trative efficiency and the reduction of supplies and other resources consumed in support of the criminal processing of these individuals. These savings on the part of the affected agencies and institutions, rather than reflecting budgetary excesses are in fact merely "paper economies" which show what proportion of their present resources may be reallocated to the other pressing problems in our society.

This report leaves aside the first category of the evaluation and focuses on the infra-social level of analysis. The clinical evaluation of the patient population for both before and after treatment gives the positive side of what can and has been accomplished by treating the revolving door chronic inebriate. As a demonstration project, the Center has been a pioneering effort, particularly in terms of its sponsorship under the St. Louis Metropolitan Police Department. It is not, however, a demonstration in the sense that it is an untried or untested idea. This would be tantamount to saying that we need proof that treatment measures are better than current punitive procedures under the criminal justice system. There can be no argument that rehabilitation is better than simply punitive incarceration. It is rather the job of this evaluation to show how much better and in what ways our resources can be better utilized in dealing with the chronic police case inebriate.

THE CENTER IN OPERATION

The first question which must be answered is simply, "Who are these people whom we are treating?" Since the Center opened, until July 1, 1967 there has been a total of 548 admissions. A profile of this group demonstrates that we are indeed treating the chronic police case inebriate. Some of the indices which clearly point this out are the demographic characteristics of race, sex, age, marital status, educational level, income, etc. By comparison, the similarity between the patient population and the drunkenness offender for the year of 1966 shows high congruence. If we limit ourselves to those individuals who were arrested three or more times during the year 1966, the parallels are obvious.

	Average age	Percent male	Percent female	Percent White	Percent Negro
1966 arrestees (chronic)	49.4	91	9	71	26
Treatment group as of July 1, 1967	48.1	91	9	83	17

A breakdown of the marital status of the treatment group lends further support to the idea that we are reaching the target population for whom the Center was designed.

Treatment group as of July 1, 1967	*Percent*
Single	40
Divorced	27
Married	21
Widowed	6
Separated	6

A further analysis of the treatment group yields the statistic that per admission these individuals had an average of 1.6 arrests during the year 1966. Many individuals have extensive police records, some of whom had in excess of 100 arrests for public intoxication previous to treatment.

These personal characteristics are highly consistent with the findings of other studies of the skid row alcoholic or the chronic police case inebriate. The patients averaged less than an eighth grade education. Approximately 47 percent of those admitted had an eighth grade education, or less. Only 29 percent entered but did not finish high school, while only 24 percent have an education of high school or beyond. Less than 1 percent completed college. The average weekly income of the patients at the time of admission was $48.75. Fully 34 percent were not gainfully employed at the time of admission. Some of these, however, are receiving income through old age pensions, disability payments, and very few are on relief rolls.

Not only can it be demonstrated that the Detoxification Center is dealing with the revolving door inebriate, but is also effectively eliminating the revolving door process in St. Louis. The Center is drawing from three out of a total of nine police districts. It serves those districts which accounted for 82 percent