

One of the unusual findings during this study was that Negroes were disproportionately represented in this 21 percent who achieved what might be termed total success. Seventeen percent of the entire treatment population were Negroes. Eighteen percent of the study group were Negroes while 25 percent of the "drys" were Negroes. Of the possible alternative hypotheses, two are most reasonable and complementary. First, that the treatment they received initiated by a police contact was totally dissonant with all their expectations. In all cases the Negroes found themselves better clothed, better fed and more well cared for than they could ever remember. Somewhere in the treatment process their initial disorientation was turned into a positive motivational attitude. Although in retrospect the same process was noted with the white patients it was perhaps not of the same degree. Another very plausible explanation of this finding is that perhaps the Negro subculture has not imposed quite the same rigid value structure upon these individuals as one would find in the more middle class oriented whites. This would mean that the Negro offender would not experience the same degree of guilt over his drinking problem and hence, as a result, have one less problem to deal with at the time of discharge.

In all discernible characteristics the study group was representative of the total patient population, i.e., age, race, marital status, years of alcoholism, etc. One qualification exists; whereas females compose 9 percent of the patient population none was included in the follow-up study. Further, it was found that those achieving a rating of 7 after treatment on the average had slightly higher ratings in the other scales before admission. The significance of this has been demonstrated in other studies of this type, namely, that the type of treatment administered is not the determining factor for prognosis so much as the social setting the individual is taken out of and the setting into which he is placed after treatment. The implications of this finding are even more crucial in a program designed to handle the "revolving door" clientele. A strong referral network and an intensive after-care program is essential.

ARRESTS

The area of arrests has been left until this point because of the scant data available. The seasonal nature of this type of arrest rules out comparing equal time periods before and after treatment. Further, a significant percentage of the patients had been residents of this area for less than one year; hence, any measure based on a comparison of specific months for the year prior to opening the Center or since its opening could be grossly misleading due to incomplete data.

It is hoped that by the time of the final report this dilemma can be resolved satisfactorily. Earlier in the report the arrest figures for the City of St. Louis were cited showing a tremendous decrease. Even after adding the number of admissions to the current arrest rate there would still be a total decrease of 28 percent in police contacts with drunkenness offenders. The findings on our study group were an average of 1.6 arrests for 12 months prior to treatment as compared to an average of 0.4 after treatment. This latter figure is arrests plus readmissions over an average period of six months. This should be interpreted cautiously as the parameters of these figures have not been fully explored. However, it is safe to say that a significant decrease in police intervention can be noted after treatment.

The following table is presented in summary. The interpretation of these figures should be unequivocal. Where improvement is reported, it must be of a significant magnitude to the extent that the individual has, at least in some areas of his life, reversed this deterioration process. Many individuals who have received ratings of "remained the same" may well be in the process of establishing a new claim on life. It may prove to be unrealistic for this evaluation to demand significant demonstrable change in such areas as housing and employment in a three or four month period. This idea would seem to be supported by the findings in the area of drinking which would indicate more improvement than shown in the other scales. Further, improved control over one's drinking pattern is certainly a precondition to improvement in the other areas of life.

	Markedly improved (percent)	Remained same (percent)	Deteriorated (percent)	Unable to rate
Drinking.....	51	46	3	0
Employment.....	25	66	5	4
Income.....	16	72	8	4
Health.....	56	35	9	0
Housing.....	14	83	3	0