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ST. LOUIS DIAGNOSTIC AND DETOXIFICATION CENTER: AN EXPERIMENT IN NON-CRIMINAL PROCESSING OF PUBLIC INTOXICANTS

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I. BACKGROUND

The task of handling the public drunk is faced by every police department in this country. As indicated by a national total of over 2,000,000 arrests for public drunkenness (almost 40% of the total nontraffic arrests), this task consumes a large portion of total police time and produces a significant burden upon the functioning of other criminal justice agencies.[1] That dealing with the public intoxicant remains largely the exclusive concern of the criminal justice system is

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1 Six recent editions of the F.B.I. Crime Reports list the following figures:

1961 1,504,671 arrests
1962 1,593,076 arrests
1963 1,514,680 arrests
1964 1,458,821 arrests
1965 1,535,040 arrests
1966 1,485,562 arrests

Adjusted to reflect data from non-reporting jurisdictions, the 2,000,000 figure is a reasonable estimate. *See* PRESIDENT'S COMMISSION OF LAW ENFORCEMENT AND THE ADMINISTRATION OF JUSTICE, TASK FORCE REPORT: DRUNKENNESS (1967) [hereinafter cited as DRUNKENNESS REPORT].

more a result of tradition, resort to expedient methods and indifference on the part of other agencies, than of any notion that the intoxicated man is a criminal deserving punishment.[2] Despite this, many drunkenness arrests result in conviction and criminal penalty.

The drunkenness laws are seldom enforced uniformly. The police prefer to handle middle and upper class intoxicants through informal means such as transporting them to their home. On the other hand, arrest and criminal prosecution are commonplace in lower class, and especially, Skid Row sections of a city.[3] In non-Skid Row areas, handling the publicly intoxicated resident is regarded as a sidelight, an insignificant and bothersome protective task. In Skid Row areas, enforcement of the drunkenness laws is frequently the primary job of a specialized squad of officers, and represents the most visible and extensive system of providing social services and controlling the men. One study of police operations on Skid Row characterized these laws as virtually the only law that the Skid Row man knows.[4]

This differential enforcement has been explained as resulting from the fact that there is no way other than an arrest to protect the Skid Row drunk.[5] Although the explanation is certainly more complex, this statement does emphasize one important factor about the enforcement of the drunkenness laws. The purpose behind the enforcement of these laws is not found in the common criminal law rhetoric of deterrence, punishment, of even rehabilitation.

Thus, what is commonly referred to as the "public drunkenness problem" is best understood in its Skid Row context.[6] Although the

2. The typical drunkenness statute contains two elements: the fact of the actor's intoxication and the intoxicant's presence in a public place. *See, e.g.*, ARK. STAT. ANN. § 48-943 (1947); IND. ANN. STAT. § 12-611 (Burns 1956). The numerous variations on this theme include requirements of "loud and boisterous" or "disorderly" conduct accompanying the intoxication. CODE OF ALA. tit. 14, § 120 (1959); GA. CODE ANN. § 58-608 (1965). Occasionally, public intoxication is defined as disorderly conduct. CHICAGO CITY COUNCIL J. 2562 (1969).

3. This differential enforcement may have been the original intention in enacting the drunkenness statutes. In any event, the "public place" requirement produces a de facto focus on lower class drinkers who are less able and less inclined by cultural norms to confine their drinking to private places. ALCOHOLISM AND DRUG ADDICTION RESEARCH FOUNDATION OF TORONTO, REVOLVING DOOR: A FUNCTIONAL INTERPRETATION 1 (1966). With respect to enforcement patterns, see W. LAFAVE, ARREST 109 & n.29 (1965); LAW ENFORCEMENT IN THE METROPOLIS (D. McIntyre ed. 1967).

4. Note, *The Law on Skid Row*, 38 CHI.-KENT L. REV. 22 (1961). Concerning the relationship between the drunkenness laws and other vagrancy-type crimes, *see* Foote, *Vagrancy-type Law and Its Administration*, 104 U. PA. L. REV. 603 (1956).

5. W. LA FAVE, ARREST 109 (1965).

6. There have been a number of published articles discussing the enforcement of these laws.

policies followed and the level of enforcement vary, several concerns reoccur among the jurisdictions. Arrests of non-disorderly, but usually intoxicated, derelict men allegedly provide the men with a brief respite from the extended drinking which can be one facet of a Skid Row way of life. In some cities, enforcement practices establish the jail as a substitute for non-existent municipal shelter facilities providing the men with free housing for one night.[7] Additionally, they deal with medical problems of the men and serve the law enforcement concern of protecting them from the possibility of violent assault and robbery. Often the arrests are employed primarily to service a perceived community concern to remove the unsightly derelict men from the sight of the "normal" populace, and these pressures can lead to an extremely high arrest rate.[8]

Intra-system pressures are important in shaping enforcement policy. Each criminal justice agency must allocate scarce resources according to its own priorities. There is substantial feedback among the agencies—the arrest process is influenced by court procedures and the facilities available at the jail.[9] Also an element of irrationality is injected in that policies and procedures often reflect traditional approaches in the jurisdiction, rather than continuing re-assessment of fact.

Despite some arguably laudible motives, the criminal process provides no more than minimal, temporary assistance. Arrests are processed on a mass basis, frequently as a result of the operations of a specially designated "bum squad". The arrestees are herded into cells with inadequate size and almost no facilities to treat the medical and other problems that arise. Long before the men are led into the courtroom, the cells become filthy and permeated with the stench of

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See, e.g., SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH, PUBLIC DRUNKENNESS IN SOUTH CAROLINA (1968); Hutt, *The Changing Legal Approach to Public Intoxication*, 31 FED. PROB. 40 (1967), Hutt, *Modern Trends in Handling the Chronic Court Offender: The Challenge of the Courts*, 19 S.C L. REV. 305 (1967); Miller, *Arrests for Public Intoxication in Cleveland*, 3 Q.J. OF STUDIES ON ALCOHOL 38 (1942); Nimmer, *Public Drunkenness: Criminal Law Reform*, 4 VAL. U L REV. 1 (1969); Stern, *Public Drunkenness: Crime or Health Problem?*, 374 ANNALS 147 (1967)

7 *See* Note, *The Law on Skid Row*, 38 CHI-KENT L. REV. 22 (1961); R. Nimmer Enforcement of Vagrancy-type Laws in Chicago (unpublished manuscript 1969).

8. This situation obtained in Washington, D.C., prior to a disruptive Appellate Court ruling. PRESIDENT'S COMMISSION ON CRIME IN THE DISTRICT OF COLUMBIA, TASK FORCE REPORT: DRUNKENNESS (1967).

