

SOCIAL CHARACTERISTICS OF THE SKID ROW ALCOHOLIC

A Survey of the Characteristics and Needs of  
a Group of Alcoholics Living on Skid Row,  
Vancouver, B.C., 1960.

by

RONALD LLOYD CAMERON

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Department of

Social Work

The University of British Columbia,  
Vancouver 8, Canada.

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## ABSTRACT

The problem of alcoholism is a major health concern in many countries of the world. The "skid row" alcoholic represents a minority of all alcoholics and shows deterioration to the extreme. This study is a survey of a group of "hard core" alcoholics who live in the downtown area of Vancouver, B.C. While recognizing the importance of physiological, psychological and psychiatric factors, the study evaluates the problem mainly within a sociological frame of reference. In particular, the concept of "retreatism" as set forth by R.K. Merton is related to specific characteristics of the skid row alcoholic's social functioning.

The chief source of the data used is the records kept by the Vancouver City jail for the year 1960 and before. These data are limited to such factors as age, education, and marital status. Consequently, evaluation of the data is limited to establishing the fact of retreatism and relating this to possible etiological factors in the light of information from other studies.

A survey of treatment facilities and resources available to the skid row alcoholic illustrates a negative community attitude toward the problem. It is noted that while the public attitude toward alcoholism as a medical and social problem is changing, this is not reflected in services provided. Both government and private agencies regard the skid row alcoholic as "hopeless", and no co-ordinated program is in operation.

Evaluation of the study indicates that while the facts do not serve as "proof" of Merton's theory, they appear to be consistent with the formulation of the phenomena of retreatism, and imply a need for further detailed research. Further, the results are compared with similar studies and appear to be sufficiently consistent to indicate that the skid row alcoholic represents a national problem which is costly and wasteful of human resources. The greatest need is for proper assessment, combined with long-term treatment and rehabilitation facilities, to supplant the present "revolving door" policies. Prerequisite to this, public education must be accelerated, since changes in community attitudes are needed if the skid row alcoholic is to be regarded as the product of cultural inadequacies and not simply as example of individual "moral weakness".

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## CHAPTER I

### BACKGROUND AND THEORY

The problem of alcoholism is observed frequently by social workers, doctors and other professional people in their practices. In social agencies we see the tragedy, and personal and social disorganization which are the result of this illness. Many social workers consider alcoholism one of the most difficult illnesses to treat. But, while many professional people accept alcoholism as an illness, many lay persons see it as a sign of moral weakness.<sup>1</sup> That alcoholism is a species of weakness cannot be denied, but the cause of the weakness may be something for which the alcoholic could not be held morally responsible. The alcoholic who typifies in the public mind the image of a morally weak person is the "Skid Row" drunk. He is a degenerate, despised and disowned by the community. Sometimes he is granted pity, but even then his plight is seen as hopeless, except by a few. The "hidden" alcoholic is perhaps better off, but he is constantly plagued by the fear that his "weakness" will be dis-

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1 The term "moral" suggests a value judgement and its meaning for different persons will depend upon the particular mores of the group or sub-group in which the individual lives. Hence, it is used here to suggest that alcoholism is often viewed by many people in an emotional, rather than an analytical or objective light.

covered and he suffers constantly from self-condemnation.<sup>1</sup>

The present study is concerned with the former group, the skid row alcoholic. Their numbers are fewer than the second group, but the problem created for society is more striking, and in many ways, more costly. The purpose of the study is to examine the characteristics of the skid row alcoholic in relation to a specific theoretical formulation, as well as their significance to the professions, the individual and the community. Before proceeding to this, it will be helpful to examine some of the personal and social aspects of the disease, and the part which alcohol plays in social organization.

### Contemporary Patterns

Alcohol has, since ancient times, been used in many ways by human societies. It is used in rites and ceremonies and still is part of festive and religious celebrations. It is sought after for medicinal purposes for such things as diabetes and as an anesthetic. Alcohol is recognized as an effective agent for "lubricating" the wheels of social interaction and today the term "social drinking" has been coined. But men also realize that alcohol has detrimental, as well

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<sup>1</sup> By "hidden" alcoholic is generally meant the person who is addicted to alcohol, but who is able to maintain an acceptable level of social functioning. That is, he is employed, usually married, maintains friendships, and his deterioration is much less extreme than that of the skid row alcoholic. Nevertheless, he is ill and represents the majority of alcoholics.



as desirable, effects. Some persons become objectionable, abusive, and even dangerous when under the influence of alcohol. Others lose control of physical and mental coordination. Still others find that after prolonged use of alcohol, they are unable to do without it; even the simplest tasks can not be confronted without the support of alcohol. The unrealistic behavior of the alcoholic and his compulsive drinking habits often lead others to think of him as one who is willfully flaunting social mores, values and traditions, and he is treated as a social outcast.

This attitude toward alcoholism forces the person to keep his addiction a secret and to resort to trickery and lies in order to protect his social status. But in some cases the addiction becomes so pronounced that the person is willing to give up any claim to the rewards which society has to offer in order to satisfy his "habit". The more he is abused because of his drinking, the more he uses alcohol as a means of escape from the painful realities of social life. With increasing industrialization and urbanization, large numbers of these people drift to the poorer sections of towns and cities. Here they find acceptance (or at least anonymity) among their own kind. Gradually they give up their allegiance to the values of the larger society. These people then, are the skid row alcoholics, and every large city has its skid row. The alcoholic shares his habit with hobos, prostitutes, beggars and mental defectives - persons who also are rejected

by society or who have difficulty in accepting and meeting the standards and values of the main culture.

The alcoholic's ties with the community are slim and tenuous and emphasize society's rejection of and disgust for him. A major role of law enforcement agencies is to protect the community from these "bums" and in very few cities does the police function serve as the first step in a treatment program. The "missions", although well-meaning, have a religious purpose which, for the skid row alcoholic, is a reminder of the moral "taint" he carries. In this sense the activities of the "missions" are sometimes self-defeating.

A summary view of skid row and its inhabitants as seen by the public in general, is given by Jackson and Connor:

The Skid Row is regarded as the area of the homeless man, of the 'bum' and the 'drunk', considered to be synonymous terms. The residents are held to be down and out, to have lost ambition, self-respect and other important values of our society, and to have drifted to Skid Road as the last place where they could survive. There is little expectation that anything could be done to make these men members of the 'respectable' community again. The missions, the police, and the occasional non-religious charity organization have been left to do any 'reforming' they can and their small success is thought to confirm the impression that these men are hopeless. In this, as in other stereotypes, there is just enough truth to make the whole stereotype appear convincing.<sup>1</sup>

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1 Jackson, Joan K. and Connor, R., "The Skid Row Alcoholic" Drinking and Intoxication, Ed. McCarthy, R.G., Free Press, 1959, p. 314.

This study is concerned with these "exiles", but first it is necessary to consider some facts about the total alcoholism problem so as to set the study within a broader context.

### Use and Effect of Alcohol

The data which are now to be presented are based upon Popham's study.<sup>1</sup> According to this author, Canada ranks fifth in alcohol consumption in comparison to other countries of the world. France, Italy, the U.S.A., and Switzerland are the four largest consumers. With regard to the rate of alcoholism, Canada is sixth, behind France, the U.S.A., Sweden, Switzerland and Denmark. The alcoholism rate for the years 1946 to 1948 was 1804 per 100,000 of the population aged 20 and over. This figure for Canada is increasing each year and from another study by Popham, it appears that British Columbia has the most serious problem in comparison with other provinces.<sup>2</sup> In consumption of alcoholic beverages (beer, spirits, wine), British Columbia is second to Ontario. The per capita consumption in British Columbia for 1956 was 1.62 gallons of absolute alcohol. In that year the people of this province spent 3.8 percent of their income on alcohol. Further to this, British Columbia had the dubious distinction in 1955 of leading the rest of Canada with an alcoholism rate

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1 Popham, R.E., "Canada", Drinking and Intoxication, Ed. McCarthy, R.G., Free Press, 1959, pp. 170-174.

2 Popham, R.E. and Schmidt, W., Statistics of Alcohol Use and Alcoholism in Canada 1871-1956, University of Toronto Press, 1958, p. 155.

of 2,495 per 100,000 of the population aged 20 and over.

What are the dimensions of the alcohol problem in terms of law enforcement? In 1946 the number of convictions for drunkenness was 5,974. In 1955 this figure rose to 16,637 and represented 8 per cent of arrests for all offences. It is difficult to estimate the cost of law enforcement, but as will be shown the "revolving door" policy toward alcoholics is expensive and achieves nothing. Policemen come to accept "pulling in drunks" as a routine, tiresome part of their job, and it is inconceivable that they should be expected to maintain a helpful attitude when they are fully aware that arrest serves little purpose. Specifically, it does not serve the purpose of introducing the alcoholic to a treatment program. It does serve the purpose of reconfirming in his mind feelings of worthlessness and rejection by society.

Admissions to mental hospitals is another index of the increase in the alcoholism problem. In 1950, of 1854 first admissions to mental hospitals in British Columbia, 104 were for alcoholism. Six years later, 436 of 2,547 first admissions were for alcoholism, an increase of 300 per cent. No doubt some of this increase is attributable to better service and increased acceptance of alcoholism as an illness. Nevertheless, not all of the increase can be accounted for in this way.

Upon examining the preceding figures, it becomes obvious that alcoholism is costing the community more and more each year in human and economic waste. Further, there

is evidence that the resources presently available are insufficient for coping with the problem. This is particularly so in regard to the Skid Row alcoholic who is for the most part, inaccessible to rehabilitation agencies. Having looked briefly at the problem of alcoholism in general, it is now in order to examine the skid row group specifically.

### Skid Row - Vancouver

As the largest centre in British Columbia, Vancouver is a typical example of a community which has a serious problem with regard to its skid row. What it cost the city in terms of law enforcement, crime, illness, and wasted lives, has not been estimated. But, as Marriage points out, "...We are sinking vast sums of money into a system which seems to yield no discernible benefit to the community whatever...."<sup>1</sup> One fact which seems to escape many people (as money-minded as we are in our society) is that, in one way or another, the community must support the group of people who are residents of the skid row district. The reluctance to spend money upon adequate treatment facilities may seem inexpensive in the short run, but in the long run nothing is achieved. Sara Harris bluntly describes what most communities have done about the problem. "Society's answer today is the flop house or the prison cell, either of which is calculated to make more

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<sup>1</sup> Marriage, Adrian, The Police Court Drunkenness Offender, 1957, p. 33.

certain the further degradation of these unfortunates."<sup>1</sup> To gain evidence of this fact, one needs only to spend a few hours in the skid row area.

In the year 1960, there were 11,500 arrests for drunkenness in Vancouver. Of that total, 7,690 arrests were made in a small area of fifty square blocks.<sup>2</sup> This area is bordered on the west by Richards Street, on the east by Gore Avenue, on the south by Pender Street, and on the north by the waterfront. This is by statistical and popular definition, the heart of Skid Row, Vancouver. Within this area are the flop houses, the dirty streets, the cheap restaurants and bars. The district borders upon the main shopping and business concerns of the city and provides a sharp (if somewhat depressing) contrast between social respectability and society in its least respectable form. The arrest figures would indicate an increase in the density of the population of the skid row, and point to certain conclusions. First, it shows that the subculture is self-perpetuating and more social "rejects" are taking refuge there. Also, it shows definitely that the present methods of dealing with the problem are inadequate and inefficient. And thirdly, it indicates, to some degree, the state of social organization in the main culture.

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1 Harris, Sara, Skid Row, U.S.A., New York, Doubleday, 1956, p. 12.

2 Holland, Norman, Police Court Clerk, Vancouver City Police Department. Personal communication, March, 1961.

For the existence of skid row suggests that there is a need to take the time to evaluate the weaknesses in the culture which contribute to this phenomenon.

### The Community Attitude

The community in general appears to see the skid row alcoholic in a pitying and "holier than thou" light. To many, the skid row alcoholic typifies failure to control external environment, and, what is more damaging, to control inner impulses and personal habits. Because of this, the skid row alcoholic is viewed as shiftless, irresponsible and undeserving of anything more than pity. There is a tendency for the community to evaluate the alcoholic on a negative emotional level rather than making a rational, objective assessment of his illness. Marriage, quoting from the results of a Gallup Poll taken in Canada in 1957, points out that only 70 per cent of those polled had heard of "alcoholism." Of these, only 24 per cent were of the opinion that alcoholism is a disease.<sup>1</sup> Hence, there is much progress still to be made in our culture. Some forward steps are being taken as is reflected by the establishment of the British Columbia Alcoholism Foundation. More will be said concerning treatment facilities in a later chapter.

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1 Marriage, The Police Court Drunkenness Offender, p. 25.

### Medical Theories

There is no doubt that alcoholism is, in part, a medical problem. Few persons need a medical degree to recognize the physiological manifestations of alcoholic over-indulgence. Slowed reaction time, distortion of visual, sensory and auditory perception, impairment of co-ordination, and the decreased ability to think reasonably, are evidence of the bodily changes brought about by alcohol. More serious effects such as delirium tremens, hallucinations and "black outs" are usually not experienced by the "social drinker." But they are a common occurrence for the skid row alcoholic, who will go to the extremes of drinking shoe polish, or inhaling paint fumes to get relief from his craving.

