voluntary" were omitted from the statute.[140]
>
> (3) Although the United States Supreme Court upheld a drunkennes conviction under a similar Texas statute (Powell v. Texas, 391 U.S. 514), it did so with serious reservations. These reservations indicate substantial legal doubt as to the constitutionality of such kinds of statutes.[141]
>
> (4) The court, in Fearon, followed the contemporary position of most acknowledged authorities regarding the treatment of chronic alcoholics.[142]
>
> (5) The Minnesota Legislature by adopting the Hospitalization and Commitment Act of 1967, intended that the chronic alcoholic should be considered as a person in need of care, not criminal treatment.[143]

While Fearon held that the Hospitalization and Commitment Act did supersede 340.96, in the case of chronic alcoholics, it did not invalidate local ordinances. In Minneapolis, police continued to use City Ordinance 37:9.[144] Thus, like Easter in District of Columbia , the Fearon decision was viewed by municipal criminal justice officials in Hennepin County as a limited mandate indicating a shift in emphasis rather than a cessation of criminal justice attention.

On March 29, 1971, the Minnesota Legislature ended the criminal processing of public drunkenness by repealing 340.96 and passing 340.961. The latter provision provided that drunkenness was not a crime, and repealed the municipal ordinances prohibiting public intoxication. As of July 1, 1971, this enactment left law enforcement personnel with only the provisions of the Hospitalization and Commitment Act when encountering a drunken person in public:[145]

> (a) take the person into "custody" and transport him to a facility equipped to treat alcoholism and provide for emergency care or treatment (72 hour limit to involuntary treatment); or
>
> (b) take the person home if he is not endangering himself, other people or property; or
>
> (c) leave the person where he is found.

The legislature went beyond decriminalization by committing resources to the establishment of an alternative social-oriented care and treatment system. Each area mental health board throughout the State was made responsible for providing one or more detoxification centers for the custody, care and treatment of inebriates and drug dependent persons.[146] Hennepin County opened its first facility on July 1, 1971, the date decriminalization became effective.

On May 23, 1973, the permanent statutory machinery for treating inebriates was approved by the Legislature.[147] While the legislation outlines the permanent administrative structure and concentrates on broadening both the services available to individuals with alcohol problems as well as the classes of in-

dividuals who qualify as recipients, it also explicitly sanctions civil pick up of public drunks.[148] Thus, while this legislation doesn't change the intake options of the 1971 law, it did provide the impetus and authorization for the use of an all-civilian detox van as an additional intake process in Minneapolis.

During the criminal era in Minneapolis, the principal institutions charged with implementing the policy toward public drunkenness included the Minneapolis Police Department (arrest and transporation), the City Jail (detention), the Hennepin County Court (judicial disposition), and the Minneapolis City Workhouse (confinement). The institutions required to implement the current mandates for public drunkennes also include a mix of city and county agencies; but they represent two different professional fields, criminal justice and public health. The intake of public drunks is principally the responsibility of the Minneapolis Police Department. However, in the First Police Precinct, a civilian van picks up public drunks during a single shift (4 PM to 12 midnight), six days a week.[149]

Hennepin County's Alcholism Receiving Center (ARC)[150] serves as the primary treatment and referral facility for the city under the decriminalization mandates. A secondary facility is located in the model cities area (Police District Six), serving mostly the Native American population. This facility, the Southside Detox, does accept police deliveries as well as self-admissions and referrals from the Indian Neighborhood Club. Like ARC, this center receives its funding from Hennepin County.[151]

As in the District of Columbia, the formulation of Minnesota's decriminalized approach to public drunkenness is largely attributable to the intensive efforts of an identifiable and overlapping set of individuals and groups (a policy subsystem). It was not, for the most part, an issue that caught the attention of a large segment of the public.

Still, the reform took place in an era when public drunkenness was on the national political agenda, especially in the criminal justice community. The federal judiciary was deliberating over the issue of decriminalization[152] and several prestigious national associations and commissions[153] were calling for decriminalization as part of an overall package of reform for the criminal justice system. Also, major newspapers throughout the country were printing feature articles on public drunkenness, usually articulating a reformist viewpoint.[154]

In Minnesota the policy subsystem included the following forces: the traditional alcohol reform lobby (e.g., clergy, Alcoholics Anonymous); state commissions and associations (e.g., Minnesota Commission on Alcohol Problems, Governor's Commission on Crime); civic groups (e.g., the League of Women Voters); legal professionals; and mental health professionals.[155] Individuals who pressed for decriminalization were often affiliated with more than one of the active forces. For example, in Minnesota, there is no split between members of Alcoholics Anonymous and professionals in the state and county bureaucracies that service alcoholics.[156] Beginning in 1954, the state has

structured its alcoholism treatment positions so that recovered alcoholics could be therapists and care givers.

The reformers directed their efforts at three levels of the governmental process: the courts, the state legislature, and county governing bodies. Thus, even prior to decriminalization, informal approaches to the non-criminal handling of public drunks emerged in local jurisdictions (e.g., the Hennepin County Court's Screening Committee). Their activity in local jurisdictions also accounted for the smooth transition in Hennepin County from a criminal to a treatment approach. A citizen's task force with professional liaisons was appointed by the county commissioners in anticipation of decriminalization. The task force and its professional staff conducted the search for the first receiving center, acquired staff for the center, and made the necessary material acquisitions, all prior to July 1, 1971.[157]

Further, the individuals affiliated with this policy subsystem established close contact with other activists throughout the country. For example, Ms. Doris Bradley, Director of Washington, D.C.'s Detoxification Center reported to the citizen's task force on the District's development of a receiving center.[158] Also, Mr. Peter Hutt (the legal architect of the Easter decision) visited Minneapolis and discussed the Fearon case with Philip Hansen, then Chairman of the Minnesota Council on Alcohol Problems.[159] Thus, as outlined above, the forces behind decriminalization in Minnesota maintained affiliations through-

out the state and the nation as they pressed their measures before the state legislature and courts.

Since traditional alcohol reform groups, public health professionals, and judicial personnel dominated the movement toward decriminalization in Minneapolis, it is not surprising that the following three goals emerged from the legislation: ending authority of local courts over this problem, improving emergency services for the public inebriate, and increasing the opportunities for resocializing public inebriates. Indeed, the public health concern is further emphasized in that the department assigned to implement the mandates of decriminalization is a broad based agency dominated by public health professionals (i.e., the Department of Mental Health, Mental Retardation, and Chemical Dependency (MH/MR/CD).

While early efforts to divest the criminal justice system of this problem focused on the most destitute of public inebriates,[160] the final legislative package defined a broader constituency for public attention: ". . . any inebriate person unable to manage himself or his affairs or unable to function mentally or physically because of his dependence on alcohol."[161] Therefore, the legislation applies the goals of emergency care and resocialization to the entire public inebriate population. Those formulating the legislation failed to recognize the potential conflict between these goals given their assumption that all types of inebriates are potentially viable clients for both emergency care and resocialization efforts.[162] More

recently, public health officials have questioned the desirability of devoting resources to efforts to resocialize chronic skid row inebriates.[163]

As in the District of Columbia, the Minneapolis Police Department was only marginally involved in deliberations concerning decriminalization.[164] Thus, no member of the policy subsystem had a concern for or a vest interest in a critical "community valued" goal keeping the streets clear of transient inebriates. Before discussing police officers' response to this omission and assessing the overall impact of decriminalization on police intake of public inebriates, consideration is given to the characteristics of the city and how these factors influence policing public inebriates in Minneapolis.

THE ENVIRONMENTAL CONTEXT FOR POLICING

Minneapolis is the principal city of a thriving county and metropolitan area. While many central cities have population characteristics quite different from their respective metropolitan regions, Minneapolis shows considerable homogenity in comparison with its surrounding neighbors. Despite this homogeneity, Minneapolis does have the greatest concentration of poor as well as the bulk of the non-white population living within its boundaries.

Table 17
Population Characteristics of Minneapolis, Hennepin County, and the Minneapolis-St. Paul SMSA, 1970[a]

	Minn.	Hennepin Co.	SMSA
Race[b]			
White	406,414	928,507	1,765,769
Black	19,005	20,044	32,118
Mean Income	$13,501	$11,127	$13,147
% Families Below Poverty Level	7.2	4.7	4.6

[a]Based on 1970 Census of Population and Housing: Minneapolis-St. Paul SMSA, U.S. Department of Commerce, 1972.

[b]The Native American population is included as part of the white population. State-wide, there are 23,128 Native Americans and 34,868 Blacks. Like the Black population in Minnesota, a large number of Native Americans reside in Minneapolis.

In regard to alcohol use, Hennepin County is considered to have a more serious problem drinking population than the State and its neighboring county (Ramsey County) but it falls far short of the projections for many Eastern metropolitan areas (e.g., Greater Washington, D.C.). Based on the Jellinek Formula, the State estimates this population to be 146,256 for 1970. Below are the estimates for Hennepin and Ramsey Counties for the same year:

Table 18
Problem Drinking Populations: Hennepin County and Ramsey County, 1970[a]

	Hennepin Co.	Ramsey Co.
Total Population	960,080	476,255
% of State	22.6%	12.2%
Adult Population	536,443	309,130
Estimated Problem Drinkers	38,346	18,612
% of State	26.2%	12.7%
% of Area Adult	7.1%	6.0%

[a]Based on Minnesota State Factfinder, Rockville, Maryland: National Clearinghouse on Alcohol Information, 1974, p. 93.

Until the implementation of downtown revitalization projects financed largely by federal urban renewal and model city funds, Minneapolis had a clearly defined skid row area with a high concentration of problem drinkers.[165] While a small "hobo haven" was located on property owned by the Great Northern Railroad in Police Precinct One, the greatest number of problem

drinkers resided on Nicollet Island. This area had been unofficially set aside for skid row types. It had flophouses, shacks, and liquor stores. While some old houses still stand, the city is presently redeveloping the Island as an outdoor recreational facility. In recent years, the problem drinking population that receives the most public attention is largely located in two police precincts -- First Precinct (downtown) and Sixth Precinct (Model Cities).[166]

"Precincts with High Concentration of Public Inebriates: First and Sixth"

Four distinguished types of individuals make up the public intoxicant population in these precincts: Native American (recent arrivals from rural areas), Young Whites (new residents from small towns and rural areas), Blacks (small population of poverty level Blacks), and chronic "skid row" individuals ("old-timers" from the "hobo" era).[167] The First Precinct (Headquarters) is relatively small, but includes both the major downtown business area with its modern structures (e.g., IDS Tower, "Skyways") and thriving commercial area (i.e., the Micollet Mall) as well as the "Time Square" of Minneapolis-the Hennepin Avenue corridor.

Along the Hennepin Avenue corridor, the police focus on the many bars, "adult" theatres, and flop houses that attract the range of transient individuals mentioned above.[168] They also patrol the railroad yards and open areas that are occasionally occupied by the remaining destitute inebriates. The Hennepin County Alcohol Receiving Center (ARC) operates its Civil Pick-Up Van in the First Precinct. ARC's employees patrol on a single shift basis (4:00 PM to 12:00 AM), six days a week and

they are in continuous contact with the police by way of a two way police radio hook-up.

The Sixth Precinct (i.e., Model Cities Precinct) encompasses approximately eleven percent of the city's land mass and its officers patrol the area of the city with the highest concentration of poverty.[169] While retail and neighborhood commercial establishments are located along Lake and Nicollet Streets, the bulk of the structures in the precinct are multiple dwelling houses and older apartment buildings. While many of these buildings are in need of some repair, they fall far short of the ghetto status often attributed to poverty areas in major Eastern cities.

The precinct command of the Sixth began experimental police programs as early as 1970, emphasizing community services tasks much more than the other precincts. Presently, the precinct assigns individuals to the position of community service officer, maintains a citizen advisory committee, and symbolizes this orientation with its storefront precinct headquarters that resembles more a community center than a traditional station house.

With 25 percent of the city's reported felony cases curring within this precinct, much of the population is transient (i.e., residing in one location for only a few months). Although most of the residents are white in Model Cities, the city's largest concentration of poor Blacks and also Native

Americans reside in the many multiple dwelling structures within the precinct's boundaries. The police give considerable attention to both "street drinking" problems and drinking-related disturbances occuring in and around the many local bars. Officers can use either the Alcohol Receiving Center or Southside Detox (located in the precinct) which emphasizes emergency care and treatment for Native Americans.

"Precincts with Law Concentrations of Public Inebriates - Second and Fifth"

The Second Precinct's community has traditionally experienced the lowest incidence of reported crime and its drinking population seldom receives any police attention.[170] This patrol area includes a large geographical section of the city and is made up of single family dwellings as well as warehouses and factories. Within the precinct, it is not unusual to have a one car policing an area the size of the entire Sixth Precinct.

The community is mostly made up of home owners from the working and middle income levels of the city. These residents constitute the white ethnics of Minneapolis, predominately of Scandinavian, Polish, and Italian origin. They are considered politically "conservative" and strongly oriented towards preserving the ethnicity of their neighborhoods.

The Fifth Precinct polices approximately one-third of the city and services a very heterogeneous population of residents.[171] On one end, it borders the Model Cities Precinct and therefore, its officers encounter public intoxication problems similar to

the Sixth. But, the Fifth is also responsible for patrolling the wealthiest sections of Minneapolis, particularly the homes in the vicinity of the Lake of the Isles. In addition, around the Guthrie Theatre, there are many multiple family units occupied by youthful professionals and students from the University of Minnesota. Last, along the southern border of the precinct, there are many single family units of the white middle class professionals.

Despite this diverse resident population, little police time is devoted to public intoxication.[172] Most drinking occurs within the confines of the resident's dwellings and the majority of communities are of a stable rather than transitory nature.

IMPACT OF DECRIMINALIZATION ON POLICING INEBRIATES

What, then, has been the impact of decriminalization on the police intake of public inebriates? Quantitatively, we hypothesize that police deliveries to the Alcoholism Receiving Center (ARC) are significantly lower than their arrest rates were for drunkenness during the criminal era. However, because of the increased number of options available to the police under the legal change, the utilization of a civilian van as an administrative adjustment and other factors discussed below, we do not hypothesize an overall decrease in the approved dispositions of public inebriates. As for the qualitative impact of decriminalization on intake practices, we anticipate a slight decrease in the policing of non-destitute public inebriates.

We believe that the decrease will be less significant than in Washington, D.C., because the police have traditionally focused their efforts on the "downtown drinking problem." While that ARC's staff has made some effort to broaden their clientele the civilian van nevertheless concentrates largely on destitute, skid row inebriates.

Before turning to the analysis of the data bearing on these hypotheses, it is important to have some additional background on the organizational status of policing public drunkenness in Minneapolis. Only against this background do the attitudinal responses of the city police take on their full importance.

Comparison of departmental decision-making before and after decriminalization in order to assess the level of command structure has shown only minimal interest in this policy issue, and (2) that what interest they have generated revolves around their desire to avoid community harrassment. Such "low profile" interest has led to street decision-making that includes a heavy reliance on disorderly conduct charges to solve "street cleaning" problems in those precincts where there exists high concentrations of destitute and transient inebriates.

In 1953, the Minneapolis Police Department put together a complete set of rules and regulations then in force, a copy of which was given to each officer. Although certain sections were amended over time, the section relating to public drunkenness arrests was left intact until 1967.[173] The section provides the officers with the elements of the municipal disorderly con-

duct ordinance (including drunkenness), and the corresponding state statute on drunkenness. Thus, during the criminal era, police officers could use either an ordinance or a state statute to arrest public drunks.

In practice, drunk arrests differed from other arrests in only two ways. First, a special, shorter arrest form, called the "drunk show-up," was used in place of the standard police arrest form. Second, whenever possible, the drunks were transported in police wagons rather than patrol cars.[174]

When a public drunk was reported or spotted, the officer had one major goal--to get him off the street. There were three routine methods of accomplishing this goal once an officer determined he wanted to act.[175] One, the officer could see that the inebriate got home safely, although the officer was <u>not</u> to personally deliver such a person home. This was accomplished in a number of ways; (1) encouraging a person to call a friend, (2) hailing a cab (if the inebriate had money), (3) and allowing the individual to walk if he seemed in sufficiently good condition. Of course, most of these options would apply to the non-skid row inebriate.

The second option applied largely to emergency cases. If the person was seriously ill or injured, the officer could call an ambulance and have him taken to the hospital.

Third, the officer could arrest the inebriate. With this option, the policeman would most frequently call a wagon. Few arresting officers used their own vehicles because such action

removed them from their assigned beat and most officers didn't want to deal with the possibility of having to clean their car afterwards.

Of course, many times an officer would decide not to intervene when noticing an inebriated person. A variety of factors influenced the decision of whether or not to arrest. Among the more obvious considerations are: (1) the inebriate's ability to care for himself; (2) his potential for harming others; (3) his mental and physical health condition; (4) his potential for being a victim of a crime; (5) his attitude toward others, especially the police officer(s) present; and (6) the weather.

A number of additional, somewhat more subtle considerations found their way into the process. For example, a drunk was much more likely to be picked up by an officer walking a beat than by one in a car. The beat officer had a greater opportunity to notice the drunk, and of course, the drunk was much more difficult to ignore when one had to step over him. Additionally, police action was more probable if a radio call or a citizen complaint had been received, since at that point the intoxicated person had already created a visible problem.

Also, the sex of the offender was important. According to several officers, the police did not (and still do not) like to pick up women. A number of years ago they had serious problems with women claiming they had been raped. Although no charges were ever substantiated, the Department developed additional procedures for transporting women, including implemen-

tation of a time check when delivering a woman and prohibiting the use of a police wagon for transporting women if male offenders were also in the van. All of these factors served as disincentives for police officers to charge a woman offender, especially for a minor crime.

Finally, massive arrests of skid row inebriates would take place when the inebriates gathered in large and disruptive groups.[176] Thus, officers reported that they would occasionally make 40 to 50 arrests during a single shift in the old skid row areas (e.g., Nicollet Island) when the inebriates became "unruly."

The Hospitalization and Commitment Act gave the police an additional option; they could transport an intoxicated person to a hospital for treatment instead of making an arrest. According to interviews,[177] the police rarely (almost never) used this option.

Still, the Minneapolis Police Department's Rules and Regulations was amended in 1968 to contain a section dealing with the intake of public inebriates under the Act. In that section, some requirements are set out for transporting an inebriate to the hospital along with admission procedures.

In 1969, Fearon was handed down, invalidating the state's drunkenness statute. Interviews indicated that the decision had little effect because officers often used the city's ordinance prior to the court decision.[178]

As for decriminalization, the officers were first informed of the change in a Minneapolis Police Bulletin dated May 19, 1971.

In two sentences, they were told of the repeal, and that they would receive new guidelines prior to the effective date. They were further ordered to "charge for intoxication offenses as usual."[179]

The new guidelines came in the form of a memorandum from the Chief of Police, dated June 29, 1971, just two days before the repeal was to go into effect. The officers were again informed of the repeal, and received an explanation of their duties, responsibilities and options as to inebriates under the Hospitalization and Commitment Act. Several portions of the memo warrant specific mention and emphasis. The memo is very careful to point out at the outset that the Act is permissive--the decision to transport an intoxicated person, and to where, is discretionary. It is also made clear that an officer acting in good faith and pursuant to the Act will not be subject to liability for his actions.

In addition, the officer is informed of several criteria he might use in making his decision, including: speech, clothing, odor of breath, manner of walking or position, hazard to himself or others, physical condition, appearance of eyes and face, ability to understand and answer questions, ability to identify self, surrounding conditions and circumstances, what was said or admitted. While at first glance these criteria may appear to be unbiased, a closer look does reveal a bias in some of the criteria (e.g., surrounding condition, clothing) that makes it more likely that the police would pick up destitute

and transient inebriates. Interpretation of the criteria and consideration of other factors are left to the officer's "own experience and judgment." Once the officer has made his decision to transport the inebriate, that decision is final. No consent is necessary, and "such force as is reasonably necessary" may be used.

In 1972 and 1973, two classes of police cadets were put through the training academy. According to the syllabus developed by ARC, the officers received instruction on the detection of withdrawal as well as an explanation of ARC's role in handling inebriates.[180] Since 1973, the Department has held no training session on public drunkenness. Thus the only routine linkage currently existing between the Minneapolis Police Department and the Alcoholism Receiving Center is the interaction between the patrol officers and the intake officers at the receiving center. No interorganizational ties exist between the command structure of the MPD and the officials of ARC.

QUANTITATIVE IMPACT

In order to assess the quantitative impact of decriminalization, we employed the time-series experimental design discussed in Chapter One[181] adapted to Minneapolis. To separate the criminal era from the decriminalized period, we use the effective data of decriminalization (July 1, 1971) which is coterminous to the opening of ARC's initial facility. The General Research Framework used for the Minneapolis phase of the study is set forth in Figure Ten.

FIGURE 10
General Research Framework: Minneapolis, Minnesota

Policy Goals- - - -	-Organizational Function- -	-Policy Outcome
(decriminalization mandate: 340.961)	(Chief of Police Memorandum--June 29, 1971)	Decreased Formal Police Intake of Public Inebriate

As Figure Ten indicates, we were forced to vary our Specific Research Framework for Minneapolis. While we continued to hypothesize a decrease in approved formal dispositions by the police (at least if the "take no action" option is excluded) and an increase in informal non-approved police dispositions, we also hypothesized an overall maintenance or even an increase in the number of public inebriates disposed of by means approved by the "law on the books." The variety of formal options available to the police suggested such a result. If the "take no action" option is included in this category, certainly the hypothesis is compelled. But, the more important factor in this instance was the availability of an administrative adjustment not present in the other test jurisdictions, i.e., the civilian van. The combination of these factors led us to believe that a quantitative decline in pickup and delivery rates would <u>not</u> accompany decriminalization even though formal approved police pickups (<u>sans</u> "taking no action") would decline.

FIGURE 11

Specific Research Framework: Minneapolis, Minnesota

Alternate Approved Dispositions	Control Factors	Policy Outcomes
Police Delivery to Detox	Size of the Problem Drinking Population	Numerically Less Approved Police Disposition of P.I.'s
Policy Delivery to Public Health Facilities/Home	Size of the Public Inebriate Population	Equal or More Approved Disposition of PI's*
Self-Admissions and Civilian Van Deliveries+		
Take No Action	Recidivism Rates - The "Revolving Door"	Increase in Non-Approved Police disposition of PI's

* Based on approved dispositions excluding "take no action," an <u>informal</u> mode of police disposition

+ This is not a police option but it is an approved mode of intake of public inebriates to the public system

Alternate Approved Dispositions
"Police Delivery to ARC"

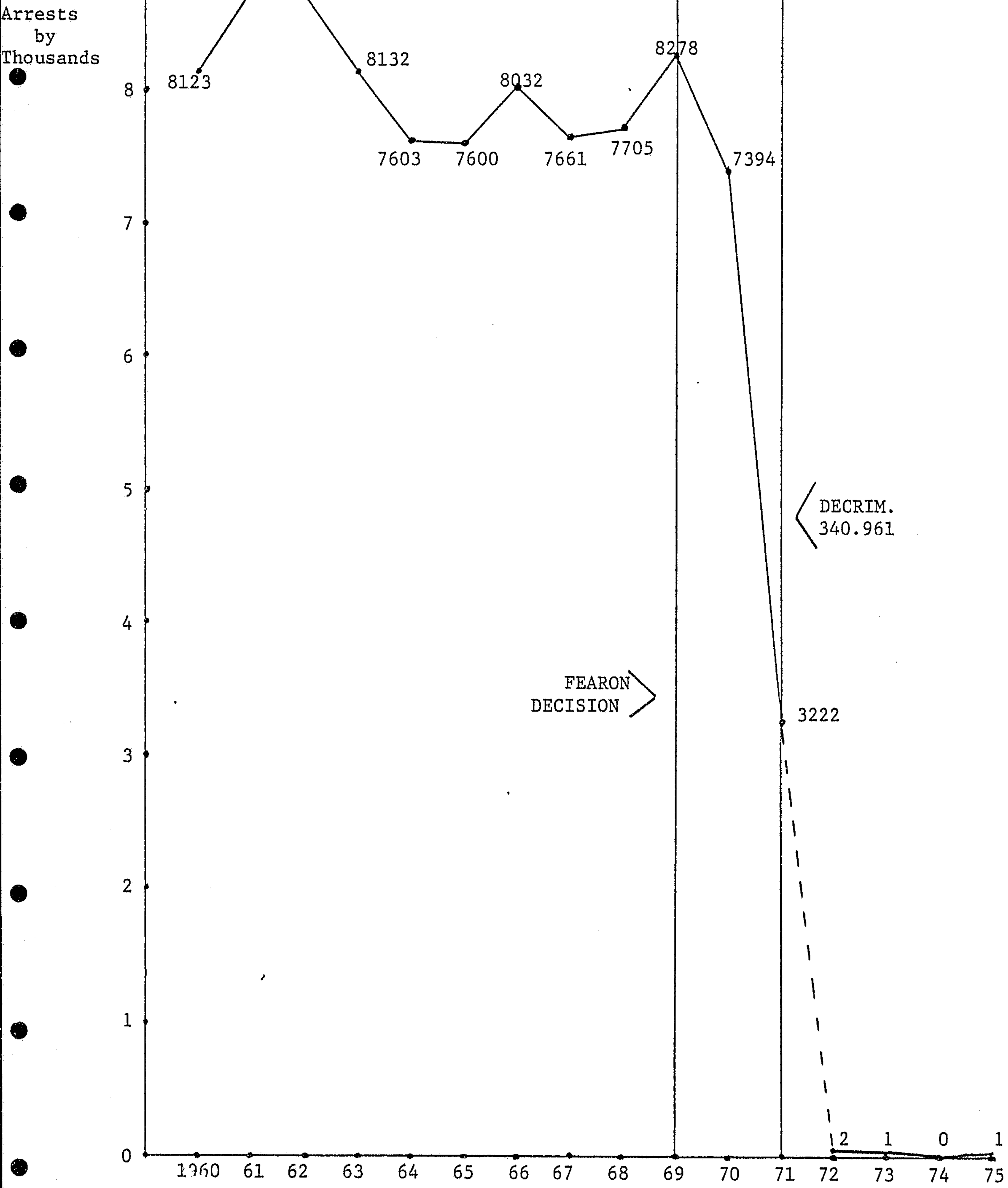
Our first graph (i.e., Graph Fifteen) depicts police arrest rates for public drunkenness over a period of fifteen years beginning in 1960. It illustrates the relevant judicial and legislative events, and their respective impacts on the arrest rates for public drunkenness in Minneapolis.