9. *See* Murtagh, *Status Offenses and the Law*, 36 FORD. L. REV. 51 (1967); Murtagh, *Arrests for Public Intoxication*, 35 FORD. L. REV. 1 (1966).

dried blood, sweat and vomit. The court procedure is also based on a mass production model. Aided by a large number of guilty pleas, it is not uncommon for over 100 men to be processed in less than one hour. Little attention is paid to the niceties of due process requirements.[10]

At its best, the procedure is a stop gap measure, filling the void left by a failure of other social help agencies to meet the needs of the men. Recidivism rates demonstrate that no more than short-term help is provided. Nevertheless, the cost of processing these arrests is immense. In Chicago the annual cost of processing over 50,000 derelict-drunk arrests is estimated at over $750,000.[11] Further, the social cost of the burden placed upon the police and the lower criminal courts, and the impact upon respect for criminal justice resulting from the perverted, mass production accommodation to the arrest and re-arrest process is inestimable.

In recent years, the propriety of delegating this task to the criminal justice system has been much discussed.[12] The commentators invariably suggest that the criminal label be discarded. Although there is some disagreement,[13] most commentators go from this position to suggest that alternative programs be developed to replace the criminal process. The clear trend, embodied in the recommendations of a Presidential Commission and an AMA-ABA Committee, is toward the notion that the criminal process should be replaced by "civil detoxification systems." This article discusses the results of an American Bar

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10. Although there are few acquittals, there are indications that many of the arrested men are not intoxicated at the time of their arrest.

> On the basis of the Breathalyzer Test, only 73% were actually legally intoxicated. . . . Others were apparently picked up because of their gait which was unsteady due to other reasons, such as severe malnutrition. . . . Still others may have been captured accidentally.

PHILADELPHIA DIAGNOSTIC & RELOCATION SERVICE CORPORATION, ALTERNATIVES TO ARREST 15 (1967). *See also* REPORT OF THE ALCOHOL PROJECT OF THE EMORY UNIVERSITY DEPARTMENT OF PSYCHIATRY 10 (1963).

11. The annual cost of processing over 40,000 arrests in Washington, D.C., was estimated at over $3 million. PRESIDENT'S COMMISSION ON CRIME IN THE DISTRICT OF COLUMBIA, TASK FORCE REPORT: DRUNKENNESS 485 n. 57 (1966).

12. In addition to the previously cited articles, *see* F. ALLEN, THE BORDERLAND OF CRIMINAL JUSTICE 7-9 (1964); E. LISANSKY, THE CHRONIC DRUNKENNESS OFFENDER IN CONNECTICUT (1967); MINNESOTA COMMISSION ON LAW ENFORCEMENT, MISDEMEANANT OFFENDERS (1968); UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE, THE COURT AND THE CHRONIC INEBRIATE (1965); Hutt, *Recent Forensic Developments in the Field of Alcoholism*, 8 WM. & MARY L. REV. 343 (1967); H. Mattick & R. Chused, The Misdemeanant Offender (unpublished, University of Chicago Center for Studies in Criminal Justice, 1967).

13. H. PACKER, THE LIMITS OF THE CRIMINAL SANCTION 345 (1968).

Foundation study of the oldest and the most widely publicized detoxification program, the St. Louis Detoxification and Diagnostic Center for Intoxicated Men.[14]

The results of this study are significant on two levels. First, and most obvious, the study provides a means to evaluate the impact of the St. Louis program. Second, the problems and achievements of the St. Louis program provide a base from which to speculate concerning the concept of replacing criminal laws with civil detoxification systems.

II. DETOXIFICATION CONCEPTUALIZED

The detoxification concept involves the creation of a medically-oriented facility to which public intoxicants are taken.[15] The facility resembles a hospital in terms of the medical services available, except that serious ailments are referred to other hospital facilities. The detoxification center focuses upon the diagnostic process and care for minor ailments. Although the detoxification center may accept walk-in patients, the system is designed primarily to service men who are brought in either by the police or by a special civilian squad. The patient is held at the center for only a few days and, in addition to medical care, may receive vocational or therapeutic counseling and referral to long-term treatment or residential facilities.

It is possible to identify five objectives of the new system. First, by removing the criminal label and inserting a civil procedure, the new system seeks to avoid the stigmatizing effect that the criminal law allegedly has and which supposedly serves as a block to rehabilitation. Although this aspect is frequently emphasized, there is evidence that the criminal system has little stigmatizing impact upon Skid Row offenders.[16] Extensive research concerning the attitudes of the men involved is needed to assess the extent to which the relabeling represents a social gain, but such an effort was beyond the scope and the resources of our research.

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14 Although this study was supported by the A.B.F. with funds from the Ford Foundation, the conclusions stated herein are those of the author and do not represent the official position of the Bar Foundation or of Ford. Much of the following discussion is based upon observation of police practices during the summer of 1969 and confidential interviews with various participants in the system.

15 DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH, DETOXIFICATION CENTER OPERATING PROCEDURES (1968); DRUNKENNESS REPORT 4-5, 50-58.

16 *See* Amir, *Sociological Study of the House of Correction*, 28 AM. J. CORR. 20 (March-April 1966), Rubington, *Failure as a Heavy Drinker: The Case of the Chronic Drunkenness Offender*, SOCIETY, CULTURE AND DRINKING PROBLEMS 146 (D. Pittman & C. Synder eds. 1962).

Second, the new facility provides "more appropriate, humane and sanitary" shelter for the men than is typically found in the "drunk tank" of the jail. Under the criminal process the conditions of the drunk tank frequently are deplorable, but in comparison to many of the other shelter services available to the man or to the prospect of spending a hazardous night on the street, the jail often appears to the arresting officer as the preferable alternative.[17] By providing a more aesthetically pleasing environment the choice of the officer is more clear cut.

Third, the new facility makes expert medical help available to the men. Physical deterioration, latent medical illness and emergency medical needs are characteristic of the Skid Row men who become involved in the arrest process. Often the obvious medical debilitation of the man is the primary motive for arrest. Nevertheless, no medical care is available at the local jail and many deaths occur and serious illnesses go undetected.[18]

Fourth, the system reduces the burden on the criminal agencies resulting from processing the large number of drunk arrests. The need to divert resourses to processing these essentially non-criminals allegedly hinders effective handling of more violent crimes and criminals. Also, the new system is expected to reduce the overall drain upon the public treasury.

Fifth, the system introduces the potentiality of rehabilitative therapy or referral.[19] Rehabilitation here is loosely defined to include vocational, residential, drinking and psychiatric improvement. This is the only one of the objectives which is not one of the justifications advanced for the arrest of the men under a criminal charge. It is a clear departure from the essentially short-term concerns of the criminal agencies, and it represents, to a limited extent, the notion that the ultimate goal of any system relating to the derelict men is to achieve their rehabilitation. There are variations among the programs concerning the extent of emphasis upon rehabilitation therapy which show up in the number of days that the man is held at the Center, and the extent to which referral or in-house care is the primary

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17. Observations of a research team from Toronto suggest that the repeated incarceration serves to enhance, noticeably, the physical condition of the men. J. OLIN, THE CHRONIC DRUNKENNESS OFFENDER: PHYSICAL HEALTH 62 (1968).

18. PRESIDENT'S COMMISSION ON CRIME IN THE DISTRICT OF COLUMBIA, TASK FORCE REPORT: DRUNKENNESS 475-78 (1967) 16 deaths in 1964-65 in Washington, D.C.).