It has been stated that at least 12,000 people die each year in the U.S.A. from chronic alcoholism.<sup>1</sup> This figure does not include those deaths which are the indirect result of excessive drinking, such as automobile accidents. It is safe to assume that many who die from chronic alcoholism are skid row derelicts. Even here though, there appears to be some doubt as to whether many of these deaths are directly due to alcoholism per se. Marriage points out that such conditions as Korsakoff's psychosis, alcoholic paranoid states,

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<sup>1</sup> Noyes, A.P. and Kolb, L.C., Modern Clinical Psychiatry, Chapter X, p. 191.



delirium tremens, pellagra, polyneuropathy, and cirrhosis of the liver result, in part, because the alcoholic ignores his physical care for the sake of obtaining alcohol.<sup>1</sup> Nonetheless, whatever the contributory factors, there can be little argument that alcoholism is a health problem. With regard to nutritional, glandular and genetic factors, few theorists would state these as a main contributor to the disease.<sup>2</sup> Some speculate that while alcoholism is not directly inherited, the person may have a genetic predisposition toward a psychic make-up which makes him more susceptible to alcoholism.

As we understand more fully and accept the indivisibility of mind, body, and social environment, we must necessarily view alcoholism as a physical, psychological and social disease. Any program which ignores this fact is severely limited in what it can do. It is generally agreed that most alcoholics begin drinking because of psychological and/or social factors. As he becomes addicted to alcohol, the individual develops a craving which, in part, is physiological. The skid row alcoholic must be classified as a person who has reached this latter phase. This is not to say that psychological and social factors are any less important on that account, but it does indicate that treatment is much more difficult.

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1 Marriage, The Police Court Drunkenness Offender, p. 18.

2 McCord, W. and McCord, J. with Guderman, J., "Some Current Theories of Alcoholism: A Longitudinal Evaluation", Quarterly Journal of Studies on Alcohol, Vol. 20, No. 4, Dec. 1959, pp. 727-749.

### Psychological Theories

There are numerous theories, psychological and psychiatric, which attempt to give a dynamic picture of the etiology of alcoholism. The diversity of views is due not only to the wide variation in symptomatology at different stage of the disease, but also because of the confusion within the field of psychology and the paucity of scientific facts regarding peoples behavior. The Freudian view proposes that alcoholism is primarily an expression of repressed homosexuality, and although those analysts who agree with this view recognize that other factors must be taken into consideration, they assign the major role to that played by the homosexual repression.<sup>1</sup> Rosenman, in his postulation of the "negative ego image", states that rejection of the male child by the father is most significant.<sup>2</sup> Gibbins, in his survey of the literature on the etiology and treatment of alcoholism, has this to say about psychoanalytic theories,

It is probably true that none of the psychoanalytic theories discussed here reveal any of the sufficient conditions for the genesis of alcohol addiction. All the developmental elements which have been invoked as etiologic-al may be found in behavior disorders of quite a different nature. Generally speaking, the analysts have only touched upon the necessary conditions of abnormal behaviour.<sup>3</sup>

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1 Gibbins, R.J., Chronic Alcoholism and Alcohol Addiction, Alcohol Research Found. of Ont., 1953, p. 7.

2 Rosenman, S., "The Skid Row Alcoholic and the Negative Ego Image", Quarterly Journal of Studies on Alcohol, Vol. 16, No. 3, Sept. 1955, p. 450.

3 Gibbins, Chronic Alcoholism and Alcohol Addiction, p. 10.

English and Pearson say that in regard to etiology,

A regression to an oral activity takes place in the alcoholic. The habit of drinking - having something go into the mouth and down the throat - has a great deal of meaning for these people. In infancy we were warmed and made comfortable by drinking milk and being nursed by the mother. And in the same way that these attentions quieted the anxiety of the infant, so does drinking liquor fulfill the alcoholic's present need. Alcohol acts as a narcotic; it affects the brain and deadens, for the moment, the painful impressions of unhappiness that have been built up with the years.<sup>1</sup>

Other psychological views which are widely held are those which view parents as having factual and moral responsibility for alcoholism in their children, those which attribute the disease to a basic insecurity in the child, those which phrase the problem in terms of introversion and extroversion, and those which view alcoholism as a repression of inner impulses. It is probably true that most of these theories embody part of the total picture, but as Gibbins goes on to say:

A perusal of the psychological literature on alcohol addiction leaves one with the impression that many writers are evading the central issues of the problem. Numerous are those published articles which enumerate the personality traits of the alcoholic and describe his behaviour. What motivated the person pathologically, they usually neglect to say. More important is the fact that the personality characteristics of the alcoholic can be interpreted as

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<sup>1</sup> English, O.S. and Pearson, G.H.J., Emotional Problems of Living, Horton, N.Y., Rev. Ed. 1956, p. 501.

the result of his alcoholism rather than as etiological factors in its development.<sup>1</sup>

Mc Cord, Mc Cord and Guderman who compared the backgrounds of 29 alcoholics with 158 men who were neither alcoholic nor criminals state that there is no evidence to link oral tendencies, latent homosexuality or maternally encouraged dependency to alcoholism.<sup>2</sup> Their findings did indicate a relationship between strong suicidal tendencies and alcoholism, as well as between strong inferiority feelings and alcoholism.

It would be an extensive theory indeed which accounted for and explained all the etiological variables which are of importance. It is true that there is a need for a unified theory (which explains all the facts), but this can only be done as specific aspects of the illness are studied and the results co-ordinated. This study is an attempt to explore the application of one theoretical perspective to a particular group of alcoholics - the skid row drunk.

#### Social and Cultural Factors

Having reviewed briefly the lay attitudes and medical and psychological views of the alcoholism problem, it is now

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1 Gibbins, Chronic Alcoholism and Alcohol Addiction, p. 14.

2 Mc Cord and Mc Cord with Guderman, "Some Current Theories of Alcoholism: A Longitudinal Evaluation", p. 745.

in order to examine social and cultural factors. Gibbins has the following to say concerning these factors.

Most writers on the subject pay at least lip-service to social factors as etiological elements, but there are few who have given recognition to these factors as principal ones, or have given the matter the consideration it deserves.<sup>1</sup>

Such factors as poverty, occupation and education, are recognized as important but do not go far in explaining etiology. In this study, these factors will be used as criteria for measuring a more basic social phenomenon.

Of prime importance to the understanding of the alcoholic is a knowledge and grasp of the fundamental value-system of the society in which we live. It is postulated that there are certain aspects of this value system which are important in helping us to understand the phenomenon of skid row alcoholism. In exploring this question, it is proposed to examine and evaluate R.K. Merton's theory of "social retreatism." The theory is essentially sociological and around it can be constructed a framework in which the characteristics of the skid row alcoholic can be explored. It does not subtract from or supplant the psychological and medical theories, but it adds an important dimension to our conception of this group of social misfits.

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1 Gibbins, Chronic Alcoholism and Alcohol Addiction, p. 18.

Merton discusses the meaning of deviations (alcoholism is a form of deviation) in society.<sup>1</sup> He maintains that individual or group deviation from cultural "norms" cannot be solely attributed to the conflict between the individual's impulses and the restraints of society (as Freud maintained). The very fact that deviant behaviour varies systematically in different cultures suggests that it must be due, in part, to the very structure of the society. With alcoholism, for example, the chances of a person becoming a drunk are greater or less, according to the culture in which he lives, and more particularly to that part of the social structure in which he finds himself.<sup>2</sup> Thus, etiology must include not only psychic factors, but also factors inherent in the structure, value system and goal orientations of the society. Merton suggests that there are two basic elements which are common to every society. First, every society sets up, or defines goals which are considered desirable for every individual in the social structure. There is usually a hierarchical structuring of the goals which are valued in the society. The second tenet is that there are, in every culture, institutionalized means of attaining the valued

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1 Merton, R.K., Social Theory and Social Structure, Free Press Ill., 1957, pp. 153-155.

2 It should be noted that not every society establishes universal goals, but that this is peculiar to the North American situation, particularly in a historical sense. For example, in medieval England each class within the culture establish its own goals for persons in that class.

goals, aims or purposes. As well as facilitating the attainment of goals, the institutionalized means control and limit the ways in which an individual may strive toward the goal. But, there is not a one-to-one correspondence between culturally approved goals and institutional means. That is,

The cultural emphasis placed upon certain goals varies independently of the degree of emphasis upon institutionalized means. There may develop a very heavy, at times a virtually, exclusive stress upon the value of particular goals, involving comparatively little concern with the institutionally prescribed means of striving toward these goals.<sup>1</sup>

Societies vary in the degree of functional co-ordination between valued goals and the institutionalized means of attaining these goals. The existence of gaps or discrepancies between the two is alleged as the root cause of deviant behavior.

Probably the highest value we hold in industrial western societies is that of success in itself. It is emphasized and reemphasized in many ways throughout the culture. A person may achieve prestige in anything as long as he is a success at it. Our motto is, "anyone can reach the top", but the facts would make it obvious that this is not true. Hence, an imbalance is created as everyone is exhorted to become a "success" while the institutional means of doing so are denied or are inaccessible to many. And

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1 Merton, Social Theory and Social Structure, p. 133.

even for those who have access to the means, the competition for the prestige position is often great and frustrating. The class structure of our society itself is a built-in limitation to the possibility of certain individuals and groups achieving the success-goal by the means which are legitimately available. The value system takes no account of this and those who cannot move up the social ladder are denied the prestige of those born into the upper classes. The lower-class person is measured by the same "yard stick" as the upper-class person. Society has much the same expectation regardless of the person's position on the social scale, although the expectation may be modified to some extent, depending upon the group climate in which the individual functions. And in our culture, most people have internalized these values and expectations so the success-goal is important to the motivational system of most members of the population.

One of the major criteria by which success is measured in the North American culture is that of money. The individual's prestige is gauged according to the size of his income and in many instances "monetary success" is seen as a goal in itself, rather than the means to an end. This is not to say that wealth is the only indicator of success - others are: education, profession, and social standing. It is often maintained that this seeking for prestige and status is not necessarily undesirable or destructive. But the problem



arises when anxiety is created by the inability of some persons to achieve success by the conventionally legitimate means. Whether or not there is any hope of achieving success, the individual is pressed to cling to the goal orientation. Not to do so results in social and personal failure. Therefore, the individual who values the success-goal and yet is denied the legitimate means of attaining the goal must necessarily become frustrated. He must then make some kind of adaptation to the frustration and inadequacy he feels.

Merton formulates five main types of adaptation which the individual may make. He cautions that these are "ideal types" and there is usually some overlap, depending on the kind of situation in which the person finds himself. It will depend also upon the psychological and physical characteristics of the person, and will vary according to his social position. He maintains, though, that a given individual will use one mode of adaptation predominantly. The first adaptive pattern is that of "conformity" and is used by the majority of the people in a stable culture, where equal value is given to the goals and institutional means. In this sense, he considers conformity a "normal" adaptation, and the other four are forms of deviance. Second is "innovation" which occurs when there is internalization of cultural goals without equal internalization of institutionalized means. Following this pattern, the individual may achieve the success-goal through illegitimate means and still maintain high social prestige. An example is

the business man who uses illegal or unethical methods to sell his product. The third adaptive pattern is that of "ritualism", where there is an internal scaling down of cultural goals and a heavy emotional investment in institutionalized means. In this way, the person avoids the competition involved in striving for culturally valued goals. The person is able to rationalize his fear of failure. A fourth mode of adaptation is "rebellion" where the individual condemns both cultural goals and means and wishes to alter the structure of the society. This could, in the extreme view, result in social revolution.

It is on the pattern of adaptation which Merton calls "retreatism" that this study is based. The skid row alcoholic typifies, to a large extent, the kind of individual who uses this means of escaping the cultural demand for success and prestige. Of these people, Merton says,

They have relinquished culturally prescribed goals and their behaviour does not accord with institutional norms. This is not to say that in some cases the source of their mode of adaptation is not the very social structure which they have, in effect, repudiated, nor that their very existence within an area does not constitute a problem for members of the society.<sup>1</sup>

These people have internalized (in the first instance) both the valued goals and institutionalized means. But the means do not lead to success for them, and because of the guilt

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1 Merton, Social Theory and Social Structure, p. 158.

which arises if they attempt to utilize illegitimate means, they attempt to find another way to escape the frustration. The result is that they withdraw entirely their involvement in the institutionalized means and cultural goals. The alcoholic uses alcohol in order to ease the guilt and inadequacy he feels in doing this. As Merton points out, these people "are in society but not of it." The person is, of course, condemned by the culture because he rejects that which society values greatly. He is not only a liability, but conversely serves as a reminder that there are serious weaknesses in society's value structure, which have contributed to his illness. He has given up any claim to the rewards which society has to offer, but in doing so, he has also escaped the frustration that the competitive, unbalanced struggle entails.