The graph shows that compared to Washington, D.C.'s response to the public inebriate problem,[182] the Minneapolis Police Department gives only moderate attention to public drunkenness. Of course, Washington, D.C. is reported to have a much larger problem drinking population than Minneapolis.[183] Also, the Metropolitan Police Department of Washington, D.C. is much larger than the Minneapolis Police Department, placing many more officers on patrol at any given time.

However, Minneapolis is much like the District of Columbia when one compares the effects of Fearon and legislatively mandated decriminalization on police arrest rates. While the Fearon decision has a significant braking effect on arrest rates, the formulation of the legislation (340.961) with its comprehensive mandate prohibiting drunkenness arrests throughout the state assured police conformity in Minneapolis.

Graph Sixteen reveals the difference between police arrest rates for public drunkenness[184] in the pre-decriminalization period and police intake rates since decriminalization.[185]

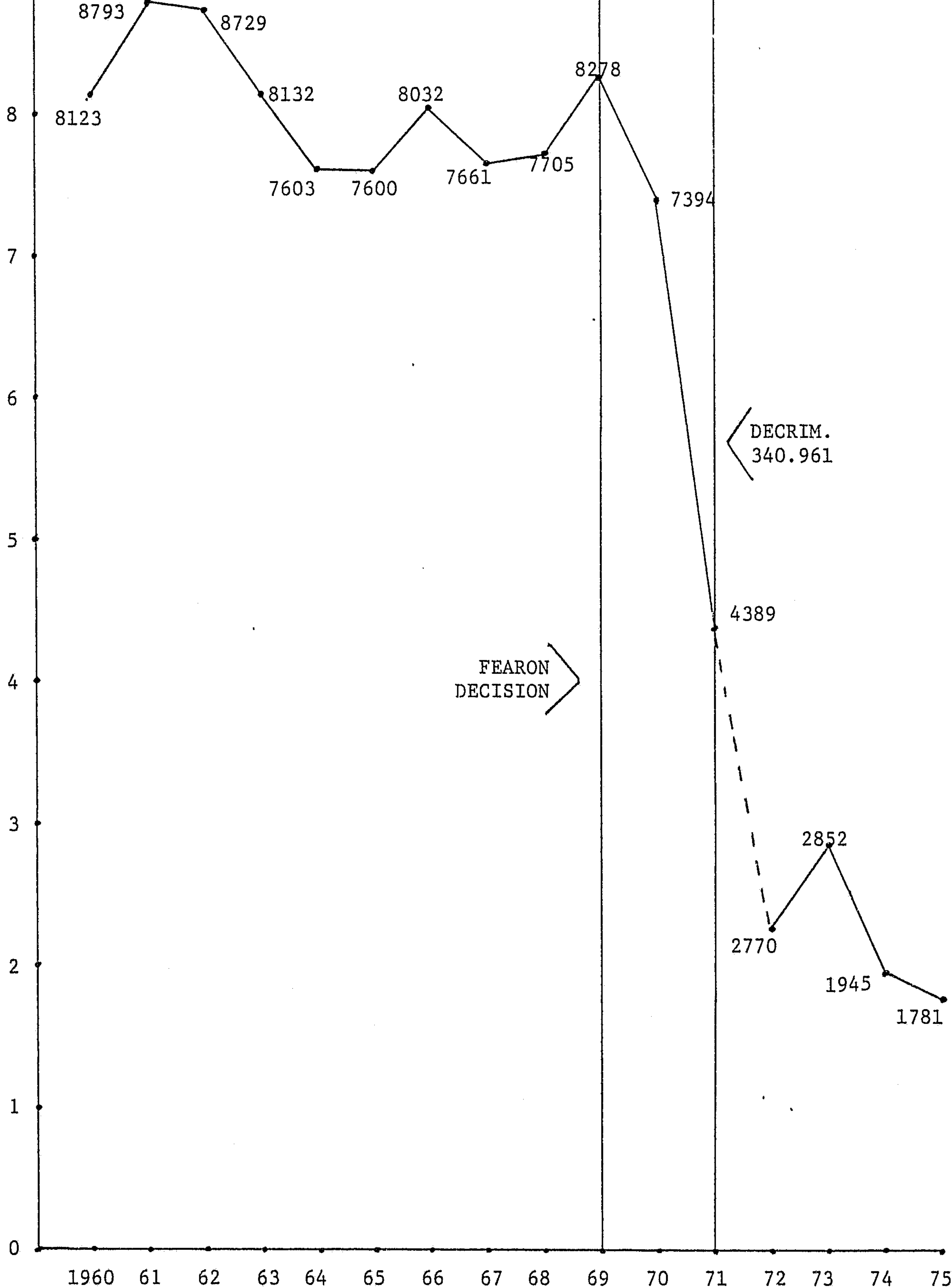
GRAPH 15
Public Drunkenness Arrests, Minneapolis, Minnesota,[a]
1960-1975



[a]Figures are total drunkenness arrests, Official Statistics of Minneapolis Police Department, Annual Reports, 1960-1975.

GRAPH 16

Public Drunkenness Arrests[a] and All Police Referrals to Alcoholism Receiving Center[b], Minneapolis, Minnesota, 1960-1975



[a]Figures are total drunkenness arrests, Official Statistics of Minneapolis Police Department, Annual Reports, 1960-1975.

[b]Figures are all police deliveries to Alcoholism Receiving Center, from Monthly Intake Comparison Statistics, Alcoholism Receiving Center, 1971-1975.

Specifically, it confirms our hypothesis that a significant decrease[186] in police pick up rates follows decriminalization.

"Police Delivery to Public Health Facilities/Home"

Is it possible, however, that officers of the Minneapolis Police Department are using other public health facilities or delivering inebriates to their homes, alternative approved dispositions, at a rate that sufficiently compensates for this reduction in prime institutional response? After all, under the state's mandate,[187] such options are available for implementation by police departments throughout the state.

Interviews with officials of the Hennepin County Department of Mental Health, Mental Retardation, and Chemical Dependency (MH/MR/CD)[188] as well as members of citizen groups involved in the alcoholism problem[189] revealed that the only alternative institution in Hennepin County serving as a major receiving or intake facility for public inebriates is Southside Detox. This facility also under the jurisdiction of MH/MR/CD, principally services the Native American population of the Model cities precinct. Mr. Marvin Monnypenny, Director of Southside Detox, reports that they receive referrals from patrol officers in the Sixth Precinct at a rate of about 500 a year, since August of 1974.[190] While this rate of police intake does substantiate our earlier point of considerable police involvement in the Sixth Precinct, it fails to increase the overall level of police participation enough to explain the quantitative decline in police processing of public inebriates following decriminalization.

Since as early as the 1950s, police officers have been given the discretion to encourage public inebriates to go home, but not permitted to deliver them to their place of residence as a routine option. According to Captain Rollow Mudge, such encouragement could be accomplished in a number of ways: allowing the person to call a friend; calling a cab for the inebriate if he/she has money; and permitting the inebriate to being walked home if his residence was a short distance.[191]

No formal departmental elaboration on or expansion of this option accompanied decriminalization and so, our interviews indicate that this disposition remains a viable and sometimes preferred discretionary alternative when the officer is confident that the inebriate is both capable of[192] and willing to[193] take advantage of this option. However, despite the continued availability of this option, we found no indication of increased use coinciding with decriminalization.

With these findings our comparative analysis of <u>police mandated options</u> for handling inebriates clearly establishes that officers have significantly reduced their intake of public intoxicants since decriminalization. However, it does not establish that inebriates are being left on the street, ignored or being handled by informal, unapproved means. In Minneapolis there is an alternate means of pick up and delivery of public inebriates not encountered in other jurisdictions which does not involve traditional police processing.

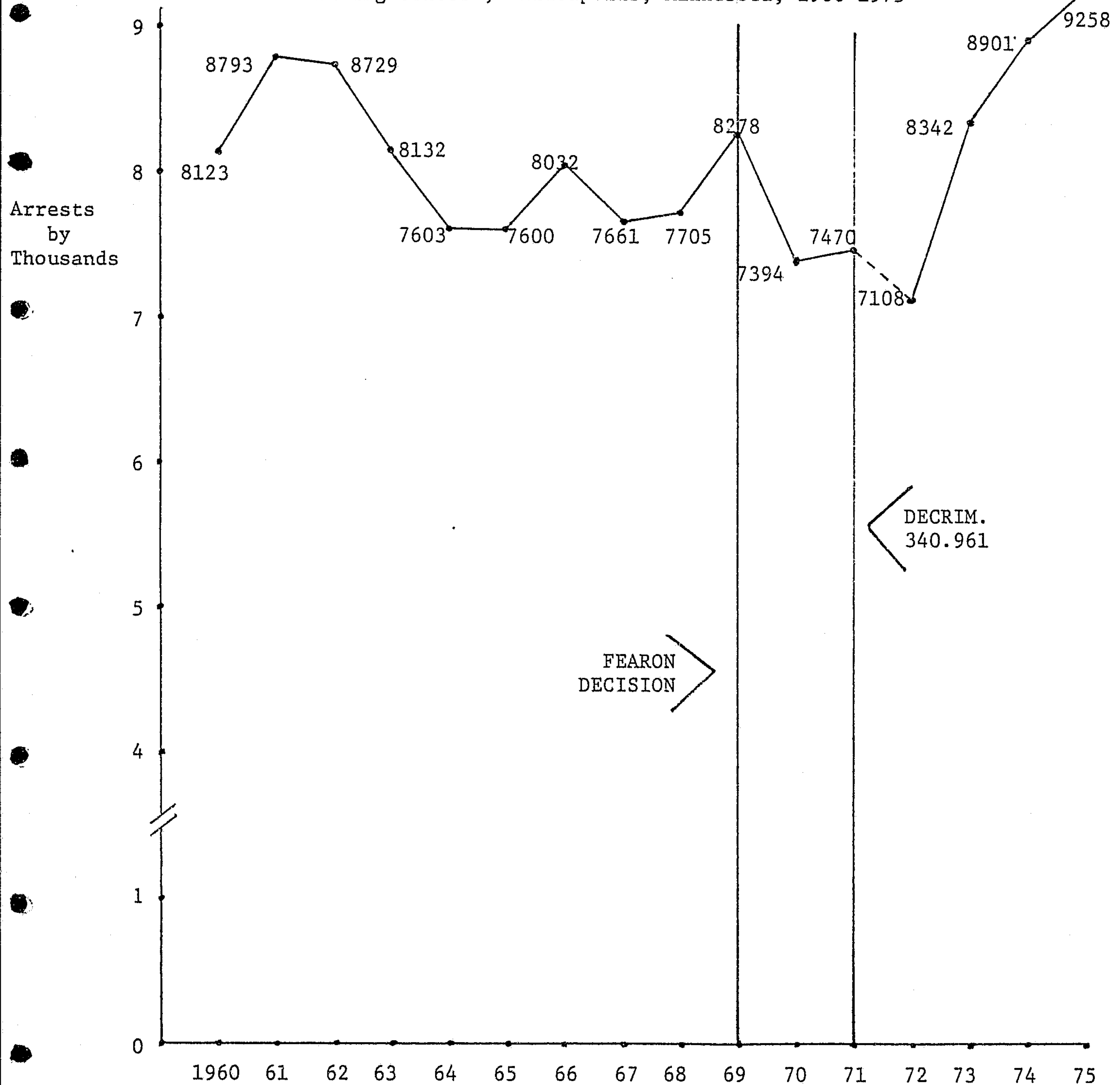
"Self-Admissions and Civilian Van Deliveries to ARC"

Unlike other public health facilities that rely almost totally on police departments for the delivery of public inebriates to their doors, ARC's staff has aggressively sought out other means of attracting clients to their center.[194] The development of the Civil Pick-up Service was designed to reduce pressure on the Minneapolis Police Department in the downtown section of the city (First Precinct) where street inebriate problems are most accute.[195] Also, they have made an effort to encourage self-admissions of problem drinkers from more stable socio-economic backgrounds through advertising and by working closely with businesses and government agencies.[196] Such overall involvement by the public health community significantly might well compensate for the reduction in police attention to this problem.

Graph Seventeen shows that the combined public health initiatives of civilian pick up and encouragement of self-admissions do indeed compensate for the decrease in police intakes.[197] Prior to the existence of the Civil Pick-up service, ". . . the Minneapolis Police Department accounted for 40% of the total admissions and 60% of admissions from 4:00 pm to 12:00 pm."[198] After the implementation of this option, " . . . the Pick-Up Team transported almost 50% of the total admissions to the Center and 80% of police and team admissions combined . . ."[199] for the same hours.

GRAPH 17

Public Drunkenness Arrests[a] and All Referrals to Alcoholism Receiving Center[b], Minneapolis, Minnesota, 1960-1975



[a]Figures are total drunkenness arrests, Official Statistics of Minneapolis Police Department, Annual Reports, 1960-1975.

[b]Figures are all police deliveries, civil pickups, self admissions, and other means of intake, from Monthly Intake Comparison Statistics, Alcoholism Receiving Center, 1971-1975.

In fact, statistics collected by ARC show that the use of this option has increased total admissions while further reducing police involvement. For example, in June through August of 1974, ". . . the total number of admissions to the Center increased 17% (from 2299 to 2689) while police referrals were reduced from 844 to 480 admissions."[200] Based on total admissions for the first eight months of 1974, Civil Pick-Up admissions increased from 19% to 27% while police admissions were reduced from 23% to 17%.[201]

The van is very visible throughout the downtown area. The civilian team focuses on persons who are quite intoxicated and often ragged in appearance. They are often seen waving to individuals that they recognize as part of their regular clientele.

The following incidents represent a range of observed cases in which the civilian team made contact with potential inebriates:[202]

1. As the van left the library, the driver noticed a person sleeping on the grass by the side of the library. He stopped the van and went over to the person. They recognized the person and woke him up. They asked, "Got a place to go?" He got up quickly and answered that he had a place. He then began to walk away. He seemed to have his senses and knew where he was going. The staff decided that he would be all right if left alone. No police were on the scene and this was a busy commercial street.

2. A call over the police radio notified them that some man was sleeping on the sidewalk in front of a business. No police were on the scene when the van arrived. They woke him by calling his name and shaking him. They asked if he wanted to go to detox and told him that he could not sleep on the sidewalk. There was a hotel in the building he was sleeping in front of and they asked if he was living there. He answered yes and then said no. They asked where he lived; he responded that it was close by. At

first he appeared unconscious and very drunk. He did not want to go to detox and he looked like he was getting cleareron where he wanted to go. The staff was undecided about the seriousness of his condition and decided, in an unspoken manner, to let him go on his way. Once in the van they talked over the situation--still unsure of what the proper action should have been. They then followed the person to make sure he could get around without getting into or causing trouble. As he walked, he staggered around but kept going in the general direction that he had indicated his home was. He went down an alley and across a vacant parking lot. The decision of the staff was that he would make it. However, after two blocks he came to a corner and was unable to negotiate the curb. He stumbled and nearly fell. The decision to pick up was made at this point. While crossing the intersection he appeared to panhandle a motorist. This confirmed the prior decision to pick up. They indicated to him that he shouldn't bother people. On the form to admit him, they wrote he was moderately intoxicated and disturbing people.

3. As they were driving down an alley behind an infamous bar (Dolly's) frequented by Native Americans, the van stopped since there was a man down with about three people around him. The man had been beaten severely and possibly stabbed around the eye. The staff called for an ambulance, which arrived within a few minutes. The van staff mentioned that this bar generally had incident similar to this.

4. The staff pulled up to a man called Tony. He was at a busy intersection, unsteady on his feet. They asked if he wanted to go to detox; he declined the invitation. About an hour later the van went by the same intersection and Tony had made it to the opposite corner.

5. A police call came in for the "Bear's Den" bar. This bar is on Franklyn Ave., in the heart of the Native American section. The bar's clientele is mostly Native American. The van pulled up and the staff saw two men in front and immediately recognized Francis "S". The "S" family, about four of them, are regular clients at detox; Francis is the worst of them according to the staff. Since Francis was unconscious they just picked him up and put him in the van. The bar's manager, a white man, came out and appeared thankful that the van had come. He explained that the pint bottle that the second man had was Francis'. The second man was conscious

and fairly well-dressed. He was very belligerent and very big. The staff asked if he wanted to go to Detox. He asked them if they wanted to take him--it seemed he was implying that he would put up a fight. Then his wife came out of the bar. She wanted him to keep his mouth closed and every time he could mouth off to the staff she would yell at him, ("Do you want them to take you?"), and slap him in the face. The staff decided to leave him with her. While he was drunk it appeared that his wife could care for him. The owner looked like he wanted both of them picked up.

6. A police call to a commercial area brought the van to the scene of an incident involving Bernard. Bernard is a Native American who was assisted into the van by the police. He seemed to believe that the police and the staff were picking on him because he was an Indian. On the ride to detox he would scream and kick around.

The use of self-admissions and the introduction of a civilian van system, then, do appear to compensate for the quantitative decline in the number of public inebriates processed by the police following decriminalization. But in order to assure that the observed decline in police pick ups following legal change is accurate and to support the premise that it is self-admissions and the civilian van system that provide the compensating elements, we again explored the various control factors.

CONTROL FACTORS

We again introduced two controls that have to do with the size of the target group population:

-has the class of intoxicated persons decreased significantly enough in the post-ARA period to reduce the potential for police pick up of publicly inebriated individuals?

-has the public inebriate population decreased significantly enough to lower the potential for intake?

"The Size of the Problem Drinking Population"

The first factor addresses the issue of the entire population of individuals that are commonly called "potential problem drinkers." If this population has shown a significant decline that is roughly coterminous with decriminalization of public drunkenness, then we would need to weigh this variable's potential influence on police intake of public inebriates. Public inebriates are a subset of intoxicated persons. If the entire set decreases, then the subset may shrink. While there is no measure which is accepted as accurately reflecting the problem of intoxication in this nation, there is a measure which serves to indicate the trends in the size of the class of intoxicated persons in Minneapolis--the size of the potential problem drinking population determined by the standard Jellinek Formula.

Mr. Robert Olander, Research Sociologist for the Department of MH/MR/CD,[203] applied the standard Jellinek Formula to the mean of the yearly consensus figures of Hennepin County's adult population from 1965 to 1970 as a way of estimating the size of the potential problem drinking population during the criminal era. He found a yearly average of 37,346 potential problem drinkers for this period.

He applied the same technique to the adult population figures from 1971 to 1975 to establish a comparative figure for the decriminalized era. For this period, Mr. Olander reports a yearly average of 38,390 potential problem drinkers or a slight increase of two percent in the target population. The

finding is strengthened by the fact that between 1971 and 1975, Hennepin County registered a slight decrease in population. Thus, as we hypothesized, the potential problem drinking population has remained virtually the same since decriminalization. More important, in the absence of any decrease in the size of the potential problem drinking population, there is no reason to expect any decrease in the size of the <u>public inebriate</u> population available for intake under decriminalization.

"The Size of the Public Inebriate Population"

Still, are there any indicators that specifically identify the size of the public inebriate population over time? While no precise statistical data was uncovered to trace the size of this subpopulation, we did conduct a number of interviews with individuals closely associated with the public inebriate problem in Minneapolis.[204]

They report that while the skid row population has stabilized over the last decade, Minneapolis most likely experienced an increase in the overall size of its public intoxicant population. Specifically, they identify at least two classes of potential public inebriates that have likely increased in recent years--young adult drinkers[205] and Native Americans who consume alcoholic beverages. Most important to our study, none of those interviewed see any decrease in the overall size of the Minneapolis public inebriate population.

"Recidivism Rates--The 'Revolving Door'"

The unit of analysis for the foregoing analysis has been "rate of intake" without consideration given to the number of

"individuals" that are picked up in each period. Thus, one could argue that as many individuals are being picked up by police in the post-decriminalization period as were in the criminal era with the only difference being the lower rate of recidivism following decriminalization.

Table Nineteen displays our estimation of the recidivism rate for public drunkenness in two criminal years (i.e., 1967, 1970). For each criminal year, we drew a random sample of 200 individuals arrested that year for public drunkenness, reviewed their respective police records, and recorded the number of times each individual was arrested for public drunkenness during the year under study.[206]

The table also shows our estimation of the recidivism rate for individuals admitted to the Alcoholism Receiving Center for two decriminalized years (i.e., 1972 and 1973). Again, we followed the same procedure: drawing a random sample of 200 individuals admitted to ARC during the respected year under study; reviewing their permanent record cards; and recording the number of times each individual was admitted to ARC for the year under scrutiny.[207]

As clearly demonstrated in Table Nineteen, the revolving door argument fails to explain the discrepancy in pickup between the two periods. Indeed, recidivism is a more serious problem in the decriminalized era with the statutory limit of 72 hours for involuntary treatment[208] and the reported overcrowding of ARC.[209]

TABLE 19

Comparison of Public Drunkenness Recidivism Rates Between Criminal and Decriminalized Periods in Minneapolis, Minnesota

Year	# of Individuals	Estimated Recidivism
1967[a]	N = 145	3.79
1970[a]	N = 179	3.94
1972[b]	N = 176	4.71
1974[b]	N = 151	5.03

[a]Based on Official Arrest Records, Minneapolis Police Department, Bureau of Identification.

[b]Based on Official Records Alcoholism Receiving Center, Department of MH/MR/CD.

POLICY OUTCOMES

The above analysis yields the following conclusions regarding the quantitative policy outcome of decriminalization in Minneapolis. First, numerically less public inebriates are being formally processed by police in the post-change period. The caveat must be noted, however, that the failure to take action is an approved police disposition under the law on the books. To the extent that the decline in formal pickups is explained by the greater incidence of "no action", the police behavior is consistent with the policy mandated by the legislature. There was simply no way to objectively measure this mode of disposition. Its availability means that we cannot support the conclusion that there is less approved police dispositions of public inebriates in the post-change period, only that there is less use of the formal police means approved by the legislature.

Second, the quantitative decline in formal police pickup and delivery of public inebriates has been compensated by the

incidence of self-admissions and civilian van deliveries to A.R.C. This administrative adjustment, then, suggests a policy innovation whereby the decline in approved formal police handling of public inebriates following decriminalization can be ameliorated. We will explore this policy alternative further in the prescriptive phase of the study (Chapter Four).

Given the absence of any numeric decline in the processing of inebriates following decriminalization, it might seem superfluous to examine the incidence of non-approved dispositions by the police. However, the fact that as many public inebriates are being processed does not exclude the possibility of the use of unapproved means by the police to deal with its problems of removing inebriates from public places especially the business area. As a result of self-admissions and the civilian van system and decriminalization generally, more inebriates may come into contact with the public sector on a more frequent basis. Simply, they are returned to the street for subsequent pickup more often. Intake rates in the post-change period, then, may match those of the pre-change period. However, at the same time, the police may be handling their street problems using unapproved means.

We, therefore, again explored the possibility that the police are fully involved in the intake of public inebriates through the use of minor criminal offenses in the decriminalized period. Officials of the Department of MH/MR/CD have felt that since decriminalization the police have been picking up a con-

siderable number of public inebriates and arresting them for disorderly conduct.[210]

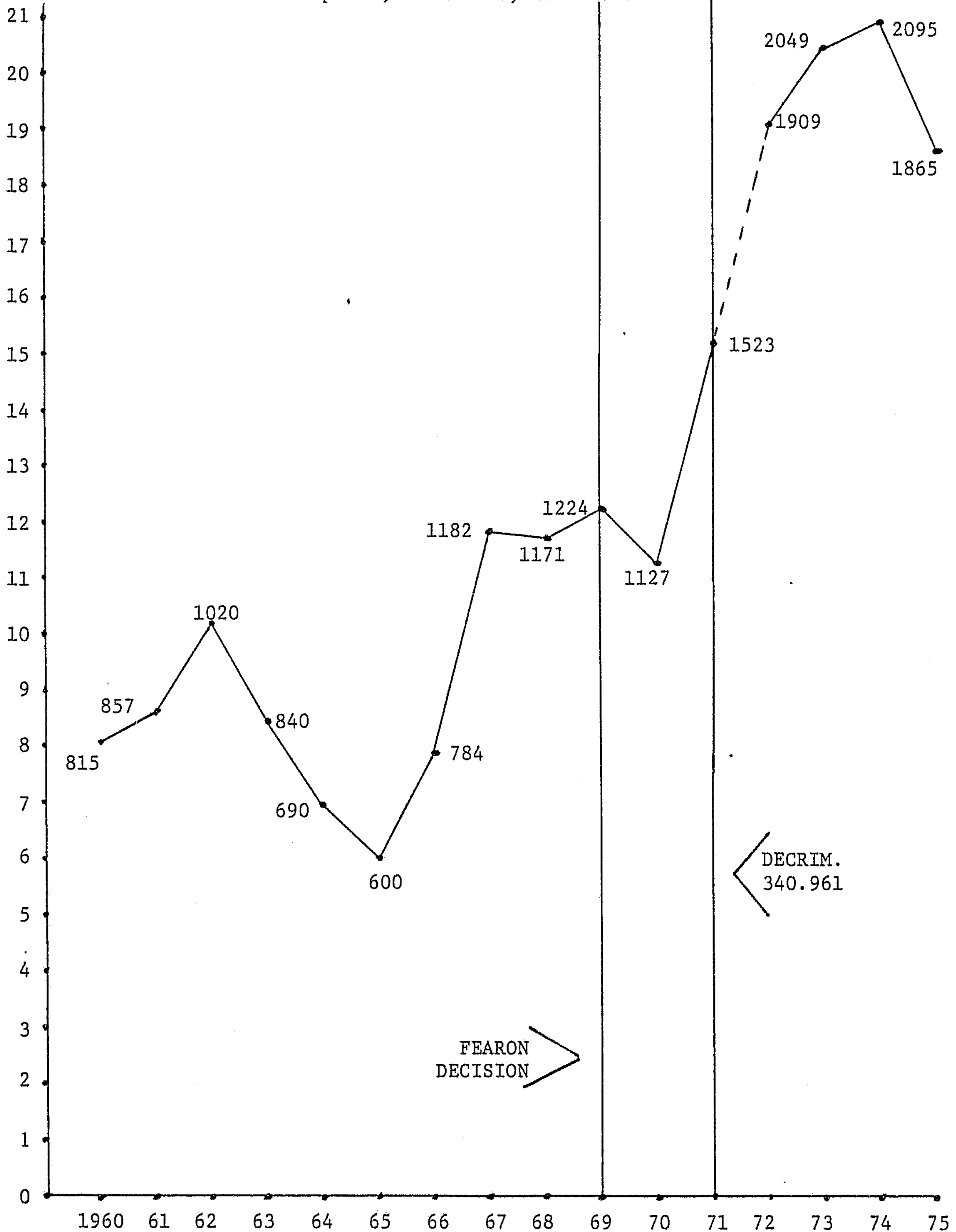
We obtained official police statistics from the Minneapolis Police Department to probe this assertion, focusing on disorderly conduct and vagrancy. The findings displayed in Graph 18 strongly indicate that the police are utilizing disorderly conduct to illegitimately arrest public inebriates. While vagrancy has shown a steady decline since 1960, the use of disorderly conduct has significantly increased[211] since decriminalization. From 1960 to 1966, the yearly average for disorderly arrests was 697 while during the transitional period,[212] this average increased to 1167. Since decriminalization (1971-1975) the yearly average has jumped to 1875. Thus, it is possible that, in response to the problem of keeping the streets clear of public inebriates, the Metropolitan Police Department has increasingly employed disorderly conduct as a reliable means of disposition.

