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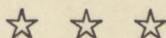
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*A Report on*

# ALCOHOLISM IN COLORADO



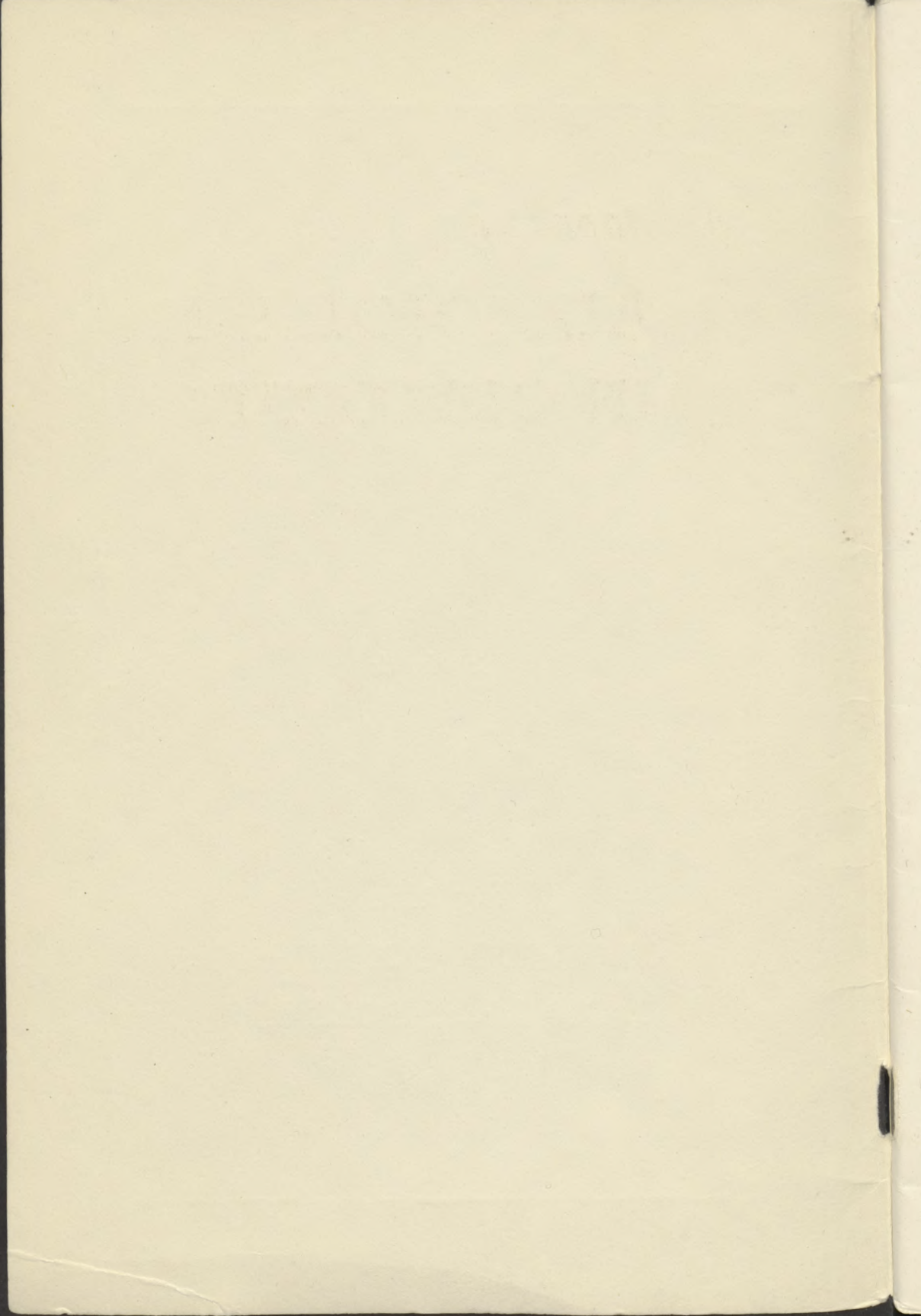
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*A Report on*

**ALCOHOLISM  
IN COLORADO**

By the  
COLORADO COMMISSION ON ALCOHOLISM

\* \* \*

Approved by James A. Noonan, State Comptroller

A Report on  
ALCOHOLISM  
IN COLORADO



COLORADO COMMISSION  
ON  
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Chairman  
EDWARD J. DELEHANTY, JR., M.D.

Secretary  
J. GLENN DONALDSON  
434 Majestic Building  
Denver, Colorado

COLORADO COMMISSION  
on  
ALCOHOLISM

January 10, 1951

The Honorable Dan Thornton, Governor  
Honorable Gordon Allott, President of Senate  
Honorable David Hamil, Speaker of the House

Gentlemen:

Pursuant to Chapter 110, Session Laws of Colorado, 1949, we submit herewith our findings and recommendations concerning the problem of alcoholism in Colorado.

We take this opportunity to extend our thanks to the public spirited citizens through whose donations this study and report has been made possible. We trust that the efforts and recommendations of the Colorado Commission on Alcoholism are such as to justify state financial support during the next succeeding fiscal year.

Respectfully submitted,

*Edward J. Delehanty Jr. M.D.*

*Earl J. Waggener, M.D.*

*J. Glenn Donaldson*

*Ernest L. Rhoads*

*Merton M. Robbins.*

Constituting the Colorado  
Commission on Alcoholism

SECRETARY  
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# COLORADO COMMISSION

## ALCOHOLISM

January 12, 1911

The Honorable Dan Johnson, Governor  
Honorable Gordon Clark, Secretary of State  
Honorable James H. Hunt, Speaker of the House

Dear Sirs: Pursuant to Chapter 106, Section 106 of Article 10, 1908, we submit herewith our findings and recommendations concerning the problem of alcoholism in Colorado.

We take this opportunity to extend our thanks to the noble spirited citizens through whose efforts the study and report has been made possible. We regret that the alcoholism commission of the Colorado General Assembly has not been authorized to make a study of the alcoholism problem in this state. It is to be hoped that the next session of the General Assembly will take up this subject.

Respectfully submitted,

Charles C. Johnson, Jr.  
James H. Hunt  
Gordon Clark  
Dan Johnson

Commissioner of Alcoholic Beverages  
Denver, Colorado



## S U M M A R Y

The Colorado Commission on Alcoholism was established by act of the 37th General Assembly. In accordance with the provisions of that Act, Governor Lee Knous appointed five members who subsequently formed the Committee as follows:

Dr. Edward Delehanty, Jr., Denver, Chairman,  
Dr. Karl J. Waggener, Pueblo, Vice-Chairman,  
J. Glenn Donaldson, Denver, Secretary,  
Ernest L. Rhoads, Lakewood,  
Merton Robbins, Colorado Springs.

In accordance with the provisions of the Act of the Legislature, the Commission held extended meetings and employed the Bureau of Business and Social Research of the University of Denver to make a special study of Alcoholism in Colorado, which is attached hereto and made a part of this report.

It is the belief of the Commission that before any solution to the problem of alcoholism can be formulated it is necessary that authorities and the public understand that an alcoholic is a diseased individual, and as such will respond to proper medical and psychiatric treatment as will any person who is mentally and physically ill.

It must appear obvious to everyone that there is urgent need for a more constructive approach to a solution of the problem, one that will be corrective in nature as distinguished from the present archaic method of repeated arrests and the imposition of jail sentences.

A vigorous program of public education is vitally necessary, even though public apathy makes such a program extremely difficult.

State governments must assume an even more active role in combatting the disease of alcoholism, although a survey in 1948 revealed that 28 states had considered bills relating to research on and treatment of alcoholism.

The immediate and critical nature of the problem in Colorado is highlighted by the following facts contained in the study prepared by the Bureau of Business and Social Research of the University of Denver:

The number of persons arrested for drunkenness in Denver, Colorado Springs and Pueblo has increased from 14,042 in 1945 to 24,178 in 1949, representing 50 per cent of all arrests made in these cities during that period.

Sixty-two per cent of all arrests made in Denver in 1945 were for drunken charges; this percentage increased to 67 in 1949.

Total costs for incarceration for drunkenness in these three Colorado cities increased from \$32,038 in 1945 to approximately \$100,000 in 1950.



In 1949, liquor was a factor in 13.9 per cent of all accidents reported to the Colorado State Patrol; this percentage increased to 16.5 for the first six months of 1950.

Of the total number of drivers' licenses revoked or suspended during 1948 and 1949, 20 per cent were for driving under the influence of liquor; this percentage climbed to 26 in the first six months of 1950.

Total cost of treatment of alcoholics at the State Hospital at Pueblo, Colorado General Hospital, Colorado Psychopathic Hospital and Denver General Hospital amounted to \$92,428 in the first six months of 1950.

Thirteen per cent of the patients admitted for treatment to Colorado Psychopathic Hospital from January, 1945 to July 1, 1950, were alcoholics. Ten per cent of the patients received at the State Hospital also were alcoholics.

Of the total number of patients received at three private hospitals—one each in Denver, Colorado Springs and Pueblo—during 1949, 14 per cent were alcoholics. The percentage of alcoholics received at these same hospitals for the first six months of 1950 climbed to 34.

Approximately one-fourth of the patients admitted to the three private hospitals for barbiturate addiction were former alcoholics.

And, if these facts were not sufficiently dismaying, is the further disclosure that the increase in the number of alcoholics in Colorado from 1940 to 1945 was the eighth highest of any state in the nation. The evidence shows irrefutably that it still is climbing.

Total facilities within the state to care for those suffering from alcoholism comprise a maximum of 23 beds in Denver General Hospital and Colorado Psychopathic Hospital and an occasional bed in other general hospitals for those acutely ill with delirium tremens or convulsions; 200 beds at Colorado State Hospital at Pueblo for psychotic alcoholics, and a maximum of 70 beds in three private sanitariums, one each in Denver, Colorado Springs and Pueblo, for non-indigent alcoholics without complications.

Methods of treatment are divided generally into five categories, as outlined in this report, and it is significant that the use of antabus has proven efficacious in 58 per cent of 550 cases treated at one private sanitarium.

The Commission has caused legislation to be drawn together with a proposed budget, to carry out the recommendations which are attached hereto, and has made such bill and budget a part of this report.

Although the Commission has worked diligently during the period available, it is the concensus of its members that further work and research are urgently required if the problem of alcoholism is to be solved on even the minimum basis.



## RECOMMENDATIONS

The Colorado Commission on Alcoholism, in accordance with the Act of the 37th General Assembly, and as a step toward a state-wide attack on the problem of alcoholism and in an endeavor to alleviate the human misery and economic loss sustained through and by those who suffer from the disease, alcoholism, makes the following recommendations to the 38th General Assembly, and urges that they be given most serious consideration:

1. That a central information center be established in Denver, operated by a full-time Executive Secretary and ancillary staff, whose duties will be to
  - a. Supervise the business and financial affairs of the Commission.
  - b. Cooperate with the courts, hospitals, clinics and general public throughout the state.
  - c. Closely cooperate with Alcoholics Anonymous and the Committee for Education on Alcoholism, fostering and furthering the aims of these organizations.
2. Provide hospitalization for worthy cases as determined by the Commission. (This should be done by defraying the per diem cost in whatever facility is utilized for hospitalization rather than to attempt to establish separate and independent buildings.)
3. Provide an out-patient, pilot clinic at Colorado Psychopathic Hospital for the care and study of the alcoholic.
4. Further the research into the problem of the recidivistic "skid row" type of alcoholic.
5. Provide for custody to the Commission of such alcoholics as the courts may deem necessary and judicial.

The above recommendations conform with the standards suggested by the National States Conference on Alcoholism.

Respectfully submitted:

### THE COLORADO COMMISSION ON ALCOHOLISM

Edward J. Delehanty, Jr. M. D.  
Chairman

Karl J. Waggener  
Vice-Chairman

J. Glenn Donaldson  
Secretary

Ernest L. Rhoads

Merton M. Robbins

RECOMMENDATIONS

The following recommendations are suggested for the study of the history of the United States in the period of the American Revolution. It is suggested that the study should be made in the form of a series of papers or essays, each dealing with a different aspect of the history of the period. The following are suggested as the subjects for the papers or essays: 1. The American Revolution: A General Survey. 2. The Causes of the American Revolution. 3. The American Revolution: A Study of the Political and Social Conditions. 4. The American Revolution: A Study of the Military and Naval Operations. 5. The American Revolution: A Study of the Economic and Financial Conditions. 6. The American Revolution: A Study of the Cultural and Intellectual Conditions. 7. The American Revolution: A Study of the Foreign Relations. 8. The American Revolution: A Study of the Domestic Conditions. 9. The American Revolution: A Study of the International Conditions. 10. The American Revolution: A Study of the Future of the United States.