19. H. Mattick & R. Chused, The Misdemeanant Offender 37 (unpublished, University of Chicago Center for Studies in Criminal Justice, 1967).

rehabilitative tool. None of the operating detoxification programs challenges the assumption that rehabilitation is a proper goal.[20]

There is a significant divergence of opinion concerning the preferable method of bringing the men into the program. All of the programs recognize the necessity of seeking the men out on the street. Although a few detoxification programs utilize "civilian rescue teams" to pick up the men, most of the programs retain the police as the primary intake agency.[21] When the patient's contact with the program is initiated by civilian rescue teams the entire process is voluntary. When patrolmen are used the voluntary nature of the system is uncertain and a critical question of state power is presented which has seldom been subjected to debate.[22]

III. THE STRUCTURE OF THE ST. LOUIS PROGRAM

A. *Physical Characteristics.*

With these comments as background, we turn our attention specifically to the St. Louis detoxification program. The St. Louis

20 *But see* Morris & Hawkins, *The Over-reach of the Criminal Law*, 9 MIDWAY 1, 9 (1969).

21. *See* DRUNKENNESS REPORT 58-65 (description of the Vera Justice Foundation's Bowery Project).

22. Although it is beyond the scope of this article to explore fully the doctrinal problems involved in the police-initiated systems, a few comments are appropriate. Where the system is structured to compel the man to enter and remain at a treatment facility it appears as a variant of civil commitment for mental illness, but it is based solely upon a police pick-up without intervening court adjudication. The questions of establishing sufficient criteria and of the ability of a patrolman to apply those criteria are crucial.

There are, apparently, two current theories of action. The first is to justify the pick-up under a public health law, severely limiting the number of days that the man is held at a detoxification center *See* D.C. Alcoholic Rehabilitation Act of 1967, D.C. CODE ANN. § 90-452 (Supp. 1968). The second is followed in St. Louis, and involves defining the pickup and detention as "voluntary," giving the intoxicated man an "on-the-street" choice between criminal charges and transportation to the detoxification center. During the stay at the center, the criminal charges are held in suspension with the threat, seldom enforced, that they will be re-instituted if the man leaves the program prior to completing the prescribed term. If a seven-day confinement would be invalid without the voluntary label, this arguably represents an illustration of the state using threats to accomplish indirectly what it cannot do directly. Also, it is questionable that the intoxicant can make a reasoned decision while drunk, and it is likely that the wishes of the authority figure (patrolman) would be a strong influence.

A final observation is that the justification for any pick-up operation varies according to the goals of the system. Where the goals are short-range, the pick-up function performs an emergency care role. There are arguments that this can be justified under common law grounds. However, where rehabilitation is the primary purpose of the program, the pick-up process serves to encourage "unmotivated" derelict men to enter a treatment program. The encouragement can often become indirect coercion which must be justified on grounds similar to those established for civil commitment for mental illness. In most programs, both goals are present and the justification for pick-up is a combination.

program was the first operative detoxification system in the United States. It was initiated in late 1966 with the help of a demonstration grant from the U.S. Office of Law Enforcement Assistance. The idea for the center came through the combined efforts of several local experts in the field of alcoholism treatment and members of the St. Louis Metropolitan Police Department. The program budget is in excess of $200,000 per year, and it is designed to handle a maximum of 1,600 cases per year.[23]

The St. Louis version of the detoxification system involves a seven day stay at the treatment center. Intoxicants are picked up from the street during the normal patrols of the St. Louis police. Only men brought in by the police are accepted for the program. The procedure requires the officer to inquire whether the arrested person wishes to be taken to the detoxification center.[24] This choice has been labeled "voluntary or else."

During the first year of operation of the detoxification system, the center was located in the St. Mary's Infirmary. This facility was centrally situated with respect to the areas of the highest incidence of drunkenness arrests, and it proved to be a convenient location for the police officers. However, after the Justice Department grant expired, the facility was faced with a monetary crisis.[25] Eventually, funding was obtained from a state agency, on the condition that the center would be moved out of the infirmary and into a state operated facility. This new location was far removed from the locale of the most drunkenness

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23. ALCOHOL, ALCOHOLISM AND LAW ENFORCEMENT 35-45 (D. Gillespie ed. 1969); St. Louis Metropolitan Police Department, Application for Grant 5 (1966) [hereinafter cited as Application].

24. A police officer, upon observing an intoxicated individual who by reason of his condition may prove to be a danger either to himself or others, will detain the individual and convey him to the Detoxification Center . . . when:

> 1. There are no other criminal charges against the individual;
> 2. No signs of injury . . . ;
> 3. No complainant wishes to pursue the incident as a prosecuting witness, or
> 4. The intoxicant does not indicate a wish for a trial or legal representation.

Upon arrival at the Center the officer will prepare a City Court summons on the charge of "Public Drunkenness." At this point the officer will release the individual to the custody of a member of the Center's staff. After the subject is admitted his stay is purely voluntary.

. . .

If the intoxicant leaves the Center prior to medical release by the physician, the summons will be processed.

Letter from G. Gaertner, Associate City Counselor to Chief of Police Broston, July 11, 1966.

25. These problems and the eventual solution are discussed in newspaper articles reprinted as supplements to the Quarterly Reports of the Project.

arrests, and this move had some severe effects upon the functioning of the system which are discussed later.

Although billed as a "sobering-up station," the St. Louis center is tied quite closely to an effort to rehabilitate the Skid Row men.[26] A basic premise for establishing the new system was that "the St. Louis Metropolitan Police Department believes that the chronic police case inebriate is salvageable. . . . it proposes to establish a sobering-up station for rehabilitation of some of the offenders."

> [T]he St. Louis police department plans to utilize the detoxification center in order that chronic inebriates may be detoxified, built up physically, and exposed to an alcoholism treatment mileau at the center. Furthermore, they will receive counseling concerning their employment potential with a referral to the appropriate community agency as well as a followup. Those individuals who may need retraining will be counseled and referred appropriately for the necessary rehabilitation. It is believed that this exposure through the multidisciplinary team and the mileau at the center will have an effect upon each patient. . . . This technique should have an impact upon his chronicity, and serve as an impediment to the "revolving door" process of arrest, jail, release, intoxication, re-arrest, and jail again.[27]

Thus, the system attempts to meet rehabilitative objectives both by providing therapy during the patient's stay at the center and by providing appropriate referrals to aftercare agencies.

B. Target Population.

It is not possible to attempt to evaluate, or even to discuss, the performance of the St. Louis program in the absence of a more precise definition of what the program seeks to accomplish. There are three possibilities. First, to provide medical, shelter and rehabilitation services to *all Skid Row* types who are in need of these services. Second, to provide these services to *all public intoxicants* in St. Louis who need them. Third, to improve the services that are provided to public intoxicants who would otherwise be processed through the criminal system.

There is no evidence in either the literature or the statements of the project personnel to indicate that the center was designed to deal with

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26 *Compare* St. Louis Globe-Democrat, May 24, 1966, at 1, col. 4, *with* V. STRECHER, LAW ENFORCEMENT POLICY DEVELOPMENT SOURCE BOOK A-27 (1968) ("places them in a medical, social and psychological treatment environment.").