Summary

Our analysis of alternative rival hypotheses shows that the combination of public health involvement in pick up and the department's increased reliance on disorderly conduct to process public inebriates does explain the observed discrepancy between police arrest rates in the criminal era and police deliveries to the ARC under decriminalization. In fact the overall rate of public inebriate intake, if disorderly and vagrancy cases are included, is considerably higher since de-

GRAPH 18

Disorderly Conduct and Vagrancy Arrests Combined[a], Minneapolis, Minnesota, 1960-1975



[a]Figures are yearly statistics, Official Statistics of the Minneapolis Police Department, Annual Reports, 1960-1975.

criminalization (see Graph 19). Even with the higher recidivism rate accompanying decriminalization, it is likely that as many public inebriates are presently experiencing governmental intervention as did under criminal mandates. Of course, those formulating the reform legislation neither anticipated nor approved the continuation of criminal arrests for public drunkenness.

QUALITATIVE IMPACT

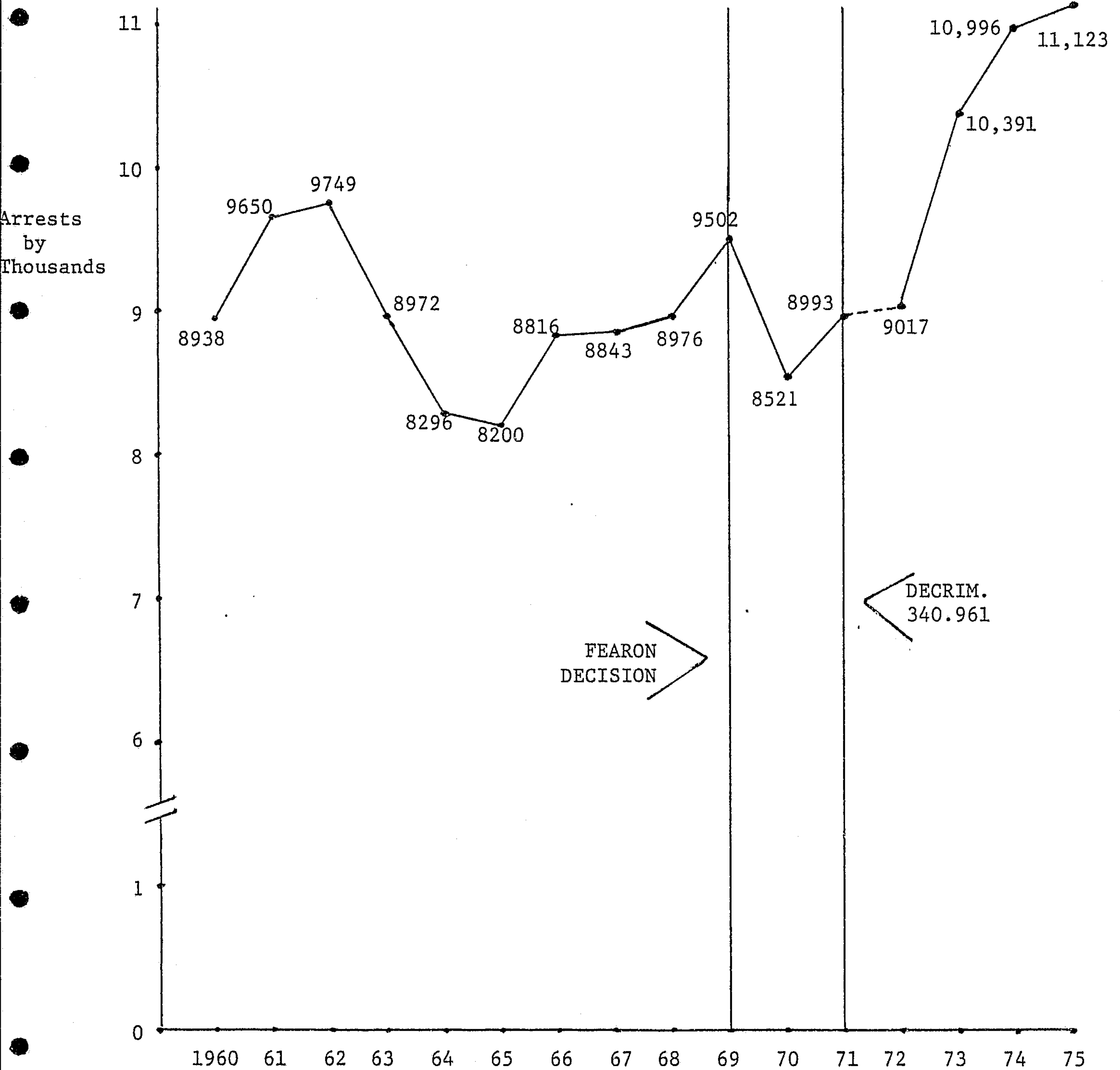
What type(s) of problem drinkers received public attention prior to decriminalization, and how does this compare with those currently being processed by the police and staff of ARC? Again, we hypothesized an increase, although marginal, in the incidence of destitute skid row type inebriates over the pre-change period. To test this expectation, we studied existing reports on the public intoxicant population, interviewed knowledgeable individuals, and collected sets of data on pre- and post-decriminalization intoxicants who have come to the attention of public institutions.

Very little statistical information exists on the characteristics of the public inebriate population in the criminal era. Still, Mr. George Spano, a probation officer assigned to the Hennepin County Municipal Court, reported that the vast majority of public inebriates coming before the Pre-Court Screening Committee were chronic alcoholics and transient problem drinkers who were well known by the committee members.[213]

Likewise, Judge James Rogers of the Hennepin County Municipal Court stated that the vast majority of individuals

GRAPH 19

Public Drunkenness Arrests, Disorderly Arrests, Vagrancy Arrests[a], and All Admissions[b] to the Alcoholism Receiving Center, Minneapolis, Minnesota, 1960-1975



[a]Figures are total yearly arrests, Official Statistics of Minneapolis Police Department, Annual Reports, 1960-1975.

[b]Figures are all police deliveries, civil pickups, self admissions, and other means of intake, from Monthly Intake Comparison Statistics, Alcoholism Receiving Center, 1971-1975.

charged with public drunkenness were revolving door inebriates who he knew from continuous encounters.[214] Also, he pointed out that the proportion of Native Americans charged with public drunkenness far exceeded their representation in the community. Indeed, according to a report on alcohol related arrests, over 20% of those arrested for public drunkenness in the 1960s were Native Americans while they represented under 4% of those charged with driving while intoxicated (DWI).[215]

To further assess the qualitative impact of decriminalization, we drew a random sample of individuals arrested for public drunkenness from the police records for two criminal years--1967 and 1970.[216] The characteristics of these arrested individuals are compared with the population statistics maintained by the Alcoholism Receiving Center on their respective clients. Thus, we have created a comparative background profile of inebriates, from both periods, and developed indicators of two characteristics often associated with destitute or skid row inebriates-low socio-economic status and undersocialization. While no indicators of institutions dependency appear in our comparative analysis, we have already reported the high recidivism rates associated with the sampled public inegriate populations of both periods (See Table 19).

"Background Profile"

From the combined sample of those arrested for public intoxication, the mean age was 40 (N-245) and 95 percent of those

arrested were males (N-249). The racial composition of those arrested is as follows: 62.1 percent White, 29.4 Native Americans, 7.5 percent Black, and 1 percent Other (N=248). Of these individuals admitted to the Alcoholism Receiving Center, 42% are in the 41 to 55 age category and 19% are in the 56 to 64 age range.[217] Males represent 88 percent of the clientele and females approximately 12 percent. As for racial characteristics, 72.5 percent are White, 20 percent Native American, and 2.4 percent are Black. Thus, the institutionalized public inebriate in the decriminalized era is more likely to be white and older than the criminally processed intoxicant. Also, women are more likely to experience institutional attention since decriminalization.

"Low Socio-Economic Status"

The comparative indicator for this characteristic is employment status. Among those reporting their job situation from the criminal sample (N=190), 66.7 percent reported that they were unemployed. Of course, it is reasonable to assume that many of those individuals who failed to inform the police officer of any occupational status were also unemployed. As for ARC's clientele, 71 percent indicate they are unemployed while over 21 percent state that they are employed on a full time basis.[218] Thus, the vast majority of both populations suffer from job instability and chronic unemployment.

"Undersocialization"

Another primary characteristic of destitute public inebriates is "undersocialization,"[219] with the key indicator being

a lack of or a broken family relationship. 76.1 percent of those arrested for public drunkenness reported that they were divorced or separated (N=159). The Alcoholism Receiving Center's clientele is also overrepresented by individuals who have little family stability or cohesiveness. 80 percent of those entering ARC are divorced or separated.[220]

"Summary"

The destitute or transient inebriate certainly appears to dominate the population of problem drinkers who have been exposed to governmental intervention throughout both periods. Despite some efforts on the part of the Alcoholism Receiving Center's staff to encourage the admission of non-destitue inebriate, such individuals appear to rarely find their way into the facility and, in fact, our comparative findings indicate a potential increase in the size of the destitute skid row population receiving such institutional attention in the decriminalized period. Obviously, the primary intake agents in the decriminalized era (i.e. police officers and civilian van operators) continue to follow the pattern established during the criminal period of focusing on the downtown street inebriate. As indicated above, such individuals are very often of Native American descent.

EXPLAINING POLICE PRACTICES: THE EXERCISE OF DISCRETION

The final section of this Section on Minneapolis evaluates police response to decriminalization, particularly the attitude

of the police officer toward remaining a critical intake agent. The primary tool for this section of our study was the attitudinal questionnaire administered to all officers in selected roll calls of the following precincts': First, Second, Fifth, and Sixth (N=111). Also, we conducted interviews with patrol officers (N=51) and with the command structure of the Minneapolis Police Department (N=18) exploring these factors in greater depth.

Quantitative Explanations: Attitudinal Comparisons

One means employed to assess police officers' level of support for picking up public inebriates under the decriminalization mandate is through a comparison of patrolmen's specific attitudes (i.e., item responses) in Minneapolis with the attitudes of officers both in other therapeutic jurisdictions (i.e., Washington, D.C., St. Louis) and selected criminal control jurisdictions (i.e., Richmond, Houston). Also, the attitudes of officers in precincts with relatively high concentrations of public inebriates (First and Sixth) are compared with officers' views in two precincts with low concentrations of public inebriates (Second and Fifth) to determine whether precinct assignments as an environmental factor show any differences in attitude.

As for the organizational variable, officer is the Minneapolis Police Department (MPD) see the department giving some emphasis to the public intoxication problem in the reform era. Specifically, they differ from officers in the Metropolian Police Department in Washington, D.C. in that they perceive

the department putting some emphasis on the intoxication problem in training sessions (Z=3.61, S-.01).[221] While the District of Columbia has ordered no special training on this topic, the MPD exposed two classes of cadets (1972 and 1973) to the detection of withdrawal as well as the role of the Alcoholism Receiving Center in handling inebriates.

While the "role" and "peer" variables indicate little about police response to this task the "strategic environment" variable did reveal some discontent among officers concerning the current means of treating public intoxicants. Officers throughout the MPD feel that ARC returns public inebriates to the street too quickly. Those in the high intensity public drunkenness precincts feel this much more intensely as they are constantly dealing with the revolving door problem on their respective beats.[222]

It is interesting to note that officials of the Department of MH/MR/CD are also concerned with the chronic recidivist problem in that it reduces the potential for ARC to reach those who have greater potential for resocialization.[223] In fact, these officials are currently promoting the implementation of a "mission farm model" for chronic recidivists that would focus on an improved environment (e.g., clean air, shelter, and food) and longer care,[224] not resocialization.

As for factors that apparently generate police responsiveness to this problem, officers seem sensitive to the cues from the business community, government officials, and the general

public. This pressure is especially felt by officers in Precints One and Six where the proliferation of street inebriates and the concentration of other citizens often converge and interact.[225]

Thus, the importance of keeping the streets clear of intoxicated persons in the downtown business and governmental centers remains a primary preoccupation of the MPD in the reform era. Yet, with the 72 hours holding stipulation and the crowding of the detoxification centers, the police no doubt find the mandated means of solving the intoxication problem unfitting to their needs.

Quantitative Explanations:

Correlation Analysis:

For those officers who show a propensity to intervene when they observe a public inebriate on the street, can we identify any factors that stimulate their activity other than the need to keep the streets clear of intoxicated persons around the major business and government centers of the city? The relevant forms of the dependent variable for the Minneapolis questionnaire are as follows:

ACTION = (DETOX + DETOX VAN + ARREST + HOSPITAL + HOME1 + MOVEON + HOME2) / Total Options

FORMAL APPROVED ACTION = (DETOX + DETOX VAN + ARREST + HOSPITAL + HOME1) / Total Options

INSTITUTIONAL ACTION = (DETOX + DETOX VAN + ARREST + HOSPITAL) / Total Options

DETOX ACTION = (DETOX + DETOX VAN) / Total Options

TOTAL OPTIONS = DETOX + DETOX VAN = ARREST + HOSPITAL + HOME1 + NO ACTION + MOVEON + HOME2

The discretionary factors that most significantly affect officers' decisions to take mandated actions revolve around their sense of humanitarianism. Specifically, those officers most concerned about the treatment inebriates receive[226] as well as the conditions inebriates are exposed to (i.e., harsh weather, mugging)[227] are most likely to take formal approved or institutional action. This sensitivity to the inebriates' environment is most acute in the Model Cities Precinct (the Sixth)[228] where "community service" is strongly emphasized as a proper police task. Thus, while the department's command structure gives only limited attention to the public intoxication problem, the community service orientation of the Sixth Precinct creates a favorable environment for police conformity and attention to the mandates of decriminalization.

CONCLUSION

At least three factors are working against the full cooperation between police officers and public health officials concerning the handling of public inebriates under the decriminalization mandates.

First, going back to the formulation of the decriminalized approach, advocates created a set of conflicting public health goals while also giving no consideration to a problem routinely facing patrol officers--keeping inebriates off the streets. This problem is further exacerbated by public health officials' recent recognition of the need to reduce servicing the chronic

inebriate population in order to increase their rehabilitative potential.

Second, the lack of interorganizational communication precludes the realization of potentially common problems and restricts the opportunity for cooperative adjustments to the mandates of decriminalization. This problem is integrally related to the third-that of the low priority given to this problem by the command structure of the Minneapolis Police Department for many years.

The net result of these failures is street decision-making that places community pressures on the shoulders of the officers in the precincts with high concentrations of public inebriates. This pressure is somewhat relieved by the existence of the civilian pick up van in the First Precinct and the community orientation of the precinct command in Model Cities. Still, the reliance on disorderly conduct has become an escape hatch that runs directly against the grain of decriminalization's intent.

Chapter Three

1. See ch. 1, pp supra.

2. The formula for computation of Z-scores, derived from D. Palumbo, Statistics in Political and Behavioral Sciences 134 (1969), is as follows:

$$Z = \frac{\bar{X}_1 - \bar{X}_2}{\frac{S_1^2}{N_1} + \frac{S_2^2}{N_2}}$$

3. The minimum acceptable strength for a correlation was set at .25 - .30. The acceptable level of statistical significance was set at p .05.

4. See ch. 1, pp supra.

5. Easter v. District of Columbia, 361 F.2d 50 (D.C. Cir. 1966); D.C. Alcoholic Rehabilitation Act, P.L. No. 90-452, 82 Stat. 618 (1968) (codified at D.C. Code Encycl. 24-501 to 514, 25-111a, 128 (West) (Supp 1976).

6. Commissioners on Uniform State Laws, Uniform Alcoholism and Intoxication Treatment Act (1971) (drafted at national conference in Chicago).

7. Interview with Ms. Mary Kidd, Executive Director, Washington Area Council on Alcoholism and Drug Abuse, in Washington, D.C. (July, 1974).

8. See Robinson v. California, 390 U.S. 669 (1969) (statute creating the status of drug addiction constitutes cruel and unusual punishment

in violation of the 8th Amendment to the U.S. Constitution, made applicable to the states through the due process clause of the fourteenth amendment).

9. See, e.g., A. Fritschler, Smoking and Politics: Policymaking and the Federal Bureaucracy 2-4 (1969).

10. None of the members of the coalition focused on the goal of keeping the streets clear of "transient" inebriates once decriminalization was introduced. We have found that this goal is often ignored in the formulation of a decriminalized approach. Yet, it becomes a significant problem for police departments once the business community and residents begin to lodge complaints.

11. See pp. infra. See generally Musheno, Palumbo, & Levine, Evaluating Alternatives in Criminal Justice: A Policy-Impact Model, 22 Crime abd Delinquency 265, 266-68 (1976).

12. In Kansas City, Missouri, for example, the Kansas City Police Department played a central role in the formulation of a non-criminal alternative system. In fact, a member of the police department sits on the Board of Directors of the "Sober House," a detox and rehabilitation alternative facility. See pp. infra. Similarly, the St. Louis Detoxification Center was the first alternative facility sponsored by a police department. See pp. infra.

13. The overview is based largely on figures from the 1970 Census that are compiled in Office of Planning & Management, District of

Columbia Government, The People of the District of Columbia (1973) (herein after cited as The People of the District of Columbia).

14. The heroin addiction formula is derived from a New York City study (adapted for the District) that estimates 200 heroin users for every one heroin death. The data was supplied by the D. C. Department of Human Resources Narcotics Treatment Administration. The Alcoholism Jellinek Formula is based on yearly deaths for cirrhosis of the liver. The data was supplied by Dr. Dorothy Mindlin, Director of Adams Mill Alcoholism Center, Washington, D. C.

15. Health service areas are demographic zones into which the city is divided in order to depict variations in social, economic and physical characteristics as a basis for providing municipal services. See also The People of the District of Columbia, supra note 13, at 1-3.

16. See ch. 1, pp.   supra.

17. See, e.g., Wasby, The Supreme Court's Impact: Some Problems of Conceptualization and Measurement, in Compliance and the Law (S. Krislov ed. 1972).

18. T=15.85, df=13, prob=(off table).001. For explanation of the T distribution as a significant test, see D. Palumbo, Statistics in Political and Behavioral Science 138, 156 (1969). Note that a more sophisticated technique has been developed by scholars to test the significance of time-series data. This more sophisticated technique was used in the "Comparative Impact" section of chapter 2 which

demonstrates that this alternative mode of analysis also confirms our hypothesis. See pp. supra.

19. T=14.42, df=14, prob=(off the table).001.

20. See Commission on Prisons, Probation and Parole, District of Columbia Government, Karrick Report (1957) (herein after cited as Report of Comm'n on Prisons, Probation and Parole).

21. Id. at 89.

22. Id. at 103.

23. Research & Statistics Division, Office of Planning & State Agency Affairs, District of Columbia Dept. of Human Resources, Follow-Up Study of the Five Hundred Public Inebriates 2 (1974).

24. However, in that we failed to create a "no occupation" category for researchers recording the post-ARA data, we suspect that much of the missing data represents individuals who claim no occupational skill and should have been recorded as such.

25. Z=3.61, s = .01.

26. Socwork Washington-Minneapolis: z=2.37, s=.02, Washington-St. Louis: z=5.09, s=.01. Appropriate, Washington-Minneapolis: z=2.27, s=.03, Washington-St. Louis: z=2.36, s=.02.

27. The MPDC continues to process over 7,000 inebriates a year under decriminalization see Graph 2, "Monthly Police Intake Rates for Public Intoxication: Minneapolis, Minnesota," p. supra.

28. See, e.g., J. Rubin, Police Identity and the Police Role, in The Police Community 143 (J. Goldsmith & S. Goldsmith eds 1974).

29. Capital, District 1 - District 2: z = 1.995, s = .02; District 1 - District 5: z = 2.482, s - .01.

30. Quickly, D.C.-Richmond: z = 2.07, s = .04; D.C.-Houston: z = 5.16, s - .01.

31. Quickly, District 1 - District 2: z = 3.702, s = .001, District 1 - District 5: z = 3.892, s = .001.

32. Botler, District 1 - District 5: z = 2.895, s = .002; District 1 - District 5: z = 4.334, s = .001.

33. In the District of Columbia, officers ranked "outside" forces (i.e., strategic interaction variable) in the following descending order of importance: general public, liquor store owners, local political leaders, businesses.

34. Faraway X Detox: t = .262, s = .001.

35. g = .225, s = .001. Please note that the significance level is based on Kendall's tau beta. This set of gammas is based on a two by three table with a threefold breakdown of the dependent variable: (1) no institutionalized performance; (2) low institutionalized performance (scores falling below the median and above zero, citywide); (3) high institutionalized performance (scores falling above the median score). This relationship held for two of the three patrol districts: District 1: g = .272, s = .002; and District 2: g = .272,

s = .002.

36. Much of the "inside information concerning police department handling of public inebriates since the late 1950's is based on unpublished papers by Jerry V. Wilson, former Chief of Police of Washington, D.C. See J. Wilson, Executive Control of Policies for Police Handling of Public Inebriates, Police Discretion and the Public Inebriate, & Precinct Command Policies and Other Influences on Arrests for Drunkenness (unpublished papers on file at The American University College of Law, Project on Public Inebriation, 1975).

37. Report of the Commission on Prisons, Probation and Parole, supra note 20, at 132-33.

38. Report of Deputy Chief Howard V. Covell, Washington, D.C., July 2, 1957.

39. J. Wilson, Precinct Command Policies, supra note 36.

40. J. Wilson, Police Discretion and the Public Inebriate, supra note 36, at 2-3.

41. Id. at 3.

42. Id. at 10-14.

43. J. Wilson, Executive Control of Policies for Police Handling of Public Inebriates, supra note 36, at 21-23.

44. Few efforts have been made by public health officials or police officials to "educate" police officers as to the potential for the Detoxification Center to serve such a purpose.

45. This problem is exacerbated by the low priority the city government gives to the building of adequate facilities to house and treat the District's inebriate population.

46. St. Louis, Mo. Rev. Code 769.010, as amended, provides that "No person shall be in a state of intoxication or drunk on any highway, street, alley, thoroughfare, or other public place." Section 769.020 provides that the misdemeanant shall be fined not more than $500 or be imprisoned for not more than 90 days, or both.

M. Ann. Stat. 562.260 (Vernon) (1961) also makes public drunkenness a crime.

47. St. Louis M. Rev. Code 769.030, as amended.

48. Id. 769.060-.070. Chronic alcoholism was made an affirmative defense to a charge of public drunkenness by an amendment to the Code on November 22, 1967, one year after the Detoxification Center began operations. Id. 769.040. "Chronic alcoholism"is defined as "The chronic and habitual use of alcoholic beverages by a person to the extent that he has lost the power of self-control with respect to the use of such beverages." Id. 769.050(c).

49. Evaluation Report in St. Louis Metropolitan Police Dep't, the St. Louis Detoxification and Diagnostic Evaluation Center 12-14 (1970) (final project report submitted to LEAA) (herein after cited as Final Report and Final Report--Evaluation). The Evaluation contained in the Final Report provides an excellent history of the St.

Louis experience prior to 1970. See St. Louis Globe-Democrat, Oct. 19, 1968. (All newspaper reports cited are on file at the American University, College of Law, Project on Public Inebriation.

50. Final Report--Evaluation, supra note 49, at 16-17. The St. Louis Metropolitan Police Department (St. Louis MPD) indicates that it was a common practice since 1958 to convey inebriates to a hospital for an examination prior to jailing. Id. at 16.

51. St. Louis MPD, Bureau of Field Operations, Drunk on Street--Pilot Program, in Final Report supra note 49, at 81-83.

52. It was claimed that the Kendis lectures produced a "perceptible shift in the attitudes of officers" and a less officious street behavior towards inebraites. Final Report--Evaluation, supra note 49, at 18.

53. The project was dropped because of manpower shortages. Final Report--Evaluation supra note 49, at 17. Arrest rates returned to their pre-1963 levels. See p.   infra.

54. St. Louis MPD Memorandum 1 (March 4, 1968): Final Report--Evaluation, supra note 49, at 19-20.

55. Final Report, supra note 49, at vi.

56. Id. at v.

57. St. Louis MPD, Drunkenness Arrests--Detoxification Center Procedures, (Special Order 71-S-10, (Apr 22, 1971 , superseding 67-S-8, 67-B-3, and 1963 Pilot Program orders). See Letter from Eugene J. Camp, Chief of Police, to Ms. Sharon E. Shanoff, Kurxman and

Goldfarb, (Mar. 29, 1971) (outlining the approved procedure).

58. The voiding of the summons rather than the use of nolle prosequi was approved by the City Counselor. Detoxification Center, Second Quarterly Report, 4.

59. There are no statutes, ordinances or regulations detailing protective custody procedures. See Final Report, supra note 49, at 11-12.

60. President's Comm'n on Law Enforcement and Adm'n of Justice, Task Force Report: Drunkenness, App. C, at 51 (1967) (hereinafter cited as Drunkenness Report.)

61. It appears that the St. Louis MPD was greatly influenced by the decisions in Easter v. District of Columbia, 361 F.2d 50 (D.C. Cir. 1966) and Driver v. Hinnet, 356 F.2d 761 (4th Cir. 1966), and the expectation that the Supreme Court would accept those decisions. It was urged that the implementation of the Detoxification Center project would better prepare the Department to manage the impact of that expected decision. See, e.g., Grant Application in Drunkenness Report supra note 49, 50; St. Louis Globe-Democrat, May 24, 1966, Oct. 3, 1967, The possibility of decreasing crimes committed against inebriates was noted in the Grant Application, Drunkenness Report, supra note 60 at 51, and by Dr. Pittman. Globe-Democrat, May 24, 1966.