The following are suggested as the subjects for the papers or essays: 1. The American Revolution: A General Survey. 2. The Causes of the American Revolution. 3. The American Revolution: A Study of the Political and Social Conditions. 4. The American Revolution: A Study of the Military and Naval Operations. 5. The American Revolution: A Study of the Economic and Financial Conditions. 6. The American Revolution: A Study of the Cultural and Intellectual Conditions. 7. The American Revolution: A Study of the Foreign Relations. 8. The American Revolution: A Study of the Domestic Conditions. 9. The American Revolution: A Study of the International Conditions. 10. The American Revolution: A Study of the Future of the United States.

Respectfully submitted:  
James A. Deane, Jr.  
Director

James A. Deane, Jr.  
Director



## CHAPTER 110

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### ALCOHOLISM

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#### AN ACT

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##### RELATING TO ESTABLISHMENT OF A COMMISSION ON ALCOHOLISM AND DEFINING ITS POWERS AND DUTIES.

*Be it Enacted by the General Assembly of the State of Colorado:*

Section 1. There is hereby created the Colorado Commission on Alcoholism. On or before July 1, 1949, the Governor shall appoint five members of the Commission, designating one for each of terms of one, two, three, four and five years from said July 1st. In 1950, and each year thereafter, the Governor shall appoint one member to succeed the member whose term expires, for a term beginning July 1st of the year of appointment and expiring June 30th of the fifth year thereafter. Any vacancy occurring in the membership of the Commission shall be filled by the Governor for the unexpired portion of the vacated term. Two members of the Commission shall be persons licensed to practice medicine in this State, three members shall be lay persons who have demonstrated their interest in the problems of alcoholism by their participation in the activities of the Colorado Committee for Education on Alcoholism or Alcoholics Anonymous. Three members of the Commission shall constitute a quorum for the transaction of business and the Commission shall meet monthly, or more frequently, at the call of the presiding officer of the Commission. The members of the Commission shall receive no compensation, but if funds are available, shall be reimbursed for their actual and necessary expenses incurred in the performance of their official duties. The members of the Commission shall not be subject to the classified civil service laws of the State.

Section 2. The members of the Commission shall annually elect from their number a Chairman and a Vice-Chairman. The members of the Commission may elect one of their number as Secretary, or they may designate the executive Director of the Commission, appointed as hereinafter provided, as such Secretary.

Section 3. The Commission shall study the problem of alcoholism, including methods and facilities available for the care,



custody, detention, treatment, employment and rehabilitation of persons addicted to the intemperate use of spirituous or intoxicating liquors. It shall establish, if funds are available, an Out-Patient Pilot Clinic in the City and County of Denver appropriately staffed where treatment for alcoholism to those voluntarily submitting thereto may be given. It shall disseminate information on the subject of alcoholism for the assistance and guidance of courts, welfare agencies, hospitals and the public. Such information shall include information on existing private agencies and services which are available to persons suffering from alcoholism. It shall make reasonable regulations respecting the management of its affairs.

Section 4. In addition to the duties imposed in Section 3 hereof, the Commission shall have the following specific duties and responsibilities:

1. To study and report its findings and recommendations to the Governor and the Thirty-eighth General Assembly upon the following:

- (a) The financial cost to the State and its political subdivisions directly or indirectly attributable to alcoholism.
- (b) The feasibility and need of establishing State supported institutions to provide for the care, custody and treatment of alcoholics.
- (c) If the establishment of State institutions for the care of alcoholics is recommended, the Commission shall tender specific recommendations in detail concerning: the type or types of institution, location or locations, cost of acquisition or construction, required staffing, costs of operation, source of funds, and such other information as may be deemed necessary to present concrete legislative prospects to the Thirty-eighth General Assembly upon the subject of the responsibility, care and treatment of residents of Colorado affected with alcoholism.
- (d) Recommend statutory procedure to govern the admittance, commitment, parole, transfer and discharge of voluntary and involuntary alcoholic patients.

Section 5. The Commission may accept or refuse to accept on behalf of and in the name of the State, gifts, donations, and grants for any purpose connected with the work and program of the Commission. Any such property so given, shall be held by the State Treasurer, but the Commission, with the approval of the Governor, shall have the power to direct the disposition of any property so given for any purpose consistent with the terms and conditions under which such gift was created.

Section 6. The Commission, subject to the Constitution and laws of the State, and available funds, shall appoint an Executive Director, whose duties shall be to supervise the business and financial affairs of the commission; to make, supervise, and



present to the commission the studies in this statute provided; to cooperate with courts, hospitals, and clinics, social agencies, educational and research organizations, public health, police authorities, and members of the general public in handling and in seeking to solve the problems of alcoholism. Subject to the provisions of the classified civil service laws of the State and within the funds available to the Commission, it may employ such other assistants, or contract for such technical services as may be necessary to carry out the purposes hereof.

Section 7. The General Assembly hereby finds, determines and declares this Act is necessary for the immediate preservation of the public peace, health and safety.

Section 8. In the opinion of the General Assembly an emergency exists; therefore, this Act shall take effect and be in force from and after its passage.

Approved: April 29, 1949.

I wish to transmit to you herewith, and through you to the Colorado Commission on Alcoholism, our report on "Alcoholism in Colorado."

While it was impossible to make a comprehensive study of the problem, as everyone recognized at the outset, an attempt has been made to assemble data indicative of the growth in its various areas in recent years. It is believed that the data presented provide a dependable measure of alcoholism. In addition, experience in other states are summarized with the thought that consideration of these experiences may be helpful in the development of a comprehensive program for Colorado.

May I take this opportunity to express our appreciation of the splendid cooperation rendered from you, the members of the Commission and the many people in Denver, Colorado Springs, and Pueblo who assisted with the compilation of the data. At a later date, I shall give you a more detailed statement concerning the highly valuable assistance received from these people. Staff members who participated in the study include the following: Margaret Britton, Angela Thomsen, George Lindberg, Robert Starnes, Paul R. Mery, John Koehl, Gerald Blair, Elmer Johnson, Wood James Cook, Allen Deane, and James Smith.

Sincerely yours,



E. L. Christopher, Director  
Bureau of Research and  
Social Services

# UNIVERSITY OF DENVER

(COLORADO SEMINARY)

BUREAU OF BUSINESS AND SOCIAL RESEARCH

DENVER 2, COLORADO

COLLEGE OF BUSINESS ADMINISTRATION  
211 FIFTEENTH STREET

December 20, 1950

Mr. Glenn Donaldson  
City and County Building  
Denver, Colorado

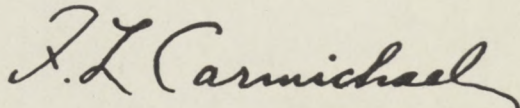
Dear Mr. Donaldson,

I wish to transmit to you herewith, and through you to the Colorado Commission on Alcoholism, our report on "Alcoholism in Colorado."

While it was impossible to make a comprehensive study of the problem, as everyone recognized at the outset, an attempt has been made to assemble data indicative of the growth in its seriousness in recent years. It is believed that the data presented provide a dependable measure of such growth. In addition, experiences of other states are summarized with the thought that consideration of these experiences may be helpful in the development of a constructive program for Colorado.

May I take this opportunity to express our appreciation of the splendid cooperation received from you, the members of the Commission, and the many people in Denver, Colorado Springs, and Pueblo who assisted with the compilation of the data. At a later date, I shall give you a more detailed statement concerning the highly valuable assistance received from these people. Staff members who participated in the study include the following: Margaret Brittan, Angelos Theodorides, George Bardwell, Robert Mauney, Paul R. Merry, John Koehl, Gerald Filer, Elaine Jacob, Dolores Wood, James Cook, Allen Dugan, and James Smith.

Sincerely yours,



F. L. Carmichael, Director  
Bureau of Business and  
Social Research



# ALCOHOLISM IN COLORADO

---

A STUDY

Prepared by

BUREAU OF BUSINESS AND SOCIAL RESEARCH  
THE UNIVERSITY OF DENVER

---

December 1950

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## ALCOHOLISM IN COLORADO

At the request of the Colorado Commission on Alcoholism, the Bureau of Business and Social Research of the University of Denver has made the present study of alcoholism in Colorado. The purpose of the study is to throw light on certain important aspects of drinking and alcoholism in Colorado and to call attention to certain disturbing developments in recent years of which every one, and especially those who are directly or indirectly concerned with the problem of alcoholism, should become aware.

Examination of data presented in this report clearly shows that alcoholism in Colorado and throughout the country has assumed serious proportions in recent years and that more effective public action is urgently needed to combat a disease which, in terms of human lives and the social and economic wastes resulting therefrom, is of the first magnitude.

Colorado, like other states, has seen the problem of drinking and alcoholism increase over the past years. Data on the extent of drinking and alcoholism in Colorado as compared with the other states, together with the extent to which increased urbanization and income are responsible for the increase in drinking and alcoholism, are presented herein.

Data on financial costs to the state, as evidenced by an examination of records in Denver, Pueblo, and Colorado Springs are presented. The costs include incarceration costs of persons arrested for drunken charges as well as those hospital costs incurred by the state or city for treatment of alcoholics. The hospitals included in the survey are State Hospital, Pueblo; Colorado General Hospital, Colorado Psychopathic Hospital, and Denver General Hospital, Denver. In addition, costs to the individual in private psychiatric hospitals as well as social costs, are discussed.

A summary statement pertaining to work already done to alleviate the problem of alcoholism in Colorado together with an examination of the programs in effect in other states gives the necessary background for the recommendations made in the report.



## Drinking and Alcoholism in Colorado as Compared With Other States

Under the heading "Accused Slayer Blames Whisky, Drugs for Acts" the Denver Post of November 17, 1950, told the sordid story of a 48-year-old Colorado farm worker who stabbed his wife to death. Testimony before a Denver court jury revealed that the slayer's mind was "shrouded in a fog" of drugs and liquor when his wife was stabbed.

On December 5, 1950, the Rocky Mountain News carried the following news item from Grand Junction: "Five days after his parole from prison, S. N. . . . borrowed a rifle from a neighbor today and shot his wife and then took his own life. Sheriff's officers said the 38-year-old convict, a heavy drinker . . ."

Newspapers and the radio in Colorado and throughout the country daily report such and other similar tragedies in which alcohol plays a dominant and a sinister role. Excessive drinking and its fearful effects touch upon every facet of human behavior. The economic losses resulting therefrom are stupendous.<sup>1</sup>

The most disturbing fact is the increased frequency with which offenses due to excessive drinking have been appearing in the press in recent years. That this is not entirely due to better reporting becomes clear from an analysis of pertinent data. Such information as exists—some of which is presented below—shows that consumption of alcoholic beverages throughout the country is on the increase and that a large part of this increase is due to excessive drinking on the part of an increasing proportion of the population.

### Consumption of Alcoholic Beverages

Consumption of alcohol in the country as a whole increased from 1.34 gallons per capita<sup>2</sup> in 1940 to 3.13 gallons per capita<sup>3</sup> in 1945 or by 133.6 per cent (Table 1). It is significant

<sup>1</sup>According to the Research Council on Problems of Alcohol, the total national cost is approximately 1 billion dollars a year; wage losses, inefficiency and reduction of productivity are estimated to amount to about half a billion dollars each year; inebriety's contribution to preventable accidents is placed at 120 million dollars a year; private relief and welfare agencies report an annual expenditure of 22 million dollars per year for the support of families of problem drinkers; the cost to the public agencies at least equals, and probably exceeds this sum; 31 million dollars a year is spent on purely custodial care for alcoholics in mental hospitals and in general hospitals for the treatment of bodily injuries resulting from drinking, and finally 25 million dollars are spent each year on the maintenance of "drunk tanks" in the local jails throughout the country. See pamphlet *Principles for Public Action on Problem Drinking* by Research Council on Problems of Alcohol, 1950.

<sup>2</sup>Based on total apparent consumption of total absolute alcohol, contained in distilled spirits, wine and beer, divided by total population, 15 years of age and over.

<sup>3</sup>Based on total apparent consumption of total absolute alcohol, contained in distilled spirits, wine and beer, divided by total population, 15 years of age and over.



that the increase was shared by all the 48 states and the District of Columbia. Some of this increase was due to an increase in the number of drinkers; however a considerable part of such increase was due to an increase in the proportion of excessive drinkers. The latter is partly evidenced by facts, presented below, which show a large increase in the number of alcoholics in recent years.