Merton's formulation gives insight into the etiology of alcoholism, particularly as observed in the skid row derelict. Every facet of his functioning is a repudiation of those goals and institutions which society values. The theory suggests that the social structure itself plays a large part in the initial and continuing deviation of the skid row alcoholic. Alcohol offers a defence which allows the drunk to escape from the demands of the culture. Alcoholism is a vicious circle, for while it brings censure upon the person suffering from the illness, it also provides him with a barrier against that condemnation. This suggests why rehabilitation of the skid row alcoholic is a difficult and

sometimes impossible task. Rehabilitation implies that the alcoholic be brought back into a society from which he is trying to escape in the first place. Hence, not only must the individual be helped to use institutional means effectively, but it also is suggested that changes within the society itself are necessary so as to reduce the number of persons affected adversely.

### Conclusion

In this chapter the dimensions of the alcoholic problem in British Columbia have been examined. Looking specifically at the skid row drunk, an attempt has been made to examine this problem within the framework of a sociological theory, emphasizing those factors which seem to be of causal significance. In the following chapter, data obtained from local police records will be evaluated in terms of the "retreatist" behaviour of the alcoholic.

The characteristics examined will be those which indicate the person's effectiveness in performing culturally accepted roles. In the third chapter, a survey will be made of the present treatment facilities in Vancouver and they will be evaluated with special reference to the help given the skid row drunk. The final chapter is a summing up of the significance of the study for social workers, other professions and the community as a whole.

## CHAPTER II

### THE CHARACTERISTICS OF THE SKID ROW ALCOHOLIC

In Chapter I some of the facts, attitudes and theories concerning alcoholism were examined. In particular, R.K. Merton's theory of social "retreatism" was given as a theoretical base for studying the characteristics of the skid row alcoholic. Accordingly, in the present chapter a limited analysis of the role performance of the skid row alcoholic is presented with the object of evaluating the extent to which the phenomenon of retreatism is operating. As to the timing of the present study, it is the writer's opinion that the problem has been neglected too long. With the continuing increase in the number of skid row alcoholics, the need for a thorough study is essential. E.D. McCrae has suggested that such a study would cost approximately \$15,000.<sup>1</sup> The present study is much less ambitious but it does establish certain trends and shows that a more detailed examination of this subculture should be made.

#### Form of the Study

The sample was selected from the records of the Vancouver Police Department. The jail department maintains

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1 The Vancouver Sun, March 12, 1961, p. 22.

a card index system in which the name, birthdate, and number of those arrested for drunkenness (state of intoxication in a public place, or SIPP) are kept. In these files are kept approximately five thousand individual cards and from these were selected 184 cases (172 males and 12 females). The card index system has been kept since 1955 and each time a person is arrested the arrest sheet number and date of arrest is recorded on his or her card. It was thus possible to select the sample on the basis of the number of arrests and then to cross-check the arrest sheet number with the original arrest sheet. These sheets are completed each time a person is arrested and the information given in this chapter is based upon the data from them. The arrest sheets do not give a social history - they deal with objective facts about the person such as age, sex, marital status and education.

The primary criterion for selection of cases was that the person had been arrested for drunkenness no less than five times in 1960. This was felt necessary in order to ensure the elimination from the study of the "occasional drunk", and to select individuals who were truly representative of the skid row alcoholic population. For reasons of convenience, no attempt was made to obtain a random sample. Cards from each alphabetical category were selected according to the number of arrests, with the result that many cards were selected from some alphabetical categories with few from others. This creates some bias in the sample but the primary purpose of selecting hard core alcoholics was achieved.

The selection of twelve females was based on the fact that of the 11,500 arrests in 1960, only 1,120 were women.<sup>1</sup> The small number of women in the sample makes it difficult to draw any firm conclusions and only suggests possible trends.

There are certain limitations in the data which should be clarified. Many of the men were too drunk at the time of arrest to give the information needed to complete the arrest sheets. At first this appeared to be a serious drawback, but since most of the men and women have arrest records of long-standing and are well-known to the police officers, the information could be verified from previous contacts. Consequently, I do not feel that the information is made invalid or useless, as it seems unlikely that falsification of this objective material occurred. Another point which should be noted is that the data do not define the causal or etiological factors. What they do is suggest areas which are of importance in evaluating present functioning. Since the emphasis is on present functioning, there is only the length of the arrest record to suggest how long these people have been on skid row, and how long they have been alcoholics. Keeping these points in mind, it is now in order to evaluate the information which was gathered about this group of alcoholics.

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<sup>1</sup> Edwards, A., Vancouver Police Court, Interview, February, 1961.

## Age

The age groupings are of significance in that they show that the majority of these men have reached middle age and yet have not achieved the measure of "success" which might normally be expected. Most men in our society, by this time, have become well established in their occupation and in their marriages, and are concerned with planning for the future of their wives and children. The main concern of the skid row alcoholic at this age is where he will obtain his alcohol. He is not involved in the ends and means of social living. As is shown by Table 1, the majority of the male skid row alcoholics are in the 40 to 54 year age group. Another 22 per cent are 55 or older.

Table 1. Age Grouping of 172 Male  
Skid Row Alcoholics

Age	Number of cases	Percentage
25-29	8	4.7
30-34	18	10.5
35-39	22	12.8
40-44	36	20.9
45-49	19	11.1
50-54	31	18.0
55-59	13	7.5
60-64	14	8.1
65-69	9	5.2
70-74	2	1.2
Total	172	100.0



Table 2 gives the age grouping of the women, and it is significant that 83 per cent of the women are below the age of forty as compared to only 22 per cent of the men.<sup>1</sup> The mean age for the men is 46.3 and the median age 45.5 while the mean for the women is 32.2 and the median is 30. Although the number of women in the sample is small, it does suggest that women who become skid row alcoholics reach the row at a much earlier age than do men. It also seems to indicate that other factors (e.g. prostitution) may be of primary importance with women and that their alcoholism is a secondary development. There would appear to be essential differences in the reasons for the withdrawal of women from normal social interaction. This is particularly true for the Native Indian woman who faces more severe problems in adapting to social demands.

Table 2. Age Groupings of 12 Female Skid Row Alcoholics

Age	Number of cases	Percentage
20-24	3	25.0
25-29	2	16.6
30-34	4	33.4
35-39	1	8.3
40-44	0	--
45-49	1	8.3
50-54	0	--
55-59	1	8.4
Total	12	100.0

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1 As noted previously, there is such a large difference in the sizes of the two groups, it is impossible to draw any definite comparisons or conclusions from these figures.

Comparing these figures with those given by Kelly in his study of 250 patients undergoing treatment for alcoholism in the Butner Clinic, North Carolina, it would appear that the skid row alcoholic is four to five years older than the average clinic patient.<sup>1</sup> Further, the figures given in Table 1 agree generally with those given by Straus in his study of 203 homeless man.<sup>2</sup> Finally, the fact that less than 5 per cent of the men reached skid row before the age of thirty shows that the escape adaptation is a slow process, probably involving many frustrations and failures.

#### Race of Nationality

As with many other studies, the present one provides evidence that the Irish male in this country is often likely to become a skid row alcoholic. Table 3 shows that 21.5 per cent of the men in the sample are of Irish decent. This high incidence is explained in most studies by suggesting that there are basic factors of the Irish culture which ill-prepare the men to compete in a culture such as ours.<sup>3</sup> Although the majority of the men in the present study were born in Canada this does not necessarily refute the argument. It appears

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1 Kelly, N.L., Alcoholism and Social Experience, North Carolina Alcoholic Rehabilitation Program, 1954, p. 21.

2 Straus, R., "Alcoholism and the Homeless Man", Quarterly Journal of Studies on Alcohol, Vol. 1, No. 3, Dec. 1946, p.369.

3 Ibid., p. 385.

logical that since most would be children of people who were born in Ireland, then there would be a large residue of the cultural values and traditions which are carried over from the parents. That is, child raising methods, values and goals would probably be quite similar to those in Ireland.

Table 3. Race and Nationality Groupings of  
172 Male Skid Row Alcoholics

Race or Nationality	Number	Percent
Irish	37	21.5
Scottish	31	18.0
Native Indian	25	14.5
French	19	11.0
Scandinavian*	17	10.0
English	15	8.7
Russian	7	4.0
Others**	21	12.3
Totals	172	100.0

\* This group includes: Swedes (7), Fins (1), and Norwegians (9).

\*\* This group includes: Hungarians, Ukrainians, Austrians, Germans, Negroes, Swiss, Poles, Lithuanians, Slavs, Rumanians, Icelanders, Welsh and Dutch. The maximum number in any of these groups is three.

It is difficult to account for the large number of men of Scottish descent in the study. It is suggested that this is in keeping with the proportion of Scottish males in the general population.

In this study, as in others, the Jews are noticeable for their absence from the skid row population. Also, members of Oriental and other Asian groups do not tend to become skid

row inhabitants. Even where they do reside on skid row, they are usually not alcoholics. The reasons why these people do not become alcoholics will not be discussed here. The purpose in mentioning them is that it does reinforce the view that skid row and alcoholics who live there are an expression not only of intrapsychic factors but also of cultural influences.

As is shown by Table 3, the Indian population of British Columbia is well represented on skid row, Vancouver. Native Indians comprise 14.5 per cent of the male sample and are the third largest group. This indicates a striking over-representation of the Native Indian population. This is born out when compared with census figures.<sup>1</sup> The expected proportion would be 2 per cent rather than the 14.5 per cent indicated. Of the females, 8 are Native Indians. There appear to be several factors which help to explain why Indians become skid row alcoholics. They have a low socio-economic status, their culture is quite different from the main society, many of the males are loggers or fisherman (groups notable for their drinking habits), they are poorly educated and usually unskilled, and they are expected to live according to the values of the over-culture. With this group it would appear that skid row degradation is the result of a cultural conflict where they are unable to adapt to the main culture

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1 Canada Year Book, Dominion Bureau of Statistics, Queen's Printers, 1962, p. 1203.

and are dissatisfied with being a member of a minority group. Therefore, in all three major groups it is suggested that cultural factors are as important as psychological factors in the etiology of skid row alcoholism.

### Religion

Religious belief and activity are generally accepted as one criterion for measuring the individual's involvement in social life. From the earliest years of an individual's life, he is aware of the importance of religious values. As a society, our religious heritage is of major significance in attaching moral overtones to behavior. Historical, technical and social changes have modified these beliefs to some extent, but the value system of society is based upon Christian ideals. On a conscious level it appears that the alcoholic has relinquished his allegiance to these beliefs. Nevertheless, further study is needed to determine the true significance of religious beliefs and ideals to these individuals, particularly upon an unconscious level.

Table 4 shows the numbers of men who profess to belong to different faiths. The predominance of Catholics is in agreement with other studies, as quoted by Straus.<sup>1</sup> On the other hand, Kelly's study of a group of 250 patients undergoing treatment at Butner, North Carolina revealed that

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1 Straus, "Alcoholism and the Homeless Man", p. 384.

only 1.9 per cent were Catholic.<sup>1</sup> Also, Feeney's study of a group of chronically jailed alcoholics shows that only 18 per cent were Catholic.<sup>2</sup> The variation in study results indicates that religious affiliation is a dependent variable according to racial grouping or geological location and is not significant insofar as general etiology is concerned. That is, although religion may be a factor in individual etiology, there is no particular denomination which is more predisposed to alcoholism than another. The arrest sheets give no indication as to whether a man was active with regard to religion, but the author believes it can be safely assumed that the majority are non-practicing. It is likely that many would "change" their religion, depending upon the religious group that is giving them food, clothing or meeting other needs.

Table 4. Religious Denominations of  
172 Male Skid Row Alcoholics

Religion	Number	Percent
Roman Catholic	81	47.1
Church of England	38	22.1
Lutheran	22	12.8
Presbyterian	19	11.0
Other*	6	3.5
None	6	3.5
Total	172	100.0

\* This group includes: Greek Orthodox, Russian Orthodox, Baptist, Seven Day Adventist and Salvation Army.

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1 Kelly, Alcoholism and Social Experience, p. 64.

2 Feeney, F.E. Mindlin, D.F., Miniar, V.H., Short, E., "The Challenge of the Skid Row Alcoholic", Quarterly Journal of Studies on Alcohol, Vol. 16, No. 4, Dec. 1955, pp. 645-667.

It is often said that many individuals living on skid row are immigrants who have been unable to adjust to the Canadian culture. Table 5 makes it clear that the majority were born in Canada. In view of this it can be said that there are factors inherent in the social structure of this country which are, in part, responsible for these men becoming social deviants. This would appear to contradict the previously expressed interpretation as to the effect of a foreign culture. In fact, it does not.

Table 5. Birth Place of 160 Male Skid  
Row Alcoholics\*

Country of Brith	Number	Percentage
Canada	115	72.0
Other	45	28.0
Totals	160	100.0

\* Birth place of 12 men was not given.

Table 6 shows the length of residence in Canada of those men who were born in another country. The significance of birth place and length of residence in relation to the adaptive patterns of these men is two-fold. Of the 45 men who were not born in Canada the majority have lived in this country for thirty years or more. Since the mean age for the total group is 46 years it follows that many came to Canada in childhood or adolescence. The displacement from one

culture to another at this time combined with other negative factors (e.g. deprived home life, poverty, psychological factors) could account for the assumption of a "retreatism" form of behaviour, eventually leading to alcoholism and skid row. It should be emphasized that social or cultural factors in themselves cannot be held entirely responsible for the kind of adjustment made, since many immigrants were in a similar position and able to adapt successfully.