62. The final project report, cites two goals for the experiment:

> "1. To determine to what extent this process might effect a time saving on the part of police and indirectly upon the court and the penal institution.

> 2. To determine what rehabilitative effect a short-term treatment approach might have on the life style of the chronic public intoxicant and to what extent his 'revolving door' pattern could be altered."

Final Report, supra note 49, at iii. Pittman and Gordon's book, stressing the rehabilitative potential, was a major source of impetus and ideas for the project. The book argued:

> A Treatment Center should be created for the reception of the chronic drunkenness offender. This means that they should be removed from the jails and penal institutions as the mentally ill in this country were removed from the jails during the last century. Given the present state of knowledge concerning alcoholism, the time is ripe now for such a change. The present system is not only inefficient in terms of excessive cost of jailing an offender 30, 40, or 50 times, but is a direct negation of this society's humanitarian philosophy toward people who are beset by social, mental, and physical problems.

D. Pittman & C. Gordon, Revolving Door - A Study of the Chronic Police Case Inebriate 141-142 (1958) (hereinafter cited as D. Pittman & C. Gordon).

For comments reflective of the emphasis on savings of criminal justice resources, see St. Louis Globe-Democrat, May 24, 1966,

estimating an average of 3 hours and 10 minutes of officer time per arrest. The rehabilitation theme is exemplified by Col. Dowd's comment that the St. Louis MPD expected "that through it many persons who would have wasted years in their lives will become productive, normal citizens again." St. Louis Globe-Democrat, Oct. 7, 1966. Similarly, Laura Root, in a paper, "Designing a Detox Center Utilizing Research Studies, at 2, (unpublished paper on file at American University College of Law) (hereinafter cited as L. Root), described the goal: "to establish a facility for treatment . . . in a reasonable length of time which could be expected to have a beneficial effect . . . "

63. The original procedures provide that one or two days would be spent in the 8 beds used for acute care. The remainder of the stay, the patient would be under self-care in one of the 22 beds reserved for that purpose. Grant Application, Drunkenness Report, supra note 60, at 52; St. Louis Detoxification and Diagnostic Evaluation Center, First Quarterly Report, Oct. 1 - Dec. 31, 1966 at 5.

64. At another point, Drunkenness Report stated that "The St. Louis Metropolitan Police Department believes that the chronic police case inebriate is salvageable." Drunkenness Report, supra note 60, at 54.

65. The grant proposal notes the need that the inebriate "be detoxified, built up physically, and exposed to an alcoholism treatment milieu at the center." Drunkenness Report, supra note 60, at 51. It notes the need for "medical treatment" as well as rehabilitation. The

fact that a "minority" that might not be rehabilitated might be more humanely treated was recognized also in The Revolving Door:

> "A program of treatment must strike at (the chronic police case inebriate's) dependency needs and recognize his needs for human approval and self-respect. The program must therefore be administered by persons who are professionally competent to minister to his needs, who can create an environment of human warmth and who are personally interested in the inebriate as a human worthy of respect. Within such a context the goals for rehabilitation must be realistic. We may eventually find that the rehabilitation of only a majority of the group is a notable achievement. Even so, if the remaining minority are simply maintained according to standards consistent with morality and decency in our time, it will do credit to the community which first makes such a contribution."

66. D. Pittman & C. Gordon, supra note 62, at 146. Final Report--Evaluation, supra note 49, at 31. See also, L. Root, supra note 62, at 1. It was estimated that the skid row population constituted about 8 to 10 percent of those persons with an alcoholism problem in St. Louis. Final Report, supra note 49, at 1. It was estimated that there were 56,000 persons in the city and the county who were

"problem drinkers." St. Louis Post-Dispatch, June 26, 1966.

67. Interview with Ms. Fannie Price, St. Louis Detoxification Center, St. Louis, Mo. (June 1975). By comparison, in the Center's third quarterly report, it was stated:

    The numbers who choose to return to their 'revolving door' pattern of life were substantial. It is anticipated, however, that they will be picked up again by the police, and it is evident in the philosophy of the Center's staff that we will help them to accept some help on their subsequent admissions.

    St. Louis Detoxification and Diagnostic Evaluation Center, Third Quarterly Report, April 1 - June 30, 1967, at 16.

68. In a memorandum from Dr. N. C. Gupta, Director of the Center to Dr. P. Gannon, Superintendent of the State Hospital, July 11, 1972, this change was directly attributed to lack of police support for the operation:

    (U)nless we received the full cooperation of the St. Louis Metropolitan Police Department, including restoration of their full funding for detoxification services, I see no way that we can continue to reserve 24 beds for police use. Without Police Department support we should seriously consider offering detoxification services on a first come, first serve

basis for the general public.

Dr. Gupta also complained in the memorandum about a growing breakdown of communication between the St. Louis MPD and the Detox Unit and the State Division of Mental Health.

69. Interview with Ms. Fannie Price, St. Louis Detoxification Center, St. Louis, Mo., (June, 1975).

70. See Table I, "Problem Drinking Population, District of Columbia, 1960-1972." p. supra. (hereinafter cited as Table I).

71. Interview with Dr. Gupta, St. Louis, Mo. (June, 1975).

72. Interview with police officers of the Second Police District, where the Detox Center is located, St. Louis, M. (June, 1975).

73. See Table I, p supra.

74. Interview with Sgt. Joseph Tazarak, Planning Dept., St. Louis MPD, St. Louis, Mo., (June, 1975).

75. The police desire to transfer responsibility for the Center to medical authorities is indicated in a St. Louis MPD memorandum from Capt. Mateker to Chief Brostron, April 30, 1968:

> Recognizing that medical treatment of the public alcoholic is a public health responsibility, not a law enforcement responsibility, and that the Detox Center is a successful project that should be continued, not cancelled, the responsibility for the financial support, administrative function and

patient treatment should be transferred to the Mo. Div. of Mental Diseases.

It was estimated that the Center had direct costs to the police of $180,000 per year, indirect costs of $45,000 annually and the future costs were projected to be $225,000 per year or as high as $675,000 annually in ten years.

In a meeting of July 18, 1968, the Commander of the Police Bureau of Services reportedly commented that "the operation of a detox hospital is not a police function and the police department needs its funds and manpower for the rising crime rate."

Some indication of the decline in departmental enthusiasm in the early 1970s is suggested by its contributions to the Center's operations.

Period	Amount
12-1-68 to 3-31-69	$25,000
5-1-69 to 4-30-70	80,000
5-1-70 to 4-30-71	80,000
5-1-71 to 4-30-72	60,000
5-1-72 to 4-30-73	30,000

The contribution subsequently returned to $80,000.

76. Final Report, supra note 49, at xiv. In addition, an officer from each participating police district served as liaison officer to the Center. Each attended alcoholism education program provided by the Center. St. Louis Detoxification and Diagnostic Evaluation Center, Second Quarterly Report, Jan. 31-March 31, 1967, at 4.

77. Interview with Allen Wagner, Asst. Director of the Police Academy, St. Louis MPD, St. Louis, Mo., (June, 1975).

78. Unless otherwise indicated, citywide demographic material is derived from St. Louis Plan Commission, St. Louis Development Program (1975) (hereinafter cited as St. Louis Plan Comm'n).

79. B. Williams, St. Louis: A City and Its Suburbs 15-24 (Aug., 1973) (Nat'l. Science . . .).

80. St. Louis Plan Comm'n, supra note 78 at 33.

81. See pp.   infra.

82. City of St. Louis, Health Division, Annual Report 1970 in St. Louis Statistical Abstract 95 (Krash.ed. 1972).

83. J. Corzine & I. Dabrowski, Soulard. (Wash. U., Ethnic Heritage Studies Program) (Oct., 1974), provides some basic data on the Third Police District.

84. The arrest data from 1960 to 1965 was derived from the annual reports of the St. Louis MPD. It was estimated that the arrest rate between 1957 and 1962 averaged less than 3500 arrests annually. Final Report--Evaluation, supra note 49, at 14.

85. Final Report--Evaluation, supra note 49, at 15.

86. ____ Nimmer provides a useful background on this traditional mode of policing the public inebriate in St. Louis. R. Nimmer, Two Million Unnecessary Arrests 82-83, 87-89 (1971) (Hereinafter cited as R. Nimmer); Nimmer, St. Louis Diagnostic and Detoxification

Center: An Experiment in Non-Criminal Processing of Public Inneriates. 1970 Wash. U.L.Q. 1, 13-15 (hereinafter cited as Experiment in Non-Criminal Processing).

87. For example, Nimmer suggests that not only did drunkenness arrests focus on the skid row public inebriate, but were used "only when immediate pressures do not allow a patrolman to ignore the intoxicant, and there is no convenient way of removing the man without arrest." Experiment in Non-Criminal Processing, supra note 86, at 12.

88. Final Report, supra note 49, at 9-56, R. Nimmer, supra note 86, at 92-98, is critical of the methodology used in the Final Report.

89. T = 4.51, df = 13, prob. = (off table) .001.

90. T = 2.68, df = 13, prob. - 02 .01.

91. See Holden Denus Detoxification Plan Failing by Non-Use, St. Louis Globe-Democrat, Jan. 15, 1970. However, the decline in beds would be relevant only if the center were frequently filled, which Raymond Nimmer claimed was not the case. R. Nimmer, supra note 86, at 92. See note 97 infra.

92. R. Nimmer, supra note 86, at 89-92; Experiment in Non-Criminal Processing, supra note 86, at 15-19.

93. See Note 68 supra.

94. St. Louis Post-Dispatch, June 11, 1974. See generally, Use of Ambulances for Drunks Debated, St. Louis Post-Dispatch, July 14, 1974.

95. The data is derived from the monthly activities reports sent from the director of the Center to the Superintendent of the State Hospital.

96. The average daily occupancy rates indicated in the monthly Detoxification Center's activities reports from 1970 through April, 1975, are:

	1970	1971	1972	1973	1974	1975
Jan.	--	26.4	24	24	35	36
Feb.	--	23.5	22	24	37	36
Mar.	24	24	24.5	24	36	37
Apr.	26.5	25.5	25	21	38	37
May	26.5	25	23.5	26	38	
June	26	24	24.5	25	38	
July	26.5	24	23.5	27	36	
Aug.	--	25	22	34*	38	
Sept.	27	21	24	35	37	
Oct.	24	25.5	25	36	36	
Nov.	23	25	24	35	36	
Dec.	24.5	25.6	24	34	35	

*Capacity increased to 40 beds

97. See Holden Denies Detoxification Plan Failing by Non-Use, St. Louis Globe-Democrat, Jan. 15, 1970; More Use of Drunk Center Sought, St. Louis Post-Dispatch, Jan. 15, 1970.

98. T = 1.82, df = 13, p = .1 .05.

99. St. Louis Post-Dispatch, June 26, 1966.

100. St. Louis Post-Dispatch, Jan. 23, 1969; St. Louis Post-Dispatch,

101. 500,000 Trapped by Alcohol, St. Louis Globe-Democrat, Mar. 23, 1972; Alcoholism, St. Louis Globe-Democrat, Aug. 12, 1972,

102. Interview with Helen Madden, Greater St. Louis Council on Alcoholism, St. Louis, Mo. (June, 1975).

103. See p. supra and p. infra.

104. The five year recidivism rates for the arrest years, 1963 and 1965, was 4.84 and 1.64 respectively. The reason for this disparity is unknown.

105. This basis for comparison does produce some error since the city-wide mean would include the district under consideration. However, any effect produced would operate against finding a significant difference. Therefore, this would seem to be an acceptable (although probably not the best) method for testing the significance of means for interdistrict variations.

106. Richmond ($\bar{X}$ = 1.75, Z = 3.62, s = .01); Houston ($\bar{X}$ = 1.68, z = 6.26, s = .01); Minneapolis ($\bar{X}$ = 1.79, z = 4.47, s = .01). The mean score of Washington is 2.33.

107. Richmond ($\bar{X}$ = 4.08, z = 3.70, s = .01); Houston ($\bar{X}$ = 3.83, z = 4.15, s = .01); Washington ($\bar{X}$ = 3.90, z = 5.09, s = .01); the mean score for Minneapolis is 3.47.

108. Richmond ($\bar{X}$ = 2.19, z = 4.26, s = .01); Houston ($\bar{X}$ = 2.23, z = 6.56, s = .01); Washington ($\bar{X}$ = 2.88, z = 2.36, s = .02). The mean score for Minneapolis is ________.

109. Washington ($\bar{X}$ = 4.49, z = 6.38, s = .01).

110. Houston ($\bar{X}$ = 3.48, z = 4.60, s = .01); Washington ($\bar{X}$ = 3.14, z = 2.81, s = .01).

111. Houston ($\bar{X}$ = 2.89, z = 8.90, s = .01); Richmond ($\bar{X}$ = 2.56, z = 6.93, s = .01); Minneapolis ($\bar{X}$ = 3.59, z = 3.25, s = .01);

Washington ($\overline{X}$ - 3.52, z = 5.11, s = .01).

112. Houston ($\overline{X}$ = 2.83, z = 4.88, s = .01); Richmond ($\overline{X}$ = 2.71, z = 2.40, s = .02).

113. Houston ($\overline{X}$ = 1.84, z = 5.62, s = .02); Richmond ($\overline{X}$ = 1.71, z = 4.26, s = .01); Minneapolis ($\overline{X}$ = 1.77; z = 5.31, s = .01), Washington ($\overline{X}$ = 2.18, z = 3.12, s = .01).

114. Washington ($\overline{X}$ = 2.05, z = 5.07, s = .01). The fact that officers in the 4th disagree for more (although not to a statistically significant degree) that Detox's effectiveness is important to them whereas greater agreement might have been expected, suggests the question may have been read as an evaluation of Detox.

115. The difference is significant when compared to Richmond ($\overline{X}$ = 3.08, z = 2.49, s = .02) and Washington ($\overline{X}$ = 3.10, z = 4.58, s = .01). Although no statistically significant interdistrict variation was found, officers in the 3rd police district apparently see the public inebriate as a greater threat than do officers in other districts, but the result is not statistically meaningful. Interviews suggest that the 3rd district public inebriate is generally a weekend drunk, a blue collar worker who goes off on a weekend drinking spree. The indication is that this drunk is far more belligerent and hostile towards the police than other drunks. He resents the police time "wasted" on dealing with such behavior.

	Citywide	4	3	9	8
$\overline{X}$ score	3.75	3.62	3.96	3.61	3.75

116. The difference is significant when compared with Richmond ($\overline{X}$ = 3.51, z = 3.74, s = .01) and Washington ($\overline{X}$ = 3.70, z = 3.44, s = .01).

117. The difference is significant only when compared to Richmond ($\overline{X}$ = 2.37, z = 2.52, s = .02).

118. Houston ($\overline{X}$ = 1.79, z = 3.61, s = .01); Richmond ($\overline{X}$ = 1.57, z = 4.32, s = .01); Minneapolis ($\overline{X}$ = 1.78, z = 3.10, s = .01); Washington ($\overline{X}$ = 2.44, z = 2.03, s = .01).

119. In the 8th and 9th districts where street drinking and drunkenness are more common, there is less perception of the drunk as a both (not statistically significant). The continuum of scores is expected given the character of the drinking problem.

	Citywide	4	3	9	8
$\overline{X}$ score	2.19	1.81	2.11	2.40	2.63

120. Given the fact that tourism is primarily centered in the 4th district, it might be expected that the officers in that district would agree to a substantially greater degree. This is in fact the case. The difference from the citywide mean is significant at the .01 level (Z = 3.96).

	Citywide	4	3	9	8
$\overline{X}$ score	2.66	1.90	3.14	2.71	3.88

121. Richmond ($\overline{X}$ = 1.35, z = 7.79, s = .01); Houston ($\overline{X}$ = 2.07, z = 2.97, s = .01); Washington ($\overline{X}$ = 2.73, z = 2.00, s = .05).

122. Houston ($\overline{X}$ = 2.68, z = 5.36, s = .01); Richmond ($\overline{X}$ = 2.32, z = 5.48, s = .01); Minneapolis, ($\overline{X}$ = 2.73, z = 3.97, s = .01);

Washington ($\overline{X}$ = 2.46, z = 7.66, s - .01).

123. Houston ($\overline{X}$ = 3.30, z = 2.31, s = .02); Richmond ($\overline{X}$ = 2.74, z = 4.03, s = .01).

124. Washington ($\overline{X}$ = 3.87, z = 3.79, s = .01).

125. Houston ($\overline{X}$ = 2.60, z = 5.67, s = .01); Richmond ($\overline{X}$ = 1.93, z = 7.34, s = .01); Minneapolis ($\overline{X}$ = 2.95, z = 2.36, s = .02), Washington ($\overline{X}$ = 2.13, z = 7.09, s = .01).

126. In the Eighth District, some of the expected relationships were found. Officers who disagreed with the statement that their fellow officers do not mind removing public inebriates from the street took less action (BUDDIES x ACT, g = -.2342, s = .047), less approved actions (BUDDIES x APPL, g = -.4211, s = .001; BUDDIES x APP2, g = -.3912, s = .002) and less persons to Detox (BUDDIES x DETOX, g = -.3912, s = .002).

Similarly, in the Third District, the hypothesized relationship of the role peer variable with approved behavior was found. (BUDDIES x APPL, g = -.2797, s = .006; BUDDIES x APP2, g = -.2836, s = .005).

In the Fourth District, the hypothesis that officers agreeing that their partner thinks it is important to remove public inebriates would take significantly greater action was confirmed. PARIMP x ACT, g = -.2490, s = .038).

Also in the Fourth District, CYNIC, a group variable composed of

VETWASTE and IDEAL, was found to produce the hypothesized positive correlation with less action (CYNIC x ACT, g = .2135, s = .037).

127. It is hypothesized that officers who agree will tend to ACT to a significantly greater extent (negative correlation). It might also be hypothesized that the action will take the form of taking to Detox where proper care would be available--this is a caring attitude (negative correlation).

A negative correlation is found citywide with high significance levels for both ACT and DETOX, but the strength of the correlation is too low. The expected relation with DETOX is found in the 9th district. But in the 3rd district WEATHER correlates with all behaviors other than DETOX. We have no explanations for the district variations.

	CITYWIDE	9th District	3d District
WEATHER X ACT	-0.1472 S=.009	N/S	-0.2182 S=0.025
WEATHER X APP1	N/S	N/S	-0.3402 S=0.001
WEATHER X APP2	N/S	N/S	-0.2777 S=0.006
WEATHER X DETOX	-0.1932 S=.001	-0.2288 S=0.042	N/S

128.

	Citywide	4	3	9	8
CONCERN X ACT	N/S	-0.2213 S=0.032	N/S	N/S	N/S
CONCERN X APP1	-0.2087 S=0.001	-0.2983 S=0.006	-0.2890 S=0.004	N/S	-0.3500 S=0.005
CONCERN X APP2	-0.1927 S=0.0002	-0.2364 S=0.024	-0.2062 S=0.032	N/S	-0.3241 S=0.010
CONCERN X DETOX	-0.2388 S=0.001	-0.2324 S=0.026	N/S	-0.2312 S=0.04	-0.3683 S=0.004

129. GROUPS x ACT (g = -.2517, s = .017).

130. WINO x ACT (g = .001, s = .001).

131. WINO x DETOX (g = -.2724, s = .001).

132. CLASS x ACT (g = -.2956, s = .001).

133. Minn. Stat. Am. 340.96 (repealed by 1971 Minn. Laws, ch. 90, 2) (replaced by Minn. Stat Am 340.961 (1972) (drunkenness not a crime)).

134. Based on Interview with Mr. Jim Pearson, CD Program Specialist, Hennepin County Alcohol and Inebriate Program, Minneapolis, Minn. (June 9, 1975).

135. Based on Interview with George Spano, Probation Officer with Court Services, Hennepin County Municipal Court, Minneapolis, Minn. (July 3, 1975).

136. Minnesota Hospitalization and Commitment Act, Minn. Stat. Am 253 A.01-.21 (1971 & Supp. 1977) (enacted in 1967).

137. The term "inebriates" does not include individuals who are merely intoxicated in public. Rather, the term implies that the individual is a chronic alcoholic: "'Inebriate person' means any person incapable of managing himself or his affairs by reason of the habitual and excessive use of intoxicating liquors, narcotics, or other drugs." Minn. Hospitalization and Commitment Act, Minn. Stat. Am. 253A.02(4) (Supp. 1977).

138. State v. Fearon, 238 Minn. 90, 166 N.W. 2d 720 (1969).

139. 166 N.W.2d at 722-23.

140. 166 N.W.2d at 722.

141. 166 N.W. 2d at 724.

142. 166 N.W. 2d at 724-25.

143. 166 N.W. 2d at 725.

144. Minneapolis, Minn. Ordinance ch. 37:9 (disorderly conduct),

145. Minn. Hospitalization and Commitment Act, Minn. Stat. Am. 253A.04.

146. Minn. Stat. Ann 245.68 (h)-(k) (Supp. 1977)(clause (h), providing for grant application deleted by 1976 Minn. Laws ch. 2, 83.)

147. Treatment for Alcohol and Drug Abuse Act, Minn. Stat. Am. 254A.01-.17 (Supp. 1977).

148. Minn. Hospitalization and Commitment Act, 253A.04(2) (Supp. 1977).

149. Under the supervision of the Alcoholism Receiving Center, Hennepin County Dep't of Mental Health, Mental Retardation, and Chemical Dependency (MH/MR/CD).

150. Also, under the direction of the Hennepin County Dep't of MH/MR/CD.

151. Also, funded through the Hennepin County Dep't of MH/MR/CD.

152. See Powell v. Texas, 392 U.S. 514 (1968); Easter v. District of Columbia, 361 F.2d 341 (D.C. Cir. 1966).

153. In the mid-1960's, three prestigious commissions (the United States and District of Columbia Crime Commissions, and the Cooperative Commission on the Study of Alcoholism) rejected the criminal approach to public drunkenness and recommended the substitution of a public health approach. In 1969, the American Bar Association and the American Medical Association collaborated on model legislation for divesting public intoxication of its criminal status.

154. See, e.g., Prosecution of Alcoholics, edited, Washington Post, July 19, 1964, at E6; Does the Drunk Have a Right to Treatment, Washington Post, Aug. 30, 1964 at E2.

155. Interviews with Mr. Jim Pearson, Chemical Dependency Program Specialist, Minneapolis, Minn.,(June 9, 1975), and with Mr. Dale Simonson, Attorney at Law, Minneapolis, Minn. (June 17, 1975).

156. Interview with Mr. Paul Thorne, Director of Alcoholism Receiving Center, Hennepin County Dep't of MH/MR/CD, Minneapolis, Minn. (June 4, 1975).

157. Interview with Mr. Jim Pearson, Chemical Dependency Program Specialist, Minneapolis, Minn. (June 9, 1975).

158. Interview with Rev. Philip Hawsen, Executive Director, Chemical Dependency Treatment Program, Northwestern Hospital, Minneapolis, Minn., (July 1, 1975).

159. Id.

160. State v. Fearon, 238 Minn. 90, 166 N.W.2d 720 (1969).

161. Treatment for Alcohol and Drug Abuse Act, Minn. Stat. Ann. 254A.02(5) (Supp. 1977).

162. For specific discussion of this conflict see D. Aaronson, C. Dienes, M. Musheno, Progress Report III, The Impact of Decriminalization on the Intake Process for Public Inebriates, 272-73 (Law Enforcement Assistance Administration Grant #74NI-99-0055). For more general discussion on the "conflict of goals" problem, consult Musheno, Palumbo, & Levine, Evaluating Alternatives in Criminal Justice: A Policy Impact Model, 22 Crime & Delinquency 265, J66-68 (1976).

163. Patient Differences Should Influence Choice of Therapy, Alcohol and Health Notes of 2, (Nat'l. Clearinghouse for Alcohol Information ed.).

164. In Kansas City, Missouri, the Kansas City Police Department plays a central role in the formulation of a non-criminal alternative. In fact, a member of the police department sits on the Board of

Directors of the "Sober House" alternative facility.

165. Interviews with Sgt. Robert Havenstein, Planning and Research, Minneapolis Police Department, Minneapolis, Minn. (june 3, 1975) and Mr. Bruce Peterson, Associate Director, Planning and Research, Minneapolis Police Department, Minneapolis, Minn., (June 3, 1975).

166. Id.

167. Id.

168. This description is based on ride-alongs as well as with police officers of the First Precinct (June 16, 1975) and civilian employees of Alcoholic Rehabilitation Center's Civilian Intake Van (June 12, 1975). Notes of Richard Conboy, Senior Research Associate, Project on Public Inebriation.

169. Interview with Captain Bruce Lindberg, Commander, Sixth Precinct, Minneapolis Police Department, Minneapolis, Minn. (June 11, 1975).

170. Interview with Captain Nordlund, Commander, Second Precinct, Minneapolis Police Department, Minneapolis, Minn., (June 17, 1975).

171. Interview with Captain Jack McCarthy, Commander, Fifth Precinct, Minneapolis Police Department, Minneapolis, Minn., (June 13, 1975).

172. The most serious crime problems in the precinct are burglaries and rapes. Interview with Sgt. Jim DeConcini, Fifth Precinct, Minneapolis Police Department, Minneapolis, Minn., (Sept. 21, 1976).

173. Interview with Mr. Reis Mitchell, Legal Advisor, Minneapolis Police Department, Minneapolis, Minn., (June 2, 1975).

174. Interview with Captain Holt, Planning and Research, Minneapolis Police Department, Minneapolis, Minn. (June 2, 1975).

175. Interview with Sgt. Robert Havenstein, Planning and Research, Minneapolis Police Department, Minneapolis, Minn. (June 3, 1975).

176. Id.

177. Interview with Captain Rollo Mudge, Minneapolis Police Department, Minneapolis, Minn. (June 14, 1975).

178. Id.

179. Minneapolis Police Dep't. Minneapolis Police Bulletin, (May 19, 1971).

180. Interview with Ms. Sandra MacKenzie, Nursing Supervisor, Alcoholism Receiving Center, Minneapolis, Minn. (June 6, 1975).

181. See D. Campbell & J. Stanley, Experimental and Quasi-Experimental Designs for Research (1963); G. Glass, V. Wilson & J. Gottman, Design and Analysis of Time Series' Exleriments (1975). (hereinafter cited as G. Glass, v. Wilson & J. Gottman); pp. supra.

182. See First Progress Report, The Impact of Decriminalization of the Intake Process for Public Inebriates, 25-26 (Law Enforcement Assistance Administration Grant #74-NI-99-0055).