27 Application at 10.

the first of these.[28] To do so would have converted the detoxification center into a multi-purpose Skid Row service agency. While there are strong arguments which indicate that this is the only rational course to follow, the purpose of this article is to discuss the St. Louis performance in terms of its own goals.

The evidence is that the St. Louis program adopts the third formulation stated above. Under a sub-heading entitled "Target Groups or Organizations Affected," the application for a demonstration grant states the "primary goal" of the program as involving "the treatment of individuals arrested by the police for being 'drunk-on-street.'" Similarly, under the heading of "need to be met" the application states:

> It has been clearly shown that repeated jailing does not act as a deterrent to the public police case inebriate. . . . It is evident that there is a need to provide medical treatment and rehabilitative services for the chronic public intoxicant and thereby remove him from the "revolving door" of arrest, detention, and incarceration. If this need is met, it will relieve the burden upon the St. Louis Metropolitan Police Department and all other local police agencies confronted with similar problems.[29]

It is clear that this language does not result from the assumption that the pre-existing arrest process identified all or even a large portion of the public intoxicants in the city. The application for a grant specifically recognizes the fact that the rate in St. Louis has traditionally been one of the lowest per capita rates in the country. For example, the St. Louis arrest rate for 1964 and 1965 did not exceed 4,000, while the annual arrest rate in Washington, D.C., a city of similar size, exceeded 40,000.[30]

That this difference did not result solely from a lower number of incidents of public drunkenness in St. Louis is shown by the fact that in St. Louis in 1963 the arrest rate rose to 7,847. This sharp increase was due to two procedural changes within the police department. First, an efficient method of processing the drunkenness arrestees was instituted whereby the arresting officer could call for a specialized van to take the men through the processing stage. Second, departmental

28. This is not to say that there was no recognition by the planners that most of the arrestees are Skid-Row types. Jacobs, *Medical Approach to Handling Drunks*, St. Louis Post-Dispatch, June 26, 1966, at 1, col. 3 ("They are the men who populate Skid Row."). *See generally* D. PITTMAN & W. GORDON, REVOLVING DOOR (1958).

29. Application at 7.

30. *See also* DRUNKENNESS REPORT 2.

orders were issued during 1963 directing patrolmen to increase their diligence in arresting drunken men. It should be noted that although these changes were in effect for only a few months, the impact was enough to more than double the annual arrest rate.[31]

The two changes noted above were coupled with the introduction of an innovative procedure to deal with the medical ailments of publicly intoxicated men. Labeled Code 26, this process requires that drunkenness arrestees be taken to a hospital for examination prior to taking them to a police lock-up. By adopting this procedure and simultaneously directing an increased level of enforcement, the department demonstrated its perception that not only are the medical needs of the public intoxicants significant, but that the low arrest rate fails to reach all of those who need medical help.

Nevertheless, the police were retained, along with their preexisting law enforcement policies, as an intake mechanism, and the new facility was designed in terms of number of beds and length of stay to accommodate no more than the caseload under the criminal system. The new program relied on the police practices to determine both the extent of the "problem" and the people who would be reached by the treatment process. The assumption had to be that the arrestee population was selected on the basis of some criteria bearing a rational relationship to the immediate care and long term rehabilitation objectives of the new system.

The comments of program personnel are obscure as to exactly in what situations the public drunkenness law was being invoked. As the 1963 incidents verify, under the law enforcement policy of St. Louis, neither public intoxication, nor public intoxication accompanied by apparent medical needs describe the arrest criteria. Perhaps the most perceptive comments on this issue were made by David Pittman, a leading figure in the movement to establish the St. Louis detoxification program. He notes that the police, due to processing requirements discussed later in this article, preferred not to arrest any public intoxicants, but preferred to send them home or to their family or friends for care.[32] The implication is that arrests selected out destitute (Skid Row) intoxicants who had neither family or friends nor resources to obtain shelter.

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31. The arrest rates for the following years were: 3761 (1964), 2445 (1965). Arrest data furnished by the St. Louis Metropolitan Police Department.

32. S AUERBACH, HOSPITAL REPLACES THE DRUNK TANK IN ST. LOUIS ALCOHOLISM PROGRAM 3 (1966).

Although accurate, this analysis fails to go far enough. Not all destitute intoxicants were arrested and processed through the formal system. Pittman fails to take full account of the effect of intradepartmental pressures to avoid drunkenness arrests. As we suggest in the next section, these pressures result in arrests initiated only when immediate pressures do not allow the patrolman to ignore the intoxicant, and there is no convenient way of removing the man without arrest. The result is that many intoxicants needing the help of the center are left on the street, and those who are picked up may suffer less from the afflictions of intoxication than from the malady of being in the wrong place at the wrong time.

It might be argued that the program is less concerned with arrest patterns prior to instituting the new system, than with the police activities after the program began operation. Such an argument is based upon the probability that police arrest practices are affected by changes in the type of disposition the arrestee receives. The suggestion is that the police will come to see the new program as desirable for the intoxicants and will structure their arrest criteria so as to make full use of the services available. A comment by a command level officer is relevant there,

> The detoxification center will change the attitude of the police. They know now there is some place to take the drunks for help and to get them out of their hair.[33]

In order to encourage this effect, Dr. Kendis, the co-director of the center, gives a series of lectures on alcoholism and public intoxication to each new class at the policy academy. However, as indicated in the following pages, our research indicates that, rather than recognizing the program as a positive step, St. Louis patrolmen generally are dissatisfied with the new center.[34]

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33. *Id.*

34. The response of the program to allegations that the police operations are selecting out public intoxicants on a different basis than before is founded in demographic statistics of the patients which indicate that they are similar to public drunkenness arrestees in other cities. This, of course, merely verifies that police pick-ups continue to be made from out of the same general category, and says nothing concerning the condition of the men when arrested which is the significant variable for the purposes of the immediate care concerns. *See* ST. LOUIS DETOXIFICATION CENTER, FIFTH QUARTERLY REPORT 16 (1968); V. STRECHER, LAW ENFORCEMENT POLICY DEVELOPMENT SOURCE BOOK A-28 (1967); J. WEBER, FINAL EVALUATION REPORT, ST. LOUIS DETOXIFICATION AND DIAGNOSTIC CENTER (1969) [hereinafter cited as WEBER].

IV. The Impact of the New Program on St. Louis Police Practices

A. Policies Prior to the Detoxification Program.

Appraisal of the impact of the detoxification program requires an understanding of police practices before it was started. The traditionally low St. Louis arrest rate does not result from police perception of the problems of the public drunks as small or infrequently encountered. Instead, it is a function of the influence of tradition and internal department pressures and priorities.

The influence of tradition is found primarily in the atypical reaction of the department to public pressures for clean streets. One factor which seems unique to the St. Louis department is that the formulation of official departmental policy has been substantially unrelated to any public desire to "clean up" the streets by removing the eyesore, derelict drunks. In all other cities visited during our research this was an important determinant of police policy. Part of the explanation for its relative nonimportance in St. Louis is that the derelict men are scattered throughout the city and tend to settle in poor, out-of-the-way areas where the desire for clean streets is not important.