It is interesting to note that, in terms of per capita consumption of alcoholic beverages, Colorado ranked 25th in 1940, with a consumption of 1.28 gallons per person, or slightly below the national average. By 1945, however, Colorado ranked 22nd but its per capita consumption of 2.02 gallons was still below the national average. However, in terms of per cent increase in such per capita consumption from 1940 to 1945, Colorado was among the states showing the largest increases and ranked 8th in this regard (Table 1). Mississippi, Oklahoma, Georgia, Maine, Nebraska, Kentucky and North Carolina were the seven states leading Colorado in per cent increase in per capita consumption during that period.

TABLE 1  
PER CAPITA CONSUMPTION<sup>a</sup> OF ALCOHOL, 1940-1945,  
AND INCOME PAYMENTS, 1945, BY STATES

State	PER CAPITA CONSUMPTION OF ALCOHOL						Per Cent Increase 1940 - 1945		Per Capita Income Payments in 1945 (Dollars)
	1940	1941	In Gallons		1944	1945	Per Cent	Rank	
Alabama .....	0.53	0.60	0.92	0.75	0.68	0.78	47.2	13	745
Arizona .....	1.33	1.42	2.20	1.74	1.76	1.88	41.4	19	1,063
Arkansas .....	0.58	0.62	0.90	0.75	0.90	0.91	56.9	9	702
California .....	2.08	2.14	2.53	2.13	2.49	2.74	31.7	27	1,516
Colorado .....	1.28	1.32	1.73	1.65	1.98	2.02	57.8	8	1,172
Connecticut .....	2.26	2.38	2.78	2.32	2.51	2.51	11.1	47	1,495
Delaware .....	1.75	1.85	2.23	2.25	2.24	2.46	40.6	21	1,400
District of Columbia.	3.33	3.53	3.79	3.32	3.38	3.56	6.9	49	1,373
Florida .....	1.37	1.40	1.82	1.76	1.89	2.12	54.7	10	1,062
Georgia .....	0.60	0.75	1.09	0.95	0.98	1.16	93.3	3	805
Idaho .....	1.12	1.08	1.37	1.23	1.40	1.51	34.8	26	1,107
Illinois .....	2.01	2.03	2.17	2.01	2.31	2.36	17.4	45	1,417
Indiana .....	1.10	1.28	1.43	1.40	1.52	1.62	47.3	12	1,217
Iowa .....	1.03	1.07	1.18	1.14	1.18	1.30	26.2	34	1,067
Kansas .....	0.28	0.33	0.42	0.52	0.40	0.41	46.4	14	1,111
Kentucky .....	0.94	1.05	1.24	1.31	1.29	1.55	64.9	6	769
Louisiana .....	1.27	1.26	1.57	1.42	1.60	1.77	39.4	23	837
Maine .....	1.08	1.19	1.56	1.62	1.72	1.92	77.8	4	1,040
Maryland .....	2.00	2.19	2.62	2.18	2.40	2.48	24.0	38	1,340
Massachusetts .....	1.71	1.85	2.15	1.92	2.18	2.25	31.6	28	1,332
Michigan .....	1.85	2.01	1.97	2.07	2.23	2.31	24.9	37	1,273
Minnesota .....	1.74	1.73	1.90	1.78	2.06	2.12	21.8	43	1,062
Mississippi .....	0.09	0.16	0.16	0.24	0.28	0.34	277.8	1	596
Missouri .....	1.47	1.54	1.86	1.56	1.83	2.12	44.2	17	1,085
Montana .....	1.61	1.62	1.78	1.80	1.91	2.19	36.0	25	1,270



State	PER CAPITA CONSUMPTION OF ALCOHOL						Per Cent Increase 1940 - 1945		Per Capita Income Payments in 1945 (Dollars)
	In Gallons						Per Cent	Rank	
	1940	1941	1942	1943	1944	1945			
Nebraska .....	1.22	1.24	1.73	1.65	1.84	2.10	72.1	5	1,142
Nevada .....	2.97	3.02	3.94	3.50	3.38	3.64	22.6	42	1,558
New Hampshire ....	1.46	1.41	1.86	1.88	2.01	2.18	49.3	11	1,093
New Jersey .....	2.13	2.22	2.48	2.21	2.55	2.62	23.0	41	1,451
New Mexico .....	1.07	1.03	1.40	1.24	1.45	1.37	28.0	33	851
New York .....	1.75	1.98	2.37	2.22	2.46	2.45	40.0	22	1,614
North Carolina ....	0.45	0.56	0.88	0.76	0.79	0.73	62.2	7	759
North Dakota .....	1.08	1.21	1.31	1.21	1.58	1.53	41.7	18	1,120
Ohio .....	1.60	1.73	2.01	1.88	2.00	2.09	30.6	30	1,297
Oklahoma .....	0.24	0.34	0.41	0.59	0.75	0.79	229.2	2	862
Oregon .....	1.31	1.40	1.84	1.77	2.00	1.68	28.2	32	1,396
Pennsylvania .....	1.68	1.71	2.11	1.96	2.10	2.44	45.2	15	1,237
Rhode Island .....	1.67	1.99	2.33	1.96	2.16	2.07	24.0	39	1,288
South Carolina ....	0.70	0.78	1.16	1.11	1.08	0.84	20.0	44	699
South Dakota .....	0.97	1.00	1.20	1.17	1.40	1.37	41.2	20	1,156
Tennessee .....	0.61	0.73	1.06	0.94	0.95	0.88	44.3	16	876
Texas .....	0.90	1.01	1.21	1.12	1.28	1.13	25.6	36	985
Utah .....	1.20	1.20	1.55	1.56	1.53	1.48	23.3	40	1,089
Vermont .....	1.09	1.20	1.40	1.42	1.62	1.19	9.2	48	1,018
Virginia .....	1.16	1.42	1.85	1.50	1.54	1.52	31.0	29	974
Washington .....	1.40	1.53	1.99	1.88	2.06	1.80	28.6	31	1,407
West Virginia .....	1.24	1.28	1.58	1.24	1.36	1.72	38.7	24	878
Wisconsin .....	1.94	2.03	2.30	2.12	2.50	2.44	25.8	35	1,189
Wyoming .....	1.32	1.32	1.58	1.61	1.72	1.54	16.7	46	1,175

\*Apparent consumption of total absolute alcohol, contained in distilled spirits, wine and beer, divided by total population, 15 years of age and over.

Source: *Recent Trends in Alcoholism and Alcohol Consumption*, by E. M. Jellinek, 1947, p. 15;  
and *Survey of Current Business*, U. S. Dept of Commerce, Aug. 1950, p. 20.



Data on the sale of alcoholic beverages, by major classes in recent years, in Colorado (Table 2), throw additional light on the problem.

There is evidence pointing to the fact that some of the largest relative increases in per capita consumption of alcohol in recent years were experienced by those states which recorded the largest increases in national income payments to individuals and/or in which the movement away from farm and to urban centers was most pronounced. Colorado is a case in point. Total income payments to individuals in the State increased from 589 million dollars in 1940 to 1,274 million dollars in 1945 and 1,703 million dollars in 1949. Per capita income payments to individuals in Colorado rose from 518 dollars in 1940 to 1,172 dollars in 1945 and 1,386 dollars in 1949. As a result, Colorado's share in the total national income payments increased from 0.78 per cent in 1940 to 0.86 per cent in 1949.<sup>1</sup> Available statistics also indicate a definite tendency on the part of the State's population to concentrate in urban areas. Thus, whereas the total population of the State increased from 1,123,296 persons in 1940 to 1,314,388 persons in 1950, or by 17.0 per cent, the population of Denver County increased from 322,412 persons in 1940 to 412,823 persons, or by 28.4 per cent.<sup>2</sup> The total population of the four counties constituting the Denver Metropolitan Area increased by 37.4 per cent; similar larger-than-average increases were recorded by other urban sections in the state.<sup>3</sup>

That per capita consumption of alcoholic beverages is generally larger in urban centers than in rural areas and that urbani-

TABLE 2  
TOTAL SALES OF BEER, WINE, AND  
SPIRITUOUS LIQUORS IN COLORADO  
1939-1950

Calendar Year	Gallons of Beer	Gallons of Wine	Gallons of Spirits	Total Sales Beer, Wine, and Spirituous Liquors
1939	10,892,740	963,056	1,020,815	12,876,611
1940	10,477,737	1,007,804	1,057,041	12,542,582
1941	11,459,232	1,029,741	1,136,848	13,625,821
1942	14,096,509	1,056,746	1,508,183	16,661,433
1943	15,735,420	1,072,603	1,364,257	18,172,280
1944	17,796,252	1,183,228	1,731,415	20,710,895
1945	16,083,471	1,012,862	1,934,957	19,031,290
1946	17,110,579	1,363,587	2,516,986	20,991,152
1947	19,198,378	976,691	1,754,904	21,929,973
1948	20,689,790	1,072,753	1,745,205	23,507,748
1949	19,160,396	1,092,394	1,691,269	21,944,059
1st 9 mos. 1950	15,964,824	926,092	1,485,123	18,376,039

Source: Reports of Liquor License Division, State of Colorado.

<sup>1</sup>Survey of Current Business, August, 1950, pp. 14 and 19-20.

<sup>2</sup>Approximately  $\frac{1}{3}$  of this increase resulted from annexations to the city.

<sup>3</sup>U. S. Census of Population; 1950 figures are preliminary.



zation leads to an increase in the consumption of alcohol and in the incidence of alcoholism are well-known facts. Urban life with its increased speed of living, its varied conflicts and pressures and its greater insecurity, creates problems which do not exist or are far less serious in rural life. To many living in cities, alcohol becomes the solution to or an escape from such problems—a crutch, so to speak, for getting through some of the rough traffic in life.

An examination of the data for 1945 (Table 1) shows a remarkable tendency for states with large per capita incomes to have a larger per capita consumption of alcohol than states having low per capita incomes. In this connection, it is noteworthy that the 133.6 per cent increase in per capita consumption of alcohol in the United States, between 1940 and 1945, compares with a 105.5 per cent increase in per capita income payments to individuals during the same period.

The above facts point to the conclusion that should the trend toward higher incomes and greater urbanization continue, future consumption of alcoholic beverages in Colorado is bound to go up. This undoubtedly will lead to an increase in the incidence of alcoholism and in the seriousness of the economic and social problems resulting therefrom, for, as is shown below, per capita consumption of alcohol and the incidence of alcoholism are related very closely.

### Extent of Alcoholism

Dr. Robert V. Seliger of Johns Hopkins Hospital has stated that there were, in 1948, 600,000 alcoholics in institutions throughout the country and an undetermined number outside.<sup>1</sup>

Although complete data on the total number of alcoholics in the country over a period of years are not available, there is evidence that the number of alcoholics has increased in recent years at an alarming rate.

Perhaps the most reliable data available are those assembled by Dr. E. M. Jellinek,<sup>2</sup> presented on page 22. It should be noted that these data pertain only to that group of drinkers defined as chronic alcoholics, or those "men and women who as a consequence of prolonged excessive drinking have developed a diagnosable physical or mental disorder." Therefore, these figures underestimate the total number of alcoholics, if the latter term is used to mean—as it properly should—all those persons who are steady or periodic excessive drinkers.<sup>3</sup> However, incomplete though these figures may be, they do throw considerable light on the increased seriousness of the problem of alcoholism in the country as a whole (Table 3) and in Colorado, in recent years.

These figures show a 24.6 per cent increase in the number of alcoholics of both sexes per 100,000 population between 1920 and

<sup>1</sup>See the *Washington Post*, Picture Magazine, Jan. 11, 1948.

<sup>2</sup>E. M. Jellinek, *Recent Trends In Alcoholism And In Alcohol Consumption*, (New Haven: Hillhouse Press, 1947), 42 pp.

<sup>3</sup>For this definition see *A Rorschach Study on the Psychological Characteristics of Alcoholics*, Memoir No. 6, Laboratory of Applied Psychology, Yale University, p. 8, 1948.



1945 and a 13.2 per cent increase between 1940 and 1945 (Table 3). Another important fact shown by these figures is the greater increase in the incidence of alcoholism among men than among women during this period. A further important fact brought out by Dr. Jellinek's study was that the rate of chronic alcoholism in cities of 100,000 and more inhabitants was higher by 33.7 per cent than in the smaller cities and by 105 per cent than in the rural areas.<sup>1</sup>

TABLE 3  
ESTIMATED RATES OF CHRONIC ALCOHOLISM  
IN THE UNITED STATES, BY SEX, PER 100,000  
ADULT POPULATION OF SAME SEX

Year	Males Per 100,000 Adult Males	Females per 100,000 Adult Females	Both Sexes per 100,000 Adult Population
1920.....	1,117	222	681
1925.....	1,121	220	682
1930.....	1,114	215	671
1935.....	1,229	213	722
1940.....	1,305	215	757
1945.....	1,600	242	857

Source: *Recent Trends in Alcoholism and in Alcohol Consumption*, E. M. Jellinek, 1947, p. 20.

