

## COMMENTARY ON “ALCOHOL POLICY CONSIDERATIONS FOR INDIAN RESERVATIONS AND BORDERTOWN COMMUNITIES”

ARON WOLF, M.D.

The positive thrust of Dr. Philip May’s thesis, “Alcohol Policy Considerations for Indian Reservations and Bordertown Communities,” is certainly a breath of fresh air in approaching this very important and multifaceted issue. My comments on these issues will be from the standpoint of someone who has worked in the Alaskan mental health community for more than a quarter of a century. My involvement has been both urban and rural, as well as treatment, forensic, and research oriented.

American Indians and Natives in Alaska do not have the jurisdictional issues of the reservation and bordertown to deal with. The alcohol consumption and alcohol policy-related issues, however, are very similar. Alcohol morbidity and mortality rates for Natives in Alaska have been and continue to be significantly higher than the national average and the average for non-Natives (Kraus & Buffler, 1977).

May makes a specific point in the introduction that Indians, as an ethnic or as tribal grouping, are no more or no less susceptible in the biophysiologic sense to the ill effects of alcohol abuse than non-Indians. May seems to be approaching this issue from an “all or nothing” standpoint.

The “blackout” literature (Ryback, 1971; Goodwin, Crane, & Guze, 1971; Holmberg & Martens, 1975; Fenna, Mix, Schaffer & Gilbert, 1971; Zucker, Austin, & Gilbert, 1971) shows that American Indian people metabolize and react to alcohol in a *different* manner, which is no better and no worse than other peoples. The Alaska Native populations (Philips, Wolf, & Coons, 1988) show much less liver and cortical pathology (the DTs) than other groups of individuals who have similar drinking histories. However, a significant proportion of these individuals show a very early propensity toward “blackouts” whenever they drink to the threshold level.

Our own review and research in the area (Wolf, 1980; 1984) show that violent and antisocial behavior may accompany these blackouts with an alarming frequency. Our data show a prolonged rise in blood alcohol to extremely high levels, which are then maintained for a long period of

time even after ingestion has ceased. The behavior of individuals in this state is basic and almost "reflex," stemming from lower brainstem activity. Thus, their behavior within a "blackout" is not under cortical control. May quotes MacAndrew and Edgerton (1969) that "most behaviors of people are under the influence of learned, socially determined behaviors." This is certainly true as long as an individual has conscious access to these learned behaviors. The "blackout" situation is significantly different in that these individuals do not learn new behavior, and their reactions are controlled by centers in the Amygdala and the red nucleus of the lower brain. These same centers have also been found to contain the loci for rage reactions. The inability to consciously determine or remember one's own behavior certainly has major implications in devising an alcohol policy for a population that contains susceptible individuals.

May also emphasizes a number of extremely thoughtful ideas relating to drinking and driving. However, this issue is significantly less important in Alaska, where many of the Native villages are not connected by roads. The Alaska statistics for morbidity and mortality of Natives in automobile accidents is extremely low due to the lack of roads. It is interesting to note, however, the high incidence of snowmobile, three-wheeler, four-wheeler, and riverboat accidents that involve alcohol in these same populations. The issue of dealing with motorized vehicles is the same, but the solutions must be tailored to special circumstances.

May indicates in the introduction that suicide is a major problem area that has been identified as secondary to alcohol abuse. However, he does not address this issue in the body of his paper. He also does not mention assault, sexual assault, and homicide, which in Alaska are major problems for the Native population secondary to alcohol consumption. The Kraus and Baffler (1977) studies, as well as a more recent and as yet unpublished study by Kettl from data at the Alaska Native Medical Center, show that 98% of the suicides of Native individuals in Alaska are alcohol related. Natives are also over represented in our correctional system by 200%. Natives account for 18% of the population and 33% of the corrections population. More than 90% of these individuals committed their crimes under the influence of alcohol (State of Alaska, 1990). In one correctional institution, a survey in 1988 by our staff of Native prisoners shows that 76% of them had committed their crime during alcohol ingestion and "blackout" episodes (Alcohol Amnesiac Triad and Violence, Aron Wolf & Bruce Smith, June 1988 Presentation, Department of Corrections). The assault to oneself or others when drinking, along with the special problem of teenage "epidemic" alcohol-related suicides, certainly must be strongly addressed in any comprehensive schema relating to alcohol.

The State of Alaska has been forward-thinking in relating to the "all or none issues" of alcohol in any given community. The 1981 *local option law* has allowed any community to vote on its degree of "wetness." The options that are available are "wet," in which alcohol may be sold and consumed; "damp," in which alcohol may be brought in (in limited amounts) for personal consumption but may not be bought; and "dry," in which alcohol may not be bought or consumed within the area. Strict penalties such as confiscation of the airplane bringing in the alcohol as well as jail terms and fines are all a part of this option. To date, only a handful of villages have opted for the "dry" option. These villages have also maintained a very strong cultural heritage.

The majority of largely rural, largely native communities have opted for the "damp" option. In a large number of the rural Native communities, this has spawned a fairly aggressive bootlegging trade. One-fifth of such bootlegged alcohol may very well sell in excess of \$100 per bottle. The prosecution of the bootleggers has been inconsistent, for in many cases, they have been aided and abetted by influential leaders in the community, both Native and non-Native. Despite the bootlegging, and the fact that these areas are much more "damp" than they ought to be, the statistics show that the amount of morbidity and mortality decrease significantly when an area goes from "wet" to "damp."