183. Id. at 17. According to the same Jellinek Formula, Washington, D.C. has approximately 98,400 potential problem drinkers compared to 38,346 in Hennepin County for the same year.

184. Based on total drunkenness arrests, official statistics of Minneapolis Police Dep't., Annual Reports 1960-1975.

185. Based on all police deliveries to the Alcoholism Receiving Center; data from Monthly Intake Comparison Statistics, Alcoholism Center, 1971-1975.

186. T = 12.61, df = 14, prob. = .001. For explanation of the T distribution as a significance test, see D. Palumbo, Statistics in Political and Behavioral Science 138, 156 (1969). Note that a more sophisticated technique has been developed by scholars to test the significance of time-series data. We apply this more sophisticated technique in the "Comparative Impact" section of this report. That analysis, using monthly data, also confirms our hypothesis. For a review of this approach, see G. Glass, V. Wilson & J. Gottman, supra note 181, at 119-84.

187. Minn. Hospitalization and Commitment Act, Minn. Stat. Ana. 253A.04 (Supp. 1977).

188. Interview with Mr. Jim Pearson, Chemical Dependency Program Specialist, Minneapolis, Minn. (June 9, 1975).

189. Interview with Mrs. Meredith Hart, League of Women Voters, Minneapolis, Minn. (July 3, 1975).

190. Interview with Mr. Marvin Monnypenny, Director of Southside Detox, Hennepin County Dep't. of MH/MR/CD, Minneapolis, Minn. (July 7, 1975).

191. Interview with Captain Rollo Mudge, Minneapolis Police Department, Minneapolis, Minn. (June 14, 1975).

192. For example, if the officer is sure the inebriate clearly explains where he lives, the inebriate may be given this option. Based on Interview with Sgt. Jim DeConcini, Fifth Precinct, Minneapolis Police Department, Minneapolis, Minn. (May 30, 1975).

193. If the inebriate is cooperative and non-threatening, he may be given this option. Based on Interview with Sgt. Robert Havenstein, Planning and Research, Minneapolis Police Department, Minneapolis, Minn. (June 3, 1975).

194. Interview with Mr. Leonard Boche, Director, Hennepin County Dep't. of MH/MR/CD, Minneapolis, Minn. (June 3, 1975).

195. Hennepin County Alcoholism Receiving Center, The Public Inebriate: An Innovative Approach to the Transporting of Clients to a Detoxification Center 4 (paper presented to No. American Cg. on Alcohol & Drug Problems, Dec. 16, 1974) (hereinafter cited as The Public Inebriate: An Innovative Approach).

196. Interview with Mr. Paul Thorne, Director of Alcoholism Receiving Center, Hennepin County Dep't of MH/MR/CD, Minneapolis, Minn. (June 5, 1975).

197. $T = .16$, $df = 11 + 5 - 2 = 14$, $p =$ N.S. Thus, there is when one adds the intakes generated by the efforts of the Alcoholism Receiving Center's staff.

198. The Public Inebriate: An Innovative Approach, supra note 195, at 1.

199. Id. at 2.

200. Id. at 4.

201. Id. at 4.

202. Based on ride alongs and interviews with members of the van unit by Mr. Richard Conboy, Senior Research Associate, Project on Public Inebriation, Minneapolis, Minn. (July, 1974).

203. Interview with Mr. Robert Olander, Research Sociologist, Hennepin County Dep't, of MH/MR/CD, Minneapolis, Minn. (Sept. 22, 1976).

204. Interviews in Minneapolis, Minn. with the following members of the Hennepin County Dep't of MH/MR/CD: Mr. Leonard Boche, Director of Alcohol and Drug Program (June 3, 1975); Mr. Paul Thorne, Director of Alcoholism Receiving Center (June 5, 1975); Rev. Philip Hansen, Executive Director of Chemical Dependency Treatment Program (July 1, 1975); Mr. Marvin Monnypenny, Director of Southside Detox (July 7, 1975).

205. National studies indicate an increase in problem drinking among young adults. See, e.g., Gallup Poll Indicates Most Citizens View Youth Drinking as Serious Problem in Nat'l Clearinghouse in Alcohol Information, NIAA Information and Feature Service 1 (May 25, 1976).

206. Specifically, the recidivism rate was computed for each year by: finding n (the number of individuals in the respective sample whose police record was intact); printing a frequency distribution

of arrest dispositions for the sample; multiplying each frequency category by the number of individuals in the respective category; summing these values; and dividing the sum by n.

207. The recidivism rate for the Alcoholism Receiving Center was calculated by the same means we used to compute recidivism for the criminal years. See note 20 supra.

208. Hospitalization and Commitment Act, Minn. Stat. Ann. 253A.04 (Supp. 1977).

209. Interview with Mr. Paul Thorne, Director of Alcoholism Receiving Center, Minneapolis, Minn. (June 5, 1975).

210. Interview with Mr. Leonard Boche, Director of Hennepin Cty. Alcohol and Drug Program, Minneapolis, Minn. (June 3, 1975).

211. $T = 2.61$; $df = 14$; $P = .02$.

212. Transitional Period: Pre-Court Screening to Decriminalization: 1967-1970.

213. Interview with Mr. George Spano, Probation Officer, Court Services, Hennepin County Municipal Court, Minneapolis, Minn. (July 3, 1975).

214. Interview with Judge James D. Rogers, Hennepin County Municipal Court, Minneapolis, Minn., (June 30, 1975).

215. Nat'l Clearinghouse on Alcohol Information, Minnesota State Factfinder 116-17 (1974).

216. Based on Official Arrest Records, Bureau of Identifications,

217. Comprehensive Detoxification Program for Hennepin County, Dept. of MH/MR/CD, Minneapolis, Minnesota, 1975, 4.

218. Id.

219. S. Manos, Jamming the Revolving Door: New Approaches to the Public Drunkenness Offenders, in World Dialogue on Alcohol and Drug Dependence 263-76. (1976) (on file at The American University College of Law, Project on Public Inebriation).

220. Comprehensive Detoxification Program for Hennepin County, supra note 217, at 4.

221. D.C. $\overline{X}$ = 3.92; Minn. $\overline{X}$ = 3.25.

222. "Quickly" Indicator: Precincts 1 and 6--Precincts 2 and 5 (Z = 2.66, S = .003).

223. Interview with Mrs. Meredith Hart, League of Women Voters, Minneapolis, Minn. (July 3, 1975).

224. Interview with Mr. Leonard Boche, Director of Hennepin County Alcohol and Drug Program (June 3, 1975).

225. "Business" Indicator: Precincts 1 and 6, $\overline{X}$ = 1.823--Precincts 2 and 5 $\overline{X}$ = 3.50 (Z = 5.13, S = .001); "Genpub" Indicator: Precincts 1 and 6, $\overline{X}$ = 2.016--Precincts 2 and 5, $\overline{X}$ = 2.964 (Z = 3.07, S = .001); "Politico" Indicator: Precincts 1 and 6, $\overline{X}$ = 2.161--Precincts 2 and 5, $\overline{X}$ - 3.199 (Z = 3.21, S = .001).

226. "Concern" is a group variable derived from factor analysis. The indicators are "propcare" and "effective" Correlations are:

Concern	City	P2+5	P1+6	P6
CONCERN X APPROVED	-.2530 S=.004	-.2470 S=.103	-.2393 S=.031	-.5063 S=.001
CONCERN X INSACT	-.2789 S=.002	-.2180 S=.133	-.3434 S=.003	-.4979 S=.001

227. Called "Protect" variable. It is a group variable derived from factor analysis with the following indicators: "weather" and "mugging." Correlations are:

Protect	City	P2+5	P1+6	P6
PROTECT X APPROVED	-.2379 S=.006	-.1697 S=.194	-.3930 S=.001	-.5333 S=.001

228. See precinct correlations for "concern" and "protect," notes 84 & 85, respectively, supra.

As we expected, on the questionnaire officers in all jurisdictions characterized the inebriate as messy, belligerent and in three of the jurisdictions, threatening. When this perception of the inebriate is coupled with the negative orientation previously described, the attitudinal predisposition for non action or informal disposition is clearly present.

But in criminal jurisdictions we found an important compensating factor. Officers in criminal jurisdictions tend to perceive the public drunkenness situation in more serious terms. The officer in such a jurisdiction, enforcing the criminal law and involved in a potential arrest, will seek to justify intervention by a law enforcement officer. He will rationalize his role.

Thus, as would be expected, officers in all jurisdictions perceived the inebriate as a bother, a potential victim of mugging and in need of protection from the weather (although pickup rates tend not to increase in cold months). And, in each case, officers in the criminal jurisdictions shared this attitudinal predisposition to a significantly greater degree than officers in decriminalized jurisdictions.

We had also expected that officers would view the inebriate as generally able to get along without assistance. In fact, this attitude was present only in the decriminalized jurisdictions. Officers in the criminal jurisdictions viewed the inebriate as needing assistance and the difference was significant.

Results of the questionnaire on the need of the inebriate for medical care, however, were ambivalent. There was only marginal agreement that few intoxicated persons need medical assistance and officers in Washington, D.C., disagreed. Although we expected the "need for justification" thesis to hold, it did not. There was no signficant difference between jurisdictions. Perhaps, this factor would justify a medical-oriented intervention--a community service--rather than a criminal (law-enforcement) intervention.

In the criminal jurisdiction, then, there is a perceived justification for police intervention which seems to somewhat compensate for the distasteful character of the task of formally handling public inebriates by approved means. Decriminalization tends to remove this need for justification thus removing an incentive for action. Indeed, the negative role orientation to the task is reinforced. Non-action and informal disposition became more acceptable.

> (5) St. Louis police officers have a more negative reaction to the public inebriate than officers in other jurisdictions. This is consistent with the negative task-orientation generally manifested by SLPD officers towards the police handling of public drunkenness.

As has been noted, St. Louis has always had an extremely low arrest rate for public drunkenness. The quality arrest has been emphasized and the low quality police tasks such as public intoxication has been downplayed. Discussion of the organizational, role and peer variables indicated that this orientation has continued following initiation of the city's

diversion project. But the police bias against active involvement in handling public inebriates is even more marked in the officer's reactions to the public inebriate himself.

More than in any of the other jurisdictions the inebriate is perceived as messy (differing significantly from Richmond), belligerent (differing significantly from Richmond and Washington, D.C.) and as a threat (again, differing significantly from Washington and Richmond). It is perhaps also notable that the St. Louis police disagrees to a significantly greater degree from officers in all other jurisdictions that it is important to them that publicly intoxicated persons are properly cared for (there is, however, marginal agreement).

(6) There is some evidence that reactions to the public inebriate will vary between police districts or precincts within a jurisdiction.

There were significant differences between police districts in Washington, D.C., and St. Louis in attitudes towards the public inebriate. It is difficult, however, to identify a consistent pattern.

Perhaps the most notable item is the tendency of officers in the business, tourist area where skid row inebriates panhandle to perceive the inebriate as a bother to other citizens. In both cities, officers in the central police district, containing the business, tourist, and major skid row areas, differed significantly from their counterparts in other police districts. This is reinforced by the fact that the same officers agreed to a significantly greater extent

that tourism makes it important to remove inebriates from the streets.

There were also significant differences in some cases between officers of the central district and the other districts in their perception of the incidence of mugging among public inebriates (highest in both cities but not significant), the need of the inebriate for assistance in order to get around (St. Louis, significantly greater) and the need for medical attention for public inebriates (D.C., significantly greater). It is also interesting to note that officers in St. Louis' central police district agree significantly more that well-dressed persons generally do not require police intervention while poorly dressed persons do need police intervention. Generally police officers indicated on the questionnaire that both classes need police attention, although street police behavior indicates that a distinction is drawn. But the central police district experiences both classes to a much greater extent, which might explain their reaction.

Additional research is needed to explore these differential attitudes between police districts. Certainly there are strong indications on the data that individual police districts often begin miniature police departments responsive to their own problems and needs.

e. Strategic Interaction Variable

(1) There was general uniformity among jurisdictions regarding the ordering of the sources of pressure for increased pickup of public inebriates. The greatest sources of pressure for

increased pickup and the most important are provided by the business community and the general public. This is a critical source of incentives/ disincentives affecting police behavior in handling public drunkenness.

As will be indicated below, one of the environmental factors affecting police handling of public drunkenness cases is the location of the inebriate. If he is located in a visible place like a shopping area, as opposed to a less visible area like a vacant lot or alley, there is an increased probability of police action. This relates closely to an element observed in ride-alongs with the police and noted by police in all target jurisdictions--the importance of the complaint of businessmen or the general public as a power and communicational incentive for police behavior.

When a complaint is communicated, especially by radio where a record of disposition is maintained, there is a need to take action. The complaint must be handled or it may reoccur--the nuisance must be abated. This is no assurance of formal approved action. Often, informal handling such as an order to move on or a relocation of the individual will suffice.

But the business community and the public are only two of the possible sources of incentives for increased police handling of public inebriates. We expected rather substantial pressure from interest groups dealing with the alcoholism problem. On the other hand, we did not expect that officers would perceive such pressure from political leaders, court or detox personnel, liquor store owners or the public inebriates themselves (in spite of comments by some officers on the desire of public inebriates to be picked up).

As expected, the ranking of the sources of power and communication incentives remained constant in all jurisdictions. The most important sources of pressure are the business community and the general public. Incentives from political leaders was greater than we had expected, ranking higher than even the alcoholism interest groups. As we expected, the police do not perceive incentives from court or detox personnel for increase police intake. In many cities, police reported a definite negative impetus from these sources. And, as expected, police generally reported no perception of pressure from public inebriates for increased pickup.

But the most important finding is the degree of uniformity between jurisdictions on this variable. While we found significant differences between the criminal and decriminalized jurisdictions from the alcoholism interest groups (greater pressure in criminal jurisdictions) and the public inebriates (less pressure in criminal jurisdictions), this may be more a product of the jurisdiction studied. The mean scores for the five cities studied are as follows:

	Wash.	St.L.	Minn.	Rich.	Hous.
BUSINESS	2.75	2.30	2.32	2.21	2.45
GENPUB	2.59	2.64	2.22	2.28	2.26
POLITICO	2.96	2.91	2.41	2.67	2.74
AAETC	3.41	3.27	3.08	3.14	2.96
LIQUOR	3.47	3.57	3.27	3.43	3.24
CRTPER/DTXII	4.06	3.42	3.70	3.53	3.39
DRUNKS	3.99	4.73	4.75	4.64	5.11

(2) <u>There is some evidence in the decriminalized jurisdiction that police officers perceive detox personnel as hostile to an increased police delivering of public inebriates. A disincentive for formal action is being communicated</u>.

While Washington, D.C., differed significantly from the other therapeutic jurisdictions in the level of disagreement that detox officials want increased police delivery of inebriates, the perception of disincentives from detox was generally common. In the District of Columbia, officers in interviews were especially caustic concerning the rapidity of turnover at the detox center. In St. Louis complaints of detox being filled, hard cases being turned away were frequent. In short, there is <u>some</u> evidence that detox personnel may communicate a disincentive to police admissions. Certainly there is little evidence of a positive, encouraging stimulus from the detox officials. This could well be expected to have a depressent effect in quantitative intake rates.

This is just one additional indicator of a problem that has run throughout this report. There is a very real difficulty in relations between the law enforcement and therapeutic subsystems. Lack of communication, regularized interactions, support generally can and apparently often has generated mutual hostility. Whatever the goals of the jurisdiction regarding the public drunkenness, this indifference or hostility would seem to be a major impediment.

(3) <u>The perception of pressure for increased pickup varies between police districts or precincts within the jurisdiction. A greater police</u>

sensitivity to business, community and political influences tends to be present in areas where people tend to congregate, e.g., business district, tourist areas. There is some evidence of a higher public toleration of public inebriation or at least less police perception of pressure in low income areas.

Officers in St. Louis' fourth police district indicated a perception of business and community incentives for increased intake of public inebriates significantly greater than officers in the city's other police districts. Similarly, in Minneapolis' precincts one and six, the officers indicated a higher perception of business, community and political pressure for increased intake. Washington's first police district also produced significantly greater differences from other police districts in regard to the business community and public official power and communication influences.

All of these findings indicate the selective character of the pressures for public drunkenness pickup. It is generally in the areas of heavy public activity that the pressure is most intense on police officers for effective handling of the public drunkenness problem--again, the nuisance must be abated.

On the other hand, officers in districts with heavy concentrations of low income residents tend to perceive less public incentives for active enforcement of public drunkenness laws. In St. Louis ' Eighth District, for example, which is a predominantly low income, high unemployment, Black residential area, officers indicated a generally low level of pressure generally which was statistically significant in

In any case, the situation specific variable does appear to be a potentially important factor affecting how an officer will respond in a particular case. Far more work remains to be done to identify and assess the influence of the myriad of particularistic indicators that might come into play.

2. The attempt to demonstrate the correlation between attitudes and different modes of policing behavior generally was not successful because of methodological difficulties. However there are some notable findings concerning the relation of attitude to police behavior both on a citywide and a district basis.

We had serious doubts about our ability to demonstrate the linkage of police attitudes to policing behavior. The questionnaire measurement of the frequency of defined behavior was a subjective assessment by the officer of an extremely low priority behavior, and would reflect all of the natural limitations of memory and perception. If an objective measure of behavior was used, it could not be connected with the appropriate questionnaire instrument without forcing disclosure of the officer's identity, which might well bias the results. In any case, we doubted that meaningful results would be obtained and we were generally correct. Other efforts to probe the relationship of attitude behavior also proved unavailing. Nevertheless, some important findings were obtained.

a. The concern of the officer with the well-being of the inebriate is more likely to result in formal institutional action.

Perhaps the most relevant city-wide finding is the importance of the police officer's concern for the well-being of the inebriate to his behavior. In both St. Louis and

analysis of correlations between attitude and behavior. Even when a factor proved significant city wide, variations in relevance appeared between the districts.

In St. Louis, the greater the concern of the officer, the greater the amount of action, approved action and the greater the number taken to the Detoxification Center. It is in this central police district that the problems of public drunkenness is greatest--it is an ever-present visible reality for the officers. While there were significant relationships in the other districts, in no other did we find all hypothesized relationships.

In Minneapolis, the relationship between humanitarianism and behavior was most pronounced in the Sixth precinct, containing model cities. In this precinct, community services is most strongly emphasized as a proper police task by the formal organization.

e. In St. Louis, officers in the central police district who perceive groups as wanting increased pickup of public inebriates will take more action.

The importance of the strategic interaction variable has already been frequently noted. Police do tend to respond to pressures, espciallly from the public and the police community. It is not surprising that the relationship would be most pronounced in the central police district where business, tourist, entertainment, sports, and government offices are concentrated.

In St. Louis' Fourth Police District, officers who agreed that groups (consisting of business, general public

and political leaders), wanted increased pick up of public inebriates tended to take more action. This does not necessarily mean they picked up inebriates using formal approved means but only that action was taken. Informal disposition is the more probable response.

f. <u>In the District of Columbia, there is a direct relation between the officer's perception that Detox is too "far away" and the frequency with which she/he delivers inebriates to the Detoxification Center</u>

Interviews with police officers indicated that the location of the Detoxification Center is often important in their willingness to use it. In St. Louis, for example, a trip to the Cneter may mean a 20 to 30 minute trip each way, plus time for the admissions process. Such a commitment of time for such a low priority item which is perceived as inconsistent with the officer's role orientation is a major impediment.

In the District of Columbia this relationship of distance to detox to the frequency of detox deliveries proved significant. The further away an officer is from the treatment center, the less often he will deliver to Detox. Since detox is located in the most intense human services area, spatially removed from more affluent and more stable areas of the city, there is still another impetus towards a selective policing pattern and a skid row oriented detoxification center.

CHAPTER IV: To Be Inserted At A Later Date

CHAPTER V. EXECUTIVE SUMMARY OF FINDINGS AND CONCLUSIONS

This final chapter is devoted to summarizing the findings and conclusions of this research study. In order to avoid repetition, most of the supporting data is left to the preceeding chapters. While the principal focus will once again be on the impact, discretion and prescriptive phase of the project, there were a number of important findings providing a background to the decriminalization of public drunkenness.

BACKGROUND TO DECRIMINALIZATION

1. Jurisdictions are seldom purely criminal or purely decriminalized or therapeutic in their handling of public inebriates. Rather, they range on a continuum from purely criminal to purely therapeutic.

It is commonplace to categorize jurisdictions as criminal or decriminalized, as using a criminal or a therapeutic approach. In fact, this is an over-simplification of the substantial variation among jurisdictions. At the outset, varying degrees of decriminalization may be *de jure* or *de facto*. *De jure* decriminalization results from the formal action of the legislature or the courts removing the criminal sanctions attached to some or all categories of public drunkenness. *De facto* decriminalization can achieve much the same result through informal screening and diversionary programs initiated and controlled by police departments, prosecutor offices, and courts, or as often happens, two or more of these organizations in cooperation.

In addition, both formal or de jure decriminalization and informal or de facto decriminalization may take varying forms: mere removal of criminal sanctions, utilization of voluntary treatment centers by the police (police street diversion), reclassification or downgrading to summary offense status, and substitution of a civil disposition for the criminal sanction. In the public drunkenness areas most jurisdictions have elected to substitute a therapeutic-medical or social welfare approach for the criminal mode of processing. This means continued governmental supervision with a change in treatment from a criminal to a public health approach. The police remain as the principal intake agent but other primary intake modes may emerge with this therapeutic, public health approach, e.g., self-admission or civilian pickup.

Given the above variations, jurisdictions can be perceived as lying along a continuum from purely criminal to purely therapeutic--a jurisdiction is more or less criminal, more or less therapeutic. The mere removal of the criminal sanction does not place a jurisdiction on the end of decriminalized spectrum--it is not fully "therapeutic". Whether a jurisdiction is more "decriminalized" or "therapeutic" than "criminal" depends on the following: (1) the acceptance by public authorities that public drunkenness is an illness--a public health problem--requiring treatment rather than criminal incarceration; (2) the existence of an institutional means of processing the inebriate through a non-criminal facility; (3) the acknowledgment by the police of this institutional option; (4) the processing of a large number

of inebriates by the police using this method.

St. Louis, for example, is generally treated, as it is in this Report, as a decriminalized jurisdiction. However, public drunkenness remains a criminal offense in the city and the offender, if he "consents", is usually simply diverted by the police to a civilian detoxification center. The police summons is then voided if the inebriate stays the requisite period, usually seven days.

Still other jurisdictions, e.g., Kansas City, have worked out a formal administrative arrangement with a private agency, e.g., Salvation Army, to refer some inebriates to a treatment facility while processing others under criminal statutes. In Kansas City, the police officer usually asks an inebriate which option he prefers, but the officer may rule out the treatment option based on his own assessment of intent, degree of belligerency, and previous behavior at the treatment facility. Thus, Kansas City largely parallels St. Louis procedures but makes use of a private center.

Philadelphia, on the other hand, appears superficially to be a standard criminal model. The public inebriate is arrested and jailed. However, no offenders ever appear before a magistrate. They are simply released by the police within 12 hours, a sobering up period. Approximately 18 per 1000 inhabitants are handled by this method annually. Thus, while the public inebriate in Philadelphia is released without formal criminal court processing, we would view this as more "crimi-

nal" than "therapeutic" because no constitution for non-criminal handling exists or is accepted by the police and none is emerging.

Jurisdictions often experience a transitional period in route to achieving a more complete decriminalized or therapeutic status on the continuum. In some jurisdictions, such as Oregon in the early 1970's and Minneapolis in its early stages of policy change, public drunkenness laws are eliminated or revised to create a therapeutic option, but no provision is made for therapeutic processing of the public inebriate or no funds are appropriated for implementation. Confronted with public inebriates in need of assistance or otherwise providing a problem, but with no procedures or alternative facilities for disposition of the person, the police may resort to criminal law options for public drunkenness which may remain on the books, use of other minor criminal charges even though inappropriate, or even the nebulous "protective custody", (i.e., incarceration of an individual for a designated time, such as 24 hours without the need to press charges). Thus, jurisdictions change over time as to their degree of "therapeutic" or "decriminalized" orientation. Many cities, like the District of Columbia and Minneapolis experience transitional periods in which the law changes but the emergence of treatment facilities lags behind these legal alterations. During such periods, we do not label these jurisdictions as completely "therapeutic" or "decriminalized."

Therefore, when jurisdictions are classified as criminal crimes, decriminalized or therapeutic in this Report for purposes of analysis, it is premised on our assessment of the jurisdiction's primary character. The categorization, while useful, is admittedly an over-simplification, not a hard dichotomy conforming to reality.

2. <u>The class of public inebriates is not coterminous with the class of alcoholics or with the class of skid row (homeless men) inebriates. Failure to make these distinctions ignores the reality of policing the public drunkenness problem and the distinction is necessary in assessing the consequences of legal policy change</u>.

As indicated in Chapter One, not all intoxicated persons are alcholics and the term "alcoholic" is not coextensive with the class of public inebriates. Further, there are intoxicated persons who are not public inebriates, i.e., they are intoxicated at home or, at least, not in public. Some public inebriates are skid row types but not all public inebriates can be so classed. While often ignored, these conceptual descriptions are essential to understanding public policy towards alcoholism and drunkenness and the variations in policing the drunkenness problem.

While alcoholism is undoubtedly a major social problem, without some additional element, public policy has not characterized it as a police problem. In the past, public drunkenness alone was generally sufficient in legal policy to generate a police problem. Occasionally, some element of disorders had to be found but generally public drunkeness alone was sufficient

"disorder." The general effect of the legal reform beginning in the 1960's was to make such public drunkenness, in the absence of some additional aggravating element, an inadequate basis for imposition of criminal sanctions. However, such public drunkenness was perceived as a basis for civil justice intervention, although the police have been retained as the enforcement arm of the civil justice system. Sometimes public policy demands consent for detention of the public inebriate. Alternatively, at least short term compulsory detention may be permitted for the public inebriate dangerous to self or others. In any case, the public inebriate need not be categorized as an alcoholic to justify public intervention.

The particular predicates for public intervention, criminal or civil, mandated by the law on the books, vary widely. But regardless of the formal legal mandate, there remains the problem of policing the streets and the potential for discriminate policing reflecting the exercise of discretion by the street police officer. It is this reality that requires the distinction between the law on the books and the law in action.