Table 6. Length of Residence in Canada of  
45 Male Skid Row Alcoholics

Number of Years in Canada Number Percentage		
1-5	2	4.4
5-9	0	-
10-19	2	4.4
20-29	3	6.7
30-39	24	53.3
40 and over	14	31.2
Totals	45	100.0

A second explanation helps to account for the poor adjustment of Canadian-born skid row alcoholics who have foreign-born parents. It is outlined by Straus who says,

A large number of homeless men, however, are second-generation Americans;... The presence of many second-generation Americans among the homeless is significant when it is considered in the light of innumerable studies which show that the incidence of social disorganization is far greater among second-generation than among first-generation Americans. A partial explanation of this lies in the conflicting



sets of mores between the foreign-born parents and their children, who were born and raised in America. It has already been pointed out that many of the homeless men come from unstable homes; and one source of this instability is to be found in a conflict of mores.<sup>1</sup>

Since the group of homeless men that Straus studied were also alcoholics, then the same reasoning can be applied to the group under consideration here. The influence of social change and conflicting value systems probably is a major determining factor in the "retreatist" behavior shown by these men. Moreover, it is conflict between culture goals and institutionalized means in the Canadian culture that helps to determine the type of person who will choose this type of adaptive pattern. The conflict would be felt mostly by those who have low status (are members of a lower class), and who would be least able to make legitimate use of the institutionalized means to achieve success. The frustrations inherent in the class structure would be more intense for the person who is an immigrant of low socio-economic status. In summary then, the conflicts within our culture combined with those resulting from cross-cultural differences were overwhelming to many of the subjects so that they chose retreatism as an adaptation.

### Education

In our society, educational attainment is often used as a gauge of a person's prestige and status. Education is

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1 Straus, "Alcoholism and the Homeless Man", p. 384.

seen in many instances as an end in itself, but generally it is said that the higher the educational level, the better the person is prepared for life. We know that generally the skid row alcoholic is ill-prepared for life and it is reflected in his educational achievements. What Straus calls the "failure to follow through" is a striking characteristic of this group.<sup>1</sup> Table 7 gives the education level of 172 male skid row alcoholics and it is noticeable that nearly 60 per cent left school during Grades VI to VIII. And of those who went on to high school, the majority never completed Grade XII. With regard to the women in the sample, none of them went beyond Grade X.

Table 7. Educational Attainment of  
172 Skid Row Alcoholics

Education (Grades)	Number	Percentage
None	1	.5
1-5	23	13.5
6-8	102	59.3
7-12	40	23.2
University	6	3.5
Totals	172	100.0

The average number of years of schooling for 165 males (excluding one who had no schooling and six who went to university) is 7.5 years. Hence, the average skid row alcoholic

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1 Straus, "Alcoholism and the Homeless Man", p. 387.

did not make very extensive use of institutionalized education. This, in itself, is not significant unless it can be shown that even as early as adolescence the individual showed signs of withdrawing from the demands and competition of the school system. As Straus points out, interrupted schooling could be due as well to such factors as poverty and family disorganization.<sup>1</sup> Nonetheless, the very lack of schooling would make success in other areas difficult to achieve, leading to further failure and frustration. In order to relieve such feelings, the individual may use illegitimate means of seeking satisfaction (e.g. delinquency), or where this involves too much anxiety, then some form of "retreatism" might be chosen as the primary adaptive pattern. Thus, for some, leaving school is an escape from the frustrations of academic competition, and alcohol may serve as a means of blunting the feeling of failure.

A concept which is helpful in enlarging our understanding of the alcoholic's failure to "make good" is one introduced by Kurt Lewin.<sup>2</sup> He stated that a person's "level of aspiration" is a measure of his conception of himself (self-image) as he is and as he would like to be. Hence, for the well adjusted person, the level of aspiration is a function of his realistic assessment of his capacities, his need

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1 Straus, "Alcoholism and the Homeless Man", p. 389.

2 Stagner, R., Psychology of Personality, McGraw-Hill, 2nd ed., 1948, p. 293.

to improve and to avoid failure. His level of aspiration would then be in keeping with what is realistic for him. In the maladjusted person one or more of the factors may be distorted, resulting in a distorted level of aspiration.

It may be presumed that the skid row alcoholic has a poor conception of himself, unrealistic expectations and an exaggerated fear of failure. The destructive quality of his level of aspiration is then evident as his unrealistic expectations are certain to be unattainable (due to psychological or social factors) and hence lead to failure, confirming his deep sense of worthlessness. This self-destructive mechanism is reinforced by the emphasis upon the "success goal" in our culture. Stagner suggests much the same thing when he says that a person's level of aspiration is determined not only by his own conceptions of himself, but also by the values and standards of the group with which the individual compares himself.<sup>1</sup> In our society the individual is urged to compete against "all others" in achieving the goal of success. Accordingly, we can say that the skid row alcoholic has given up striving to fulfill his aspiration rather than experience once more the failure to reach the ideal he has set for himself. The use of alcohol serves both purposes; it allows him to escape from the painful realities of life and reach his ideals in phantasy, while dulling his sense of inadequacy

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1 Stagner, Psychology of Personality, p. 179.

and worthlessness. The self-defeating quality of this behaviour results because even alcohol cannot completely remove the feelings of inadequacy, which are reinforced by social condemnation.

The skid row alcoholic's poor opinion of himself and his awareness of social condemnation is consicely noted by Sara Harris as a reflection of a conversation with one of these men.

Only two ideas came out of our talk. He was really nobody so why should he pretend, who was going to believe him anyway?<sup>1</sup>

For the skid row alcoholic, there is no need for a high level of aspiration as long as he is on skid row, since his fellow "rowers" have few expectations of him. There is no question of adequacy or achievement and few demands are made of him.<sup>2</sup> Jackson and Connor indicate the importance of group acceptance and suggest that it can be a serious obstacle to rehabilitation since it is often easier for the alcoholic to remain within the protective cover of the skid row group than to try readjusting to normal social living. The following is their explanation of the group's importance to the alcoholic.

The group's unqualified acceptance, as compared to acceptance in a non-Skid Road group, and its function in helping the alcoholic to escape feelings of inadequacy for a time, are recognized by

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1 Harris, Skid Row, U.S.A., p. 31.

2 Jackson, Connor, "The Skid Row Alcoholic", p. 317.

some alcoholics. The informants agreed that 'Skid Road' drew them because there they could still act as 'big shots' when they could no longer do so elsewhere. As their drinking progressed they became less and less accepted as 'big shots' in their own class groups. Stories of self-importance came to be challenged in the face of a poverty of deeds to support the claims. Unable to accept themselves as 'ordinary' they descended a notch on the social scale to find a new group which could be impressed both by their stories and by their higher social status. Gradually this group, too, rejected them, and they moved down again. Ultimately, they reached Skid Road. Here no one asked questions or demanded performance to back their claims. Their boastful tales were no longer subject to the restraints of listener skepticism, and they were elaborated upon considerably.<sup>1</sup>

Hence, the skid row drunk is able to rationalize his failures and substitute words for deeds. The man who spends his time on skid row in this atmosphere of unqualified "acceptance" will undoubtedly have a distorted perception of himself and society, failing to take into account his abilities and the external barriers which prevent him from fulfilling his aspirations. It is suggested then, that continued distortion of the individuals level of aspiration (from the earlier stages of social functioning) may be significant in understanding the deviant behavior of the skid row alcoholic.

### Occupation

One of the major criteria of social status and class designation is the type of work a person does. Generally,

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1 Jackson, Connor, "The Skid Row Alcoholic", p. 316.

the best-paying occupations have the highest prestige value, although there are exceptions to this (e.g. ministerial work). Not only this, but work in itself (regardless of the type of work) is valued highly, and the unemployed person is seen as a non-productive member of society. For this reason and for other less obvious reasons, work per se, has a high value in our culture. But the skid row alcoholic is a deviant in both ways; he is usually unemployed and he does not value work except as a means of obtaining money for alcohol. Hence, in this area too he has withdrawn emotional involvement from the goals and institutional means which the culture sees as desirable.

Table 8 gives the occupational status of 172 male skid row alcoholics showing that the majority are unskilled.

Table 8. Occupational Status of 172 Male  
Skid Row Alcoholics

Occupational Status*	Number	Percentage
Group I	-	-
Group II	4	2.3
Group III	14	8.1
Group IV	151	87.8
Group V	3	1.8
Totals	172	100.0

\* Group I - professional, managerial and proprietary; Group II - white collar (salesmen); Group III - skilled and semi-skilled (carpenter, wall-presser, baker, signalman, sawyer, cat skinner, taxi driver, cook, painter, sheet metal worker, pipe fitter); Group IV - unskilled (laborer, logger, miner, seaman, fisherman, longshoreman, farmhand); Group V - other (pensioner, jail "trusty").

Table 9 gives the employment status of the same group at the time of arrest. It is significant to note that of the 151 unskilled workers, 112 gave their occupation as laborer and another 24 listed themselves as loggers.

Table 9. Employment Status of 172 Male Skid Row Alcoholics  
at the Time of Arrest

Employment Status	Number	Percentage
Unemployed	166	96.5
Employed	6	3.5
Totals	172	100.0

Although data were not given for work history, it can be assumed on the basis of other studies, that the majority of the men in the sample would have had irregular and sporadic work records since reaching skid row. The low value which work has for the skid row alcoholic is in contrast to its value for the "hidden" or "respectable" alcoholic. With the latter, work is still regarded as necessary and this belief reflects his need to live within the mores and norms of the culture. But, when the "hidden" alcoholic finds he is unable to hold a job for any length of time because of his alcoholism, then he is on the way down. For he would gradually find himself in a position where the only type of work he could get is that which is classified as a low occupational category (e.g. laborer, casual work). This in turn



would tend to increase feelings of inadequacy and also his need for alcohol to blunt these feelings. This "vicious circle" aspect of the alcoholic's life may drive him to skid row where he can escape the anxiety and fear through a continual state of intoxication.

### Marital Status

Marriage and family living are considered the "corner-stone" of our society and it is in this area of living that the closest of relationships between people are required. As Straus points out, marriage not only gives sanction to expression of the sexual drive, but is also a vehicle for participation in a number of other social institutions (e.g. church, recreation, school).<sup>1</sup> The skid row alcoholic shows both an inability to sustain close relationships with others and a disregard for the value of marriage and family living. Table 10 shows the distribution of marital status for 172 male skid row alcoholics.

Table 10. Marital Status of 172 Male Skid Row Alcoholics

Marital Status	Number	Percentage
Single	135	78.5
Married	4	2.3
Separated	25	14.5
Divorced	5	3.0
Widowed	3	1.7
Totals	172	100.0

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1 Straus, "Alcoholism and the Homeless Man", p. 374.

It is significant that only four of these men are still living with their wives and can be considered married in the true sense of the word.

Although there is reason to believe that some of the men gave their status as single when in fact they had been married at sometime, the above figures give the relative distribution and are consistent with Straus' findings.<sup>1</sup> Moreover, the fact that some men who have been married consider themselves as single is suggestive of their wish to forget or disregard past experiences. The deviance from the normal population with regard to marriage (particularly when other aspects of functioning are considered) further confirms that the skid row alcoholic "is in society, but not of it."<sup>2</sup> Considering those who reported having been married, it is striking to note that 81 per cent were not able to achieve success in marriage. The psychological significance of these data should not be overlooked, for as Myerson says,

This striking failure in their interpersonal relationships needs special emphasis because of the important role it plays in understanding their isolated lives and the set-up of any rehabilitation program for them.<sup>3</sup>

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1 Straus, "Alcoholism and the Homeless Man", p. 377.

2 Merton, Social Theory and Social Structure, p. 153.

3 Myerson, D.J., "Further Observations of a Group of Skid Row Alcoholics", Institute on the Skid Row Alcoholic, Thurs., March 29, 1956, p. 1.

This particular short-coming is, according to the same author, common to all these men.

Whatever the diagnostic category, these men showed unusually repressed and primitive relationships.... This relationship was a simple one in which they were interested only in those individuals who gave them their supplies whether alcohol or money.<sup>1</sup>

It is not surprising then that the majority of skid row alcoholics remained single. It would seem that they were made conscious, by their life experiences, of the dangers (for them) of entering into a close relationship such as is demanded in marriage. The key factor in this shortcoming is the alcoholic's inability to "give" to another person. The alcoholic functions at such a socially immature level that he cannot trust another person, because he is so deprived himself. The inability to give and constant demanding from the marital partner is certain to cause severe strain on the marriage itself. As Sara Harris points out, the skid row alcoholic's deep insecurity in any relationship causes him to hurt those he "loves" so they cannot hurt him.<sup>2</sup> The defense is obviously self-defeating, resulting in the break-down of the marriage and the aggravation of the alcoholic's retreatist behavior. He becomes increasingly demanding and is unable to trust others.

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1 Myerson, "Further Observations of a Group of Skid Row Alcoholics", p. 7.

2 Harris, Skid Row U.S.A., p. 31.

The poverty of the skid row alcoholic's interpersonal relationships is further emphasized upon investigation of data pertaining to next of kin. Table 11 gives the number of men who reported having next of kin, and it is significant to note that over 50 per cent said they had none.