Colorado, with 523 chronic alcoholics per 100,000 adult population, ranked 25th among the states in 1930. By 1944, the state had 706 chronic alcoholics per 100,000 adult population and ranked 17th. The large increase in the rate in recent years, as revealed by these figures, should be a cause for concern to the people of Colorado, for it indicates that Colorado's incidence of alcoholism has been rising faster than that of most other states in recent years. In terms of the increase of this rate between 1940 and 1945, Colorado ranked 8th among the 48 states.

That a large part of this increase in the incidence of alcoholism is due to the increase in the consumption of alcoholic beverages is indicated by comparative data on per capita consumption of alcohol and the number of alcoholics per 100,000 adult population in 47 states in 1944 (Table 4).

### Methods of Combatting Alcoholism

The alarming rate at which alcoholism has been advancing has led to an intensification of research aiming at diagnosing and discovering new and more effective ways of combatting this menace.

Although much work still remains to be done, a great deal of progress has been made toward a better understanding of what alcoholism is and how it can be effectively contained. There appears to be unanimous agreement among the experts today that alcoholism is a symptom of a mental or a physical illness rather than a moral weakness or human perversity; that an alcoholic is

<sup>1</sup>Jellinek, *op. cit.*, p. 42.



TABLE 4  
PER CAPITA CONSUMPTION OF ALCOHOL AND NUMBER  
OF ALCOHOLICS PER 100,000 ADULT POPULATION  
IN 47 STATES, 1944

State	No. of Alcoholics Per 100,000 Population	Per Capita Consumption of Alcohol (Gallons)
Alabama .....	442	.68
Arizona .....	449	1.76
Arkansas .....	482	.90
California .....	1,161	2.49
Colorado .....	706	1.98
Connecticut .....	928	2.51
Delaware .....	526	2.24
Florida .....	743	1.89
Georgia .....	464	.98
Idaho .....	451	1.40
Illinois .....	932	2.31
Indiana .....	573	1.52
Iowa .....	446	1.18
Kansas .....	417	.40
Kentucky .....	576	1.29
Louisiana .....	608	1.60
Maine .....	554	1.72
Maryland .....	729	2.40
Massachusetts .....	985	2.18
Michigan .....	726	2.23
Minnesota .....	566	2.06
Mississippi .....	428	.28
Missouri .....	996	1.83
Montana .....	503	1.91
Nebraska .....	745	1.84
Nevada .....	1,043	3.38
New Hampshire .....	697	2.01
New Jersey .....	931	2.55
New Mexico .....	619	1.45
New York .....	1,034	2.46
North Carolina .....	333	.79
North Dakota .....	574	1.58
Ohio .....	892	2.00
Oklahoma .....	392	.75
Oregon .....	527	2.00
Pennsylvania .....	826	2.10
Rhode Island .....	983	2.16
South Carolina .....	321	1.08
South Dakota .....	376	1.40
Tennessee .....	472	.95
Utah .....	599	1.53
Vermont .....	612	1.62
Virginia .....	458	1.54
Washington .....	534	2.06
West Virginia .....	451	1.36
Wisconsin .....	780	2.50
Wyoming .....	649	1.72

Source: *Recent Trends in Alcoholism and In Alcohol Consumption*, E. M. Jellinek, 1947, pp. 15 and 26.



a sick man rather than a sinner. This knowledge has led to the discovery of such new psychiatric and medical treatments as psychoanalysis, conditioned reflex, deep suggestion, hydrotherapy, proper diet and the administration of hormones, which have resulted in beneficial effects to the patients. Thus, a new and scientific approach to the problem of alcoholism is emerging which, in terms of containing or curing alcoholism and thus reducing the enormous social and economic waste resulting from it, promises far better results than the old and inadequate police-welfare or do-nothing approaches.

Success of the new approach, however, must depend largely on the extent of its acceptance by the public and more particularly by those individuals and private and governmental institutions which directly or indirectly are concerned with the problem.

In this respect, much has already been accomplished. However, considering the enormity of the problem, far more needs to be done. In the following pages a more detailed picture of the extent of alcoholism in Colorado and the cost to taxpayers is presented and recommendations are made for more effective ways of combatting it.

### **Problems Related to Excessive Drinking and Alcoholism in Colorado**

It is recognized that many persons arrested for drunkenness are not alcoholics; however, all persons so arrested or treated at a hospital for alcoholism are excessive drinkers and thus are potential alcoholics. In order to test the thesis that many of those arrested for drunkenness are chronic offenders, several case studies were made. One such case study made at Colorado Springs is worthy of note.

From January 1, 1940 to August 1, 1949, Mr. "X" was arrested 135 times on drunken charges, spent 556½ days in jail, and paid fines amounting to \$525. He was arrested approximately three times each month during the first seven months of 1949. A similar situation obtained in other cases studied. Thus, the alcoholic's problem is not solved by putting him in jail periodically; doing so merely postpones repetition of drunkenness during the period of his confinement. While the financial cost of futilely putting the drunk in jail cannot be measured with exactness, significant information pertaining thereto has been assembled.

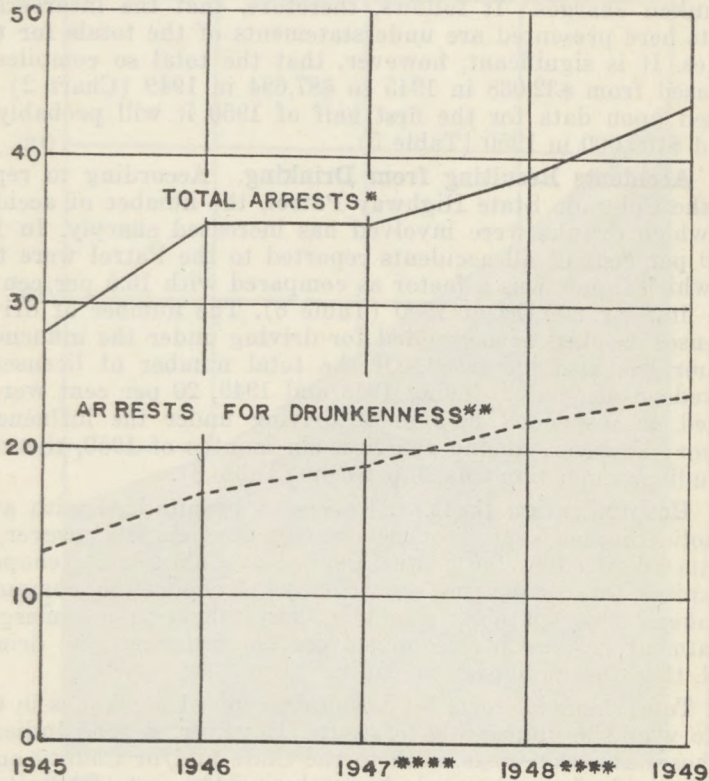
### **Costs Related to Drinking**

The records of the Denver City Jail, Colorado Springs City Jail, El Paso County Jail, and Pueblo City Jail were examined in detail from 1945 through the first six months of 1950 in order to determine as nearly as possible the direct financial cost of incarceration of alcoholics. The number of persons arrested for drunkenness in Denver, Colorado Springs and Pueblo has increased from 14,042 in 1945 to 24,178 in 1949 (Chart 1). Arrests for drunkenness constituted approximately 50 per cent of



**TOTAL ARRESTS\* AND ARRESTS  
FOR DRUNKENNESS\*\*  
DENVER, PUEBLO, AND COLORADO SPRINGS\*\*\*  
1945 - 1949**

ARRESTS IN  
THOUSANDS



\*EXCLUSIVE OF THOSE ASSOCIATED WITH OVER-TIME PARKING

\*\*INCLUDES ARRESTS ON CHARGES OF DRIVING UNDER THE INFLUENCE OF ALCOHOL

\*\*\*INCLUDES EL PASO COUNTY JAIL CASES

\*\*\*\*TOTAL ARRESTS IN PUEBLO DURING 1947 AND 1948 ESTIMATES FROM RELATIONSHIP OF TOTAL ARRESTS IN OTHER YEARS TO CORRESPONDING ARRESTS FOR ALL CHARGES OF DRUNKENNESS

SOURCE: JAIL RECORDS IN DENVER, PUEBLO, AND COLORADO SPRINGS

CHART I



all arrests (exclusive of those associated with overtime parking) made over this period in the above cities.<sup>1</sup>

**Incarceration Costs.** While data on incarceration costs are restricted to the four jails mentioned above it should be noted that such data are by no means complete. Thus, it was impossible to secure adequate data on incarceration costs in the Denver City Jail. Moreover, in the case of Colorado Springs, El Paso County, and Pueblo it was impossible to make proper apportionment of salaries and maintenance costs for those jailed on drunken charges.<sup>1</sup> It follows, therefore, that the incarceration costs here presented are understatements of the totals for these cities. It is significant, however, that the total so compiled increased from \$32,038 in 1945 to \$87,684 in 1949 (Chart 2) and, based upon data for the first half of 1950 it will probably exceed \$100,000 in 1950 (Table 5).

**Accidents Resulting from Drinking.** According to reports of the Colorado State Highway Patrol, the number of accidents in which drunks were involved has increased sharply. In 1949, 13.9 per cent of all accidents reported to the Patrol were those in which liquor was a factor as compared with 16.5 per cent for the first six months of 1950 (Table 6). The number of driver's licenses revoked or suspended for driving under the influence of liquor has also increased. Of the total number of licenses revoked or suspended during 1948 and 1949, 20 per cent were revoked or suspended because of driving under the influence of liquor; however, during the first six months of 1950, the corresponding proportion was 26 per cent (Table 6).

**Hospitalization Costs.** All persons hospitalized with an alcoholic diagnosis are not necessarily alcoholics. However, patients admitted to the State Hospital or Colorado Psychopathic Hospital for alcoholism are usually alcoholics or compulsion drinkers. Most patients requiring hospitalization or emergency treatment because of alcoholism are at least excessive drinkers and, therefore potential alcoholics.

Total financial costs for hospitalization of alcoholics in Colorado would be impossible to secure. However, a good indication of hospitalization costs, both to the State and/or County and to the individual, can be made by analyzing the cost of hospitalization of alcoholics at the State Hospital, Pueblo; Colorado Psychopathic Hospital, Denver; Colorado General Hospital, Denver; Denver General Hospital, Denver; and a private psychiatric hospital in each of the three cities. The above state and city hospitals were selected because it was recognized that many alcoholics cannot afford private hospital care and are thus treated at one of these hospitals at public expense.

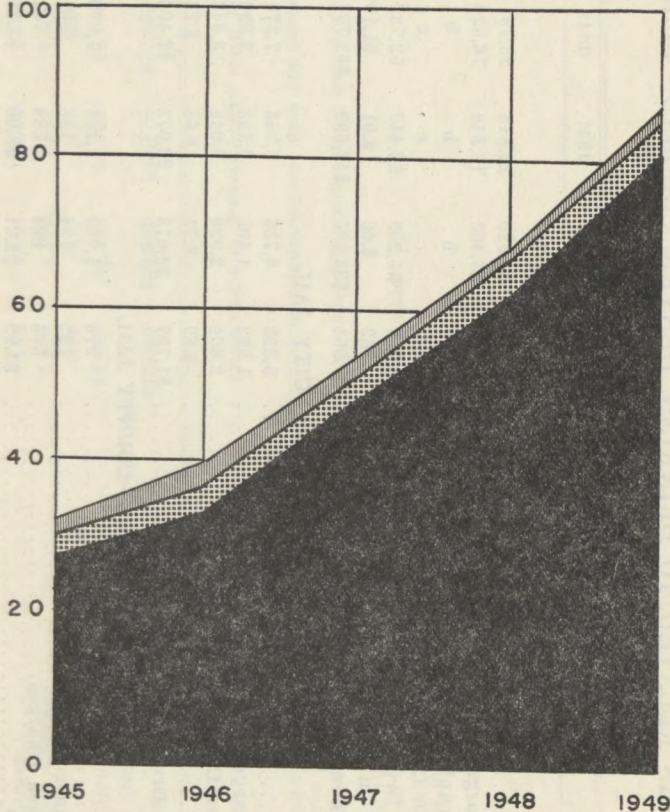
**State Hospital.** In attempting to determine hospitalization costs of alcoholics at the State Hospital, the number of alcoholic patients admitted was used as a measure. This tends toward conservatism since the alcoholic population in the hospital at the




<sup>1</sup>These and other limitations of the data are indicated in footnotes to the accompanying tables.