We do not suggest that our research found businessmen, political leaders and others commonly interested in clean streets to be uninterested in having the drunks removed in St. Louis. Most certainly they are not uninterested. Several businessmen interviewed during the summer expressed extreme displeasure about the lack of police interest in removing the drunks. An influential businessman's group is presently considering hiring a special, private force to deal with the public drunk. The political spectrum, apparently also is sensitive about the public presence of these men. During the summer, there were persistent rumors that pressure was being exerted on the police to implement a campaign to remove derelict-drunks from the area surrounding the government buildings. This pressure resulted in 13 arrests for loitering in one day, but was eventually ignored by the police.

The key point here seems to be that complaints to the department are seldom made because, when such demands are entered, the police response, if any, is limited. In other cities studied, the police devote substantial effort to respond to such pressures. Reasons for the apparent independence in St. Louis are that other activities have created substantial good will with the influential citizenry and that the

police are regulated financially by the state, not the city government. Equally important now is a strong tradition of independence which has developed, at least in this area.

The absence of effective external pressure to concentrate on problems of the public drunk permits the department to establish a very low priority for drunkenness arrests, reflecting the belief that the task of a police department should be to focus upon serious or violent crimes.[35] This is implemented through an informally communicated, but nonetheless official, policy of limiting the number of "non-quality arrests" (*i.e.* drunkenness, vagrancy, loitering) that are made by the officers of the department. There are indications that such arrests produce negative intra-departmental evaluations of the officers' work if they become too frequent. Also, several officers suggest that fellow patrolmen look down upon those who make frequent non-quality arrests.

An additional factor which limits these arrests concerns the Code 26 procedure, mentioned above. As initially enacted, this procedure provided a very efficient way of handling the drunk arrest. Although the specialized police vans were later withdrawn, the requirement of taking the arrestee to a hospital was retained. The result was that the processing of a drunkenness arrest took a large amount of time. Police estimates indicate that over 3 hours were required for processing the average arrest.[36] When combined with the departmental characterization of the drunkenness arrest as non-desirable and unimportant, this was a strong deterrent for the use of a formal arrest as a method of dealing with the public drunk.

This does not mean that the St. Louis police invariably ignored the public intoxicant. It indicates only that the formal drunkenness arrest was avoided. Informal methods of handling the drunk were available and frequently used. These procedures included taking the drunken

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35. WEBER 16. Comparing the "tolerant" attitude of St. Louis to other cities, Weber makes the following observation:

> For the year 1965, St. Louis reports a total number of arrests of 44,701 while Washington, D.C. and Atlanta, Georgia, report 86,464 and 92,965 arrests respectively. Now, by deducting all drunkenness, disorderly conduct, and vagrancy arrests . . . one finds St. Louis has a total of 36,262 "quality arrests" as compared to 20,334 in Washington and 21,751 in Atlanta . . . . What is demonstrated here is not a leniency or tolerance for law violations but rather a different set of professional standards as to what constitutes good enforcement.

WEBER 16.

36. Under the efficient processing model, arresting officer time involved an average of 30 minutes. Letter from Lt. James Chapman to G.W. Fahlgren, A.B.F. staff, August 19, 1966.

man to his home, putting him in a cab, driving him off of the patrolman's beat, pushing him into an inconspicuous corner, and dumping him at the riverfront. However, since the police keep no statistics on these activities, there is no way to estimate their frequency.

An additional method of handling the public drunk is through a protective custody arrest. The department maintains no statistics concerning these arrests, but several sources indicate that the protective custody arrest was once used at a three-to-one ration with the drunk arrest.[37] However, it is used much less today, primarily because this, also, requires taking the arrestee to a hospital, under the Code 26 procedure.

As a result of these various factors, the patrolmen were ambiguous about their role with respect to the public intoxicant. Paternalistic or protective attitudes were not general throughout the department. At best, these attitudes were found in only a minority of the officers. The typical posture with respect to the drunk arrest was to view it as an unnecessary diversion, to be used only where other means could not be employed to dispose of the man and the circumstances indicate that he could not be ignored. Even in those cases in which paternalistic or protective concerns motivated the arrest, the officers apparently tended to think in terms of short-term goals and were rather skeptical concerning rehabilitation of the men.

B. Police Operations Under the New System.

With the insertion of the detoxification center the orientation of one agency in the system became rehabilitation and treatment, but the ambiguity on the part of the individual patrolmen remained. In spite of official press releases which indicated that departmental policy was to further the treatment objectives of the detoxification center, internal departmental pressures remained on the patrolmen. There are indications that individual patrolmen interpreted this publicity as not reflecting the actual position of the department.

Dr. Kendis' lectures seem to have not reached the younger patrolmen, and the effort that has been made to re-instruct veteran patrolmen concerning their role under the new treatment system has not been successful. In view of the scattered nature of the intoxicant population and the consequent involvement of many patrolmen, it is

37 St. Louis Police Department Intra-departmental Report, Analysis of the Pilot Program "Drunk on the Street," March 28, 1963.

doubtful that efforts to establish a uniform policy could be effective. In general, officers interviewed reflected a lack of enthusiasm for the program and were influenced by the pressures existing before detoxification, coupled with a new skepticism concerning the success of treatment.

The problems which might be expected from the differing orientation of the center and the police did not appear during the early history of the detoxification center. A number of factors contributed to keeping the attitudes of the patrolmen below the surface. Perhaps the most important was that the original location of the center, at St. Mary's infirmary, was convenient for officers in the highest arrest district. Regardless of any desire to help the intoxicated men, patrolmen were inclined to take intoxicants to the center when circumstances required their removal, rather than to handle them informally or to invoke formal arrest procedures in a loitering or a vagrancy arrest. The location of the center reduced dramatically the processing time required for an arrest for drunkenness. Also, the atmosphere at St. Mary's was confortable for the patrolmen. Personnel at the facility made significant efforts to integrate the officers into their paternalistic attitude.

When the center was moved to the outskirts of the city, however, the conflict which had always existed came to light in two specific ways. The first of these was revealed in a series of articles appearing in one of the daily newspapers concerning brutal handling of the Skid Row men.[38] The St. Louis Post-Dispatch printed several articles describing testimony indicating that derelict men were frequently dumped on the riverfront and often beaten by officers.

Brutal handling of destitute intoxicants occurs in every jurisdiction visited by the ABF during the course of this study. However, control of officers responsible for such acts in St. Louis is more difficult because the Skid Row population is scattered throughout the city, meaning that many officers become involved with the men, and because informal handling of the intoxicants is frequent.

Officers whom we interviewed reported that they did occasionally take men to the riverfront. (We did not run across any specific evidence relating to possible brutality.)[39] This practice apparently had a long

38. St. Louis Post-Dispatch, Nov. 6, 1969, § A, at 1, Col. 3; Leeming, *City Police Dumping Alcoholics Near Floodwall Despite Protests*, St. Louis Post-Dispatch, Nov. 5, 1969, § A, at 1, col. 1.