Table 11. Next of Kin as Reported by 172  
Male Skid Row Alcoholics

Next of Kin	Number	Percentage
None	94	54.7
Relative*	61	35.5
Wife	14	8.1
Not given	3	1.7
Totals	172	100.0

\* Includes mother, father, siblings and children.

For those who reported next of kin, the residences of these people are given in Table 12. It is obvious then that the

Table 12. Place of Residence of Next of Kin as  
Reported by 75 Male Skid Row Alcoholics

Place of Residence	Number	Percentage
Vancouver	11	14.7
British Columbia	24	32.0
Canada	30	40.0
Foreign Country	8	10.7
Not Given	2	2.6
Totals	75	100.0

large majority of skid row drunks are isolated, both from their families of orientation and procreation. Only 14 of the 172 men reported dependents, despite the fact that 37 had been married at one time or another. This loss of contact is probably due to the fact that their families do not wish to associate with them, and partly because the men themselves do not want their families to know the extent of their degradation.

#### Number of Arrests

Further evidence of the extent of retreatism as found in skid row alcoholics is seen upon investigation of the arrest frequencies among this group. More than any other measure it illustrates sharply the disregard these individuals show for the sanctions of society. The skid row alcoholic fears imprisonment, not because it is a reflection of social condemnation, but because it deprives him of the alcohol he craves. According to several police officers at the Vancouver City Jail, the skid row drunk prefers a one month jail sentence to a five day sentence (as is often given), because in five days he just gets over the painful withdrawal from alcohol then is released. Immediately he goes in search of liquor. With a 30-day sentence he has an opportunity to "dry out", build up his body and get some needed rest before going back to the row. The adequacy of either type of sentence will be dealt with

in a later section.

The criterion of not less than five arrests in the year 1960 was selected so that it would be safe to assume that the study is dealing with the true skid row alcoholic. Figure 1 shows the number of arrests which this group accounted for in 1960. The average number of arrests per man for that year was 7.5 and the 172 males accounted for a total of 1278 arrests in 1960 - or 11 per cent of the total number of arrests for drunkenness in 1960.

Figure 1. Arrest Frequency of 172 Male  
Skid Row Alcoholics - 1960

I N D I V I D U A L  C A S E S	45																			
	40																			
	35																			
	30																			
	25																			
	20																			
	15																			
	10																			
	5																			
		5	6	7	8	9	10	11	12	13	14									
		Number of Arrests for Each Case																		

As a further indication of the socially deviant behavior of these men, Table 13 shows the arrest records for varying periods.

Table 13. Longitudinal Arrest Records of  
172 Male Skid Row Alcoholics\*

Period (In Years)	Number of Cases	Total Number of Arrests for Period Given
1956-1960	126	4952
1957-1960	18	380
1958-1960	7	130
1959-1960	15	181
1960	6	48
Totals	172	5491

\* The time periods, cases and number of arrests are exclusive for each class interval. For example, the cases and number of arrests included in the period 1957-1960 are not included in the period 1956-1960. The purpose of the table is to illustrate how many men have long records of arrests for drunkenness in Vancouver.

The 126 men with an arrest record of at least five years, represents 73.3 per cent of the sample, and are the "hard-core" skid row alcoholic group, having compiled nearly 5000 arrests between them. This is an average of 39 arrests per man in five years or eight arrests per year. The remaining 46 men have arrest records (in Vancouver) varying from one to four years and probably represent newer additions to the row or men who have migrated from a skid row in another city or part of the country. With regard to the female portion of the sample, the twelve women had amassed 596 arrests between them since 1956. Thus, the total for 184 persons during those five years was over 6,000 arrests. The cost of this can only be guessed at but the tragic part is that perhaps all of them are still on skid row and neither

they nor the community have received any benefits from the time, money and effort spent.

### Conclusion

In this chapter an attempt has been made to demonstrate the ways in which the skid row alcoholic has, in fact, retreated from society. Summarizing the data presented, it is certain that most of his behavior (past and present) is marked by withdrawal from normal social living through the use of alcohol. It is possible on the basis of the facts which have been presented in this chapter to describe retreatism as a "state", a phenomenon which exists at a particular point in time. But, it is important to make a distinction between retreatism as a "state" and retreatism as a "process." Merton does not make it clear as to the significance of the concept in describing behavior and a continuing basis and longitudinal study is needed so as to evaluate whether or not it adds to our understanding of why individuals become skid row alcoholics (that is, retreatists). For, while it is important to know that people do retreat or withdraw from "normal" patterns of social functioning, this is not a substitute for determining causal factors. This study, while consistent with the former is only suggestive of etiology, and then only through hypothesis.

On the basis of the material presented in this chapter, it is possible to form a personal and social picture



of the typical or average skid row alcoholic who lives in Vancouver. He is about 45 years of age and is of Irish, Scottish or Native Indian descent, but seldom Oriental or Jewish (very likely never the latter); he is Roman Catholic or Protestant; he was born in Canada, but if he is an immigrant, he has been here for more than thirty years; his education was interrupted before he completed Grade VIII; he is an unskilled laborer who is unemployed and he has little chance of obtaining or desire to obtain permanent employment; he is single (or considers himself as such) and if he was formerly married, he is separated from his wife; he has no next of kin (and those who have are not in close contact with them); and he has had a great deal of contact with the law enforcement agencies, having been arrested for drunkenness at least seven times in any given year since 1956.

The structure of the skid row alcoholic's personality (inability to "give", poor perception of reality, mistrust of others, and a deep sense of worthlessness) would seem to make him a poor candidate for rehabilitation. But before affirming or denying this observation, it is necessary to ask certain questions. What is his background and how long has this process of deterioration taken? What particular aspects of his family, school and social life are of significance in understanding the etiology of his condition? What treatment facilities are available in this city for helping

him? What purpose does repeated arrest and jailing serve? How successful have been the attempts to treat him? And if they have been unsuccessful, is this due to poor motivation, a deficient treatment program, both, or something else? Can the community alter its attitudes toward the skid row alcoholic and help him to adjust to the normal demands of the culture? Are these demands excessive or not conducive to normal adjustment? The attempts to answer these questions should give some insight into the needs of this group of social deviants.

In this chapter then, the main characteristics and present functioning of the skid row alcoholic have been explored. In Chapter III, a survey of the treatment facilities and social resources available to the skid row alcoholic will be made, along with an evaluation of their effectiveness. In this way, it is thought to answer some of the questions which arise as a result of the data presented. Only then can we determine if the local community has made a serious attempt to deal with the problem.

## CHAPTER III

### TREATMENT FACILITIES AND RESOURCES

In the previous chapter an analysis of the characteristics of the skid row alcoholic pointed to his extreme isolation from the rest of the community. Since the nature of his illness implies difficulty in mobilizing personality resources, he must, at least in the acute phase, be almost wholly dependent upon others for treatment.<sup>1</sup> The findings of the study show that his contact with family or relatives is virtually non-existent so that some resource beyond that is required if he is to be aided. The purpose of the present chapter is to examine the resources available to the skid row alcoholic. Generally, these may be classed as medical, psychiatric and social, with particular focus on those available in the Vancouver area. A detailed analysis is beyond the scope of this project, but even a limited study will provide some insight into the extent and adequacy of the services available.

#### Medical

When referring to medical treatment this is limited to the means by which the physical symptoms of acute and

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1 Myerson, "A Three Year Study of a Group of Skid Row Alcoholics", p. 153.

chronic alcoholism may be relieved. Such symptoms as delirium tremens, blackouts, malnutrition, liver disorders, loss of appetite and sleep cause extreme discomfort to the alcoholic and must be treated prior to involving the individual in a prolonged therapeutic program.<sup>1</sup> Psychological symptoms such as irritability, tension, depression, aggressiveness, are often reduced when the acute physical symptoms have been treated. Several drugs have found to be helpful in treating acute symptoms. The use of chlorpromazine to relieve the severe agitation of acute alcoholism intoxication is reported and the conclusion drawn that it is helpful as an aid to treating post intoxication symptoms.<sup>2</sup> Experiments have been conducted with ACTH (adrenocorticotrophic hormone) and it has been found to be a valuable aid in the treatment of alcoholic psychoses.<sup>3</sup> Reserpin has also been used and found to be effective, without severe side effects, and it shortens the time necessary to free patients of their post-alcoholic symptoms, making nursing care less difficult.<sup>4</sup>

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1 Bailey, M.B. and Fuchs, E., "Alcoholism and the Social Worker", Social Work, Vol. 5, No.4, Oct. 1960, p. 18.

2 Alcoholism Review, "Calming the Agitated Alcoholic with Chlorpromazine", Vol. 1, No. 2, Aug. 1955, pp. 5-7.

3 Kant, F., The Treatment of the Alcoholic, 1954, p. 66.

4 Avol, M. and Vogel, P.J., "A New Treatment for Delirium Tremens", Alcoholism: Basic Aspects and Treatment, AAAS, 1957, pp. 115-123.

Meprobamate is useful in relieving the sub-acute symptoms (restlessness and insomnia) of alcohol withdrawal.<sup>1</sup> Massive doses of vitamins are also used during early hospitalization since the alcoholic is usually deprived of these during his excessive drinking periods.

The use of drugs in order to produce long-term abstinence from alcohol has also been reported. Emetine has been reported as being successful in inducing abstinence for lengthy periods of time and in one study sixty percent were able to abstain from excessive use of alcohol for at least a period of one year.<sup>2</sup> Another study reports that 51 fifty-one per cent of five hundred patients remained abstinent for a year after treatment with apomorphine.<sup>3</sup> Antabuse (disulfiram) is one of the newest drugs in use and has been found effective in aiding the alcoholic to remain abstinent.<sup>4</sup> In regard to this and other "aversion" drugs, Noyes and Kolb emphasize that:

For the treatment to be successful, however, it is necessary for the patient to have a real desire to be helped, to be willing to take the drug with consistency and to co-operate in psychotherapy.<sup>5</sup>

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1 Thimann, J., "Newer Drugs in Treatment of Acute Alcoholism with Special Consideration of Meprobamate", op. cit. p.5.

2 Alcoholism Review, "Comparing Treatments for Alcoholism", Vol. 1, No. 1, April 1955, p. 11.

3 Ibid., p. 11.

4 Alcoholism Review, "How Disulfiram Helps in the Treatment of Alcoholism", Vol. 1, No. 2, Aug. 1955, p. 10.

5 Noyes, A.P. and Kolb, L.C. Modern Clinical Psychiatry, Saunders, 1958, Chapter X, p. 210.

Unfortunately, most skid row alcoholics do not have this degree of motivation.

The above methods (along with proper diet, regular routine and physical therapy) are important in helping the alcoholic to achieve physical and mental stability while in hospital. Upon reaching this level he is usually released from hospital and being left to his own resources he is quick to return to his former pattern of functioning.

### Psychiatric

Although a few skid row alcoholics may make use of psychiatric treatment available in the community, it is the writer's opinion that these represent a very small percentage of the total. This is due to the fact that few of the individuals apply voluntarily for such service and also because of the view that "he seems particularly resistant to therapy in any form."<sup>1</sup> Hence, psychiatric treatment is largely limited to that which the individual receives when he is admitted to the Provincial Mental Hospital at Essondale. There are approximately 300 admissions for alcoholism to the Centre Lawn building of that hospital per year. Of these, approximately forty percent could be classified as skid row alcoholics.

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<sup>1</sup> Alcoholism Review, "The Challenge of the Skid Row Alcoholic", Vol. 1, No. 5, Aug. 1956, p. 6.

Upon admission, the patient is generally treated with chlorpromazine and vitamins, and within a few days is usually well enough physically to be placed on a predischARGE ward. The usual length of stay is thirty days and during this time he is on a ward with other alcoholics and improved psychotic patients. He is required to attend group meetings in which the psychiatrist acts as catalyst to encourage free discussion of drinking and other problems. He is also encouraged to attend Alcoholics Anonymous meetings which are held in the evenings, as well as view films dealing with alcoholism. Added to these is the general milieu of the ward and hospital through which the alcoholic has an opportunity to view himself and his problems in a new way. If a staff member feels that a particular alcoholic is "well motivated" the doctor may begin this person on antabuse therapy and refer him for psychotherapy upon discharge.

The majority of alcoholics are diagnosed as "Sociopathic Personality Disturbance Associated with Alcoholism Addiction" and this "label" is usually sufficient in itself to discourage prolonged treatment since, to the majority of psychiatrists, it indicates a very poor prognosis. Thus, the alcoholic is released from hospital in an improved physical and mental condition but is no closer to a resolution of his drinking problem. This is evidenced by the fact that the recidivism rate is high (estimated at forty to fifty per cent). When this is considered against the fact that it

costs the public over seven dollars per day for each patient in the Provincial Mental Hospital (a conservative estimate for the care of alcoholics in this institution would be sixty thousand dollars per year) it would seem that a thorough study of the problem would be far less expensive and produce better results in the long run.