A vital aspect of this distinction is the differential problem posed for the police by the different character of public inebriates. The non-skid row inebriate generally has some place to go and someone who can be called upon to provide assistance. The skid row or homeless person inebriate is dependent on institutional assistance. These distinctions often

produce discriminate modes of policing regardless of the indiscriminate character of the legal mandate, criminal or civil. Further, attitudinal predispositions of the policing agent can lead to discriminate practices based on the different classes of public inebriates, even if they have chronic public drunkenness in common. Of course, such distinctions are reflective of societal realities, not just the police officers' predispositions.

3. Urban renewal has increasingly eliminated the traditional concentrated skid row. The skid row inhabitants, however, have not disappeared but have tended to be more dispersed in the city. Often new mini-skid row pockets emerge. In any case, the variety of public drunkenness and the diversity of policing environmental contexts persist, and are often complicated by the effects of urban renewal.

In a number of cities studied during the project, urban renewal had made major changes in the character of the public drunkeness problem. The area of St. Louis bordering on the Mississippi River, for example, has been largely renovated as a tourist and sports area. The formal, large concentrated skid row has shrunk to a small pocket bordering on the tourist and business district. Similarly Minneapolis Niccolet Island area has been eliminated as an enclave for inebriates and is underoing substantial renovation.

But, interviews and studies of the public inebriate population at the detoxification centers suggest that the skid row inebriate has not disappeared but is less concentrated. In St. Louis, the areas west of the central business area have increased numbers of skid row type inebriates located in dis-

spersed pockets. In Minneapolis, both the First and Sixth police precincts have concentrations of the former skid row inhabitant. The elimination of Niccolet Island as an enclave for public inebriates has pushed pockets of inebriates closer to the commercial and business section of the city. This movement places more pressure on the police and the detox center's civilian van to concentrate their efforts to relieve the effects of the intrusion.

In Kansas City, the revitalization of the old warehouse district along the river is presently threatening the last enclave of public inebriate hangouts and lodgings. Business establishments entering the area prompt increased police attention to the drunkenness problem.

The gradual dispersion of the skid row inebriate makes it difficult to assess the number of individuals involved and to determine whether this sector of the public inebriate population has increased or diminished. Some persons interviewed suggested the possibility that the increased availability of welfare benefits may have cut into the numbers of skid row inebriates but at the same time suggested that these benefits were frequently invested in alcohol rather than in lodging, food and clothes. The estimate that 3 to 5% of the alcoholic population is skid row has not been markedly altered. In any case, the diversity of the public drunkenness population and the potential for differential policing seems to persist.

4. Criminal jurisdictions vary substantially in the extent to which public drunkenness laws are enforced. Among the factors accounting for this variance in enforcement are community culture, community concern over public drunkenness command priorities, beat conditions for patrol officers and officer's priorities.

Even if jurisdictions have a similar legal mandate on the books, there is no assurance that this will produce similar numbers of police arrests even when the public inebriate population is roughly the same in size. Rather, there are wide variations regarding the extent to which public drunkenness criminal laws are enforced and the manner of enforcement.

For example, at the same time that Washington, D.C., was averaging 40,000 arrests annually, (early 1960's) St. Louis, a somewhat smaller city, was producing only 2,000 to 3,000 public drunkenness arrests. A number of reasons might be given for the extremely low arrest pattern in St. Louis. It is an old city with a highly ethnic population more tolerant of heavy drinking. The city's history as river front community would further support a community cultural milieu more tolerant of public intoxication. Certainly, the level of complaint concerning public drunkenness by the public and business concerns seems to have been far less than in Washington, D.C. Thus, the culture of the community and its concern over public drunkenness are important factors affecting enforcement policy.

Another important variable was the policy of the Police Department towards the public drunkenness offense. Even when the law on the books mandates a full enforcement policy, the

the command level policy was directed to full policy enforcement.

The negative attitude of the St. Louis MPD was reinforced within the ranks. Even today, officers who make large numbers of non-quality arrests or who vigorously enforce drunkenness prohibitions are likely to be chided by their fellow officers. The "drunk squad" used in St. Louis' 8th police district was an obvious source of amusement among other officers in the district.

Reports from officers who were on street duty in Washington, D.C. in its pre-change years, indicate the absence of any similar negative reaction. Most officers, especially in the high drunkenness areas, regularly used this mode of arrest to improve their ratings. Near the end of a tour, they would frequently round up large numbers of inebriates. The presence of tourist areas near to these areas and the need to attract tourists to business and entertainment establishments provided ready justification for a full enforcement street policy.

Washington, D.C., and St. Louis, in the 1950's and early 1960's present opposite extremes in terms of enforcement of the public drunkenness laws. Other jurisdictions tend to fall on a continuum between these poles. Of critical importance to the present report, is the obvious fact that if a jurisdiction tends to follow a "low-arrest" approach to public drunkenness prior to decriminalization or introduction of therapeutic diversion, there is less potential for quantitative decline in formal approved pickup and delivery of public inebriates that we hypo-

thesize accompanies this legal policy change. Similarly, to the extent that the minimal enforcement policy in the pre-change period is focused essentially on emergency skid row inebriates, there would naturally be a less measurable qualitative impact--the funneling effect that we hypothesize accompanies decriminalization is less observable.

5. In criminal and decriminalized jurisdictions alike, there is substantial variation in enforcement policy from police district to police district within the city.

The variation in enforcing public drunkenness laws, whether criminal or therapeutic oriented, is not solely an inter-jurisdictional phenomena. We found that police precincts or districts within a single jurisdiction also differed markedly, especially in the absence of strong directives from the central police command. Indeed, it often appeared we were studying a number of mini-police departments having different policy approaches. The potential for district autonomy concerning a police problem like public drunkenness, which is often of law general departmental priority, is great.

In part this intra-city variance appears to reflect the character of the area the district encompasses and the kinds of inebriates encountered. A different police policy might be expected in a blue collar, low income, ethnic residential area where the inebriate is on a weekender and is known to the officer than in a heavily commercial, tourist or entertainment area. Districts containing a concentrated skid row may have their own unique policy orientation. We found police in low

income black residential areas to be more accepting of the public inebriate with the explanation given that local businesses and the residents were more tolerant of the "deviant" behavior. If the area caters to the middle or upper class citizen seeking entertainment, full enforcement of the formal criminal law mandate tends to be uncommon. It may well be that different command level policies, different values and attitudes of the street officer are at work depending on the environmental content in which policing takes place.

Thus, in seeking explanations for the qualitative and quantitative impact of decriminalization in a jurisdiction, it is important to consider intra-city variations. Often a particular attitude will have significance only in some parts of the jurisdiction being studied. Thus, police discretion often operates differently in different parts of the police organization.

6. Decriminalization by judicial action tends only to brake the use of criminal processing but does not end it. The limitations of judicial policy reform can produce confusion over the status of public drunkenness on the jurisidiction. On the positive side, judicial action can provide impetus to legislative and administrative actors. Meaningful decriminalization usually requires legislative or administrative action providing for the establishment of alternative means of deposition and institutions for handling the public inebriate.

Courts are often the initial focus for individuals and groups seeking legal policy change since access is more readily available. However, the judiciary suffers substantial impediments as a force for significant change. The courts lacks a self-starters--they are largely dependent on outside interests

to initiate action and to define the matter in dispute. Court processing is often costly and time-consuming. Judicial means of acquiring information and formulating policy alternatives, e.g., trial argument, briefs, oral argument on appeal are usually limited. The court must deal with the concrete case and, in theory at least, is not free to define the scope of the issues raised by the litigants.

The judicial actor can, however, initiate a change effort providing impetus for a reactive effort from other legal actors. By looking at laws and administrative policies they can note problems, inconsistencies, etc., and communicate them to other actors having a greater capacity for substantial, managed change in legal policy.

This perception of the capabilities and limitations of the courts as instruments of social and legal change certainly fits the decriminalization of public drunkenness. In Washington, D.C., for example, the initial impetus came in the Easter decision. It became clear that a certain class of public inebriate, i.e., the chronic alcoholic, could not be criminally convicted. But who was to identify the chronic alcoholic--the police, the prosecutor? the judge? What criteria was to be used? And what was to be done with the chronic case since there was no detoxification center--should he be left in the street, arrested and let the judge release him or have the prosecutor nol pros the case after the inebriate sobered up?

The result was temporary chaos. Police did not know how to proceed. The court became more of a "revolving door" for chronic cases than it had been under a total criminal system. It became obvious that the judicial reform was not sufficient.

But judicial action did serve as a catalyst, not only in the District of Columbia, but in other cities, like St. Louis that did not have its own court case but where administrative actors clearly were aware of and responding to judicial reform of the drunkenness laws. The District of Columbia Alcoholic Rehabilitation Act, decriminalizing public drunkenness, is clearly responsive to Easter and its chaotic aftermath.

Minneapolis also produced an interplay of legal actors in achieving decriminalization. Early legislation efforts in 1967, i.e., the Hospitalization and Commitment Act, laid a groundwork by defining potential options for handling the public inebriate. The court decision in Fearon, recognizing chronic alcoholism as a disease requiring treatment, not a criminal offense requiring punishment, became a major catalyst for change.

Like Easter, Fearon did not invalidate local ordinances criminalizing public drunkenness. It provided only a shift of emphasis rather than a cessation of criminal processing. But, over the next five years, the Minnesota legislature responded to the judicial initiative and reformist elements that emerged from earlier decriminalization efforts in other jurisidictions (e.g., D.C. reform actors), by decriminalizing public drunkenness cases, providing funds for detoxification and rehabilita-

tion treatment centers, and laying the basis for initiating the civilian van mode of intake. Administrative police regulations were issued reflecting the legal policy change.

In St. Louis, formal change was not achieved by judicial or legislative action but by administrative and financial support from the federal government directives. While the pro-change interests in the city were influenced by the judicial reform impetus from other jurisdictions, the reform effort had actually begun about two years before _Easter_ and _Hinnant_. Creation of a detoxification center was made possible by federal funding grants and by contributions by the police department and other interested individuals and groups. Police regulations were altered to define alternative procedures for handling the public inebriate. Subsequently, city council action removed criminal sanctions for the chronic alcoholic.

Nevertheless, the absence of judicial and legislative action has left a hiatus in St. Louis' handling of the public drunkenness problem. The fact remains that public drunkenness remains a criminal offense. Criminal processing remains an option for the city police and a number of individuals are handled by this means each year. When the detox is filled, the inebriate must be arrested or disposed of by informal unapproved means. Administrative action alone seems not to have achieved the original goals of the reform interests in St. Louis.

Decriminalizing legislation may also not be effective. A number of jurisdictions, e.g., Oregon, New York, have decrimi-

nalized public drunkenness but have failed to provide funds for treatment centers or have not defined police procedures for handling public drunkenness. Mere removal of the criminal laws seems a most inadequate means for handling the problem. Some of the jurisdictions using this repealer approach subsequently enacted comprehensive reform legislation; others have returned to the criminal model--citing lack of funds for establishing and maintaining a treatment system.

7. <u>Decriminalization of public drunkenness requires the organizational involvement of a cadre of interested individuals and groups, a policy subsystem, whose goals are reflected in the legal policy change.</u>

The view that group action plays a pivotal role in initiating and implementing social and legal change finds strong support in the revision of the policy regarding public drunkenness. In the District of Columbia, for example, the <u>Easter</u> decision and the Alcoholic Rehabilitation Act represented a major victory for a cluster of interests that for nearly 20 years sought a therapeutic-oriented policy rather than a criminal approach to public drunkenness. Coordinated by the Washington Area Council on Alcoholism and Drug Abuse, these forces included members of city and federally chartered criminal justice reform commissions, the news media, civil libertarian groups, public health institutions, and alcoholism interest groups, but not the metropolitan police department.

While all of the coalition members backed the legal reform, their interests naturally varied and produced conflicting strains in the resulting legal policy. The criminal justice

reform commission and civil libertarians sought to free the criminal justice system from a responsibility that was deemed "non-criminal" while retaining constitutional protection for the public inebriate. Alcoholic reform groups and the social-medical establishment generally, emphasized the provision of emergency services for inebriates as well as the desire to enhance opportunities for rehabilitation of the inebriate. We found no indication of any discussion among coalition members concerning potential conflict among their diverse goals.

The therapeutic and law enforcement-oriented interests also found expression in the initiation and implementation of St. Louis' diversionary programs. In this instance, the social-medical interests were headed by the directors of the Social Science Institutes of St. Louis' Washington University and a doctor, who subsequently became the first director of a Detoxification Center. Other organized alcoholism interests appear to have been represented primarily through the efforts of these dynamic individuals.

The criminal justice interest in this instance was the St. Louis Metropolitan Police Department. Members of the Research and Planning Division of the Department and the president of the Board of Police Commissioners became prime movers in the diversion project. Indeed, the St. Louis Police Department became the first police department in the nation to apply for and receive federal funds for creating a Detoxification Center.

The grant application for the Center reflected the diverse interests of the policy subsystem generating it. Five

goals are identified:

> (a) to remove chronic inebriates to a sociomedical locus of responsibility which will markedly reduce police processing;
>
> (b) remove chronic inebriates from the city courts or jail;
>
> (c) provide sociomedical treatment for them;
>
> (d) begin their rehabilitation;
>
> (e) refer them to an agency to further rehabilitation with the goal that they will return to society as a productive person.

There are also references to preventing crime but the two goals of saving criminal justice resources and prohibiting rehabilitation dominate. Indeed, the value of a detoxification center as a source of short-term emergency services seems to have been overshadowed by an interest in rehabilitation. Both groups seem to have identified police case inebriates, translated as homeless men who are also chronic street inebriates, as the target population. While the Detoxification Center was theoretically established to handle all public inebriates, the overwhelming emphasis of the project was clearly on the homeless man. It was this focus that dominated the diversion program in its initial stages.

In Minnesota the policy subsystem included the following forces: the traditional alcohol reform lobby (e.g., clergy, Alcoholics Anonymous); state commissions and associations (e.g., Minnesota Commission on Alcohol Problems, Governor's Commission on Crime); civic groups (e.g., the League of Women Voters); legal professionals; and mental health professionals. Individuals

who pressed for decriminalization were often affiliated with more than one of the active forces. For example, in Minnesota, there has not been a split between members of Alcoholics Anonymous and professionals in the state and county bureaucracies that service alcoholics. Beginning in 1954, the state has structured its alcoholism treatment positions so that recovered alcoholics could be therapists and care givers.

The reformers directed their efforts at three levels of the governmental process: the courts, the state legislature, and county governing bodies. Thus, even prior to decriminalization, informal approaches to the non-criminal handling of public drunks emerged in local jurisdictions also accounted for the smooth transition in Hennepin County from a criminal to a treatment approach. A citizen's task force with professional liaisons was appointed by the county commissioners in anticipation of decriminalization. The task force and its professional staff conducted the search for the first receiving center, acquired staff for the center, and made the necessary material acquisitions, all prior to July 1, 1971.

Further, the individuals affiliated with this policy subsystem established close contact with other activists throughout the country. For example, Ms. Doris Bradley, Director of Washington, D.C.'s Detoxification Center reported to the citizen's task force on the District's development of a receiving center. Also, Mr. Peter Hutt (the legal architect of the Easter decision) visited Minneapolis and discussed the Fearon case with Philip Hansen, then Chairman of the Minnesota Council on Alcohol Pro-

blems. Thus, as outlined above, the forces behind decriminalization in Minnesota maintained affiliations throughout the state and the nation as they pressed their measures before the state legislature and courts.

Since traditional alcohol reform groups, public health professionals, and judicial personnel dominated the movement toward decriminalization in Minneapolis, it is not surprising that the following three goals emerged from the legislation: ending authority of local courts over this problem, improving emergency services for the public inebriate, and increasing the opportunities for resocializing public inebriates. Indeed, the public health concern is further emphasized in that the department assigned to implement the mandates of decriminalization is a broad based agency dominated by public health professional (i.e., the Department of Mental Health, Mental Retardation).

While early efforts to divest the criminal justice system of this problem focused on the most destitute of public inebriates, the final legislative package defined a broader constituency for public attention: "...any inebriate person unable to manage himself or his affairs or unable to function mentally or physically because of his dependence on alcohol. Therefore, the legislation applies the goals of emergency care and resocialization to the entire public inebriate population. Those formulating the legislation failed to recognize the potential conflict between these goals given their assumption that all types

of inebriates are potentially viable clients for both emergency care and resocialization efforts.

8. The multiplicity of goals impelling decriminalization are often not clearly and fully designated in the resulting legal mandate. These goals often develop and are acted upon without consideration of their potential conflict with one another or with clearly articulated goals emerging from the legal mandate.

As item four suggests, the divergent objectives of the individuals and groups generating the decriminalization effort are embodied in the resulting legal policy statement. However, often these objectives are extremely generalized and ill-defined, and the expectations of the reformers regarding their achievement are high exaggerated. In any case, there seldom was any discussion of the possibility of potential conflict in realizing the policy goals. While the topic of goal conflict will be dealt with in greater depth in our presumptive findings and conclusions, some aspects of the problem should at least be introduced at this point.

Perhaps the most obvious goal conflict that emerges from decriminalization is that between the rehabilitation objective and most of the other policy goals. For example, the objective of providing emergency services to those in greatest need, who cannot secure assistance elsewhere, usually focuses on the skid row, homeless man class of chronic alcoholics. But these are the clients least likely to produce meaningful rehabilitative success. In St. Louis, this tension between the desire to rehabilitate and the "skid row" character of the typical police case appears to have produced a greater emphasis on the volun-

tary admission who is believed to be more likely to produce rehabiliative success. If street cleaning, i.e., nuisance abatement, is defined as a high priority objective, again the chronic case becomes the most frequent admittee to the treatment program. And again, there is a negative bias for rehabilitative success in evaluating treatment programs.

Indeed, this tension of providing treatment services to all public inebriates (indiscriminate target group) and servicing a particular segment of the inebriate population (discriminate target group) was a recurring theme in all jurisdictions. While the legal mandate in each was indiscriminate in defining the population to be serviced, there was a different bias among those charged with implementing the legal policy. At least at the outset, the therapeutic reformers often perceive their target group as the homeless persons in greatest need of assistance. Later, as appears to be the case in St. Louis, this may be altered to a more middle class bias if rehabilitation success is perceived as critical to a treatment facilities' statute in the public health community. Conversely, police generally perceive the detoxification center as a place for the street inebriate, not for other kinds of public inebriates. The great majority of officers in all case study jurisdictions seemed to show this attitude.

There is also a certain tension in the objective of saving municipal resources by removing the drunkenness problem from the courts and jails. But the courts and prisons are not

eliminated and still require resources to handle other criminal matters. Police continue to be charged with removing the inebriate from the street, requiring continued commitment of resources. In addition, if a meaningful full treatment system is established, substantial resources will be required. Cost savings in the criminal justice sector may merely be reallocated to the civil justice sector.

There is also some evidence that the objective of providing short-term emergency care for inebirates may conflict with the objective of providing for the overall physical health of the skid row inebriate. A number of therapeutically oriented persons interviewed suggested that the inebriate may be worse off physically under a detoxification program than under a criminal mode of processing. Recidivism was found to be higher in detoxification centers than it was under the criminal justice system in all three case study jurisdictions. Inebriates are often placed back on the street after two or three days--hardly time for adequate detoxification much less physical restoration. (St. Louis does provide for a 7 day stay). Under the criminal justice system, the skid row chronic alcoholic was the most likely candidate for sentencing to the workhouse or prison farm--an extended period off the street with adequate food and other medical services was at least theoretically available. A prolonged period of abstinence from alcohol was insured.

Of course, this was a form of forced confinement and was unlikely to produce rehabilitation from the pattern of excessive

drinking. Compulsory civil commitment would arguably produce the same benefits but the question is whether we are willing to accept the costs of forced confinement for alcoholic addiction in terms of human freedom.

None of the above meant to denegrate the value of decriminalization but it does suggest that conflict among policy objectives may often produce consequences that will thwart the high expectations of reformers. Managed decriminalization is not a panacea for the problem of public drunkenness but only an initial stage in more adequately confronting the problem. Nevertheless, exaggerated claims and conflicting objectives built into the policy reform can lay the groundwork for frustration, cynicism and despair in the policy implementation stage of legal reform.

9. Reform interests seldom give serious consideration to the potential impact of decriminalization on the police and their order-maintenance functions and the need for ameliorative administrative adjustments to promote the quality pickup and delivery of the potential client. It is critically important to the success of a treatment-oriented system that the police department be involved in the initiation of the decriminalization and be continually involved in its subsequent implementation.

It was somewhat amazing to members of the research team how little attention has been paid by policy reformers to the impact of the policy change on police, the enforcement agency. There was rather consistently, a facile assumption that the police department and the street patrol officer, regardless of their possible opposition would do what was necessary to effectuate the legal mandate and would somehow reconcile the often conflicting goal objectives to make the program a success. But if the reform is

to be viable, it is essential that the change be accompanied by police administrative regulations notifying the street forces of the change, indicating its purposes in realistic terms, and specifying procedures for implementation of the new policy. Support for the project must be communicated to the patrol officers, through both formal and informal lines of communication. It must involve minimal commitments of time and effort compared to old procedures. Training must be provided. Failure of the police command to act positively is generally perceived by the line officers as having a substantive meaning--it is a negative command. When coupled with the negative disincentive produced by decriminalization, discussed below, the basis is laid for a negative response to the change policy.

Nor is it sufficient that the police department provide this support only at the initiation of the project. Policy implementation involves an ongoing commitment. If police are retained as the enforcement agent and police support wanes, achievement of police objectives will wane.

In spite of these seemingly common sense propositions, policy reformers frequently proceed with little or no police department involvement. While revised police regulations followed legal change in the District of Columbia, for example, little effort was made to involve the police department in initiating the reform policy--change occurred without any real information flow from the police and without their active participation. Many reformers simply assumed the department would oppose the policy alteration.

Similarly, the Minneapolis Police Department was only marginally involved in deliberations concerning decriminalization. The continuing problems that would be faced by the officer in the street were not given serious consideration. Guidelines issued by the police following statutory decriminalization placed heavy emphasis on the permissive character of the Act, on the discretionary character of the mode of disposition (if any) of the inebriate, on the avoidance of officer liability for good faith actions taken under the Act. Criteria for use in defining the action to be taken suggest a bias towards handling the transient and destitute inebriate. While there was a training program during the first two years of decriminalization, this has been eliminated since 1973. No formal or informal ties were established between the police command and the therapeutic interests operating the Alcoholism Receiving Center (ARC).

Conversely, in St. Louis the police department were intimately involved in establishing the alcoholism diversion program. Even before decriminalization, police officials and therapeutic interests worked closely together in confronting public intoxication problems. There was general agreement on the target population to be serviced and the goals (although vague and inconsistent) to be achieved.

In 1965, it was the St. Louis Police Department that became the designated grantee agency for LEAA funds to establish the Detoxification and Diagnostic Evaluation Center. A gradual phase-in of the project was planned, beginning with the downtown

police district having the greatest incidence of public intoxication arrests, and then expanding to the other police districts. The Detoxification Center was located in the highest drunkenness area and an effort was made to make the Center amenable to the officers. Detailed procedures for handling inebriates, emphasizing speed and ease of processing compared to regular arrest dispositions, were issued and communicated within the department. An extensive training program , both at the Academy for recruits and in-service for command and street patrol was available. Financial support was provided by the Department for the project. In short, there was no question that the police department was intimately involved and in full support of the program. It is generally accepted that the St. Louis diversion program was launched in a spirit of cooperation and, at least for a time, improved the lot of the homeless person (at least in terms of emergency services).

Unfortunately, the era of cooperation was not long-lasting. As financial difficulties pressed, the Center was moved to a location far removed from the problem area in a far less hospitable atmosphere. Travel and processing time mounted. Police report the Center frequently has no beds available. Police training programs on public intoxicated were essentially eliminated. While financial support is still grudgingly provided, command involvement with the operations of the program diminished, almost to being non-existent. Communications within the SLPD regarding drunkenness problem are rare.

In short, while the police were intimately involved at the outset in defining the policy reform, that participation has not been maintained. There is serious question today, whether the detoxification program in St. Louis is implementing the original policy goals. It does seem clear that the police de- part ment is not actively engaged in promoting the success of the program.

In Kansas City, the police department was closely involved in the development of the street diversion program. Further, this involvement has continued through permanent administrative and evaluative linkages between the Sober House treatment facili- ty and the policy department's Office of Planning and Evaluation. A similar arrangement exists between law enforcement agencies and the three-county treatment program in Polk-Mason and Yamhill County, Oregon.

10. Decriminalization results in the forced interaction of two sets of bureaucratic actors, i.e., law enforcement per- sonnel and public health personnel. Tension between these actors is a constant reality in the operations of the detoxification program.

Initiation of a detoxification program generally envisions the involvement of both law enforcement and medical personnel in effectuating policy objectives. There are serious obstacles, however, to effective cooperation between these actors. Re- sulting tensions and conflicts can well undermine the success of the undertaking.

The different goals of law enforcement and therapeutically oriented interests have already been noted. In the subsequent

implementation of the project the conceptual orientations continue to be operative. Police personnel are faced with the problem of order maintenance and law enforcement on the street. The problems must be met with promptness and minimal expenditure of limited police resources. The therapeutic interests often adopt a conceptual model of helping and assisting that may be perceived as frequently inconsistent with the law enforcement model. Once a person is detoxified and some impetus for long term rehabilitation introduced, the medical actor's work is over and the client is released. This only reintroduces the problem for the street patrol. While it is an over-simplification, the law enforcement model tends to be societally oriented; the medical model focuses more immediately on the individual client. While these conceptual models can perhaps be logically reconciled, the bureaucracies involved seldom make such an effort.

Although we have not carefully studied the matter, it is possible that educational and social backgrounds may intensify the potential for tension and conflict. The medical staff generally has specialized training beyond high school and have developed a distinctive jargon. They tend to be drawn from a more middle class strata and are generally accorded the status of professionals by society. The police officers who interact with the public health bureaucracy, at least in the past, seldom have had the specialized education beyond high school, although this may be changing. While there definitely is a police jargon, it certainly differs from that of the public health profession.

Finally, there is real doubt that law enforcement is accorded the societal status of the medical profession. Indeed, the designation of law enforcement as a profession would be questioned by many.

But whatever the source of the tension, there is no question that it exists. In all three of the case study jurisdictions, we experienced substantial hostility by police officers interviewed towards the detoxification center and its personnel. We also found a general lack of communication between police command personnel and public health medical officials.

In the District of Columbia, there appears to be no formal or informal high echelon command level communication linkages. Line officers often spoke disparingly of the Detoxification Center and its operations. References to the speed at which the inebriate is returned to the street and the lack of "success" of the Center were common. Indeed, in the questionnaire, there was disagreement that detox personnel wanted the police to pick up and deliver more street inebriates.