The City of Kotzebue has voted itself "wet" and "damp" several times since the passage of the law. In 1989, they once again voted themselves "damp." The Kotzebue area hospital reported in an article in *The Anchorage Daily News* (1989) that the number of trauma cases in the 90 days after the changes was 65% less than in the previous 90 "wet" days. For Alaska, we must "stir in" this "wet-damp-dry" statute into the patterns that are available to each and every community in the state.

May emphasizes the public health approach, which indeed is comprehensive and considers primary, secondary, and tertiary prevention. The communities of Alaska, both urban and rural, are undergoing massive change. The changes for rural Native communities include the issues of subsistence and cash economies, regional and local Native corporations, the influx of "Western," non-Native goods, products, and food, and the lack of meaningful job opportunities during much of the yearly cycle. These problems are far-reaching and very complex. They should certainly not impede the development of a community plan to deal with alcohol, but they must be considered as part of the fabric of that plan.

Despite the fact that there are some specific needs for Alaska and some specific issues that I felt that May might have further emphasized, I would heartily agree with his communitywide public health approach to the alcohol issue. As such, I shall comment on his major points of policy. It certainly seems relevant that regulating the supply of beverages is an

essential factor. The urban areas of Alaska have one of the highest per capita alcohol purchase and consumption patterns in the United States. Recent federal tax increases have not made a significant impact on this volume, and state or the local communities would need to raise the taxes significantly to impact this flow. Urban communities function as the "stores" for the "damp" communities. In the past, a resident of a rural community could order alcohol over the phone from an urban community and pay for it by cash, credit card, or cash on delivery (COD). Recently, the COD option was abolished which has indeed cut down the flow of alcohol somewhat into the rural communities. The change from "wet" to "damp," with any immediate availability to alcohol being through the bootleggers at very high prices, indeed restricts the amount of alcohol, especially in communities with limited cash economies.

Alaska's urban and "wet" communities are the "Land of Many Bars." These bars had been able to stay open 21 hours a day. In the last several years, Anchorage, Fairbanks, Juneau, and Nome have restricted their openings to 18 hours a day. Even this minimal restriction has cut down on trauma, including DWIs. The state as well as local areas have been trying to restrict the number of liquor licenses outside of eating establishments. There is a celebrated case in the courts at the moment in which the bar and package store at Red Devil, an old mining encampment, was finally closed after a series of drunken plane crashes.

In 1986, Alaska raised its drinking age to 21, as did most other states. In the rural areas, however, most motorized equipment, snow-machines, three- and four-wheelers, and boats do not presently require a license. The issue of licensing for the operation of these machines might be encouraged, since the teenage population both drinks and drives these machines with the same traumatic results as the drinking/driving teenagers in the lower 48.

Alaska does not, as noted above, restrict the choices to prohibition vs. legalization. "Local option" means just that, with each village or town being able to vote its option. The option may be reconsidered by an annual referendum. The decision to opt for "damp" or "dry" are thus grass roots decisions that must originate with a petition of 10% of the voters and pass in a general election by two-thirds of those voting. One major inconsistency has been the local handling of bootlegging in the "damp" communities.

May considers a number of other issues. Young rural village youngsters have engaged in inhalant abuse for many years. This issue as a public health problem needs to be addressed on its own. There does not, however, seem to be any increased use of inhalants in "damp" or "dry" areas by the adult populations.

Advertising limitation is certainly a partially workable idea in Alaska. The local print and broadcast media are limited, and pressure could be brought to monitor alcohol advertising. The television input to many communities, however, is through the Rural Alaska Television Network, which provides direct satellite down-links to 30-plus of the national satellite cable networks. Pressure might be brought upon the State of Alaska to "jam" or delete alcohol advertising, but this certainly would be cumbersome.

May's five behaviors for safer and appropriate drinking are all excellent for both urban and rural Alaska. They certainly enhance and expand the present local options that are available to these communities.

As a director of a treatment program, I can only echo May's plea for an increase in the availability of treatment programs and in the degree of their flexibility using all of the modalities he has mentioned. For the Native populations receiving treatment, the biology, dynamics, and symptomatology associated with "blackout" must be included as an educational facet of all of these programs.

May also clearly outlines the damage in the social environment in terms of victimization, as well as the acceptance and support of alcohol abusing situations. The mobilization of communities to readdress this situation is crucial. Although many Alaskan communities are in a period of major transition, they cannot afford to accept alcohol abuse as an acceptable cost of these transitions.

Alcohol use and dependence by Alaska Natives is the prime public health issue. This is true in the rural, predominantly Native villages, as well as in urban areas that have the characteristics of the bordertowns of southwest Alaska.

The State of Alaska has spent millions of dollars for public alcohol programs without stemming the problems. The only dents to this rising tide have been in those areas where the village tribal or town councils have spurred communitywide decisions to go "damp" or "dry." A wider association and agreement approach by Native as well as non-Native leaders would add a strength that would encourage more villages and towns to begin the appropriate steps.

Langdon Clinic  
4001 Dale Street, #101  
Anchorage, AK 99508

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