Social workers on staff at the Provincial Mental Hospital are normally involved in a limited way with the alcoholic. Prior to his discharge from the hospital, the alcoholic is seen by a social worker who makes an assessment of the individual's immediate needs. He may then recommend that a "gratuity" (in an amount up to a twenty dollar maximum) be given. He may also suggest that the alcoholic be provided with clothing and in many cases will write a letter of referral (for financial aid) to the City Social Service Department in Vancouver or to the Department of Social Welfare elsewhere in British Columbia. In some cases intensive case-work services are offered but these are generally limited to those alcoholics who are returning to their families so that, as in psychiatric therapy, the skid row alcoholic is excluded. This concurs with the results of a study by Bailey and Fuchs who found that only 22 per cent of their respondents (social workers) rated casework as an effective method for treating alcoholics.<sup>1</sup> This figure would probably be much lower if

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1 Bailey and Fuchs, "Alcoholism and the Social Worker," p.18.



skid row alcoholics only were considered.

As noted previously, the skid row alcoholic's personal and family resources are almost non-existent and hence he is largely dependent upon social agencies for satisfaction of many of his needs. Thus, an examination of the type of service given by several agencies in Vancouver should serve to evaluate the extent to which the public recognizes the problem. To some degree the effectiveness of these services is also a measure of the skid row alcoholic's ability to make use of social resources.

#### Financial Aid

As is indicated by the results noted in Chapter II, the skid row alcoholic has a poor employment potential and is unemployed most of the time. For this reason he does not have a socially acceptable means of obtaining money to support himself and his addiction. He must then find other means of doing so. This is usually accomplished by applying for social assistance at the Vancouver City Social Service Department since it is the agency nearest skid row able to supply him with funds. As the main criterion for receiving financial aid is that the person be destitute, or very close to it, the skid row alcoholic undoubtedly qualifies to receive \$66 per month. In order to save as much of this money as possible for drinking, it is necessary to keep other expenses at a minimum, and this usually involves sleeping in a "flop house"

(or in a back alley), obtaining meals (one a day or less) from a mission and perhaps getting clothing from the Salvation Army or similar resource. When out of money he may join a group of other alcoholics for the purpose of pooling resources in order to obtain more liquor.<sup>1</sup>

In an attempt to prevent the misuse of public funds by the skid row alcoholic, cash grants are kept to a minimum by having the alcoholic's social assistance administered by a responsible member of the community (often a priest, minister, or staff member of a mission). This person pays the alcoholic's room rent, buys his clothing and supplies him with meal tickets. This can be done in only a few cases since it requires the "administrator" to make a heavy investment of time and effort. This increases the alcoholic's dependency and appears to have little effect in controlling his drinking. A more usual method takes the form of issuing the bulk of the grant in the form of "vouchers" for rent, clothing and food. In the writer's personal experience, it is not unusual then for the alcoholic to sell these vouchers for less than half the face value and in this way have cash with which to buy liquor. To a person who is so dependent upon alcohol, this type of deterrent is mostly ineffective,

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1 An interesting and informative study of group formations among skid row alcoholics is provided by Jackson and Connors, "The Skid Row Alcoholic", Drinking and Intoxication - selected readings in Social Attitudes and Controls. Ed. McCarthy, R.G., 1959, pp. 319-320.

for as Myerson points out: "...to get money for alcohol they would beg, borrow or steal without qualm and even a once devout church goer stole from the poor box."<sup>1</sup> Further, many social workers object to such methods on the basis of this being an extreme restriction of the individual's "self-determination." It tends to emphasize to the alcoholic that he is a social misfit and a parasite, unfortunately reinforcing his propensity to remain as such. The poor motivation of the skid row alcoholic precludes such restrictive methods as it encourages him to devise more ingenious ways of obtaining alcohol. As most skid row residents are required to pick up their social assistance grants in person, "pay day" at the City Social Service Department has all the appearance of a "soup line." Seldom are casework services provided to the skid row alcoholic, reflecting in part the pessimistic attitude of social workers toward the problem of chronic alcoholism.<sup>2</sup> Such negative attitudes without constructive substitutes will only create further waste of human and economic resources.

### Employment

In keeping with the facts of this study it is true to say that the skid row alcoholic contributes nothing to

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1 Myerson, D.J., "Further Observations of a Group of 'Skid Row' Alcoholics with Emphasis on Inter-personal Relationships and the Therapeutic Approach", Institute on the Skid Row Alcoholic, 1956, p. 5.

2 Bailey and Fuchs, Alcoholism and the Social Worker, pp.14-19.

the society from which he is isolated. Most work only as a last resort to obtain funds for alcohol. Still, there is not a sudden abandonment of the role of wage earner, but a gradual deterioration. This is presented graphically by Myerson who reports:

Many men maintained themselves by sporadic jobs for a long period of time, but ultimately lost their ability to work and hence their ability to earn money. This loss brought about their final separation from society and a complete isolation.<sup>1</sup>

From the writer's personal observations, the National Employment Service is more loath to accept referrals of alcoholics than most other illness or handicap categories (except perhaps where epilepsy and alcoholism are combined). While this is understandable, it has a damaging effect, for it leads the alcoholic to give up any pretense of looking for work, although some express a vague idea of "finding a job" when they are well. In most cases, prolonged relief from his alcoholism is necessary before the skid row alcoholic would be fit to work, to be followed (in the beginning) by a highly structured work setting. A change in the attitudes of employers is also necessary in that they have been prone to regard alcoholism as a lack of "will power" rather than a disease requiring patience, perseverance

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1 Myerson, Institute on the Skid Row Alcoholic, p. 5.

and understanding. Jellinek refers to the changing attitudes of employers, but cautions that "...the belief in a disease conception does not go very deeply with the majority...."<sup>1</sup>

### Missions and Shelters

These agencies, whatever their shortcomings, appear to recognize that despite the social and psychological state of the alcoholic, his immediate needs (food, shelter, clothing) must be met. Resolution of the deep-rooted personality problems is not their primary focus, but rather they try to control the alcoholic's drinking first. Whether their religious focus acts as a motivation factor or a deterrent to the alcoholic, is difficult to assess, as the missions are not given to evaluating their work in a systematic or scientific manner. Nevertheless, they are involved closely with these people and perhaps with increased aid from and coordination with other agencies, could provide the first step in the rehabilitation of the alcoholic.

### The Police Court and the Prison

These resources perhaps reflect most clearly the paucity of service available to the skid row alcoholic and also demonstrate that the problem is increasing. In 1939

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<sup>1</sup> Jellinek, E.M., The Disease Concept of Alcoholism, 1960, p. 182.

the number of arrests for drunkenness totaled 2,421 in the City of Vancouver.<sup>1</sup> In 1953 this figure rose to 8,860 (the cost of arresting and caring for these people was estimated at \$8.50 per capita per year).<sup>2</sup> In 1960, 11,525 arrests for drunkenness were made, representing a total cost of \$28,837.50 for court procedures alone.<sup>3</sup> Of this number, the study group of 184 persons accounted for 12 per cent of the total and approximately \$3,500 in court costs.<sup>4</sup> The fact that a large number of those arrested are "hard core" skid row alcoholics strongly suggests the need for proper follow-up at the point of arrest.

At the present time, the alcoholic is usually held overnight or given a term (usual 30 days) in the Oakalla Prison Farm. Once released, he generally is back on skid row within a short period of time and the cycle begins once more. Miss Harris emphasizes the need to stop this "useless" method.<sup>5</sup> That this method is widespread is pointed out by

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1 Court Clerks Office, Vancouver City Jail, 1960.

2 McRae, E.D. "The Alcoholism Foundation of British Columbia", Alcoholism Review, Vol. 1, No. 1, April, 1955, p. 4.

3 Court Clerks Office, Vancouver City Jail, 1960.

4 The number of arrests for drunkenness in 1962 totaled 14,075. See the Vancouver Sun, Wed. Feb. 6, 1963, p. 6.

5 Harris, Skid Row U.S.A., pp. 201-285.

Straus who refers to the fact that,

...in most communities the police field patrol force spend as much as half their time in handling drunks and by this token he rates alcoholism as the single most important law enforcement agency in the country....<sup>1</sup>

Magistrate Hume has made the point that the cost of arresting, trying and keeping the alcoholic in jail is far out of proportion to the public's return on its investment.<sup>2</sup> In view of the above it is not surprising then that the author received a distinct impression of hopelessness, pessimism and "what's the use" when talking to the officers and officials who deal with the alcoholic in the Vancouver City Jail. A discussion of possible changes in the present methods will be presented in Chapter IV.

#### Alcoholics Anonymous

In Vancouver, as in numerous other areas in North America there are many Alcoholics Anonymous groups. Their success in the treatment of alcoholism is generally accepted and supported by evidence from several studies.<sup>3</sup> As their main criteria of membership are the wish to remain sober and the desire to help others achieve sobriety, many alcoholics

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1 Marriage, The Police Court Drunkenness Offender, p. 32.

2 The Vancouver Sun, Wed. Feb. 6, 1963, p. 6.

3 For example, see Alcoholism Review, "Comparing Treatments for Alcoholism", Vol. 1, No. 1, April, 1955, p. 12.

find it a more helpful resource than agencies which have a formal organization. The focus is primarily upon alcoholism as such, and it offers vivid proof that the problem can be controlled. Success in treatment is largely attributable to four main factors: unqualified acceptance of the alcoholic as a person in need of help; providing hope of recovery; convincing the person to accept that he is an alcoholic; and, helping the individual to accept himself as a worthwhile human being.<sup>1</sup> As Kant points out, the key to success is unqualified acceptance of the alcoholic.<sup>2</sup>

In view of the above, it could be suggested that Alcoholics Anonymous is a resource to be used by the skid row alcoholic, but there are several factors which contraindicate this conclusion. First, as is pointed out by an A.A. member: "The A.A. program works admirably for those who sincerely desire sobriety and who go along with the twelve suggested steps upon which they may safely rebuild their lives."<sup>3</sup> This suggests the need for a high degree of motivation on the part of the alcoholic, and for this reason A.A. is a resource for the "respectable" alcoholic, rather

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1 Lee, J.P., "A.A. as a Community Resource", Social Work, Vol. 5, No. 4, Oct. 1960, pp. 20-26.

2 Kant, F., The Treatment of the Alcoholic, 1954, pp. 98-104.

3 Alcoholism Review, "The A.A. Way", Vol. 1, No. 3, Dec. 1955, p. 10.



than the skid row drunk.<sup>1</sup> The typical A.A. members's "resources" are generally superior to those of the Skid Row alcoholic. This is emphasized by Noyes and Kolb who state: "As a rule, members of Alcoholics Anonymous are above the average in intelligence, education and social status and their attitude toward the addict is tolerant and constructive."<sup>2</sup> A study of the characteristics of members of A.A. and non-members also indicates that the skid row alcoholic is likely not to make use of this resource. H.M. Trice found that non-members displayed the following characteristics: more complete isolation than members; more subscription to the "will-power" idea; continued membership in informal drinking groups; sponsorship to A.A. lacking; non-acceptance of the need to stop drinking; social-class sensitivity; unfavorable impression of A.A.; not as likely to regard alcoholism as an illness.<sup>3</sup> From our knowledge of the skid row alcoholic it would appear that he is most often among the non-member group. As Marriage contends, the A.A. must be considered as a resource which does not meet the needs of the skid row alcoholic.<sup>4</sup>

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1 Harris, Skid Row U.S.A., pp. 201-285.

2 Noyes and Kolb, Modern Clinical Psychiatry, p. 208.

3 Alcoholism Review, "Factors Influencing Success in Affiliation with A.A.", Vol. 2, No. 2, Aug. 1957, p. 10.

4 Marriage, The Police Court Drunkenness Offender, p. 24.

The British Columbia Alcohol Foundation<sup>1</sup>

This foundation was established in 1953 as a private agency (largely subsidized by grants from the Provincial Government) in response to the recognition of the special needs of the alcoholic. Its focus is four-fold: treatment of the acute and chronic phases of alcoholism; rehabilitation of the alcoholic in terms of family, employment and community reintegration; research into the problem of alcoholism; and, education of specific groups and the general public regarding the problem of alcoholism. The clinic provides services primarily to the "respectable" alcoholic, that is, the person who has a problem with alcohol but whose social functioning is still acceptable, even if impaired. When the clinic first opened, it was found that a large number of skid row alcoholics sought help there. This has diminished in recent years and is partially due to the fact that in the beginning, many wanted to "test" this new service. Thus, a large number involved themselves in a "one time" attempt at treatment, but because of the demands placed on them for co-operation and motivation, they soon severed the connection.

The clinic itself does not encourage the referral of skid row alcoholics in the belief that a more specialized

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1 Many of the ideas and much of the information contained in this section were the result of personal discussion with Mr. E.D. McRae, Executive Director of the B.C.A.F. Also, they resulted from his letter to the writer entitled "The Skid Row Alcoholic", April 12, 1963.

service is required for this group. Also, the skid row drunk is considered an extremely poor treatment risk and the clinic does not have the funds to invest in the treatment of an individual where the prognosis is very poor. The staff are of the opinion that it is not a matter of rehabilitation for the skid row alcoholic, but rather one of "habilitation", since most of these individuals have been functioning at a grossly deficient level most of their lives. They believe that the skid row alcoholic's problems are too many and too severe to be dealt with in a small clinic, and that he requires prolonged residential care, followed by out-patient care and rehabilitation. Since the Foundation provides a maximum of three weeks residential care, this is only sufficient time for the alcoholic to "dry out" before he becomes an out-patient.<sup>1</sup> In this regard, the program is similar to that of the Provincial Mental Hospital (persons discharged from there become out-patients at the After Care Clinic in Burnaby).