39. The St. Louis police department conducted an investigation of the brutality charges which

history in the St. Louis department before the detoxification system was enacted. As suggested above, this was only one end result of a general attitude favoring the informal handling of Skid Row arrestees. The riverfront is an ideal location at which to dump the men because it puts them out of sight of the "normal" citizenry.

The new location requires a 30 minute ride each way from the area of most drunkenness arrests. Probably the fact that the officially acceptable disposition of the men is now inconvenient played a role in increasing the incidence of this practice after the center moved. Also, in addition to patrolmen whose attitude towards the derelicts could be described as punitive, officers whose attitudes were more neutral might become engaged in this practice. Many officers express frustration with the new system, a frustration which has three causes. First, is the fact that officers willing to take the necessary time were frequently told that there was no room left at the center for the intoxicant they had picked up. Second, is the observation that many of the men taken repeatedly to the center would reappear drunken on the streets. The officers feel that these men were abusing a beneficent program and that the program has failed to live up to its promises of rehabilitation. Third, the continued quality arrest emphasis contributes to an uncertainty concerning high level support for the program.[40]

A second manifestation of the conflict between police and the center was the falling off of the admissions rate. The early period of operation of the center showed gradual increase in police contacts, but this soon leveled off at a rate only slightly higher than under the criminal process. During the summer however, admissions dropped to an average of between 70 and 80 per month, a 20% reduction from earlier operating levels. During one two-day period in the summer no men were brought to the center.

The extent to which the police avoided use of the center during this

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produced inconclusive results. Officially, the study found that it could neither confirm nor refute the allegations. Several weeks later the local branch of A.C.L.U. then criticized what it described as one more example of a departmental "whitewash" investigation. See Leeming, *ACLU Rebukes Police on Inquiry on Drunks*, St. Louis-Dispatch, Jan. 16, 1970, § A, at 1, col. 1.

40. E.L. Dowd, former president of the Police Board of Commissioners, charged that command officers have failed to support the center in recent months.

> Dowd said it was unfortunate that a young officer should be disciplined for dumping drunks on the riverfront when the officer was simply conforming to the attitudes and policies established by his superiors.

Leeming, *Dowd Censures Dump-Drunk Activity*, St. Louis Post-Dispatch, Jan. 18, 1970, § A, at 14, col. 2.

time was indicated during the one-day cleanup effort in response to the political pressures which we mentioned earlier. The police produced 13 arrests on this one day, but these were made under the loitering statute. Even when there was pressure to arrest the derelicts the detoxification alternative was voided.

The need to obtain greater police use of the center was foremost on the minds of the consultants for the program and many of the staff members. The project codirector, Dr. Kendis, was forced on several occasions to direct requests to various police districts that more men be brought to the center.[41] One such communique asked that three or four men be brought to the center during the evening. Apparently, similar pressures succeeded in temporarily increasing the admissions rate during December of 1969.[42]

There are a number of causes for the lack of interest in taking men to the center. The unusual situation exists in which the police department officially supports the center, but internal evaluation, namely the non-quality arrest policy, tend to de-emphasize the use of the center. It is the opinion of the past chairman of the police board of commissioners that this results from lack of interest of the head

41. Leeming, *More Use of Drunk Center Sought*, St. Louis Post-Dispatch, Jan. 15, 1970, § A, at 3, col. 6 ("Kendis . . . said that he had on occasion urged the police department to bring patients to the center because of the high number of empty beds.").

42. Several months after our study was completed, in response to a controversy created by several St. Louis Post-Dispatch articles, one of the personnel at the center cited the fact that admissions had increased. He noted that the admission rate was very high (111 patients) in December. The implication that was intended from this argument is two-fold. First, there was the suggestion that the difficulties which had developed were cured. Second, the indication was that there were no difficulties, but that police are generally tighter in winter in that the low admissions rate in summer was a result of this.

With respect to the first implication, the discontent and dissatisfaction that we found with the center was too deep to be removed without an extensive effort. Many of the patrolmen had reached the point where they thought the center was of no benefit to the men. This attitude, and all of the other difficulties, are well ingrained in the minds of the arresting officers.

The second factor does not hold true in other cities. Also, a check of police statistics for years prior to the detoxification center indicates that winter and summer arrests are fairly constant. To the extent that there is a trend, the arrest rates are slightly higher in summer months. Arrest data furnished by the department indicates that, in 1965, April, May and June had the three highest monthly rates.

The conclusion to be drawn is that the increase in admissions, assuming that the statistics that were cited are accurate, is artificial, and is created by pressures such as those that Dr. Kendis exerted during the summer. If the higher rate is artificially imposed by pressures originating from the detoxification center personnel, the greater cooperation is likely to be temporary.

officials in the department.[43] He supports our observation that this apparent ambivalence is perceived by the patrolmen.

Several of the officers whom we interviewed indicated that they had taken men to the St. Mary's location, but would not take men out to the state hospital. Transportation time out to the new location involves a 30-minute ride in each direction. This additional processing time is a persuasive argument against the officer taking the man to the center, particularly in the context of a pickup which is not looked upon favorably within the department.

Perhaps of equal weight is the fact that the new location seems out of place to the officers as a place for derelict men.[44] The hospital itself is a large sprawling complex, located in a middle class residential area, and many of the officers feel uncomfortable there. Additionally, as noted above, many officers reported that drunken men were refused admission on several occasions. This anomaly of empty beds with a refusal to take new patients apparently resulted from the disinterest of several of the evening staff members.

V. MEASURE OF SUCCESS IN ACHIEVING PROGRAM GOALS

A. General Comments.

As we have seen, the St. Louis detoxification program defines its goals in terms of a very limited problem population, and under existing enforcement practices, the treatment program never comes into contact with a large percentage of the public intoxicant population and many of the Skid Row intoxicants. Under prevailing police practices, the men who are taken to the center are selected on what appears, with respect to treatment objectives, to be an irrational or a random basis. Given these limitations we turn to the issue of how well the program achieves its goals with respect to the men it does receive.

The goal of providing a more humane shelter for the arrestees is difficult to quantify in order to objectively measure the impact of the new system. The determination of a scale of humane handling

43 This is intangible, of course, and impossible to measure objectively. The comment of former Board President Dowd is relevant:

> Every effort should be made to return the center to its old location. . . . The atmosphere of a state mental hospital is not really conducive to the kind of thing our department . . . envisioned.

Leeming, *Dowd Censures Dump-Drunk Activity*, St. Louis Post-Dispatch, Jan. 18, 1970, § A, at 14, col. 2.

44. *Id*

procedures is clearly subjective. On this point, it is possible to note, however, that some improvement over the city jail has occurred.

Much has been said to the literature concerning the need for immediate medical treatment and for diagnosis of latent injuries and illnesses of the public drunkenness arrestees. The medical services provided by the detoxification center would be a marked improvement over that available in most jurisdictions. However, in St. Louis, the detoxification program must be measured against the pre-existing Code 26 procedure which provided the emergency medical care and diagnosis that is lacking in other cities. Thus, the medical benefit, gained in the detoxification program in St. Louis cannot involve this aspect.

