

Looking toward the future...

The Municipal Department of Health and Human Services, Cook Inlet Tribal Council and the Alaska Mental Health Trust Authority have joined together to produce a study of substance abuse treatment facilities, gaps in services and system changes necessary not only to manage the problem but to treat and reduce it as well. The goal of the study is to provide recommendations for improved service delivery through innovative best practices, as well as a phased plan for achieving these objectives.

Addressing this problem will involve:

1. keeping chronic public inebriates safe and easing their suffering;
2. providing a path out of the cycle of alcohol abuse;
3. saving tax-payer dollars by reducing police, fire department, and emergency room costs.

Anchorage remains compassionate and committed to those individuals impacted by alcohol abuse, and dedicated to being part of the overall solution. To find out more about the Public Inebriate issue in Anchorage contact the Human Services Division of The Department of Health & Human Services at 825 L Street (907-343-6730) or the Administrative Services Division of the Anchorage Fire Department.



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Chronic Public Inebriates in Anchorage

A current perspective

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*"The true measure of a society
is how it treats its weakest and
most vulnerable members."*

~ Mahatma Gandhi ~

A Snap Shot of the Problem

The Public Inebriate problem in Anchorage has existed for decades. It takes a horrendous toll on individuals, families and community life. In addition, homeless alcoholics with long-term severe alcohol dependencies are heavy users of the tax-payer funded public health, emergency service (EMS), and criminal justice systems.

Study after study confirms that a very small number of people, i.e. 200-300 individuals, comprise the core group of chronic inebriates that can seriously impact community resources.

This pamphlet is designed to provide a “snap shot” of the problem. The chronic and repetitive nature of this complex issue, as well as the extraordinary impact on the community generated by such a small group, begs consideration. However, in spite of studies and plans going back almost 30 years in Anchorage, the solution remains elusive. And while the current network of services helps to keep public inebriates from sleeping and dying on our streets, these services also remove them from public view, thereby hiding the magnitude of the problem and diminishing the impact on the public consciousness.

Current System of Care

Alaska Statute 47.37, the Uniform Alcoholism and Intoxication Treatment Act, authorizes a voluntary and involuntary continuum of treatment for substance abusers. Primary care in Anchorage consists of the Community Service Patrol (CSP), which transports intoxicated individuals to the Transfer Station (TS), a safe “sleep-off” shelter, and/or to a hospital for medical care. An Emergency Medical Technician is on staff at the Transfer Station 24/7. The CSP/Transfer Station is run by Purcell Services under contract to the Municipality of Anchorage (MOA). The contract is managed by the Anchorage Fire Department (AFD).



The Municipal Department of Health & Human Services over-see the *Pathways to Sobriety* Program, an outreach and case management project designed to help willing individuals enter and successfully complete multiple community DETOX and treatment services.

Despite these efforts, we continue to achieve little more than holding the problem at bay.

Magnitude of Problem

In 2006, the Transfer Station provided 19,017 person-visits, or safe “sleep-offs.”

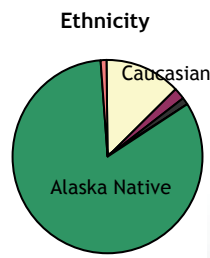
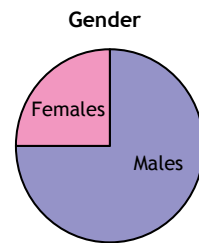
Many individuals were repeat users; a total of 3,036 people were served.²

Five percent of users, or 162 individuals, were responsible for more than half of the annual visits (n=9,530). On the other hand, over one half of Transfer Station users (1,690 people) visited only once.



Frequency of TS Use by Individuals, 2006	
# Visits / Person	# Individuals
201+	1
151-200	4
101-150	10
51-100	58
21-50	165
11--20	143
5--10	272
2--4	693
1	1,690
Total	3,036

Who are the Chronic Inebriates in Anchorage?

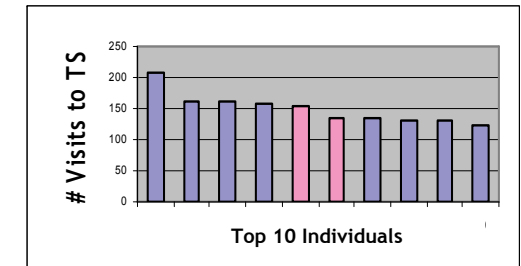


- 75% male; 25% female
- Males account for 81% of TS visits; females for 19%
- Mean age for both = 42
- 89% of females, and 76% of males, are born in Alaska
- 83% are Alaska Native/ American Indian; 13% are Caucasian; 2% are Black; 1% are Hispanic and 1 % are Other.
- A higher percentage (90%) of women are Alaska Natives.

² All demographic and TS use data is from the MOA CSP/TS Database

Most Frequent Users

The ten most frequent users of the Transfer Station logged in between 124 and 206 times per person in 2006. These individuals are predominantly male (80%), Alaska Native (90%) and tend to be older (mean age = 52 years) than the average user. Their intake Brac, or breath alcohol, averaged 0.247, compared to 0.230 for all other users. In 2005 and 2006, these ten people alone accounted for 185 EMS responses.



Community Costs

Other emergency services become involved with this population. In addition to CSP transports, the Anchorage Police Department (APD) delivered individuals to the TS 2,925 times in 2006. And whenever APD gets a “man down” call (which may be someone sleeping on the ground) it supersedes other dispatches, including suspected robberies, rapes etc. In addition, AFD sent an ambulance to the TS 168 times in 2006, during which time it was unavailable for other emergencies.

Exact costs to society are difficult to calculate; the figures below primarily reflect charges tracked through TS data and hence represent minimal totals.

2006 Community Costs	
CSP/Transfer Station	\$1,342,738 ³
<i>Pathways to Sobriety</i>	\$651,941 ⁴
Anchorage Police Department	\$424,098 ⁵
Ambulance Services (AFD)	\$267,000 ⁶
Hospitals	\$1,206,643 ⁷
DOC	\$96,186 ⁸
Total	\$3,988,606

Sources: 3 & 4—DHHS; 5—APD; 6—AFD for # responses to TS x \$1000 [est. cost per trip]; 7—# transports to the emergency room by AFD + CSP x \$1811 (the average charge for 26 ER visits by 2 clients to Providence Hospital in 2006); 8—#releases from TS to jail + DOC # for non-crim x \$121.60/day.