It is the view of the clinical staff that the skid row alcoholic's lack of motivation and his seeming inability to become motivated, militates against providing clinic services to this individual. His chronic state of drunkenness makes it virtually impossible for him to consider his situation in a sufficiently realistic way and to involve himself

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<sup>1</sup> Since 1963, the residential care program has been discontinued.

in the Foundation's counselling and rehabilitation program. The Foundation accepts the need for a program for the skid row alcoholic but emphasizes that it is not within its scope to provide such a program.

In summary, this has been a discussion and survey of the more commonly accepted resources for the skid row alcoholic, on which he depends for sustenance and treatment. In most cases he is tolerated, but seldom welcome in any. It is difficult to estimate the cost of supporting this group for which the community, in return, receives nothing. A positive, even if more costly approach, is necessary. This is particularly valid when consideration is given how much money is spent on treatment of alcoholics in relation to that spent on other, less urgent projects. The suffering, both physical and mental, which these individuals bring upon themselves, because of their illness, cannot be measured, but it seems clear that providing a coordinated and effective program would be far less expensive than the present "nothing for something" approach. In Chapter IV it is proposed to summarize the findings of the study, discuss its implications and offer some recommendations based on the results of the survey.

## CHAPTER IV

### PREVENTION, TREATMENT, REHABILITATION:

#### WHAT ARE THE POSSIBILITIES?

##### Restatement of Focus

For many centuries the problem of excessive drinking has constituted a baffling and frustrating phenomenon which has resisted solution. Scientific analysis and treatment have been hindered to a large degree by faulty value judgments and negative attitudes which, particularly in the Western world with its Christian philosophy, cast the alcoholic as a "sinner" and a "weak-willed" individual. With the realization that many individuals are compulsive drinkers, unable to stop despite the suffering caused by the experience, there has been an increasing attempt to treat the alcoholic through medical, psychological and social means rather than condemning him as a moral coward. Yet, despite the efforts of theorists, researchers and professional practitioners, advances are slow and etiological factors are not clear.<sup>1</sup>

There is a particular minority group of alcoholics who, although they are regarded with disgust and are seen as

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1 Cohen, S., Meighan, S.S., Hoover, M.P. and Bell R.G., Canad. Med. Ass. J., Vol. 84, 1961, pp. 341-343.

costly parasites, are perhaps even less understood than the larger group of alcoholics. Hence, the problem of the skid row alcoholic, although obvious and striking, has been largely ignored. This present study is intended as a contribution to the understanding of this group by studying its characteristics and relating them to R.K. Merton's theory of anomie. Also, an attempt has been made to examine the primary social resources to which the skid row alcoholic might turn for aid. The emphasis has been on the local situation, but in the writer's opinion, the findings have relevance for other cities in which a similar situation exists.

#### Theoretical Considerations

In essence, Merton's theory of anomie states there are persons who reject culturally valued goals and the institutionalized means of attaining the goals. The basis of the rejection is the improbability of attaining these goals through the accepted means, but because both have been internalized by the individual, conflict is created. Some use alcohol to enable them to overcome (or repress) this anxiety with the result that they eventually retreat from normal social functioning, living in a manner which is foreign and undesirable to members of the larger society. The skid row alcoholic is such a person, one who rejects cultural goals and means, and who is rejected by the larger society. The findings of this study tend to support this

theoretical conception.

The information in regard to age indicate that the process is slow, involving numerous frustrations and failures. This is not to say that the individual's poor adjustment is entirely due to cultural factors, and that constitutional and psychological characteristics are to be ignored. It is difficult to assess which inadequacies (that is, cultural or individual) play the predominate role. Also, in respect to age, there appears to be a definite distinction between the reasons for the behaviour of the males as compared to that of the females. The small sample of females makes it difficult to account for the difference, but perhaps it is because alcohol plays a lesser role in the "retreatism" of the women and that other factors (such as prostitution, mental deficiency) are of greater importance.

The presence of a large number of Native Indian men (twenty-five) and women (eight) in the sample suggests that members of this minority group are even less able to adapt to the goals and means of the larger society.<sup>1</sup>

The educational achievements of the skid row group suggest that the process of withdrawal from institutionalized

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1 Hawthorn, H.B., Belshaw, C.S., Jamieson, S.M., "The Indians of British Columbia and Alcohol", Alcoholism Review, Vol. 2, No. 3, Dec. 1957, pp. 11-14.

This article suggests that the laws and mores imposed upon the Indian by the larger society contributed a great deal to pathological drinking. Thus it is not simply a question of his ability to adapt or adjust, but also is a matter of opportunities with which he is provided.

means begins early in life. It is generally accepted that many young people leave school in order to earn money (often equated with success), and indicates a rejection of the means which the individual finds too demanding and frustrating. Certainly leaving school could be accounted for by other factors such as illness and poverty, and the above contention would require more detailed study.

The occupational status of the skid row alcoholic suggests that this is another indicator of retreatism. Not having a level of education sufficient to permit a rise in his work position, the alcoholic was limited in his ability to achieve the success goal. Also, by this time the individual would most likely have discovered the effect of alcohol in blunting the conscious awareness of frustration, causing him to appraise his abilities unrealistically. His inability to live up to this image of himself when sober, promotes further use of alcohol.<sup>1</sup> Continued drinking leads to loss of employment which in turn creates a greater need to maintain a state of inebriety.

The findings in regard to marital status, dependents and next of kin, substantiate the belief that skid row alcoholics are unable to sustain close personal relationships.

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1 Portnoy, I., "Psychology of Alcoholism", ACAAP, 1947, p. 4. This author's conception of the neurotic base for alcoholism contributes to our understanding of etiology.



The failure in marriage is related to the alcoholics extreme dependency which cannot be tolerated by his spouse.<sup>1</sup> Many alcoholics rationalize their marital failures by saying that it is the fault of their spouses, but it is pointed out that neurotic problems among wives of alcoholics develop in response to stress caused by the husband's drinking, rather than because of any pre-existing personality disorders.<sup>2</sup>

The fact that the majority of the men in the sample live on skid row is established by the figures on residence and area of arrest. Once on skid row the alcoholic no longer has to concern himself about condemnation and rejection since he is among others whose level of social functioning is as inadequate as his own. He is able to build his unrealistic self-image without fear of questions or demands for performance.<sup>3</sup> He is truly isolated from the larger society with its pain and frustration. The transient nature of the skid row population, even within its boundaries, is suggested by the fact that majority gave "no fixed address" in response to questions regarding residence. He is constantly seeking a different place to stay, be it for one day, one night, or one week. The

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1 Lemert, Edwin M., "Dependency in Married Alcoholics", Quarterly Journal of Studies on Alcohol, Vol. 23, No. 4, 1962, pp. 590-609.

2 Bailey, M.B., Haberman, P. and Alksive, H., "Outcomes of Alcoholic Marriages", Quarterly Journal of Studies on Alcohol, Vol. 23, No. 4, 1962, pp. 610-623.

3 Jackson, Connor, "The Skid Row Alcoholic", p. 316.

concentration of deteriorated alcoholics in one small area demonstrates the completeness of the withdrawal phenomenon. Here, the alcoholic insulated by his drunken state, is able to live as he wishes with reduced fear of being pressured by reality.

Religious affiliation statistics appear to add little to our understanding of the skid row alcoholic, for although nearly half in the sample were Catholics, other studies have produced different results. For example, a study by Feeney of alcoholics sentenced to the workhouse in Washington, D.C., revealed that eighty per cent of the group were Protestant.<sup>1</sup> It has been suggested that because religious affiliation is independent of the individual's functioning, it is not an important factor.<sup>2</sup> A more satisfactory indicator would be the alcoholic's church attendance or lack of it.

Finally, the findings in respect to arrest records demonstrate the skid row alcoholic's indifference to one of society's strongest deterrents to those who ignore social "norms." It has been suggested that repeated arrests and jail terms serve only to increase and fixate the alcoholic's pathological dependency.<sup>3</sup> Moreover, this method of dealing

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1 Feeney, F.E., Mindlin, D.F., Miniar, V.H. Short, E.E., "The Challenge of the Skid Row Alcoholic", Quarterly Journal of Studies on Alcohol, Vol. 16, No. 4, Dec. 1955, pp. 48-49.

2 Falkey, D.B., Schneyer, S., "Characteristics of Male Alcoholics", Quarterly Journal of Studies on Alcohol, Vol. 18, No. 1, March, 1957, p. 95.

3 Pittman, D.J., Gordon, W.C., "Criminal Carrers of the Chronic Police Case Inebriate", Quarterly Journal of Studies on Alcohol, Vol. 19, No. 2, June, 1958, p. 267.

with the problem serves no useful purpose, while at the same time it is costly.

In summary, it can be said that the study establishes the fact of "retreatism" in the case of the skid row alcoholic. A more detailed examination of individual case histories would be required in order to shed light on the actual mechanics involved. Due to the difficulties involved in obtaining detailed case histories, such a study was not attempted. The study of characteristics does not provide much insight into the causal factors which result in anomie. How much weight can be given to cultural determinants as opposed to individual personality determinants such as motivation, ego strengths and dependency? What factors determine that only some individuals end up on skid row while the majority of alcoholics do not? Is it possible that the majority of alcoholics have such strong allegiance to cultural goals and means that they are deterred from extreme deterioration? These and many other questions need to be considered in order to properly evaluate this particular theoretical conception.

#### Evaluation of Treatment Services and Other Resources

Treatment services to the skid row alcoholic leaves one with the impression that he is considered a "lost cause" upon whom it is not worth spending time, effort or money. Purely medical treatment is available and given (usually at general hospitals or the Provincial Mental Hospital), but stay in

hospital is short and provides only a "drying out" period. Social work involvement is primarily limited to assessment of immediate needs (food, clothing, shelter) with virtually no continued casework services provided. Diagnostically, the skid row alcoholic is usually seen as a Sociopathic Personality Trait Disturbance, associated with Alcoholism Addiction, which, in the minds of professional staff, puts him on the lowest step of the priority scale. Following treatment of acute symptoms he is released to return to skid row to continue as he did previously.

The Alcoholics Anonymous groups within the city probably attract a small number of skid row alcoholics, but by and large the majority of members are "hidden" or "respectable" alcoholics. The reasons for this are not clear, but it appears that the poor motivation and extreme isolation of the skid row alcoholic prevent voluntary participation, even in such an accepting group. Further, more detailed study is required in order to evaluate the factors involved.

The British Columbia Alcohol Foundation provides help to a large number of alcoholics, but few of these are from skid row. E.D. MacRae attributes this to the skid row alcoholic's inability or unwillingness to maintain contact with the Foundation. Also, he does not do as well as the "respectable" alcoholic because of the number and severity of his problems which "require facilities not provided by the Foundation's treatment and rehabilitative services."<sup>1</sup> Also,

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1 McRae, E.D., Personal Communication, April, 1961.

inability to provide extended residential care and shortage of funds make it:

...entirely unrealistic for government at its various levels to expect agencies supported by private funds to provide very costly treatment and services needed for this troublesome, minority group of alcoholics.<sup>1</sup>

Hence, this agency cannot be considered a resource for this group.

The police court would appear a reasonable place to initiate treatment of the skid row alcoholic since most of them appear there at least two or three times a year. Yet there is a regular routine of pick-up, sentence, fine or prison and return to skid row. The policemen and officials who are in frequent contact with the "drunk" tend to reflect social attitudes and the one most commonly shown is hopelessness and rejection. This can hardly be avoided as they witness the waste of money and human resources.

The missions and shelters, as previously noted, make an attempt to provide alcoholics on skid row with food, shelter and clothing. As well, they appeal to the spiritual values of the alcoholic to encourage him to overcome his problem, but it seems reasonable to assume that the majority of these men have abandoned their religious beliefs or at least repressed them to a large extent. Further, these

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1 McRae, E.D., Personal Communication, April, 1961.

agencies are hampered by a lack of funds and facilities as well as by the public's acceptance of their limited role. Except for a few cases, this service cannot be regarded as anything more than a "stop-gap" measure.

In regard to employment, it is clear that most skid row alcoholics have little contact with employers or the National Employment Service. The fact that he is usually unskilled means he is competing in an area where there is an over-supply. When this is added to the severity of his drinking problem, it means that whatever attempts are made are usually unsuccessful. It is clear then, that much needs to be done prior to seeking employment, particularly in respect to the individual's physical and mental health.

Financial aid is available to the skid row alcoholic in the form of a \$66 per month social allowance grant. He may also be eligible for a medical card after three months on continuing assistance. On the other hand, he may be denied financial help if he applies while under the influence of alcohol, if he is possibly eligible for unemployment insurance, or if he has a poor work history. If in receipt of social assistance, he may be disqualified if he calls for his cheque while intoxicated, and he cannot receive further if he has spent his grant on a two or three day "spree." Although many because of the individual inability to meet these conditions, are off and on social assistance frequently, it does not serve as a deterrent to drinking. Casework services are usually not

provided in view of staff shortages and the characteristically poor prognosis. While such measures appear legitimate, one must again reach the conclusion that this type of "stop-gap" service is costly and inadequate.