The gain, if any, lies in the effects that holding the man at the center for seven days and giving him continuing treatment and food has upon his general physical well-being. A study of the detoxification center by James Weber, which we discuss in greater detail below, recognized the difficulties in constructing an objective index of this variable.[45] Weber's study, based on observations of untrained interviewers, merely reports that a general improvement was noted in many of the men interviewed.

B. Rehabilitation

Weber suggests that the success of the program in rehabilitation is crucial to establishing the desirability of the detoxification effort. "Not only must his kind of treatment program be shown to be economically feasible, but . . . the individuals treated must accrue some positive therapeutic effects." If these effects are not proven, Weber suggests that the objection may be raised that the new system is nothing more than a revised version of the "revolving door" of arrest-incarceration-release-rearrest.[46]

Weber recognizes that rehabilitation in this context has a multiple meaning. His study attempts to deal with the evaluation of rehabilitation by several indexes. These include residential factors, employment, income, drinking characteristics, and the number of police arrests. Weber's method was to interview 200 patients processed through the detoxification center, and then to follow up with further interviews no earlier than 90 days after the men had been released. Based upon his study, Weber suggests that 50% of his sample of 200 patients experienced some overall improvement.[47]

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45. WEBER at B 10.

46. WEBER at B 1.

47. ALCOHOL, ALCOHOLISM AND LAW ENFORCEMENT 41 (D. Gillespie ed. 1969); WEBER at B 21-23.

Unfortunately, the methodology of the study is such as to render the results unreliable. First, Weber excluded from his sample those persons who left the treatment program prior to the termination of the seven day period and those persons who had not been residents of the St. Louis area for at least three months prior to the day they were taken to the center. These two exclusions accounted for 30% of the patient intake at the center. Second, practical restrictions forced Weber to limit his efforts to a 90 day follow up. This compares to the one-year follow up period which Weber recognizes as an optimal balancing of cost and scientific validity. Third, the data for the follow up study was developed through open-ended interviews in which the derelict men made their own assessment of their condition in the last three months. While this interview technique is highly successful as a means of gathering information concerning alcoholism patients if there is strong rapport between the interviewer and his subject, the interview team used in Weber's St. Louis study was composed of two St. Louis police officers dressed in civilian clothes. It seems doubtful that the necessary rapport existed. Fourth, in studying residence patterns of the subjects Weber because of his short follow up period, was unable to adjust for the fact that his efforts were disclosing only the length of time that a patient remains at a facility to which he has been first referred. Fifth, the study did not utilize a control group, and we are unable, therefore, to judge what portion of the group would have remained abstinent or improved their living style on their own, in the absence of the detoxification process.

Since Weber's results are inconclusive, it is necessary to turn to other indications of how effective the program has been in achieving its long-term rehabilitation objectives. The center's reports contain an analysis of after-care referrals with respect to employment and housing. This referral process was designed as a primary method of improving the life pattern of the men. However, the data indicates that only a small percentage of patients accept referrals in these two areas.[48] For example, during the period of April 1, 1969 through June 30, 1968 there were 338 admissions; 142 (42%) of these were judged to need assistance in the employment area, and 28% of these accepted the aid that was offered. This represents approximately 12% of the total number of patients admitted. With regard to housing, during the summer months referred to above, aid was accepted in the form of a housing referral by approximately 12% of the total patient load.

48. ST LOUIS DETOXIFICATION CENTER, SEVENTH QUARTERLY REPORT, APPENDIX (1968).

While we are not prepared to say that the detoxification center is merely a relabeled version of the "revolving door," the apparent failure to establish success in terms of rehabilitation variables is important. The program spends approximately $42.00 per patient per day. A large percentage of this is devoted to the referral and therapy efforts. Also, the desire to rehabilitate has caused the system to be designed in terms of a seven day stay per patient. This, of course, precludes the program from handling a larger caseload. It seems reasonable to suggest that a more substantial proof be required that the efforts towards rehabilitation are successful to such a degree as to justify the expenditure and the restrictions placed upon this system.[49]

C. *Reduction in Public Costs.*

The Weber study attempted an analysis of the cost of treatment in the program compared to the cost of the old system of processing the arrestees through the criminal process. This involved a "simple cost accounting" methodology. As might be expected, cost reductions are found in the prosecutor's office, courts and the jail system. There was a 40% decrease in the number of informations issued against drunkenness offenders in 1966 as compared to 1964. Also, there was a 38% decrease in the number of persons committed to the city workhouse on the charge of "drunk-on-the-street" during the same period.[50]

An important consideration in evaluating these comparisons is that, even prior to the detoxification system, the burden upon the criminal justice agencies in St. Louis was not severe. The extremely low arrest rate meant that few drunkenness cases were ever processed by the prosecutor, courts or jails. As far as the St. Louis system is concerned the primary burden on the criminal system is found in connection with police time devoted to handling drunkenness offenders.

Weber's study reports that there occurred a 57% reduction in the processing time that the officers were required to devote to an average drunk-on-the-street pickup: However, the 57% reduction must be taken, not as indicating the timesaving to the police which can be expected in a traditional criminal system, but as measuring the benefits of providing a central location for diagnosis and treatment at which the

49. See Morris & Hawkins, *The Overreach of the Criminal Law*, 9 MIDWAY 1, 9 (1969) (wherein a program not involving substantial rehabilitation efforts is proposed as being economically feasible).

50. ST. LOUIS DETOXIFICATION CENTER, FIFTH QUARTERLY REPORT (1968).

officer can leave the patient. Prior to the creation of the detoxification center, the Code 26 procedure required the police to take drunkenness offenders to various city hospitals, and to wait for their arrestees to be examined. Under the new system, the officers no longer were forced to wait for the examination to be completed. It should also be noted that the 57% reduction refers to the operations of the center while at the St. Mary's facility. Its present location substantially increases the processing time for most of the drunkenness pickups, because of the longer riding time from the site of most pickups to the detoxification center. Adjusting the statistics to reflect this increased riding time indicates that the time reduction is about 33%.

Another aspect of relative costs concerns whether or not these decreases reflect a savings to the entire public structure. While it is clear that the agencies in the criminal justice system are saving some money, these savings may be more than compensated for by the increased expenditures necessary to construct and to implement the detoxification system. Its budget of over $200,000 exceeds what might reasonably be estimated to be the cost to the city of processing the drunk as a criminal case, and compares to a "saving," not including the project budget, of $64,000 projected in 1967.[51]

VI. OBSERVATIONS

The St. Louis detoxification program is a social experiment which, at least, has not completely failed. Certainly, however, the growing tendency to view the detoxification concept as a panecea for the ills of the criminal system in processing the public intoxicant is not warranted in light of the St. Louis experience.[52] The data concerning rehabilitation

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51. Projected savings for 1967 were:

POLICE:	
Manhours	$12,500
Holdovers	2,500
Administrative	7,500
	$22,500
CITY AGENCIES:	
Hospital	$22,000
Court	3,500
Workhouse	16,000
	$41,500
	$64,000

V STRECHER, LAW ENFORCEMENT POLICY DEVELOPMENT SOURCE BOOK 31 (1968).

