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The High Cost of Revolving Doors

By Lise Gervais

The costs of alcohol addiction, treatment and related problems are huge. According to the Centers for Disease Control and Prevention, excessive consumption of alcohol cost the US \$223.5 billion dollars in 2006. That's \$746 for every man, woman and child in a country where almost half of the population drinks alcohol infrequently, or not at all (NIH Health Interview Survey, 2008-2010).

The financial burden of a few individuals in regular need of emergency services has landed heavily at the feet of local law enforcement, medical professionals and the health systems they work in.

Some municipalities have a few individuals that illustrate that money doesn't always bring good outcomes. In Green Bay, Wisconsin, one man averaged three police calls a week for disorderly behavior. He was committed to a mental health center more than 80 times and despite the \$96,000 spent for his treatment, he succumbed to medical issues and died on the street. Reno, Nevada, had an individual, featured in a 2006 New Yorker article by Malcolm Gladwell, who was thought to have cost Reno taxpayers more than a million dollars over the course of ten years.

In San Diego, California, a group of about 500 individuals were tracked from 2000-2003. This group accounted for 2,335 EMS transports, 3,318 Emergency Department visits, 3,361 inpatient days, resulting in \$17.7 million in health care charges. Another study found that during an 18 month period, fifteen chronic inebriates cost the city \$1.5 million in ambulance services and emergency room costs. A lot of taxpayer dollars were spent without getting to the heart of the problem of addiction, mental illness and homelessness.

Some communities have taken a new approach to deal with the problems of a small number of people who chronically drink to excess in public. These programs have all shown promise in terms of cost reductions due to fewer arrests, ER visits and police calls for service. (See links for evaluation reports.)

In 2000 San Diego started SIP, the Serial Inebriate Program. Individuals who are sent to sobering services more than 4 times in 12 months, are identified as serial inebriates and offered treatment instead of incarceration. At the first offense they are offered 30 days in treatment or 30 days in jail. At the second, 60 days in treatment or 60 days in jail, 90 days after the third. Santa Cruz, CA, started a SIP in 2006 and also offers 30 days of clean and sober housing after treatment.



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Sacramento, CA also started a SIP in 2006 and has involved downtown business owners who help graduates find permanent housing.

Other communities have used alcohol regulation to reduce problems by prohibiting the sale of street drinking products, limiting off-premise selling hours and reducing the number of outlets.

Seattle and Tacoma, WA, have restricted the sale of drinks that are attractive to heavy drinkers in areas where street drinkers frequent, called Alcohol Impact Areas (AIA). Low cost, high alcohol beverages sold in single serve containers, such as fortified wines and certain kinds of malt liquors are compiled in a list of banned products. Within the AIA's, local jurisdictions are given more time to review new liquor license applications and renewals. Hours of off-premise sales can be limited by law.

Enforcing public disorder laws to curb things such as littering, public urination, and sleeping in public areas can help reinforce social norms.

Green Bay, Wisconsin, has tried a No-Serve List for individuals who have been the subject of three or more alcohol-related incidents in twelve months. Owners of bars and off-premise stores are sent a list of names and photos with a request to not sell alcohol to these customers. The question of civil liberties has arisen, since alcohol is a legal product, so officials have taken steps to update the list so that people who no longer meet the criteria are removed from the list.

The revolving door of street to ER to incarceration and back to the street is costly and doesn't get to the issues. San Diego's Serial Inebriate Program's website put it this way, "SIP saves the community the very high costs of recurrent use of emergency services, and most importantly, it's the right thing to do for our very ill neighbors in need."

These programs save local governments considerable money, but they also can be the spark toward a more comprehensive approach. In an evaluation of the Tacoma AIA project, Dr. John Tarnai of Washington State University, said, "In summary, it is probable that the AIA restrictions are just one aspect of an entire community wide effort to deal with chronic public inebriation. Putting the AIA restrictions in place strengthened the community wide efforts and gave others more motivation to deal with the problem of chronic public inebriation." He went on to note that community volunteers helped clean up litter, there was increased police participation and additional services became available through the new Tacoma Rescue Mission.

We must always remember that alcohol is a regulated industry and all bear a responsibility to comply with laws and work with government officials and other community partners to minimize harmful outcomes.

Links:

<http://www.sandiego.gov/sip/history.htm> http://www.co.santa-cruz.ca.us/Portals/0/County/GrandJury/GJ2014_final/Evaluation_of_Serial_Inebriate_Program.pdf
<http://innovativepolicing.blogspot.com/2011/04/policing-homeless-part-1-understanding.html>
<http://innovativepolicing.blogspot.com/2011/05/policing-homeless-part-2-best-practices.html>
<http://liq.wa.gov/licensing/alcohol-impact-areas>

John Tarnai, Ph.D., Washington State University, "Evaluation of the Tacoma, Washington Impact Area, (AIA), pdf, 2003.

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