**INCARCERATION COSTS FOR PERSONS\*  
UNDER THE INFLUENCE OF ALCOHOL —  
SELECTED JAILS IN COLORADO  
1945-1949**

**THOUSANDS OF  
DOLLARS**  
100



-  DENVER COUNTY JAIL
-  COLORADO SPRINGS CITY JAIL AND EL PASO COUNTY JAIL
-  PUEBLO CITY JAIL

\*PERSONS ARRESTED FOR ALL DRUNKEN CHARGES; IT IS ESTIMATED THAT AT LEAST 70 PER CENT OF THESE PERSONS ARE ALCOHOLICS.

SOURCE: RECORDS OF THE ABOVE JAILS

CHART 2

TABLE 5  
 INCARCERATION COSTS RELATED TO DRINKING, DENVER, COLORADO SPRINGS, AND  
 PUEBLO — 1945-1950<sup>a</sup>

	1945	1946	1947	1948	1949	1950
<b>DENVER — CITY AND COUNTY JAIL</b>						
Total Arrests all Offenses.....	18,272	21,920	21,818	23,751	27,709	12,658
Total Arrests for Drunken Charges.....	11,375	13,463	13,842	16,820	19,497	8,591
Total Days in City Jail for Drunken Charges.....	b	b	b	b	b	b
Incarceration Cost per Diem in City Jail.....	c	c	c	c	c	c
Total Days in County Jail for Drunken Charges.....	43,636	55,209	52,417	52,737	63,101	34,401
Incarceration Cost per Diem <sup>d</sup> in County Jail.....	\$.62	\$.60	\$.91	\$1.19	\$1.28	\$1.36
Total Cost of Incarceration of Drunks.....	\$27,054	\$33,125	\$47,699	\$62,757	\$80,769	\$46,785
<b>COLORADO SPRINGS—CITY JAIL</b>						
Total Arrests <sup>e</sup> , all Offenses.....	5,323	6,725	5,953	7,874	9,131	6,752
Total Arrests for Drunken Charges.....	1,362	1,405	2,543	2,896	2,002	908
Total Days in Jail for Drunken Charges.....	2,604	2,920	3,049	3,342	2,958	1,903
Incarceration Cost per Diem <sup>f</sup> .....	\$.69	\$.71	\$.68	\$.72	\$.88	\$.80
Total Cost of Incarceration of Drunks, City Jail.....	\$1,797	\$2,073	\$2,073	\$2,406	\$2,603	\$1,522
<b>EL PASO—COUNTY JAIL</b>						
Total Arrests, all Offenses.....	976	1,059	1,193	1,069	1,043	548
Total Arrests for Drunken Charges.....	122	136	188	201	224	123
Total Days in Jail for Drunken Charges.....	565	624	534	761	836	510
Incarceration Cost per Diem <sup>f</sup> .....	\$1.99	\$2.21	\$3.00	\$2.36	\$2.47	\$2.15
Total Cost of Incarceration of Drunks.....	\$1,124	\$1,379	\$1,602	\$1,796	\$2,065	\$1,097
Total Cost, Colorado Springs City Jail and El Paso County Jail...	\$2,921	\$3,452	\$3,675	\$4,202	\$4,668	\$3,619



PUEBLO—CITY JAIL

Total Arrests, all Offenses.....	3,853	5,883	c	c	5,693	2,845
Total Arrests for Drunken Charges.....	183	1,954	2,353 <sup>e</sup>	2,428 <sup>e</sup>	2,455	949
Total Days in Jail for Drunken Charges.....	2,679	4,335	5,587	6,836	6,809	2,850
Incarceration Cost per Diem <sup>h</sup> .....	\$.77 <sup>h</sup>	\$.77	\$.43	\$.25	\$.33	\$.33
Total Cost of Incarceration of Drunks in Pueblo City Jail.....	\$2,063 <sup>i</sup>	\$3,381	\$2,402	\$1,709	\$2,247	\$941
<b>Total Cost of Incarceration of Drunks in Denver, Colorado Springs and Pueblo.....</b>	<b>\$32,038</b>	<b>\$39,958</b>	<b>\$53,776</b>	<b>\$70,668</b>	<b>\$87,684</b>	<b>\$51,345</b>

<sup>a</sup>First six months only.

<sup>b</sup>Total days in jail not available; however, most persons arrested for drunkenness in Denver spend some hours in the City Jail before trial and sentence.

<sup>c</sup>Not available.

<sup>d</sup>Excludes cost of federal prisoners for which county is reimbursed. Amount of reimbursement does not completely cover cost.

<sup>e</sup>Exclusive of those arrested for over-time parking.

<sup>f</sup>Based upon jail and prisoners' expense, cost of feeding prisoners, and a portion of the policemen's and clerks' salaries chargeable to the jail.

<sup>g</sup>Computed, actual count not available.

<sup>h</sup>Based upon provisions and jail expense only; Salary apportionment not available.

<sup>i</sup>Per diem cost for 1945 not available, assumed to be same as 1946..

Source: Records for the jails in Denver, Colorado Springs and Pueblo.

TABLE 6  
NUMBER OF ACCIDENTS IN COLORADO REPORTED TO  
STATE HIGHWAY PATROL—1945 - 1950<sup>a</sup>

	1945	1946	1947	1948	1949	1950 <sup>a</sup>
Total Accidents Reported.....	10,489	13,881	18,232	23,270	25,104	13,020
Total Fatal Accidents.....	235	311	313	296	276	130
Accidents in Which Liquor was Involved <sup>b</sup>						
Number.....	1,750	2,307	2,676	2,955	3,483	2,146
Percent of Total Accidents.....	16.7	16.6	14.7	12.7	13.9	16.5
Number of Fatal Accidents.....	63	103	90	74	83	28
Percent of Total Fatal Accidents.....	26.8	33.1	28.8	25.0	30.1	21.5
Accidents in Which Driver was Under Influence of Alcohol						
Number.....	727	930	1,094	1,275	1,507	810
Percent of Total Accidents.....	6.9	6.7	6.0	5.5	6.0	6.2
Percent of Accidents in Which Liquor was Involved.....	41.5	40.3	40.9	43.1	43.3	37.7
Number of Fatal Accidents.....	24	31	36	31	31	8
Percent of Total Fatal Accidents.....	10.2	10.0	11.5	10.5	11.2	6.2
Driver's and Chauffeur's Licenses Suspended or Revoked						
Total, All Causes.....	2,857	2,176	3,314	9,714	10,811	6,617
For Driving under the Influence of Alcohol						
Number.....	1,224	1,832	1,869	1,948	2,161	1,707
Percent of Total.....	42.8	84.2	56.4	20.1	20.0	25.8

<sup>a</sup>First six months of 1950.

<sup>b</sup>Includes those who were under the influence of alcohol as well as those who had been drinking, but were not under the influence of alcohol.

Source: Adapted from reports of the Colorado State Highway Patrol.



end of the 1947-1949 biennium was 362 persons as compared with 280 persons admitted during the biennium. Based upon admissions, however, the cost of treating alcoholic patients (with and without psychosis in the State Hospital increased from \$6,243 in 1945 to \$25,389 in 1949 (Table 7). According to the reports of the Superintendent of the Hospital on economic condition of those admitted, most of the alcoholic patients were dependent, and hence were in all probability a charge of the State.

**Colorado General Hospital.** Very few alcoholics are treated at Colorado General Hospital. During the period 1945 through the first six months of 1950, only about 0.1 per cent of the total admitted were alcoholics. However, the cost of treating them rose from \$693 in 1945 to a high of \$3,444 in 1948 (Table 8).

**Colorado Psychopathic Hospital.** Of the total number of patients admitted to Colorado Psychopathic Hospital during the first six months of 1950, 100 or 21.2 per cent were alcoholic patients. At Colorado Psychopathic Hospital it was possible to determine the exact cost of hospitalization of alcoholics to the state and/or county as the records indicated the amount paid by the individual and the amount paid from public funds. This cost (cost to the individual not included) increased from \$8,549 in 1945 to \$30,641 in 1949 (Table 9).

**Denver General Hospital.** Of the approximately 10,000 patients admitted to Denver General Hospital each year, about 2 per cent are alcoholics. Many of these are admitted for alcoholism with complications, such as cirrhosis of the liver, etc. The cost of treating these alcoholics has increased from \$12,948 in 1946 to \$34,915 in 1949 (Table 10).

In addition to patients admitted to the Hospital, Denver General Hospital maintains an emergency unit. No charge is made for treatment since only emergency treatment is given. The number of patients given emergency treatment is about 2,000 each month. The cost to the city of Denver for treatment of alcoholic patients needing such emergency treatment has increased from \$722 in 1945 to \$1,345 in 1949. The cost for 1950 will probably exceed \$2,000 since the cost of treating alcoholics during the first six months of 1950 was \$1,180 (Table 11).

Total cost of treatment of alcoholics at the above mentioned hospitals has steadily increased since 1945 (Chart 3). The total cost of hospitalization of alcoholics in the four hospitals, emergency treatment at Denver General excluded, reached a high of \$92,408 during the first six months of 1950.

**Private Hospitals.** In order to secure some measure of the cost of hospitalization of alcoholics at private hospitals, cost figures from three private hospitals, one in Denver, one in Colorado Springs, and one in Pueblo, were secured. The cost per patient is larger than in the public general hospitals, but the range of treatment is also greater. In addition to various types of therapy, antabuse and ACE (adrenal cortex extract) are used in each of the private hospitals studied. A detailed analysis of total



TABLE 7  
HOSPITALIZATION COSTS RELATED TO DRINKING  
STATE HOSPITAL—1945 - 1950<sup>a</sup>

	1945	1946	1947	1948	1949	1950
Total Patients Admitted to Hospital <sup>b</sup> .....	834	906	998	1,090	1,094	539
Alcoholic Patients Admitted <sup>b</sup> .....	8	79	109	140	124	54
Per Cent of Total Admissions.....	6.9	8.7	10.9	12.8	11.4	10.0
Total Number of Days Spent in Hospital by Alcoholic Patients .....	5,220	7,110	9,810	12,600	11,160	4,860
Average Number of Days Spent in Hospital per Alcoholic Patient <sup>c</sup> .....	90	90	90	90	90	90
Total Cost of Maintaining Hospital <sup>b</sup> .....	\$1,908,363	\$2,316,332	\$2,842,809	\$3,369,286	\$3,912,388	\$2,227,745
Cost of Alcoholic Patients Admitted.....	\$6,243	\$10,117	\$16,310	\$23,968	\$25,389	\$12,868
Per Cent of Total Cost.....	0.3	0.4	0.6	0.7	0.6	0.6
Average Cost per Alcoholic Patient admitted.....	\$108	\$128	\$150	\$171	\$205	\$293
Per Diem Cost per Patient <sup>d</sup> .....	\$1.19599	\$1.42290	\$1.66258	\$1.90225	\$2.27498 <sup>e</sup>	\$2.64771 <sup>f</sup>

<sup>a</sup>First six months of 1950.

<sup>b</sup>Annual totals estimated from the Biennial Reports of the Superintendent of the State Hospital; all patients with and without psychosis.

<sup>c</sup>Average length of Alcoholics' confinement estimated by the Superintendent of the State Hospital.

<sup>d</sup>Per diem cost for 1945, 1947, 1949 is average cost of the two bienniums.

<sup>e</sup>First six months of 1949, total expense less earnings; last six months of 1949, total expense, earnings *not* deducted.

<sup>f</sup>Based upon total expenses; earnings *not* deducted.

Source: Adapted from Biennial Reports of the Superintendent, Colorado State Hospital.



TABLE 8

HOSPITALIZATION COSTS RELATED TO DRINKING  
 COLORADO GENERAL HOSPITAL—1945 - 1950<sup>a</sup>

	1945	1946	1947	1948	1949	1950
Total Patients Admitted to Hospital.....	4115	4478	5317	5977	6252	3281
Alcoholic Patients Admitted.....	6	7	13	10	7	5
Total Number of Days Spent in Hospital by Alcoholic Patients .....	74	82	287	71	88	35
Average Number of Days Spent in Hospital per Alcoholic Patient .....	12.33	11.71	22.08	7.10	12.57	7.00
Total Cost of Maintaining Hospital.....	\$594,028	\$847,768	\$1,165,686	\$1,418,780	\$1,631,734	\$845,782
Cost of Alcoholic Patients Admitted.....	\$693	\$843	\$3,444	\$1,080	\$1,463	\$648
Per Cent of Total Cost.....	0.1	0.1	0.3	0.1	0.1	0.1
Average Cost per Alcoholic Patient Admitted.....	\$115.44	\$120.42	\$264.92	\$107.99	\$208.93	\$129.64

<sup>a</sup>First six months of 1950.