In St. Louis, where relations between the police command and the therapeutically oriented interests were so promising at the outset, the same pattern persists. There is no regular communication flow between the bureaucracies. The department even attempted to cut back on its financial support for the Center but it has been grudgingly continued. At the line officer level, there are complaints of the Center's frequently being filled, the reluctance of the Center's personnel to take the

hard-core police cases, and the failure to "rehabilitate" the chronic offenders.

In Minneapolis, the integration of the detox facility with the larger public health bureaucracy of Hennepin County results in a high priority being placed on channeling individuals into rehabilitation facilities. Thus, detox personnel are often seeking a different clientele than that brought in by the police. Such a conflict places increased pressure on police officers to find other alternatives for processing their public inebriate clientele. As indicated below, this may be part of the explanation for the heavy use of disorderly conduct by the Minneapolis police department following decriminalization.

The tension and conflict between the law enforcement and medical bureaucracies was not a central focus of this project. However, the degree to which it reoccurred from city to city suggests the need for further attention to the problem. It certainly appears to be a sound working hypothesis that tension and conflict between the designated delivery agent and the treatment bureaucracy may well impair realization of policy objectives.

THE IMPACT OF DECRIMINALIZATION

1. If a jurisdiction fails to take special ameliorative administrative action, decriminalization of public intoxication will produce a statistically significant decline in the number of public inebriates formally handled by the police in the manner designated by the law on the books. (Quantitative Impact).

   a. In comparing the quantitative rate of pickup and delivery of public inebriates by police in decriminalized and criminal model jurisdictions over time, the former experienced a significant decline in the number of public inebriates formerly handled by the police following decriminalization while the latter experienced no significant change.

To empirically test the quantitative impact of decriminalization on a cross-jurisdictional basis, we collected monthly public drunkenness arrest rates (pre-decriminalization) and monthly rates of police deliveries to detoxification facilities (post-decriminalization) for two experimental cities: Washington, D.C. (a high arrest jurisdiction), and Minneapolis, Minnesota (a moderate arrest jurisdiction). Thus, pre-decriminalization police pickups were statistically compared with post-decriminalization police pickups in these jurisdictions. Monthly arrest data was also collected for two control cities where decriminalization has not been implemented and where no other major policy innovation had been implemented during the designated time period: Houston, Texas (a high arrest jurisdiction) and San Francisco, California (a moderate arrest jurisdiction). This mode of analysis has been referred to as an "interrupted time series quasi-experiment."

The data supports the central hypothesis that a statistically significant decline in the rate of formal police handling

of public inebriates using formal means designated by law can be expected to follow decriminalization if no special ameliorative administrative action is taken. If the police department is not involved in the police reform process and in creating an incentive system designed to produce street compliance with the policy mandate, administrative effectuation of that mandate should not be anticipated.

Specifically, in Washington, D.C., the estimated change in level is a reduction of 76.4 police intake per month which is significantly different from zero. In Minneapolis, the impact of decriminalization on formal police handling of public inebriates is even more dramatic, producing a reduction of 263.2 police intakes per month. Visual scanning of graphic depictions of control intake rates in the four jurisdictions demonstrates that no similar effect took place in police departments where criminal sanctions against public drunkenness remain intact.

Again the thesis is not that decriminalization is a qualitatively unique phenomenon. Other police innovations in criminal or decriminalized jurisdictions might well produce a similar quantitative impact. The point is that decriminalization, as a policy innovation, does introduce a mass of disincentives to formal police handling of public inebriates by approved means and, if no compensating administrative action is taken, will produce a quantitative decline in police intakes that may thwart the policy objectives of law reform elements.

b. Each of the case study jurisdictions experienced a quantitative decline following decriminalization in the number of public inebriates formally picked up and delivered by police as prescribed by the law on the books.

(1) In all three jurisdictions there is a statistically significant decline in the number of police admissions to the detoxification center compared to the number of criminal arrests prior to the legal change. Even retention of arrest as an option following introduction of a therapeutic alternative in St. Louis did not restore intake rates to their pre-change levels.

In Washington, D.C., an analysis of police intake rates for a fourteen year period beginning in 1960, demonstrates a statistically significant decline following decriminalization. Whereas police arrest rates ran between 40,000-50,000 prior to decriminalization, police admissions to the Detoxification Center have been in the 5,000-10,000 range.

Assessing the quantitative impact of St. Louis' diversionary policy was especially difficult since the police have always maintained a very low arrest rate for public drunkenness. With the exception of a single year when the arrest rate rose to 7847, the normal range was 2,000-4,000. This extremely low arrest rate was not a product of a fewer number of public inebriates in the city, but reflected instead an emphasis on the "quality" arrest by the police department and a greater tolerance of public intoxication by the citizenry and business community. Nonaction or informal disposition by non-approved means appears to have been the dominant mode of police behavior when dealing with public inebriates even before policy change. The matter was further

complicated by the retention of an arrest option for police following introduction of the therapeutic alternative.

Nevertheless, an analysis of arrest rates and police admissions to the Detoxification Center for a fourteen year period commencing in 1960, reveals a statistically significant decline in formal processing in the post-change period. Whereas even the low arrest policy produced average rates of 2,000-4,000 police admissions to the Detoxification Center have been in the range of 800-1500.

Nor is this differential eliminated by inclusion of police arrests for public drunkenness. Even when police deliveries to detox and police arrests are added, police intake rates fail to return to pre-change levels.

It must be noted, however, that this decline was not immediate. In the first years following introduction of the diversion policy, intake rates were maintained or slightly increased. In this period, the police department was actively involved in structuring the project to promote line officer support. Indeed, the administrative adjustments were so marked and the level of arrest so low, it is somewhat surprising that the increase in police intakes of public inebriates was not greater. In any case, the ameliorative administrative action was short-lived and over the long run, the intake rate fell significantly below even its low pre-change levels.

Finally, in Minneapolis also, the implementation of decriminalization produced a significant decline in police

intake rates. There was, of course, the expected and desired drop in arrest rates after Fearon, and more dramatically, after statutory change. But the formal processing of public inebriates to the Alcoholism Receiving Center by police has never reached the pre-change arrest levels. Whereas between 7,500-8,500 public inebriates were being arrested, only 1,500-3,000 police admissions are being processed annually by the treatment center.

But delivery to the detoxification center is generally not the only approved formal means of disposition of the public inebriate. Alternative approved formal dispositions must also be explored. But even if these modes of disposition do account for the quantitative decline, many of them do not involve detoxification centers or any potential for promoting long-term rehabilitation. The question would remain whether their use is fully consistent with the policy goals of the legal system.

> (2) While hard data is generally unavailable, it does not appear that police deliveries of the public inebriate to other public health facilities or home delivery, where these formal options are available to the police under the law, account for the quantitative decline in the number of public inebriates being formally processed by police following decriminalization.

The Alcoholic Rehabilitation Act in Washington, D.C., provides that a public inebriate "may be taken or sent to ... a public or private health facility" and sanctions home deliveries. Similarly, Minnesota law permits use of public health facilities and delivery. It is possible that the increased use of these modes of disposition accounts for

the quantitative decline in police handling of public inebriates.

Unfortunately, few statistics are maintained by the police or the health facilities involved regarding use of these options. However, our research interviews, observation forms filled out by law students in police ride-alongs and discussions with a class of police officers at the American University indicate that the health facility option as a place for final disposition is seldom used. We found that hosptials generally vigorously resist admission of inebriates. Further, it is estimated that only 3-5% of police interaction cases require some medical aid and this can often be provided by the Detoxification Center.

While home delivery is often a legal option, police regulations generally prevent use of police vehicles for home delivery. Further, officers interviewed expressed general dislike for transporting a drunken person in the back of their vehicle. Home delivery thus translates into referral to a friend or relative, calling a cab or permitting the inebriate to walk home. Of course, these dispositions, while not legally approved, were widely used in drunkenness cases under the criminal model. In Washington, D.C. for example, it was the regular means of handling tourists and other patrons of the cities public entertainment place. The question then is whether these options are more actively used following decriminalization. No hard data was found. While it is obvious that the home referral option is actively

used, we found no indication that it is being used more frequently in the post-change period. If this is the compensating factor explaining the quantitative decline, serious questions arise concerning the adequacy of detox-fication at home and the potential for reaching the alcoholic to promote long-term rehabilitation.

> c. It is possible that those public inebriates not being processed to treatment centers by the police are getting there by other means. In Washington, D.C., however, self-admissions do not account for the quantitative decline in persons handled by the public system. In St. Louis, a large outflux of self-admissions in recent years does provide a quantitative explanation. It is questionable, however, that the self-admittees are the kind of inebriates St. Louis police generally process. In Minneapolis, self-admissions and civilian van deliveries do account for the quantitative decline.

In all three case study jurisdictions, the detoxification centers will accept self-admissions. It is possible, therefore, that those inebriates not being processed to the treatment center by the police are simply walking in to the centers and voluntarily accepting assistance. If this is the case, it is arguable that policy objectives of decriminalization are being implemented, including the saving of police resources.

However, in the District of Columbia, where the arrest rates were so high prior to legal change, the rate of self-admissions does not begin to compensate for the decline in inebriates processed by the public sector. Detox admissions increase from the 5,000 - 10,000 range to the 10,000 - 15,000 range when self-admissions are included. However, this by no means approximates the 40,000 - 50,000 arrest rates prior to decriminalization.

In St. Louis, self- admissions have increased from an average of about 210 annually in 1970-72, to approximately 1700 in 1974. Inclusion of these admittees to police admissions and police arrests for public drunkenness do restore the intake rate to its lowest pre-change levels. At the same time self-admissions to the Center tripled, police admissions to the Center declined and police arrests for public drunkenness increased. This is a very recent phenomenon and suggested explanations must be tentative There is, however, the possibility that the majority of self-admittees to the Center would never have been handled by the St. Louis police who have historically concentrated on the emergency case, homeless man. Police finding the Center frequently filled, either arrest or take alternative action or non action--in any case, police admissions would decline. This possible explanation is given added credence by the location of the Detoxification Center. It is spatially far removed from the places frequented by the typical police case--a walk in by the "homeless man" seems unlikely.

While inclusion of non-skid row inebriates in the detoxification program might well be desireable, serious problems are raised if this results in the exclusion of the homeless person inebriate. One of the characteristics of the skid row inebriate is institutional dependency and non-availability of the Center for police cases would remove one form of institutional support. Further, if the result is increased use of the arrest option or leaving the inebriate

on the street, further problems are raised. In any case, it is questionable that such a development would be consistent with the intention of the reform elements that produced the diversion program.

In Minneapolis, the Alcoholism Receiving Center has aggressively sought means to attract the clientele to the Center. In addition to promoting self admissions from the non-skid row population, it operates a civilian van system on the high drunkenness area, relieving the police of a heavy workload. The combination of self-admissions and civilian van pickups do compensate for the decrease in police intake. As civilian van pickup admissions increased from 19% to 27% while police admissions were reduced from 23% to 17%.

It should be noted however, that the fact that as many public inebriates are being processed by the public system does not exclude the possibility of the use of unapproved means by the police to deal with its problem of removing inebriates from public places, especially the business area. More public inebriates may be reached and return of the inebriates to the street may be faster as a result of the decriminalization (i.e., 72 hour statutory limitation on involuntary detention) and introduction of the civilian van as an ameliorative adjustment. This would produce an intake rate in the post change period comparable to the pre change period but the police street problem would not be affected--informal unapproved means of disposition might still be used. This will be explored below.

In any case, the use of self admissions and the civilian van system in Minneapolis does suggest a policy innovation whereby the decline in formal approved police handling of public inebriates following decriminalization can be ameliorated. It is important however, to assume that these were the compensating factors for the quantitative decline in police intake in the post change period. This requires consideration of the various control factors discussed in items d-f below.

d. The quantiative decline in the number of public inebriates formally processed by the police using approved means cannot be explained in terms of a decline on the number of public inebriates available for pickup and delivery. The number of alcoholics and probably the number of public inebriates has either remained constant or increased in all target jurisdictions.

Reduction in the size of the problem drinking propulation or of the public inebriate population might be alternative explanations for the observed quantitative decrease in approved formal police intake of public inebriates. Both possibilities were explored in the three case study jurisdictions.

In Washington, D.C., use of the Jellinek formula indicated a steady increase in the size of the problem-drinking population. In St. Louis, estimates by the local Council on Alcoholism of the number of alcoholics in the metropolitan area have increased from 55,000 - 60,000 in the mid-1960's (the time of legal change) to over 100,000 in the 1970's. In Hennepin County (Minneapolis) use of the Jellinek formula

indicates a relatively constant population--37,345 potential problem drinkers annually from 1965-1970 to 38,380 for 1971-75, even as the population of the county decreased. Certainly, there is no reason to believe that the size of the problem drinking population has decreased.

It is more difficult to obtain an estimate of the size of the subset public inebriate population. The greater availability of dwelling places, the increased incidence of public welfare, the gradual elimination of the large scale established and defined skid row areas through urban renewal at least suggest a decline in one sector of the public inebriate population--the homeless skid row person. On the other hand, there are suggestions that the skid row population is only more dispersed and less visible. Small pockets of "skid row" type areas in urban settings experiencing increased urban decay may be the new reality. Increased tolerance of public drunkenness, drinking among the young, increased availability of money for drinking point to a maintenance or even enlargement of the public inebriate population nationally.

Interviews conducted in all the target cities did not indicate any decline in the incidence of public drunkenness. Certainly direct observation suggested that police would have little difficulty in increasing the intake of public inebriates if they were so inclined.

e. The quantitative decline in the number of public inebriates formally processed by the police using approved means cannot be explained by the migration of public inebriates to other adjourning jurisdictions following decriminalization.

An effort was also made to assess the possibility that the public inebriate may have migrated to surrounding jurisdictions. Again, this would decrease the size of the inebriate population available for police processing. However, we discovered no signs of such a migration pattern and the explanation was therefore rejected.

An analysis of the arrest rates for public intoxication and disorderly conduct in Prince George's County, Maryland, the most probable migratory point from Washington, D.C., indicated no increase corresponding to the legal change in the District. In fact, there was a decrease in arrests.

The quantitative decline in police intake in St. Louis city was not accompanied by corresponding increases in drunkenness arrests by the various law enforcement agencies in the surrounding county. Indeed, the relative stability of arrest rates in those jurisdictions in the late 1960's and early 1970's suggests that some phenomenon (i.e., the initiation of the diversion program) was having an impact in policing in the central city that was not operative in the surrounding law enforcement jurisdictions.

f. The quantitative decline in the number of public inebriates formally processed by the police using approved means cannot be explained in terms of the "revolving door". There is a quantitative decline in the number of individuals, as well as cases, following policy change. In fact, the recidivism rate is higher in the post-change period.

It could be argued that as many individuals are being formally handled by the police as in the arrest period with the only difference being a lower rate of recidivism in the decriminalization period. In fact, the findings show the opposite--fewer individuals being processed more frequently by the detoxification center.

In the District of Columbia an estimate was drawn of the number of individuals arrested in four years prior to legal change. This was compared to the number of individuals admitted (including self-admissions) to the Detoxification Center annually between 1969-1973. Whereas about 10,000 - 30,000 individuals were being arrested in the pre-change period, only 3,400 - 5,000 are being handled by the detox. While the annual recidivism rate for the pre-change arrest years was 1.76, during the post-change years the average yearly recidivism rate increased to 3.01.

In St. Louis, a random sample of arrest cases was drawn for two criminal years (1963 and 1965) and two post change years (1972 and 1974) and of detox cases for two post change years (1972 and 1974). The records of these cases were reviewed to determine the frequency of arrest or admission during the study year. The recidivism rates for the detoxification sample were 3.07 and 4.30 while the corresponding rate for the arrest sample ranged under 2.00 with the exception of 1963 when it was 4.84. It should be noted that in 1963, the St. Louis police produced its highest arrest rate, over double the yearly average. Apparently this

was achieved by the more frequent arrest of the same individuals. In any case, the post-change period again seems to produce an intake of fewer individuals on a more frequent basis.

Minneapolis produced the same pattern. A comparison of the arrest record of 200 individuals in two criminal years (1967 and 1970) with the ARC admission rate of 200 individuals in two decriminalized years (1972 and 1973), indicated a substantially higher recidism rate in the post change years. In the criminal period, the rates were 3.79 and 3.94. In the decrminalization period the rate mounted to 4.71 and 4.03. Certainly, the quantitative decline in intake rates cannot be explained as a product of a slower revolving door for more individuals.

All of the above indicates that fewer individuals are being formally processed by the police to the detoxification center but on a more frequent basis. This should not really be surprising. Under the criminal model, the inebriate may be removed from the streets for 30, 60, 90 days following convictions. Generally it is the more chronic offender who is sentenced to long term detention. In the therapeutic model, the detoxification program removes the inebriate usually for only two to seven days. He or she is then back on the street subject to once again being picked up and admitted to the treatment center. A higher recidivism rate, a more intense "revolving door" is to be expected in the absence of rehabilitation.

g. <u>Regardless of whether or not as many inebriates are being processed by approved means following decriminalization, there is an increase in the non-approved disposition of public inebriates. This may include ignoring the inebriate, taking informal action to remove the inebriate or the use of other criminal charges to remove the inebriate</u>.

As has been shown, Washington, D.C., experienced a significant quantitative decline following decriminalization in the number of public inebriates formally processed by the police using means approved. Analysis of the control factors above do not explain the observed discrepancy in police intake rates nor does the inclusion of self-admissions. This impels the conclusion, that a substantial number of public inebriates in Washington are not being formally processed but are either ignored, handled by informal means or are processed using other criminal charges.

The latter possibility was examined by analyzing the arrest rates for vagrancy and disorderly conduct from 1960 to the present. With the exception of the aberration produced by Mayday, 1971, arrests for these offenses have steadily decreased. A number of persons interviewed suggested that the removal of public drunkenness as a criminal offense had the side effect of producing a marked decline in the use of these associated charges.

Direct observation through ride alongs and interviews with police and others interested in Washington's public drunkenness problem lent added credibility to our conclusion that the public inebriate today is frequently ignored or disposed of by informal means. Public drunkenness in the

District of Columbia today is not as high a priority police problem as it was in the past largely because the police do not accept it as a significant police problem. While the law on the books may not approve of non-action or informal disposition as a means of policing public drunkenness, the law in action apparently does accept their use.

While St. Louis has always maintained a low police intake rate of public inebriates and the rate was initially maintained and even marginally increased following initiation of the diversion program, that city also has experienced a quantitative decline in the number of public inebriates formally processed by the police using approved means. Only when self-admissions to detox are added to arrest rates and police admissions to detox do intake rates approach the very low arrest rates of the pre-change period. Analysis of the control factors did not account for the decline in police formal handling of the public inebriate.

Even though self-admissions do quantitatively compensate for the decline in formal processing of the public inebriate in St. Louis, bringing the numbers back to the 1965 arrest levels, it would appear to be an over-simplification to accept this as a sufficient explanation. There is serious question whether the self-admittee is the typical police case. Further, interviews and direct observation indicated that the historical reliance of the SLPD on non-action and informal means of disposition continues unabated or has possibly increased. For the non-skid row inebriate, this may

take the form of having a friend or relative take the inebriate home. For the skid row, homeless man, this may be an order to move on or a removal to a less visible place. In any case, while hard data is unavailable, non-action and informal disposition has been and remains the primary mode of policing the public. It should be noted, however, that (as in the District of Columbia), the arrest rates for vagrancy and disorderly conduct have declined over the period in question. There is no indication that St. Louis police are processing public inebriates on other criminal charges. Indeed, since public drunkenness arrest remains a viable police option there would seem to be no need for use of such unapproved means of policing.

Minneapolis also experienced a decline in the number of public inebriates formally handled by the police using approved means. A caveat, however, must be noted. Non-action appears to be an approved action in Minneapolis; to the extent this option is included as a "formal means," any quantitative decline is probably fully explained. Therefore, we cannot support the conclusion that there are less approved police dispositions following decriminalization, only that there is less use of the formal police options approved in the legislation. In any case, self-admissions do provide adequate compensation for the quantitative decline in police intake following decriminalization. This suggests an ameliorative administrative adjustment that can obviate some of the quantitative impact of decriminalization. We

will present our conclusions in this regard below.

We also examined the use of other criminal charges by the Minneapolis police as a means of dealing with the street problem posed by the public inebriate. This possibility was frequently forwarded in interviews with therapeutically oriented persons. In contrast to the District of Columbia and St. Louis (where such police practices were also suggested), we did find support for the possibility that police are using other criminal charges to remove the inebriate from public places. While the use of vagrancy has steadily declined since 1960, disorderly conduct arrest rates have significantly increased since decriminalization. From 1960 to 1966, the yearly average was approximately 700; it increased to 1167 during the transitional period; since decriminalization, yearly average has increaed to 1,875. This suggests the availability of still another police option when the ordinary criminal mode of processing is removed.

2. Decriminalization, unaccompanied by ameliorative action, will produce a funneling effect so that the population of public inebriates formally processed by the police using approved means will be substantially more of the emergency case, "skid row" or "homeless man" type of inebriate. (Qualitative Impact). Two standards of policing public drunkenness are operative in decriminalized jurisdictions reflecting the character of the public inebriate involved.

a. In the District of Columbia while arrest was used for all classes of public inebriates prior to decriminalization, the detoxification center serves almost entirely the skid row class of public inebriates.

A 1957 study of public drunkeness in the District of Columbia (the Karrick Report) that in 1956, the majority of in-

dividuals picked up for public intoxication were disposed of by forfeiture of collateral, fine or court release. These were labelled "social drinkers" in the report. Of the approximately 40 percent of inebriates committed to the Workhouse, the overwhelming majority were deemed skid row alcoholics. This indicates that the population of public inebriates arrested in the District prior to legal change encompassed a variety of classes of intoxicated persons. The police did not focus solely on the skid row inebriate.

On the other hand, police officers interviewed during the present study reported a perception of the Detoxification Center as a place only for the skid row inebriate--they did not perceive it as a viable option for disposition of other classes of inebriates. Police argue that whereas family and friends are available to care for most inebriates, the skid row inebriate is generally dependent on the institutionalized sector for assistance. Similarly, reports on the Center suggest a composite patient profile that is black male, not married, mid-forties, minimal education, low socio-economic status and a chronic admittee for detoxification.

We used a variety of means to assess whether this change of populations formally processed by the police is accurate. First, we examined the intake rate by police district for pre-change arrest years and post-change detox delivery years. The first police district, the principal locus of the skid row inebriate, has accounted for an increasing percentage of all police pick-ups in the city reaching approximately 70% in 1972 (the

final year for which data was collected). Certainly, this suggests that the Detoxification Center police case are drawn from an area which contains the primary concentration of skid row inebriates. The percentage of the total inebriate population coming from police districts handling primarily other classes of inebriate has markedly declined.

A random sample of individuals arrested was drawn from police files for two pre-change years (1963, 1967). This was compared with a random sample of detox admissions for five post-change years (1969-1973). The male processed for public drunkenness to detox in the post-change era is slightly older and more likely to be black. No significant differences were found for occupational status that might reveal a lower socio-economic status (an indicator of skid row). However, plotting the residences of public inebriates admitted to the Center according to their Department of Human Resource Service Area revealed that a substantial majority of the admissions resided in the three most deprived service areas (excluding those who report no permanent residence). The Detoxification Center itself is located in the service area having the greatest degree of social, economic and health problems.

Perhaps the most revealing indicator of a change in the public inebriate population in the two periods is the degree of undersocialization, measured by marital status. Only 17.9% of the detox sample is married while 38.8% of the arrest sample were married. Over 60% of the public inebriates in the post-change sample were single or separated.

In short, while the data is not of the quality we desired, it is adequate to indicate the changed character of the public inebriate population in the post-reform era. Added to the implications of the profile is the higher recidivism rate at the Center when compared with the arrest period. While this is largely accounted for by the more rapid "revolving door" the treatment center, it does suggest a more chronically addicted population requiring institutional care--another indication of a skid row was (institutional dependency). A note of caution, however, must be added. Recidivism rates based on averages tend to obscure the substantial skew in pickup or admission rates--few individuals accounting for large numbers of pickups or admissions. But this skew is present for both arrest and detox periods.

b. In St. Louis, the police have historically concentrated on the emergency homeless man inebriate. Nevertheless, the data suggests that the police admission to the Detoxification Center is even more likely to have the characteristics associated with the skid row inebriate.

The historical low arrest pattern for public drunkenness also resulted in an emphasis on the emergency case where institutional care was a practical necessity. This usually meant that the homeless inebriate, the skid row inebriate, was grossly overrepresented in the arrest population. Interviews with police and others interested in problem drinking in St. Louis indicated that this police focus has at least continued following initiation of the diversion program. But, we decided to probe the possibility that the "police case" had become even more skid

row concentrated as the quantitative decline in police intake occurred.

A sample of police arrest cases was randomly drawn for the pre-change years 1963 and 1965 as well as a sample of arrest cases for the post-change years 1972 and 1974. These were then compared with a sample of patients handled by the Detoxification Center in 1972 and 1974 and with patient profiles developed by the Center itself.

There was little difference in the general background profile of the samples. While the post-change sample did indicate a somewhat higher incidence of unskilled laborers than the pre-change sample, the occupational measure did not reveal sufficiently reliable differences to support a hypothesis of increased concentration in the post-change period. The factor that was most significant in supporting this hypothesis was marital status.

The percentage of married persons in the Detox sample and in the Detox Center's own patient profile was consistently below comparable data from the pre-change arrest sample. While the data is certainly not conclusive, it suggests a greater skid row concentration in police cases admitted to Detox as does the higher recidivism rates for the Center compared to the arrest samples, the data is not definitive what does appear certain is that there are two standards of policing operative for public inebriates in St. Louis.

c. <u>Like St. Louis, the Minneapolis police have historically concentrated on the skid row inebriate. The data indicates that this focus has continued following decrminalization and may have even increased</u>.

While little data is available, interviews suggested that the vast majority of public drunkenness arrest cases in Minneapolis prior to decriminalization were chronic alcoholics, transient problem drinkers with an over representation of Native Americans. Every indication is that the arrest population was not reflective of the general public inebriate population since there has been no decline in individuals formally handled by the public sector (although police intake by approved formal means has declined), the funneling effect if any, would be even harder to identify. However, we did probe for a possible increase in concentration of skid row inebriates in the Detoxification Center population over the arrest population.