In summary, there does not exist an organized and co-ordinated program for the treatment and rehabilitation of the skid row alcoholic. Services provided are costly and limited, and reflect society's short-sighted approach to the problem.

### Implications of Findings

The results of this study imply a need for further assessment as to the application of Merton's theory of retreatism. If it is valid, as the results seem to indicate, then a detailed analysis of individual cases is in order so that we might understand his pre-alcoholic personality, reaction to frustration and failure, his view of cultural goals and means. Histories which would allow an analysis of the process of withdrawal and the causal factors could only be obtained, in the writer's opinion, through direct interview. Further, a study of the "retreatism" behaviour of such groups as drug addicts might also shed light upon the validity of Merton's theory and its over-all application to various forms of social disorganization. In the writer's opinion, Merton has devised a framework in which the skid row alcoholic's behaviour can be evaluated, but it is not sufficiently encompassing that other medical, psychological and social

theories can be ignored.

From a social work point of view, it is implied that attitudes of pessimism and futility hamper a constructive approach to the problem. While it is agreed that prolonged, intensive casework does not seem merited for the skid row alcoholic, it does not excuse the professional person from taking responsible action. Social workers are frequently confronted with the costly, wasteful aspects of this illness. Hence, they can be instrumental in meeting the needs of this group, not so much on an individual basis, but through advocating the setting up of an adequate, comprehensive program. It is a matter of social action rather than therapy in the beginning. Even where the social worker provides only brief services to the alcoholic, his attitude and approach can be important in determining future behavior. If he is abrupt, uses derogatory remarks and belittles the alcoholic client, it confirms for the person that he is not to be helped in coping with his problem. The social worker's "disciplined use of self" is often more essential here than with clients who have different problems. Care must be taken so that the quality of casework is not affected by detrimental value judgements. While it is recognized that the time available to each client is usually minimal, staff shortages and insufficient facilities are not problems for which the alcoholic can be held responsible and does not justify unprofessional behaviour.



The implications for the community are, in the writer's opinion, very clear. It is a matter of either ignoring a costly and increasing problem or dealing with it (which is also costly) in terms of increased and more effective services. The existence of such groups in the society serve as reminders that there are severe weaknesses in a social structure which allows such deterioration and waste. The emphasis upon material gain is certain to result in many casualties, implying a need to reassess our value structure. It is important that individuals and groups in the society recognize alcoholism as partly a social illness, rather than attributing the "casualties" solely to individual weakness characterized by lack of "will power". It would appear that the public is beginning to realize and accept that the alcoholic is a sick person, although the concept is vague, without real depth.<sup>1</sup> There is a responsibility for professional persons to define the illness more clearly if public support is to be gained in the development of adequate programs.

#### Proposals for Further Study

As has been indicated by Marriage, there is no consistent theory of alcoholism and hence further coordination

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1 Jellinek, The Disease Concept of Alcoholism, pp. 182-185.

of effort is required in this area.<sup>1</sup> In respect to the local situation, it is suggested that an exhaustive study of skid row alcoholics be carried out in the belief that this would be less expensive than ignoring the problem and hopefully would lead to the development of a sensible treatment program for these individuals.<sup>2</sup> Perhaps as E.D. McRae states, most cannot be "saved" but some action must be taken to stop the increase in wastage which at present continues to increase. To do this properly, a study of the problem must be carried out first.

#### The Problem of Prevention

The concept of prevention implies a knowledge of the cause or causes of a particular disease and with alcoholism there is little agreement as to the etiological factors involved. Hence, it is difficult to make firm recommendations as to what preventative steps may be taken. But, it would seem possible to avoid the severe deterioration which is seen in the skid row alcoholic. In the first instance the process is relatively slow and secondly, there would appear to be several crisis points in the life of the alcoholic where he turns to alcohol. Consequently, awareness of the problem

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1 Marriage, The Police Court Drunkenness Offender, p. 12.

2 McRae, E.D., The Vancouver Sun, Dec. 12, 1961, p. 1.

must be extended to the level of the family, the school and the employer. Education of the individual is needed so that the majority of people are reasonably conversant with the symptoms of excessive, continued dependence on alcohol. As is pointed out by one group of writers, public education is the largest single factor in dealing with alcoholism and the individual must be made to realize that he cannot recover alone.<sup>1</sup> Continued research will hopefully isolate the important causes of the disease, but until such time as this is achieved the individual must understand that in the use of alcohol there is an element of danger. It is not simply a matter of "will power."

It is suggested that as well as prevention on individual level, cultural stresses leading to alcoholism must be taken into consideration. The Native Indian alcoholic presents a striking example of the effect of discrimination and unequal opportunity. How these are related to individual and sub-culture weaknesses must be evaluated. For the larger society, the reappraisal and change of detrimental value judgements and goals is suggested as an aid to prevention of deviations such as alcoholism. The diversity of factors which appear to be involved in the genesis of the illness is indicative of the need for more definitive study before preventative measures can be devised with certainty.

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1 Cohen, et al, Canad. Med. Ass. J., pp. 341-343.

## Treatment and Rehabilitation

While each alcoholic requires individualized treatment, this does not negate the need for comprehensive programs aimed at dealing with the problem as a whole.<sup>1</sup> Potts has indicated that for non-skid row alcoholics, an intensive thirty-day treatment program followed by after-care, is helpful, but it is not enough to meet the needs of those who are severely deteriorated.<sup>2</sup> The types of services which would be included in a comprehensive program are suggested by Block, although prior to the setting up of these, a thorough study of the local situation is needed to avoid waste and duplication. The services which he suggests are: in-hospital; out-patient clinics; foster homes; half-way houses; rehabilitation centres; permanent supervision units; state hospitals.<sup>3</sup> Commenting on the need for this type of set-up, Hindman says,

It seems to me that one of the things that is pretty evident in this field is that when you provide more elaborate programs on a higher level of integrity and efficiency for the skid row area, the response is heartening.<sup>4</sup>

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1 Marriage, The Police Court Drunkenness Offender, p. 20.

2 Potts, F.J., "Institutional Treatment for the Alcoholic in Ontario", Institute on the Skid Row Alcoholic, March, 1956.

3 Block, M.A., "A Program for Homeless Alcoholics", Quarterly Journal of Studies on Alcohol, Vol. 23, No. 4, Dec. 1962, pp. 644-649.

4 Hindman, W.L., Institute on the Skid Row Alcoholic, March, 1956, p. 6.

It is proposed then that the problem be studied with a view to setting up such a program.

In proposing specific services there is first of all a need for emergency shelters and clinics to deal with the acute needs of the alcoholic. Such agencies would be located within the skid row area and also would serve to refer more difficult cases to appropriate resources. A further recommendation is that social workers be assigned to the court in order to assess cases to determine individual needs. A study by Thomas and Walker revealed that by screening alcoholics who appear in court, it was possible to prevent further deterioration and obtain a good level of social functioning in many cases.<sup>1</sup> It is proposed also that the court have the power to act upon professional recommendations and commit severely deteriorated alcoholics to indefinite care in an institutional setting. Where possible this should be done with the cooperation of the individual concerned and if done against his wishes, mandatory provision for appeal within a reasonable period (sixty days) should be made. If after this period the alcoholic refuses further treatment, he could not be detained unless he were considered dangerous to others, since protection of civil rights must be insured. This is

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1 Thomas, R.E. and Walker, D.R., "Casework Services for Alcoholics in a Magistrates Court", Social Work, Vol. 5, No.1, Jan. 1960, pp. 33-8.

preferable to a thirty-day jail sentence, after which the individual would return to skid row.<sup>1</sup>

A third proposal is that an adequate financial aid program be established. It is foolhardy to expect a deteriorated alcoholic to rehabilitate himself on \$66 per month when this would tax the ingenuity of a normal person. Extent of aid must be based upon individual need, recognizing that safeguards (such as continued follow-up) would have to be devised. Further to this an adequate financial aid program implies something more than simply providing for the basic needs (food, clothing, shelter) of the individual. It requires that there be more, qualified staff to help the alcoholic make the best use of his funds both for his own betterment and that of the community. Social workers who are harassed by large caseloads can become impatient with clients who require a good deal of time and support before progress is made. Improvement in services designed to locate jobs is necessary for those who are able to work. Educational and vocational programs which raise the employability of the men are necessary as well. Hence, it is essential that the scope of our public assistance program be broadened, for as it operates presently it is something less than a half-way measure.

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1 For an assessment of the short-comings of programs which do not provide adequate long-term treatment see Harris, S. Skid Row U.S.A., pp. 201-285. Also, see Hindman, Institute on the Skid Row Alcoholic, p. 5.

The cornerstone of a program for skid row alcoholics would be the provision of long-term residential care. While the majority of alcoholics would require only short-term treatment, Krimmel and Falkey, who are strong advocates of this type of program, state that,

Short-term treatment is not advocated for all alcoholics. It is most effective with those who have reasonably intact emotional and environmental resources that can be mobilized when the barrier of excessive drinking has been removed. Chronic alcoholics needing hospitalization or those with gross personality disorders can seldom be treated successfully without long, intensive therapy. The single unattached alcoholic is also a poor short-term risk. Without the support of family or friends constantly around him, he may find it much more difficult to replace alcohol with other satisfactions. The agency usually must supply this support for a long time. Indeed, with this group the best efforts of a clinic or agency may not be enough, because the interminable day between weekly appointments offer nothing but the bleak loneliness of a room without companionship.<sup>1</sup>

It must be recognized that there are many problems associated with escaping skid row and institutional care would help the alcoholic to accomplish this as well as signifying society's acceptance that alcoholism is an illness.<sup>2</sup> Brown believes that many skid row alcoholics require a supervised setting with complete abstention from alcohol. He states further that:

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1 Krimmel, N.E. and Falkey, D.B., "Short-term Treatment of Alcoholics", Social Work, Vol. 4, No. 4, p. 107.

2 Jackson and Connor, "The Skid Row Alcoholic", pp. 320-323.

The individual should be committed for an indefinite period for treatment leading to possible recovery. The reason for commitment should be a history demonstrating that he is socially inadequate - not crimes or offences he may have committed.<sup>1</sup>

Conversely, it is difficult to establish criteria which measure the social adequacy, except where gross abnormality is present. The fact that the alcoholic's behavior may be considered harmful to himself, is insufficient justification for removal of his civil rights. To have the authority to dictate how another shall live is a serious matter and emphasis must be placed upon voluntary institutional treatment. Where the decision is made by someone other than the alcoholic there is the risk that such powers may be abused and safeguards (such as, appeal by the individual, a relative, or an interested person; boards of review; probationary periods) must be provided. These are necessary particularly where there is a possibility that the individual could become "lost" on a purely custodial care ward of an institution.

Should institutional treatment be deemed necessary, it must be remembered that many skid row alcoholics may never be capable of functioning on a completely independent level. Myerson's study of a group of skid row alcoholics emphasizes the need to recognize the limitations of this type of treatment.

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<sup>1</sup> Brown, P.R., "The Problem Drinker and Jail", O.J.S.A., Vol. 16, No. 3, Sept., 1955, p. 483.



Of 101 men who were studied for a period of three years, only 54 showed any improvement in the drinking problem. Of these, only 12 were able to remain completely independent of the hospital for any length of time.<sup>1</sup> He expresses the view of the majority of writers in this field in stating that,

Taking into consideration the chronic vulnerability of this group of men, those responsible for the program should realize that anything but a long-term approach with adequate facilities for follow-up is a futile gesture.<sup>2</sup>

In practice, life-long institutionalization would be necessary only in a very few cases. For the majority, a shorter period of residential care, complemented by medical, psychiatric and social rehabilitation programs could lead to a restoration of an adequate level of social functioning, without alcohol.

The writer realizes that adequate programs for the skid row alcoholic pre-suppose an enlightened public and until the moral conflict surrounding alcoholism is resolved, changes will be slow to take place. Over the years there have not been significant changes in the general attitude toward alcoholism. The following statement, made twenty years ago, regarding what is needed to solve the problem, is just as valid today.

To solve the increasing problem of inebriety successfully, we need more than improved

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1 Myerson, D.J., "Three Year Study of a Group of Skid Row Alcoholics", AAAS, 1957, pp. 151-161.

2 Ibid., p. 160.

methods of helping the individual alcoholic. We need changes in our thinking and social structure which call for concerted actions of all citizens. We need a philosophy of life with a different sense of values, with saner measures of man's worth and success than the materialistic and self-centred ones now all too prevalent....<sup>1</sup>

This thesis represents an attempt to add to our general knowledge of the problem of alcoholism by studying the characteristics of a minority group of severely deteriorated alcoholics. Specifically, it is a survey of the local situation and points to the need for more intensive study. It indicates the widespread effects of this group, points to the ineffective way the problem is handled, and shows the need for increasing public consciousness about the illness. When one considers that this study could be repeated in hundreds of North American centres, then much is to be gained by developing sensible programs designed to cope with the problem of the skid row alcoholic.

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<sup>1</sup> Boggs, M.H., "The Role of Social Work in the Treatment of Inebriates", Quarterly Journal of Studies on Alcohol, Vol. 4, No. 4, March, 1944, p. 567.

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