Source.: Records of Colorado General Hospital.

TABLE 9  
HOSPITALIZATION COSTS RELATED TO DRINKING  
COLORADO PSYCHOPATHIC HOSPITAL—1945 - 1950<sup>a</sup>

	1945	1946	1947	1948	1949	1950
Total of Patients Admitted to Hospital.....	885	920	1,110	1,066	958	472
Alcoholic Patients Admitted.....	85	136	162	124	123	100
Per Cent of Total Admissions.....	9.6	14.8	14.6	11.6	12.8	21.2
Total Number of Days Spent in Hospital by Alcoholic Patients .....	1,645	2,883	2,790	2,530	2,268	1,864
Average Number of Days Spent in Hospital per Alcoholic Patient .....	19.6	21.2	17.2	12.3	18.4	18.6
Total Cost of Maintaining Hospital.....	\$260,007	\$341,488	\$437,679	\$502,166	\$557,139	\$288,227
Cost to State or County of Alcoholic Patients Admitted <sup>b</sup> .....	\$8,549	\$17,231	\$30,480	\$27,006	\$30,641	\$27,941
Per Cent of Total Cost.....	3.3	5.0	7.0	5.4	5.5	9.7
Average Cost to State or County per Alcoholic Patient Admitted <sup>b</sup> .....	\$100.57	\$126.70	\$188.15	\$217.79	\$249.12	\$279.41

<sup>a</sup>First six months of 1950.

<sup>b</sup>This represents the cost to the state or the county only. The amount paid by the person is not included.

Source: Records of Colorado Psychopathic Hospital.



TABLE 10  
HOSPITALIZATION COSTS RELATED TO DRINKING  
DENVER GENERAL HOSPITAL—1946 - 1950<sup>a</sup>

	1946	1947	1948	1949	1950
Total Patients Admitted to Hospital.....	10,016	10,080	10,362	8,915	4,373
Alcoholic Patients Admitted.....	239	322	318	241	101
Per Cent of Total Admissions.....	2.4	3.2	3.1	2.7	2.3
Total Number of Days Spent in Hospital by Alcoholic Patients....	1,579	2,754	3,127	2,934	1,391
Average Number of Days Spent in Hospital per Alcoholic Patient..	6.61	8.55	9.83	12.2	13.8
Total Cost of Maintaining Hospital.....	\$616,562 <sup>b</sup>	\$1,409,786 <sup>b</sup>	\$1,637,592 <sup>b</sup>	\$1,641,682	\$788,656.50
Cost of Alcoholic Patients.....	\$12,948	\$29,606	\$34,397	\$34,915	\$17,388
Per Cent of Total Cost .....	2.1 <sup>b</sup>	2.1 <sup>b</sup>	2.1 <sup>b</sup>	2.1	2.2
Average Cost per Alcoholic Patient.....	\$54.51	\$91.94	\$108.17	\$144.88	\$172.15

<sup>a</sup>First six months of 1950.

<sup>b</sup>In 1949-1950 alcoholic patients in the Denver General Hospital accounted for 2.1 per cent of total costs. To estimate the total cost for 1946, 1947, and 1948 this percentage was used.

Source: Records of Denver General Hospital.

TABLE 11

EMERGENCY TREATMENT COSTS RELATED TO DRINKING  
DENVER GENERAL HOSPITAL EMERGENCY UNIT—1947-1950<sup>a</sup>

	1947	1948	1949	1950
Total Persons Receiving Emergency Treatment.....	19,000 <sup>b</sup>	18,263 <sup>b</sup>	28,121	15,191
Alcoholic Patients Receiving Emergency Treatment.....	361	347	538	363
Per Cent of Total Receiving Emergency Treatment.....	1.9 <sup>b</sup>	1.9 <sup>b</sup>	1.9	2.4
Total Cost of All Emergency Treatment.....	\$38,000	\$41,091.75	\$70,302.50	\$49,370.75
Total Cost of Emergency Treatment for Alcoholic Patients.....	\$722	\$780.75	\$1,345	\$1,179.75
Per Cent of Total Cost.....	1.9	1.9	1.9	2.4

<sup>a</sup>First six months of 1950.

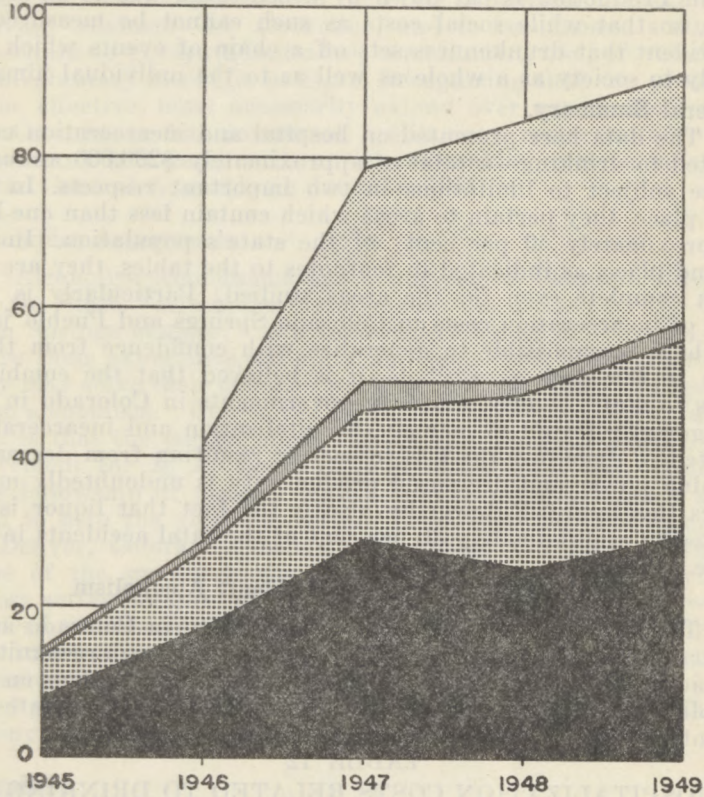
<sup>b</sup>In 1949-1950 alcoholic patients in the Denver General Hospital Emergency Unit accounted for 1.9 per cent of total costs. To estimate the total cost for 1947 and 1948 this percentage was used.

Source: Records of Emergency Unit, Denver General Hospital.



## COSTS INCURRED IN THE TREATMENT OF ALCOHOLICS — SELECTED HOSPITALS IN COLORADO, 1945 — 1949

THOUSANDS OF  
DOLLARS



- COLORADO PSYCHOPATHIC (COSTS TO THE COUNTY AND/OR STATE ONLY)
- STATE HOSPITAL, PUEBLO
- COLORADO GENERAL HOSPITAL
- DENVER GENERAL HOSPITAL (HOSPITALIZATION COSTS ONLY; DOES NOT INCLUDE COST OF TREATING ALCOHOLICS AT EMERGENCY UNIT. 1945 DATA NOT AVAILABLE)

SOURCE: RECORDS OF THE ABOVE HOSPITALS

CHART 3



patients admitted together with cost figures is presented in Table 12.

**Social Costs.** Financial costs related to drinking are at best hard to measure, but social costs defy measurement. However, no discussion of problems related to drinking would be complete without at least a mention of some of the social costs involved.

Tied closely with problems of drinking are the costs involved when the family is neglected because of over indulgence in alcohol. Production is cut down by absenteeism due to drunkenness, so that while social costs as such cannot be measured it is evident that drunkenness sets off a chain of events which are costly to society as a whole as well as to the individual himself.

#### General Summary.

The data here presented on hospital and incarceration costs related to drinking—a total of approximately \$200,000 annually—are subject to limitations in two important respects. In the first place, they pertain to areas which contain less than one-half (approximately 40 per cent) of the state's population. In the second place, as indicated in footnotes to the tables, they are far from complete even for the areas studied. Particularly is this true of incarceration costs in Colorado Springs and Pueblo jails. While it is impossible to generalize with confidence from these data to the state as a whole, it is believed that the combined costs to state, county, and city governments in Colorado in the categories referred to, namely, hospitalization and incarceration related to drinking, the loss to society resulting from decreased earning power and decreased productivity is undoubtedly many times this figure. Noteworthy also is the fact that liquor is involved in approximately 30 per cent of the fatal accidents in the state.

#### What Colorado Now Does About Alcoholism

The existence of alcoholism as a problem in Colorado as in other states has been recognized. As evidences of such recognition, the activities and programs of the Colorado Commission on Alcoholism, Alcoholics Anonymous, and hospitals in the State are of interest.

TABLE 12  
HOSPITALIZATION COSTS RELATED TO DRINKING:  
THREE SELECTED PRIVATE HOSPITALS  
1949 - 1950<sup>a</sup>

	1949	1950
Total Patients Admitted to Hospitals.....	2,267	1,319
Alcoholic Patients Admitted .....	439	456
Total Number of Days Spent in Hospitals by Alcoholic Patients .....	4,756	4,101
Average Number of Days Spent in Hospital per Alcoholic Patient .....	13	11
Total Cost to Alcoholic Patients Admitted .....	\$65,412	\$55,988
Average per Diem Cost per Alcoholic Patient Admitted	\$14.00	\$14.00

<sup>a</sup>First six months of 1950.  
NOTE: Of the patients who were admitted for barbiturate addiction and other hypnotic or somnifacient drugs approximately one fourth were alcoholics or former alcoholics.



## **Colorado Commission on Alcoholism**

The Colorado Commission on Alcoholism, consisting of five members appointed by the Governor, was established in 1949. Two members of the Commission must be persons licensed to practice medicine in the State and the other three must be persons who have demonstrated their interest in the problem of alcoholism. The specific duties of the Commission are to determine the financial cost to the State attributable to alcoholism; to study the feasibility and need for State supported institutions to provide treatment for alcoholics; and to recommend statutory procedure to govern admittance, commitment, etc., of voluntary or involuntary alcoholic patients. Recognizing that any program, to be effective, must necessarily extend over a period of years, the Commission has conducted preliminary research (of which this report is a part) with a view of making recommendations to the General Assembly in January, 1951.

## **Alcoholics Anonymous**

Alcoholics Anonymous has a number of Chapters throughout the State. "Alcoholics Anonymous," as defined by the Colorado Springs chapter, "is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism." One of the cardinal principles of the organization is that the person must wish to help himself. The only requirement for A. A. membership is a desire to stop drinking. The fellowship of persons with a similar problem does a great deal to help the alcoholic refrain from drinking. The Chapters in Denver, Colorado Springs, and Pueblo are very active. In some of the smaller towns in the State Alcoholics Anonymous is less active because of the social stigma of the being known as a former alcoholic. Alcoholics Anonymous has been attempting to educate the public on the problem of alcoholism by making literature available to clubs or schools and by speaking to interested groups on the purposes and scope of activities of Alcoholics Anonymous.

## **Hospitals**

The hospitals have long recognized the problem of the alcoholic, but because of staff and equipment shortages have not been able to provide adequate treatment. In order to determine what is being done in the hospitals for the alcoholic, questions were asked as to what treatments were provided. The hospitals included in the survey are the State Hospital in Pueblo, Colorado Psychopathic Hospital in Denver, Colorado General Hospital in Denver, and Denver General Hospital in Denver. In addition, three private psychiatric hospitals were contacted—one in Denver, one in Colorado Springs, and one in Pueblo.

**State Hospital in Pueblo.** Of a total of 5,461 patients admitted to the State Hospital from January, 1945, to July 1, 1950, approximately 10 per cent were alcoholics. The average length of



stay in the hospital for the alcoholic is approximately three months. During his three months' stay in the hospital the alcoholic may receive psychotherapy, water therapy, and shock therapy. A part of the psychotherapy of the alcoholic consists of group meetings of alcoholics. These meetings are patterned after the Alcoholics Anonymous meetings and are entirely voluntary. The patient participates in discussions which help him to recognize his problem and once recognizing it to start solving it. Dr. Edward Delehanty, Jr., in an article on "State Hospital Care of Alcoholics in Colorado" indicates that "... this present program is a definite step forward and certainly removes any opportunity for the alcoholic's erstwhile charge that nothing is being done to 'cure' him while he is confined in the state hospital."<sup>1</sup>

**Colorado Psychopathic Hospital.** Patients admitted for treatment at Colorado Psychopathic Hospital from January, 1945, to July 1, 1950, totaled 5,411. Of this number admitted 13 per cent were diagnosed as alcoholics. The alcoholic stayed an average of 18 days. Besides psychiatric treatment alcoholic patients also received antabuse.