Again, a random sample of arrested individuals in two years (1967 and 1970) were compared with population statistics maintained by ARC.

The detox parent tends to be older. This slight suggestion of a more concentrated inebriate population also holds when consideration is given to the socio-economic indicator of employment. But while a slightly higher percentage of the post-change sample report being unemployed, this may be more a product of changing economic conditions. Finally, in terms of undersocialization, the same marginal increase holds--the percentage of those reporting a marital

status of divorced or separated is a bit higher in the post-change sample.

Coupled with the higher recidivism rates of ARC compared with that of the arrest samples, the evidence is in the direction of a more concentrated, focused public inebriate population. Again, regardless of whether the public inebriate population is marginally more concentrated in Minneapolis following decriminalization, there is no doubt that there are two different systems in operation in the city for handling the public drunkenness problem.

> d. Interview data indicates that a qualitative decrease in formal intake of the inebriate by the police using approved means produces a greater concentration on the emergency case, where the inebriate's condition may be serious, In this instance, police intervention and formal disposition to an institution becomes a practical necessity.

Both ride along observation of police handling of public drunkenness and interviews indication that the condition of the inebriate may be a critical factor affecting the decisions whether or not to intervene and the proper mode of disposition. When an emergency is present even the officer most predisposed to ignore the public inebriate will be impelled to take some action. Often, informal disposition will be obviously ineffective and dangerous on such cases and institutional options (delivery to detox, hospital or arrest) become the only viable alternative. These considerations suggest that as formal police intake using approved means declines, the remaining cases of approved formal action will increasingly be dominated by emergency cases.

In order to better assess the effect of this situational variable, police officers interviewed were presented with three hypothetical situations. The first two involved a minor degree of severity: an inebriate staggering down the street obviously drunk (situation No. 1) or sitting on steps or leaning against a building (situation No. 2). The third situation involved a man down, a public inebriate who was unconscious and immobile. In each instance the officer was asked what he would do if he encountered such a situation.

We sought to probe the following two hypotheses:

(1) As the severity of the situation increases, the tendency to select an institutional option (e.g., arrest, delivery to detox or hospital) increases.

(2) As the severity of the situation increases, the tendenty to select a non-institutional option (e.g., move on, take or send home) and/or opt for no action decreases.

Both hypotheses were confirmed. The data suggests that the probability of some police response and of an institutional mode of disposition is substantially increased as the severity of the situation increased. It would follow that as the number of formal interventions by police with public inebriates decreased, the emergency case, where effective action is vital, would increasingly predominate.

POLICE DISCRETION

1. The quantitative and qualitative impact of decriminalization can best be explained as a product of attitudinal predispositions of police officers and departmental policy. Decriminalization introduces a mass of disincentives to formal police pickup and delivery of public inebriates using approved means of disposition. In the absence of compensating incentives, primarily through action of the police organization, non-action or informal action serves as a viable mode of patrol officer response in decriminalized jurisdictions.

This research was premised on the recognition by the social sciences that attitudes can play a vital role in influencing human behavior. Since decriminalization was accompanied by alterations in police behavior in regard to the formal pickup and delivery of the public inebriate using approved means, we postulated that decriminalization might well have some effect on the attitudes of the patrol officers towards the task--on the decision whether or not to intervene and the mode of intervention (i.e., the disposition of the public inebriate). We were concerned with the relation of attitudes on whether the officers would behave in conformity with the law on the books.

Six attitudinal vectors have been identified as having potential relevance to police handling of public inebriates: organization, role, peer, strategic environment, strategic interaction and personal background. In addition, consideration was given to the myriad of particularistic factors that impact on every individual encounter involving public drunkenness. The influence of these situations specific factors was viewed as secondary to the focu of our study. Our interest

has been on the factors predisposing police behavior. Nevertheless, we did undertake to delineate some principal elements of relevance in the public drunkenness context.

Examination of the attitudinal and situation specific factors that might potentially influence police behavior and the probable effects of decriminalization in relation to them suggested the relevancy of incentives and disincentives in explaining the resultant police behavior. Controlling for enviornmental factors, police intake rates using formal means approved by the legal norm will vary in response to changes in the incentive and disincentive structure with the amount of variation depending on the nature and intensity of the incentives-disincentives introduced in the system operating through the various attitudinal variables. The resulting model is presented below.

A decriminalized jurisdiction is not qualitatively unique from a criminal jurisdiction in terms of intake rates. Incentives and disincentives resulting from policy changes operate in criminal and decriminalized jurisdictions alike to produce fluctuations in intake rates. Decriminilization represents such a major policy change resulting in an alteration in the incentive-disincentive structure influencing police pickup pattern--a mass of attitudinal disincentives to formal police intake of public inebriates using approved means is introduced. In the absence of compensating incentives which depends primarily on affirmative action by the police bureaucracy communicated to the patrol officers, police attitudinal

Model on Police Pick-up Behavior

INPUTS

DISCRETIONARY SITUATIONS

Attitudinal Inputs

- Organizational Variable
- Strategic Environment Variable
- Police Role Variable
- Strategic Inter-action Variable
- Peer Relationship Variable
- Personal Background Variable

Situation Specific Inputs

Myriad of incidental elements that define a specific situation

LIMITED OR DISCRETIONARY SITUATIONS

Environmental Inputs

- Police Resources
  - number of transport vehicles
- Detox Facilities
  - capacity

DECISIONAL BEHAVIOR

Intervention

- Approved behavior
  - to intervene
- Non-approved behavior
  - not to intervene

Form of Intervention

- Approved behavior
  - send to detox
  - send home
  - send to other facility
- Non-approved behavior
  - do nothing
  - order to move on
- Arrest on alternate charge

predispositions will be affected and patrol officer behavior will be influenced. Among the incentive-disincentives associated with the six elements of patrol officer discretion identified above, we probed the following: economic (e.g., credit for picking up inebriates), information (e.g., training on the new law), communication (e.g., reports concerning business community desires regarding removal of public ienbriates) authority and power (e.g., command directives on intake policy).

The discretion model was tested primarily through the use of the questionnaire instrument administered in the decriminalized jurisdictions (District of Columbia, Minneapolis, St. Louis) and two criminal jurisdictions (Houston and Richmond). Interviews were also conducted which proved of principal value in exploring situation specific factors and providing qualitative material. The attitudes of officers in criminal jurisdictions as a class could thus be compared with the attitudes of their counterparts in decriminalized jurisdictions as a class. Further, variations from city-to-city and variations between police districts were examined.

Our conclusion is that the patrol officer discretion model, reflecting the influence of relevant incentive-disincentive factors, is most useful. As will be shown, the officer in the therapeutic jurisdiction perceives a low organizational priority for the public drunkenness problem, it produces a role conflict with his preferred role, his peers have a negative

reaction to the medical facilities with which he must now deal, the inebriate is perceived as a threat, belligerent and messy, the officer lacks the support provided in a criminal jurisdiction by beliefs created to justify a police officer's intervention. Given this attitudinal set, non-intervention and informal disposition, where possible, become attractive modes of behavior.

a. Organizational Variable

(1) Police organizations generally give a low priority to the public drunkenness problem. Our findings produced no marked differences between officers in criminal and decriminalized jurisdictions in regard to their perception of the organizational priority being placed on this policy issue.

The organizational variable did not prove to be an especially good indicator for differentiating police attitudes in criminal and decriminalized jurisdictions in the area of public drunkenness. This is not surprising given the low organizational priority accorded the problem by police departments generally. Where differences were found, they were generally unexpected and more often a product of the jurisdiction studied.

While we found a significantly higher level of disposition towards conformity with organizational directives in the criminal cities, this may be more a product of the jurisdictions selected for study. It may be that jurisdictions which have resisted the national movement towards decriminalization have a more authority-oriented police system.

Officers in criminal jurisdictions also perceive themselves as being trained in handling public drunkenness to a significantly greater degree than their decriminalized counterparts. There is, therefore, an information incentive to the task of handling public inebriates. Indeed, police are trained in the process of handling criminal offenders if not in the particular needs of the inebriate. But in decriminalized jurisdictions, where the mandate is for medical processing, the police receive little training other than that provided in the general orders. In the decriminalized target jurisdiction there were no training programs extant on handling the special needs of the public inebriate. To this extent, there is an informational disincentive.

> (2) In none of the target cities was the police organization actively involved with improving the handling of the public drunkenness problem. There were variations between jurisdictions on the perceived availability of training in dealing with the public inebriate and on the importance of patrol officer conformity to organizational directives.

Officers in all of the decriminalized jurisdictions perceived the department as viewing public drunkenness as a low priority item. Indeed, the common reaction was to question why were we even bothering to study the subject. While there were directives issued by the department defining the procedures to be used in handling the public inebriate, these were part of the general orders. Occasionally, there would be notation of a businessman complaining about drunks hanging about his/her establishment. But daily orders and other means of regular command communication seldom contained

references to public intoxication, on expressions of support on the treatment system, encouragement or directives to cooperate. While an individual or two in the command structure may be aware of the medical subsystem, there are seldom any regular formal (or even informal) communication linkages. Power and authority incentives to action were lacking.

Line command (i.e., captains, lieutenants, sergeants) seemed to have little or no interest on the problem. In fact, if an officer became too active with public drunkenness, there would be concern with wasting his time. Handling of public inebriates seldom is accepted as a credit item relevant to pay and promotion. Commendations are generally not made for handling public drunkenness. Simply, the police organization is generally not using its potential power and authority incentives as an influence to induce increased intake.

The potential for such an influence is suggested by the early development of the St. Louis diversion project. Well before the commencement of St. Louis' diversion project, police command officials developed close communication linkage with day figures in the treatment subsystem. The organization was closely involved in developing the project and the chairman of the Board of Police Commissioners publicly expressed support for the program. Detailed orders were issued. Substantial training for recruits and in-service personnel was provided by treatment specialists thus providing informational incentives for cooperation. Regular communication linkages between the treatment and law enforcement interests were

maintained. In short, full organizational support for diversion was obvious. The early history of the program was marked by mutual good feelings and an assessment of goal achievement.

As police organizational interest involvement in the program wanted, the quantitative decline set in. Negative perceptions of the Center appear to have spread among the officers. Training programs terminated. While financial support is still grudgingly provided by the police department, the usual police organization relationship to the treatment center is today present in St. Louis. Disincentives for involvement were clearly present.

The District of Columbia Metropolitan Police Department has, from the outset of decriminalization, maintained a general detachment from the treatment program. Nevertheless, there are incidents which demonstrate the ability of the command use the incentives at its disposal to influence intake rates, if that is desired, at least for the short term. For example, during the pre-change period, arrest rate for public drunkenness were tabulated and included in assessing credit towards promotion--an economic incentive was employed to increase patrol action in handling public drunkenness. Officers who were on the street at the time recounted how it was common to walk down certain streets where inebriates concentrated and add numerous arrests to a days totals, or to use a wagon and pick up large numbers. Another example occured in 1969 when Police Chief Welson decided to reduce the incidence of public drunkenness downtown. He began requiring the First District

to submit monthly reports on police deliveries to the Detoxification Center. The intake rate rose sharply for at least the short term.

In San Francisco, we personally observed police response to businessmen complaints for reduced visible public drunkenness in the downtown business area. A sergeant experiencing power and authority incentives simply took a group of men out with a wagon and rounded up over twenty inebriates.

Training in handling public drunkenness, an informational incentive/disincentive, also seems to be a fairly good indicator of organizational policy. In the District of Columbia and St. Louis, no training program is maintained. On the other hand, Minneapolis did expose two classes of cadets (1972 and 1973) to the detection of withdrawal and the role of the Alcoholism Receiving Center. Officers in Minneapolis did differ significantly from officers in the District of Columbia.

Of course, if organizational communication is to effect line officer behavior, it is necessary that the officers be responsive to organizational incentives/disincentives. We sought to probe the officers' attitudes concerning the extent to which a good officer's conduct conforms to what the department wants done. In all jurisdictions officers agreed that conformity is part of the good police officer's work orientation. On the other hand, St. Louis police officers rejected this premise to a greater degree than officers in the other jurisdictions. The difference was statistically significant

with the exception of Washington, D.C.. Emphasis on personal street decision-making and informal dispositions has characterized the practical operations of the SLPD towards the public inebriate.

Conformity towards departmental directives is thus generally accepted by line officers. While there are jurisdictional variations, such as the greater emphasis on discretion in St. Louis, conformity is the accepted norm. There is atleast the foundations, therefore, for the operation of organizational incentives to influence line officer behavior towards deserved policy objectives in the field of public drunkenness. Indeed, it could be argued that this is presently being accomplished. Officers perceive that the department places public drunkenness as a low priority item for formal attention--a negative cue is provided--and they respond by giving it low priority treatment.

b. Role Variable

(1) Role orientation is an important factor distinguishing attitudinal predispositions of officers in criminal jurisdictions from officers in decriminalized jurisdictions. Officers in decriminalized jurisdictions perceive a discrepancy in their law-enforcement-oriented role expectations and the task of formal pickup and delivery of public inebriates. While this discrepancy is present in criminal jurisdictions it is significantly less. There is, therefore, a marked disincentive in terms of role expectations produced by decriminalization.

While the organizational variable did not produce notable variations between criminal and decriminalized jurisdictions, the role variable proved especially valuable in producing

differences of relevance to the task of handling public inebriates. In assessing these results, it is important to note that officers in all five target jurisdictions manifested a strong law-enforcement orientation. Very substantial rejection of a "community services" characterization of their role preference was common. In fact, this conforms to previous findings on police role preference.

It became highly relevant, therefore, that officers in therapeutic jurisdictions, where the task of handling public inebriates is a performance of a "medical social welfare" job, reacted much more negatively to the SOCWORK indicator than officers in criminal jurisdictions when the job remains, at least nominally, a matter of law enforcement. Officers in the three therapeutic jurisdictions see the task as making the officer too much of a social worker to a significantly greater degree.

Similarly, officers in criminal jurisdictions find the job of removing public inebriates from the street to be a more appropriate (APPROP) task for the police than do their counterparts in therapeutic jurisdictions. This is fortified by analysis of interview data indicating that officers in jurisdictions consider picking up inebriates as more important than do officers in non-criminal cities.

Both indicators thus suggest a strong disincentive to police processing of public inebriates in terms of role expectation produced by decriminalization. In a criminal jurisdiction, public drunkenness remains a "law enforcement"

or, at least, an "order maintenance" problem. In a decriminalized jurisdiction, it becomes a "medical" or "community services" problem. Continued police responsibility for this "medical" job produces conflict with role expectation and preference.

> (2) <u>There are marked differences in role orientation among the therapeutic jurisdictions towards the task of removing public inebriates from the street. St. Louis Police have the greatest degree of law enforcement role orientation and experience the greatest conflict in handling public drunkenness. On the other hand, officers in the District of Columbia experience role conflict to a lesser degree than officers in the other therapeutic cities.</u>

While officers in therapeutic cities have a more negative role orientation to the task of processing the public inebriate by legally designated means than do their criminal counterparts, there are some important variations between the therapeutic cities. The extent to which role conflict will result from decriminalization then may be expected to vary depending on the character of the police department.

The St. Louis police department, for example, emerges from this study as a rather hard nosed, law enforcement oriented police department. Indeed, the SLPD has always emphasized the quality arrest, perhaps because of the city's high incidence of major crimes. In any case, non-action or informal handling has characterized the police street response to minor crimes.

The officers in the SLPD manifested a law enforcement orientation to a greater degree than officers in any other

jurisdiction, although only the difference from Washington, D.C., was statistically significant. Also, St. Louis officers produced the highest level of agreement that it is hard to remain idealistic (IDEAL) in the police department, differing significantly from both Houston and the District of Columbia.

This disposition is critical in light of the finding that St. Louis police officers showed greater agreement with the proposition that removing public inebriates from the streets makes the police officer too much of a social worker (SOCWORK) than any other jurisdiction, and the differences were statistically significant, except for Minneapolis. Similarly, SLPD officers disagreed to a greater extent than officers in other jurisdictions that police are an appropriate APPROP) agency to handle the task of removing the public inebriate. Again, only Minneapolis' mean score was not statistically different. The attitudinal basis for refusal to process a public inebriate to the St. Louis Detoxification Center is clearly present.

As indicated, the officers in the District of Columbia differed significantly from St. Louis in their adherence to the law enforcement orientation. This is important in light of the finding that officers in the MPDC do not experience the same role conflict as their counterparts in the other therapeutic jurisdictions. Role expection does not appear as serious an internal impediment as in the other cities.

Two reasons may be suggested for this lesser role conflict in the District. First, the MPDC, compared to

departments of similar size, has a long history of high formal intake rates for public inebriation and, despite the significant decline accompanying decriminalization, this remains true. There are still some 10,000 public inebriate police cases handled by Detox annually. Second, the MPDC has a high ratio of "new officers" (e.g., racial minorities, women) that are considered by most students of police behavior to be more community service-oriented than the traditional officers.

c. Peer Variable

(1) While police officer in therapeutic jurisdictions perceive their peers as having a negative attitude towards the task of removing inebriates from public places, this attitude is not present in criminal jurisdictions. In fact, officers in criminal jurisdictions perceive a positive orientation on the part of their fellow officers towards the job. To the extent that officers respond to cues from their fellow officers, it follows that there is a strong disincentive introduced when a jurisdiction decriminalizes.

We had expected that officers in all jurisdictions would perceive their peers as having a negative orientation towards the task of handling public inebriates but that this negativism would be significantly greater in decriminalized jurisdictions. While the latter expectation was proved correct, the former did not. The difference between the jurisdictional categories was far greater than we had anticipated--officers in criminal jurisdictions generally perceived a positive response to the job from their peers. This suggests that law enforcement officers dealing with a "crime" or "crime prevention" do respond very differently than their counterparts dealing with

a "medical" problem, or at least, are perceived as responding differently. In any case, the negative incentive is clearly present in the decriminalized jurisdictions which is not present in criminal model jurisdictions.

While officers in therapeutic jurisdictions disagreed with the proposition that fellow officers do not mind removing inebriates from public places, officers in criminal jurisdictions unexpectedly agreed. The difference was statistically significant.

Similarly, officers in criminal jurisdictions perceive their partners as having a more positive orientation towards the job of removing public inebriates to a significantly greater degree than their counterparts in therapeutic jurisdictions. We did not find the general view that partners view the job as unimportant that we had expected. The differences between the jurisdictional categories was greater than expected.

There was unexpected general disagreement in all jurisdiction with the statement that veteran officers view the handling of public drunkenness as a waste of time. Apparently the veteran officer is not as hostile to the task as expected. In any case, the more significant finding is that officers in criminal jurisdictions perceive veteran officers as having a positive orientation towards the task to a significantly greater extent than do officer in therapeutic jurisdictions. Veteran officers are in a position to provide informational and power incentives/disincentives to newer officers.

The peer variable then, is a valuable tool for distinguishing attitudinal predispositions in the two classes of jurisdictions. All three indicators of the peer variable, point in the same direction. A negative orientation among peers is perceived to a significantly greater degree in the therapeutic jurisdictions. Given the recognized importance of peer communication of incentives-disincentives in influencing the formation of one's own attitudes and one's behavior, the disincentive towards task performance accompanying decriminalization retards implementation of any legal mandate of full enforcement.

> (2) In St. Louis, peer influences appear to be especially important. The perception of police officers regarding the attitudes of other officers towards the task of handling public inebriates provides a negative attitudinal predisposition towards the job.

The case studies of three therapeutic jurisdictions did not produce any marked findings regarding the peer variable with the exception of St. Louis. As already indicated above, the SLPD emerges from this study as a strong law enforcement oriented department deemphasizing problems such as public drunkenness. This characterization is reinforced by the findings on the peer variable.

Fellow officers in the SLPD were perceived as objecting to the task of removing intoxicated persons from public places to a significantly greater degree than in any of the other jurisdictions. Similarly, there was greater agreement within the Department that veteran officers consider the job of

handling public inebriates to be a waste of time than in the other jurisdictions. And, the SLPD officers perceived their partner as considering the task as unimportant, differing significantly from both criminal jurisdictions.

Neither of the other two therapeutic jurisdictions produced similar significant differentials. There seems to be an expecially strong bias in the SLPD towards this low priority.

d. Strategic Environment Variable

(1) Police officers in all jurisdictions share the attitude that institutions charged with handling public inebriates release the inebriate too quickly. This reaction is significantly greater in therapeutic jurisdictions. This more pronounced bias against the public institutions with which the officer must work produces still another disincentive to formal processing in decriminalized jurisdictions.

Interviews with police officers in all jurisdictions produced the common complaint against the rapidity of turnover for public inebriates. They constantly see the same faces back on the street, even when they had just recently removed the inebriate and sent him to an appropriate facility.

This complaint was especially prevalent in the therapeutic jurisdictions where the inebriate is delivered to a detoxification facility for a stay of two to seven days. Apparently, some inebriates are released immediately upon sobering up, which may be a few hours. On the other hand, criminal arrest is often followed by a jail sentence, at least for the chronic offender (more specifically, often the skid row chronic offender), thus removing the inebriate from

the streets for a longer duration. Even in criminal jurisdictions, however, complaints are prevalent that prosecutors won't prosecute drunkenness cases and courts are more frequently releasing those arrested. Court diversion of the inebriate to private alcoholism-treatment groups may provide part of the explanation.

The questionnaire did produce general agreement in all jurisdictions that the inebriate was being processed too quickly. This response was significantly greater in the therapeutic jurisdictions. Coupled with the negative role orientation towards the task and the negative perception of peer attitudes, the basis for non-action or informal disposition is strengthened.

> (2) The negative reaction in therapeutic jurisdictions towards the rapidity of turnover of the public inebriate by the public institutions charged with handling him is only part of an overall negative reaction to the public health treatment subsystem. Negative reaction to the detoxification center and its personnel is common among police officers in decriminalized jurisdictions.

The disdain for the speed with which public inebriates are returned to the streets was common in all three decriminalized jurisdictions. It was most intense in the District of Columbia where the turnover appears to be especially rapid. But even in Minneapolis and St. Louis where the prescribed stay is supposedly longer, the perception of excessive quickness in release is shared.

But this is only part of the negative reaction of the officers to the detoxification centers and their personnel.

There was general acceptance, with no statistical differences among the therapeutic jurisdictions, that the Centers returned inebriates to the streets without really helping them. Indeed many officers interviewed expressed the belief that inebriates were better off physically under the former criminal system since the forced detention at a workfarm assured that they would dry out and be physically rehabilitated. Given the fact that detox is often sold to the public and the police in rehabilitation terms, rather than short duration helping, the officers response indicates that they perceive the centers as failing in their objective. Seldom was any information incentive present designed to challenge these perceptions.

Another common criticism was the frequency that the officers found the detoxification center filled. The centers generally, with the exception of those located in major hospital facilities (e.g., Salem, Oregon, where detox is in the state hospital complex) have very limited capacity. If a full enforcement policy was implemented by the police or even if police admissions were to increase significantly, it is doubtful that the centers could handle the influx. The problem is complicated by the sporadic character of the demand. On weekends, the Centers often fill early and no beds are available. At certain times of the month, usually when welfare checks arrive, the Centers again are overflowing. At other times, beds are readily available. But the street problem cases don't stop when the detoxification center

fills--what is the police officer to do then?

In St. Louis, the problem with the Center being filled arose almost from the outset since the Center was smaller than desired because of financial difficulties. When bed space was increased the problem eased. More recently however, the bed problem seems to have intensified. With the influx of voluntary admissions, the police report finding the Center frequently filled. It is interesting to note that the arrest rate in St. Louis has shown some recent increase coincident with the sharp upturn in voluntary cases, although it is too early to make any real assessment. In any case, police regulations provide that if detox is filled, criminal arrest and prosecution is the appropriate option. It hardly seems desirable to have the treatment of the police case public inebriate (usually the "homeless man"), the use of the criminal sanction, turn on such considerations.

Another common complaint among police officers interviewed was the attitude of treatment personnel towards the hard core case and especially those chronics who tend to leave the Center against medical advice. Many detox centers maintain lists of persons who they refuse to accept. This is often justified by the lack of bed space--why use the limited facilities available for those beyond help when there are others who might be aided. This is especially prevalent where the rehabilitation goals are emphasized--detox is only a step in the treatment process.

But the police officer isn't able to make such choices under the law. Hard cases are often the very cases most requiring police intervention and formal disposition. What is the officer to do with the hard case that detox won't accept when criminal handling is no longer appropriate? Detox refusal to admit such persons adds to the resentment of the officer towards the medical subsystem and his forced involvement with it.

(3) Officers situated in police districts on precincts have the highest concentration of public inebriates experience these negative attitudes to the treatment centers more intensely than officers elsewhere in the decriminalized jurisdiction.

While officers in the decriminalized jurisdictions share the negative response to the medical subsystem, and the detoxification centers in particular, there are interdistrict variations within the jurisdictions officers in the high intensity drunkenness areas where the problem is most visible and most acute, articulate the bias more intensely.

In all three therapeutic jurisdictions, for example, officers in the heavy concentration police districts responded that detox returns inebriates to the street too quickly to a significantly greater degree than their counterparts in the other police districts. Regardless of the validity of the attitude, its commonality among those most affected by the police responsibility for pickup and delivery is a matter of concern.

The greater intensity of the negative bias towards the medical subsystem is also indicated by another questionnaire

finding in St. Louis. The perception that the detox center was "no help" to the inebriate was significantly greater in the high concentration Fourth Police District. Yet this is the police district that produced over half of the public drunkenness arrests prior to the diversion program and which remains the principal area for public drunkenness.

> (4) Police officers in criminal and decriminalized jurisdictions alike generally possess a negative view of the public inebriate which increase the reluctance to intervene in public drunkenness cases. In criminal jurisdictions, however, the officer perceives the drunkenness situation as more serious in order to justify his/her intervention as a law enforcement officer. This countervailing impetus supporting action is not present in a decriminalized jurisdiction. By removing this justification for intervention, decriminalization removes an incentive to intervene.

Interviews with police officers left little doubt that they perceive the public inebriates in a highly negative way. They are reluctant to touch them, handle them and carry them in their vehicles. Frequently, they will be hostile to the officer, verbally or even physically. In observing a police van sweep of public inebriates in San Francisco, we noticed a number of the officers wore gloves when handling the inebriates. Officers in all cities commented on the presence of filth, lice, urination etc. In participating in police ride-alongs, we observed the verbal abuse an officer undergoes, the physical difficulty of handling an inebriate, the occasional flailing arms striking an officer (often more common among blue and white collar and upper class inebriates than the skid row case).