52. *See* H. Mattick & R. Chused, The Misdemeanant Offender 37 (unpublished, University of Chicago Center for Studies in Criminal Justice, 1967).

are inconclusive, and there is indication that the rate of success is not high. This should not be surprising, however, since any person knowledgeable in the problems of Skid Row men would not expect resounding success in any treatment program, especially where the treatment calls for no more than a seven-day in-house experience. The inconclusive results, however, are important when contrasted with the cost of the program.[53]

The difficulties experienced with the police are signficant. Even if rehabilitation is not often achieved, the new approach is justified on the basis of providing a centralized locale at which proper medical attention is available. The medical care only reaches those persons who are brought in by the police, and the extent to which the police fail to bring in destitute intoxicants in need of these services limits the success of the new program.

Much of the difficulties experienced with the police result from a failure to "package the detoxification product" in such a way as to make this alternative attractive to the individual patrolmen, thereby increasing their use of the program. The concept of better packaging involves many variables, and the necessary steps would vary in each jurisdiction according to prevailing tradition and pressures. Several specific comments concerning St. Louis illustrate the approach. First, the tradition of the department relating to non-quality arrests and the evaluative structure which maintains this tradition should be altered. The emphasis within the department, not merely in official communiques but also in attitudes of command personnel, should be to encourage the patrolmen to use the new program. Second, steps should be taken which minimize the processing time required for the arresting officer who wishes to take his man to the detoxification center. Third, informal handling of destitute intoxicants should be discouraged. Fourth, officers should be instructed that the detoxificaion alternative is beneficial to the men. Fifth, the capacity of the center should be such as to ensure that when an intoxicant is picked up, there will be room for him at the center. If the internal

53. The notion that a treatment cure is appropriate for these arrestees stems from the influence of alcoholism theory upon the problem. A relatively new concept, the illness characterization of alcoholism has been central to several appellate rulings relating to public drunkenness. *See, e.g.*, Powell v. Texas, 392 U.S. 514 (1968); Driver v. Hinnant, 356 F.2d 761 (4th Cir. 1966). A problem is that it over-emphasizes drink-related difficulties to the exclusion of welfare, residential and medical problems of the men. One expert suggests that alcoholism theory is irrelevant to Skid Row drinking. Wallace, *The Road to Skid Row*, 16 Soc. Prob. 92, 93 (1968).

modifications produce an increased arrest rate, the size of the center should be increased to meet the growing need, or the length of each patient's stay should be reduced.

The St. Louis experience gives good cause to consider whether the intake operation should be handled through the police or by civilian teams. Typical arguments for retaining the police relate to availability (they are already organized and trained), experience (they have handled this problem for many years), cost (it would be expensive to train a civilian force to cover the entire city) and the potentiality of violence (they are trained to handle the occasional recalcitrant or disorderly man). On the other hand, the civilian procedure is advocated because it most often is conceived of as a voluntary process (avoiding controversial state power issues and giving a more co-operative treatment population) and because the attitudes of specially trained functionaries are likely to be more understanding of the men (police officers may brutalize the drunk).

The difficulties in St. Louis suggest that an additional, practical consideration is the extent to which the treatment facility is able to control its intake process. The police labor under the influence of traditional ways of handling the men, a general attitude that the police task is to handle violent crime and skepticism concerning the validity of treatment as an effective method of handling the drunk. These attitudes are especially difficult to alter without the full and continuing co-operation of the command structure in the department.

At the heart of this choice is, of course, a determination of what problem population the new program is designed to reach. Too often the complexity of this issue is ignored on the assumption that in some ill-defined way, the drunkenness arrestee population represents a unique grouping, both in terms of immediate needs and rehabilitative potential. However, the composition of this unique group is determined by police arrest criteria, and these criteria often are most responsive to departmental tradition, intra-system pressures and external pressures, than to the needs of the intoxicated men. The extent to which the unique characteristics of this group have meaning for the treatment program is determined by the relation of the selection criteria to the treatment objectives.

An illustration demonstrates the disparity which might arise. Our research in New York's Bowery reveal that various pressures restrict police arrest practices to a minimum. The drunkenness pickups that are made are designed primarily to develop statistics to demonstrate that

the police are "doing something about" the Skid Row men. However, the New York police never arrest the most debilitated public intoxicants because they must process their defendant through a day long procedure, and therefore desire a man who is ambulatory. If a detoxification program were attached to this police enforcement technique, the relevance of its emphasis on medical care would be questionable in light of its failure to reach those Bowery men who are most in need of immediate help. Significantly, efforts to remove drunkenness from the criminal sphere in New York employ civilian, not uniformed police, rescue squads to remove the derelicts from the street.[54]

If we look beyond the arrestee population in search for a target grouping, at least two possibilities emerge. These are: the entire destitute public intoxicant population and the Skid Row derelict population. The choice involves a difficult policy determination. This first category makes some sense in that there are common characteristics which relate to the treatment and service objectives. These men are presumably all intoxicated and, by being in a public place, may present a situation in which intervention is indicated to protect them.

The relevance of the second grouping is indicated by the traditional focus of the criminal law enforcement of these laws. Public intoxicants with homes or resources have commonly been handled by the police on an informal basis, and the practicality and preferability of this disposition seems seldom to be questioned. Rather, these laws are frequently used to deal with the needs of the Skid Row men whose physical condition places them in danger from the elements or other men or whose resources are insufficient to obtain aid. It is instructive that many of the men arrested on Skid Row are not drunk and that the fact of the person's intoxication is seldom the primary cause for arrest.[55]

In either of these two contexts the St. Louis program appears as only a one-half program. It cannot possibly deal with either of these two groups, both of which are larger than the arrestee population. The police could not, even if they desired to, increase the pickup rate to reach more men because of the bed limitations of the program. The

54. DRUNKENNESS REPORT 58.

55. PHILADELPHIA DIAGNOSTIC & RELOCATION SERVICE CORPORATION, ALTERNATIVES TO ARREST 15 (1967).

center cannot expand its contacts merely by increasing the number of beds because traditional police policies and internal pressures interfere with an increased pickup rate.

Also, there is a structural consideration which is seldom discussed. By emphasizing rehabilitation of all of the patients, the St. Louis program must devote intensive efforts upon each and this necessitates high cost per patient and a longer patient in-house term. This latter result prevents the new program from handling a large caseload with the same number of beds as is done in Washington where the average stay per patient is around two days and the per day cost is approximately $16.00. The Washington model is better able to deal with the protective concerns and it relegates the rehabilitation concern to be applied only to those patients who wish to be transferred to a longer term care facility. The loss, if any, in terms of number of successful efforts at rehabilitation has not been measured.

The upshot of these observations is not that the detoxification model should be abandoned, but that its use and structure should be subjected to more incisive scrutiny. The difficult policy questions involved in choosing intake source, treatment emphasis and problem population identification cannot be answered on a generalized basis. The needs of each jurisdiction may vary and the program should be modified to meet these needs, after the policy questions have been discussed and resolved.