**Colorado General Hospital.** Very few patients diagnosed as alcoholics are admitted to Colorado General Hospital for treatment. Alcoholic patients remained at Colorado General Hospital for a shorter time than they did at the State Hospital or Colorado Psychopathic Hospital—an average of 13 days over the period from 1945 through the first six months of 1950. Most patients diagnosed as alcoholics are sent to Colorado Psychopathic Hospital for treatment. Antabuse was included in the treatment given to alcoholics.

**Denver General Hospital.** From January 1, 1946 through June 30, 1950, 1,231 patients or 3 per cent of the total admitted to Denver General Hospital were diagnosed as alcoholics. Over the same period these patients stayed an average of 10 days for treatment. It should be pointed out that some of the patients treated for alcoholism also had complications such as cirrhosis of the liver, acute gastritis, etc.; they were, however, also suffering from alcoholism when admitted to the hospital and for that reason were classified as alcoholics.

Denver General Hospital also maintains an emergency unit in which persons are given emergency treatment and then either released or admitted to Denver General or some other hospital. Since only emergency treatment is given neither antabuse nor ACE is used. Despite the fact that only emergency treatment can be given, the Emergency Unit of Denver General serves a great many alcoholics. Some are treated for lacerations, etc., obtained because of their drunken condition. Of the total number of patients treated in the Emergency Unit from January 1, 1947 through the first six months of 1950, 1,609 or 2 per cent were alcoholics.

<sup>1</sup>Edward Delehanty, Jr., "State Hospital Care of Alcoholics in Colorado," *Diseases of the Nervous System*, Vol. VIII, No. 2, February, 1947.



**Private Hospitals.** Many of the private general hospitals contacted in Denver, Colorado Springs, and Pueblo indicated that alcoholics were not desired as patients and that if possible, they were referred to private psychiatric hospitals or the city or state general hospitals. This being the case, three private psychiatric hospitals—one in Denver, one in Colorado Springs, and one in Pueblo—were contacted and excellent information was obtained from them.

The Superintendents of the three private psychiatric hospitals all indicated that antabuse is being used very successfully in treating alcoholics. Many patients continue to take antabuse after leaving the hospital, so that the average length of stay in the hospital (approximately 12 days) is by no means a measure of the extent of the treatment administered.

ACE, shock therapy, and group psychotherapy are also used in the three private hospitals studied.

An attempt was made to determine the number of beds available for alcoholics in these private hospitals. Most of them indicated that the number available depended upon the demand; however, the number of beds actually occupied by alcoholics varied from 5 per cent in one hospital to 50 per cent in another.

In addition to determining the number of alcoholics treated at these private hospitals, information was secured on the number of patients admitted for barbiturate addiction and of this number how many were former alcoholics. Approximately one-fourth of those admitted to these private hospitals for barbiturate addiction were former alcoholics (See Table 12).

All the hospitals studied indicated that Alcoholics Anonymous is available to patients in the hospital and were all of the opinion that A. A. was helpful to the alcoholics.

### **What Other Groups Are Doing About Alcoholism**

Through correspondence with individuals and groups in other States it is clear that there is widespread interest, both public and scientific, in the problem of alcoholism, and that activities for the purpose of combatting the problem have increased materially during recent years. In the following section the nature of these activities will be briefly summarized.

#### **Activities of State Legislatures**

State governments have assumed an important role in recent years in the attack on the problem of alcoholism. A number of legislatures have created organizations comparable in purpose to that of the Colorado Commission on Alcoholism. A survey in 1948 revealed that twenty-eight states had considered bills relating to research on and treatment of alcoholism.<sup>1</sup> Though the bills were of a wide variety, indicating that states generally are still groping for a satisfactory solution of the problem, it is sig-

<sup>1</sup>*National Alcoholic Beverage Control Association*, "Report of Committee to Study progress Made in Research and Treatment of Alcoholism," 1948. Information in this section has been drawn largely from the report of this Committee.



nificant that so many states have recognized that it is a vital enough problem to require their attention.

In broad terms, the following activities were provided for in legislation enacted through 1948:

1. Investigations as to the causes of alcoholism and methods of treatment.
2. Surveys of facilities available for treatment and rehabilitation of alcoholics.
3. Establishment of programs for the rehabilitation of alcoholics.
4. Provision of separate isolated clinics and hospitals for treatment of alcoholics.
5. Provision for treatment of alcoholics in existing hospital facilities with the purpose of avoiding isolation of alcoholics.
6. Provision of programs of public education with respect to dealing with alcoholism as a disease.

Quite naturally, the extent of the activity in any given state is conditioned greatly by the amount of funds which are made available. Sources of funds, and, accordingly the amounts which have been made available are as diverse as the approaches to the problem of combatting alcoholism. Funds drawn upon in a cross-section of the states include the following:

1. General funds.
2. Fees for liquor permits (designated percentages of monies received)
3. Tax receipts from the sale of beer.
4. State hospital budgets.
5. Public Welfare funds.
6. Increase in annual liquor license fees.

The amount of money provided varies from a low of \$5,000 in Alabama (General Fund Appropriation) to a high of \$200,000-\$250,000 in Connecticut (arrived at by taking nine per cent of all monies received by the Liquor Control Commission as fees for permits). It is estimated that states now engaged in combatting the problem of alcoholism are providing \$40,000 a year on an average in public funds.

### **Specific State Activities**

Despite the differences of opinion as to the proper approach to the solution of the alcoholism problem, it is commonly felt by groups concerned with the problem that alcoholism cannot be effectively attacked until a vigorous program of public education is carried out. Unfortunately this is not an easy task; public apathy toward the problem makes progress extremely difficult. Nevertheless, the work of various state and local committees for Education on Alcoholism appear to have made significant headway during the past few years.



### Utah Committee for Education on Alcoholism<sup>1</sup>

The work of the Utah Committee is typical of that in many other states. Projects now underway or in contemplation are as follows:<sup>2</sup>

1. Create new local committees for education on alcoholism and re-activate old ones.
2. Work with the medical profession toward gaining sympathetic acceptance of alcoholism as an illness and a public health problem.
3. Sponsor state-wide institutes and local public meetings so that scientific information about alcohol and those who use it excessively may be disseminated to displace prejudice and emotionalism.
4. Confer with hospital administrators toward obtaining bed privileges and medical services for alcoholics.
5. Formulate and produce audio-visual programs for use in education of the general public with respect to alcoholism and the facilities available for assistance.
6. Organize speakers bureaus to serve all parts of the state.
7. Work with management and labor toward setting up a program for attacking alcoholism in industry.
8. Establish courses on alcoholism in the state's senior institutions and foster creative writing and other contests and exercises among high school and secondary students which will better prepare them to make up their own minds about the use of alcohol when they reach the age of discretion.
9. Coordinate the efforts of social, law enforcement, medical, and other groups having various interests in the total problem of alcoholism.
10. Obtain such new laws or revisions of existing legislation as may make possible the most effective attack on alcoholism.

In addition, the Utah Committee has actively supported the work of the Rehabilitation Center in Salt Lake City, and the newly formed Alcoholism Clinic. A description of the activities of both organizations is worthy of mention.

### Alcoholic Rehabilitation Center—Salt Lake City, Utah<sup>3</sup>

An Alcoholic Rehabilitation Center was set up in the "Skid Row" area of Salt Lake City in 1948. Stimulus toward the establishment of the center came from members of Alcoholics Anonymous who felt that "...if the immediate physical needs of the 'down-and-out' problem drinkers could first be met, the

<sup>1</sup>*Utah Alcoholism Review*, Utah State Board on Alcoholism—Utah Committee on Education on Alcoholism. Vol. 1:2. March, 1950, p. 7.

<sup>2</sup>*Loc. Cit.*

<sup>3</sup>*Utah Alcoholism Review*, Utah State Board on Alcoholism—Utah Committee on Education on Alcoholism. Vol. 1:4; September, 1950, p. 1-7.



A. A. program would have greater chance of success." It is not a rescue mission for the purpose of giving sustenance and shelter to any who may knock at its doors. Rather, it is designed to help only indigent alcoholics who are seeking permanent sobriety. Those applying for admittance are carefully screened; once admitted they may remain so long as a conscientious effort is made by the alcoholic to stage a comeback. Funds for its operation are derived from private organizations interested in the problem, and since 1949, the state, county, and city have each contributed \$50.00 per month.

Over 500 alcoholics have been admitted for care and treatment at the Center since 1948. Of this number more than 10 per cent have been completely rehabilitated. In comment concerning the questionable worth of the Center when so few are rehabilitated, the Committee<sup>1</sup> had this to say,

... it is remarkable that the Center is able to rehabilitate as many as it does. But even if it accomplished less in terms of numbers, it would still be abundantly worthwhile. Where alcoholism is concerned a few successes add up to a tremendous savings, whatever may be one's point of view toward alcoholism and regardless of the sort of mathematics used in assessing human values.

### The Utah Alcoholism Clinic<sup>2</sup>

The major functions of the Clinic established in 1950, are as follows:

1. To compile social case histories on alcoholics.
2. To refer alcoholics to Alcoholics Anonymous, social agencies, welfare institutions, private medical practitioners, and elsewhere for services which the clinic is not prepared to offer and to facilitate the procurement of those services.
3. To offer therapy to the alcoholic through scheduled conferences at appropriate intervals.
4. To confer with relatives and friends of the alcoholic in order that the alcoholic's problems may be more fully understood by those who are most intimately concerned about his recovery.
5. To coordinate all available resources for rehabilitation so that the alcoholic may be returned to a productive position in society as quickly and as fully as possible.
6. To teach the alcoholic how best to use his own resources in keeping well after he has achieved sobriety.

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<sup>1</sup>*Ibid.*, p. 7.

<sup>2</sup>*Utah Alcoholism Review*, Utah State Board on Alcoholism—Utah Committee on Education on Alcoholism, Vol. 1:2; March, 1950, p. 2.



## Seattle, Washington — Police Department Rehabilitation Camp for Alcoholics<sup>1</sup>

The handling of alcoholics and persons arrested for drunkenness is one of the most vexatious problems facing law enforcement officials today. As borne out in the present study, such cases cause a tremendous drain on police resources through the diversion of police activities, and countless man hours necessitated for the arrest, handling, and detention of men arrested for intoxication.

Despite the fact that police authorities have recognized the need for treating alcoholics as diseased individuals, they recognize, too, that laws must be enforced; drunkenness is still generally defined as a misdemeanor.

A survey of records in the Seattle Police Department established the fact that "... the frequency of occurrence of this crime far exceeds all others, constituting 70 per cent of all arrests. Chronic alcoholics account for 70 per cent of all time actually served in jail." Three hundred twenty individuals accounted for 4,294 arrests, 1,520 commitments to the city jail for an aggregate of 39,151 days served. The majority of these were chronic alcoholics.

Before any solution to the problem could be formulated, it was necessary that authorities and the public understand that an alcoholic is a diseased individual and as such "... will respond to proper medical and psychiatric treatment in the same manner as any person who is mentally or physically ill."

The jail was believed to be a poor place for such treatment and in its place an Alcoholics Rehabilitation Farm was created by the department. Its purpose, philosophy, and result are simply described as follows:

... to allow men suffering from chronic alcoholism the opportunity to build themselves up physically and to renew their self esteem ... by putting these men out to work at farm labor or in jobs out of doors in the fresh air, they can build themselves back up again physically. At the same time they can be assisted mentally by creating self respect through accomplishments of their labors. Many of these men through hard work, good healthful food, regulated hours of the farm can be released upon completion of their sentences in a condition where they are able to accept regular employment.

Though the camp has only been in existence for a relatively short period its success has already been measured in terms of increased efficiency of the Police Department and in the numbers of men who have been rehabilitated instead of lethargically existing in the confines of the city jail.

<sup>1</sup>Information in this section is drawn largely from an article provided by Mr. Guy C. Vernon, Acting Chief of Police, Seattle, Washington.



## **Alcoholic Information Center—Washington, D.C.**

Considerable progress has been made along educational lines by alcoholic informational centers in many cities throughout the country. The functions of the District of Columbia center are typical of other organizations, namely:<sup>1</sup>

1. To provide information relative to alcoholism.
2. To maintain a free personal service to alcoholics, their families and friends who want guidance in dealing with their problem.
3. To promote better hospital facilities for the treatment of the acute stages of alcoholism for both short term and long term care.
4. To maintain a Speakers Bureau to provide films and speakers free of charge for organizations or clubs interested in alcoholism.
5. To make a survey of community facilities for treatment of alcoholism or various agencies interested in the rehabilitation of the alcoholic.
6. To disseminate literature to public libraries, schools, churches, and civic organizations, and by means of a mail campaign, inform at least 10,000 people annually as to the nature and treatment of alcoholism.

Numerous other cases could be cited as exemplifying the work now being done by groups toward combatting the problem of alcoholism. In building an effective program of action for Colorado, much can be learned from the experiences of these groups.

### **General Conclusion and Recommendations**

The data presented herein on excessive drinking and alcoholism in Colorado and on the costs thereof fall far short of measuring the overall magnitude of the problem in the State. From the facts presented, however, two things are crystal clear. In the first place, the seriousness of the problem has increased rapidly in recent years, both in terms of direct costs to the state now totaling many thousands of dollars a year and in terms of economic waste and suffering caused by accident, decreased earning power, and the like. In the second place, there is urgent need for a more constructive approach to a solution of the problem—one that would be corrective in nature as distinguished from the present method of repeated arrests and the imposition of jail sentences which clearly does not get at the root of the trouble.

As pointed out elsewhere in this report, states generally are still groping for a solution of the problem. This being the case, further research on the nature and extent of the problem in Colorado and on ways and means of combatting it is clearly needed. It is recommended that such research be conducted under the direction of the Commission on Alcoholism, with the as-

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<sup>1</sup>*First Report*, Washington Committee for Education on Alcoholism, December 31, 1948, p. 8.



sistance of an Advisory Committee representative of various groups interested in the problem. A related, very important matter is that of the need for an effective educational program.

It is further recommended that consideration be given to the feasibility of establishing clinics for the treatment and rehabilitation of alcoholics.

## AVAILABLE METHODS FOR TREATMENT OF THE ALCOHOLIC

The principal methods of treatment available to the alcoholic may be divided roughly into five categories, as follows:

1. Alcoholics Anonymous.
2. Psychotherapy.
3. Antabus.
4. Conditioned reflex.
5. Adrenal Cortex extract (ACE) and ACTH.

The Commission, in pursuing its study of the efficacy of Antabus therapy of the alcoholic obtained statistics compiled by Dr. Robert Carlson, Clinical Director of the Mount Airy Sanitarium, in Denver, which indicates that of 550 cases treated with antabus as of January 1, 1951, complete sobriety was attained from the inception of the treatment in 58 per cent of the cases. Dr. Carlson's statistical information shows the following:

Total cases reported .....	550
Complete sobriety from inception of treatment....	58%
Complete sobriety after one or more "relapses" .....	20%
Unreported cases, condition unknown.....	11%
Complete failures .....	11%

It is of interest to note that identical percentages were obtained when a total of 339 cases had been treated as when the number increased to 550.

## FACILITIES AVAILABLE FOR HOSPITALIZATION of the ALCOHOLIC IN COLORADO

In addition to the study conducted by the Bureau of Business and Social Research of the University of Denver, the Commission also made a survey of facilities available to alcoholics in various stages, and its findings are as follows:

For the acutely ill with Delirium Tremens and/or convulsions:

Denver General Hospital.....	13 beds
Colorado Psychopathic Hospital.....	7-10 beds

For the psychotic alcoholic, with deterioration or needing long term care:

Colorado State Hospital.....	200 beds
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For the non-indigent alcoholic without complications:

Mount Airy Sanitarium, Denver.....	30 beds
Woodcroft Hospital, Pueblo.....	20 beds
Bradys Memorial Hospital, Colo. Springs.....	20 beds

An occasional bed is available in general hospitals for the alcoholic, but he must almost invariably be admitted under the guise of "gastritis" or "avitaminosis," etc. This provides one bed for each 175 alcoholics in the state.

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### PROPOSED ACT CONCERNING CHRONIC ALCOHOLICS

"Pursuant to the directions contained in the aforesaid Chapter 110, the Commission has prepared and will submit to the 38th General Assembly a Bill for an Act covering the admittance, commitment, parole, transfer and discharge of voluntary and involuntary alcoholic patients."



## BUDGET REQUEST

To effectuate the above and foregoing recommendations the Commission has requested the following budget for the fiscal year commencing July 1, 1951. It should be borne in mind that budgetary request reflects expenditures aggregating only slightly over one per cent (1%) of the revenues realized annually by the state and municipalities from the liquor industry.

### Personal Services

Clinical Psychologist —New Position (2a)	\$4,500	
Executive Director —New Position (1a)	4,200	
Social Service Worker—New Position (2b)	3,600	
Nurse —New Position (2c)	3,000	
Clerk Stenographer —New Position (1b)	2,400	
Clerk Stenographer —New Position (2d)	2,400	
		\$20,100
(New positions requested—6)		
Associate Professor —Part-time		
(professional)	\$7,500	
Psychiatrist —Part-time		
(professional)	6,000	
		\$13,500

### Maintenance and Operations

Hospitalization .....	\$15,000	
Office Supplies .....	3,000	
Postage .....	600	
Telephone .....	250	
Travel .....	1,000	
Dues and Subscriptions .....	100	
Rent .....	1,200	
		\$21,150

### Capital Outlay

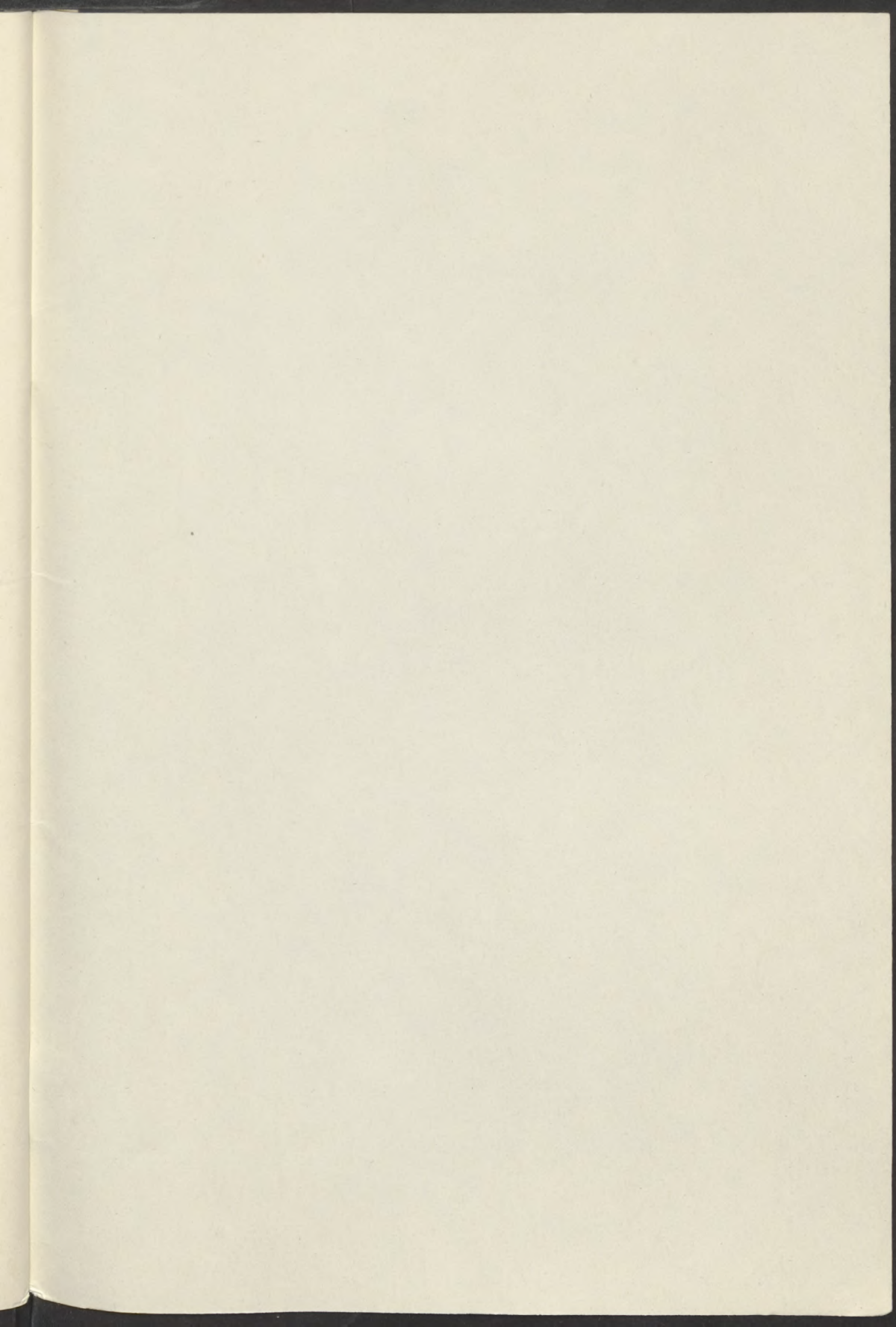
Office Furniture and Equipment		
(Clinic and information center)		\$ 2,500
TOTAL .....		\$57,250

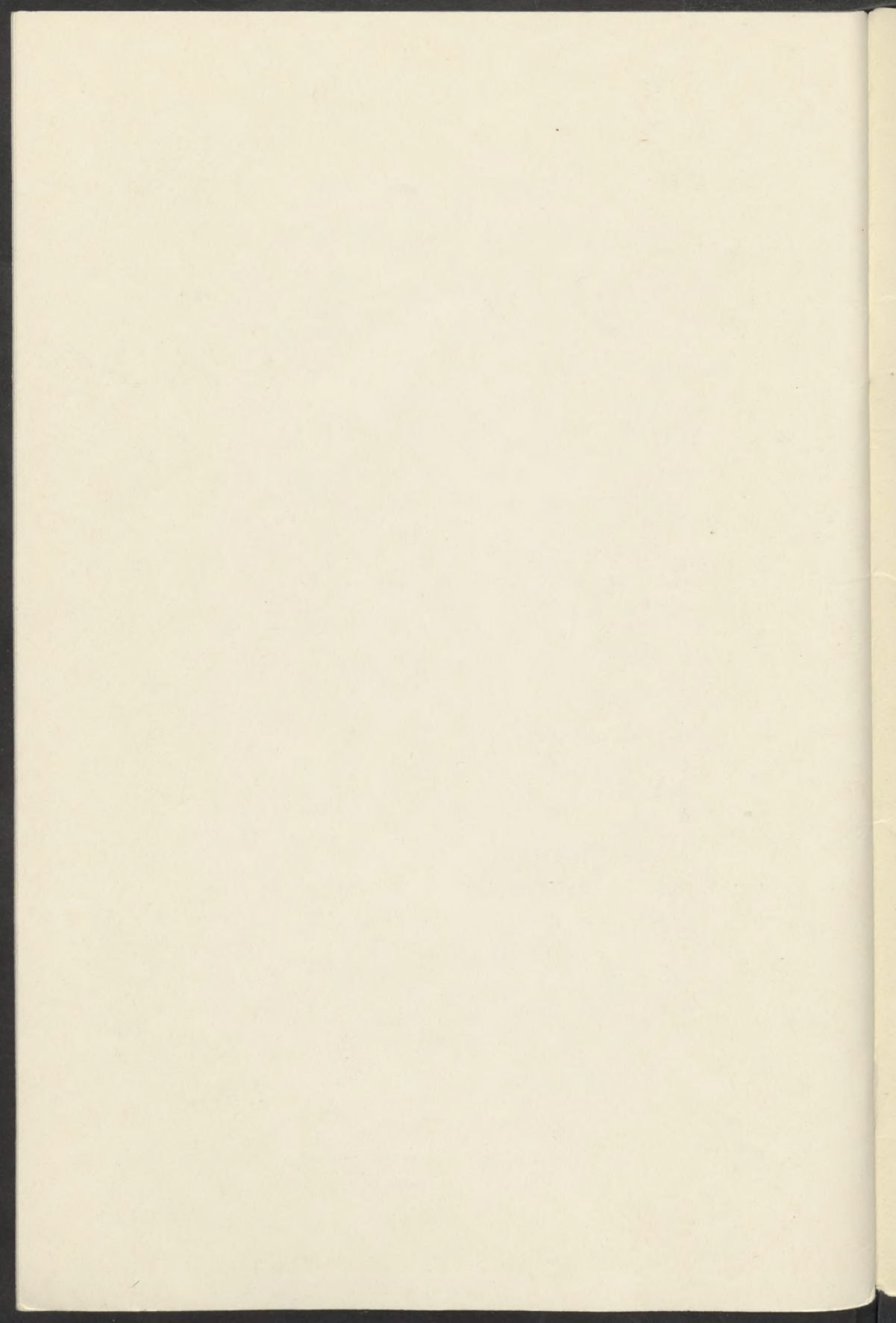
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The following is a list of the items and their estimated values as requested in the report for the year 1950. The items are listed in the order in which they were received and their estimated values are given in the right-hand column. The total estimated value of the items is \$1,200.00.

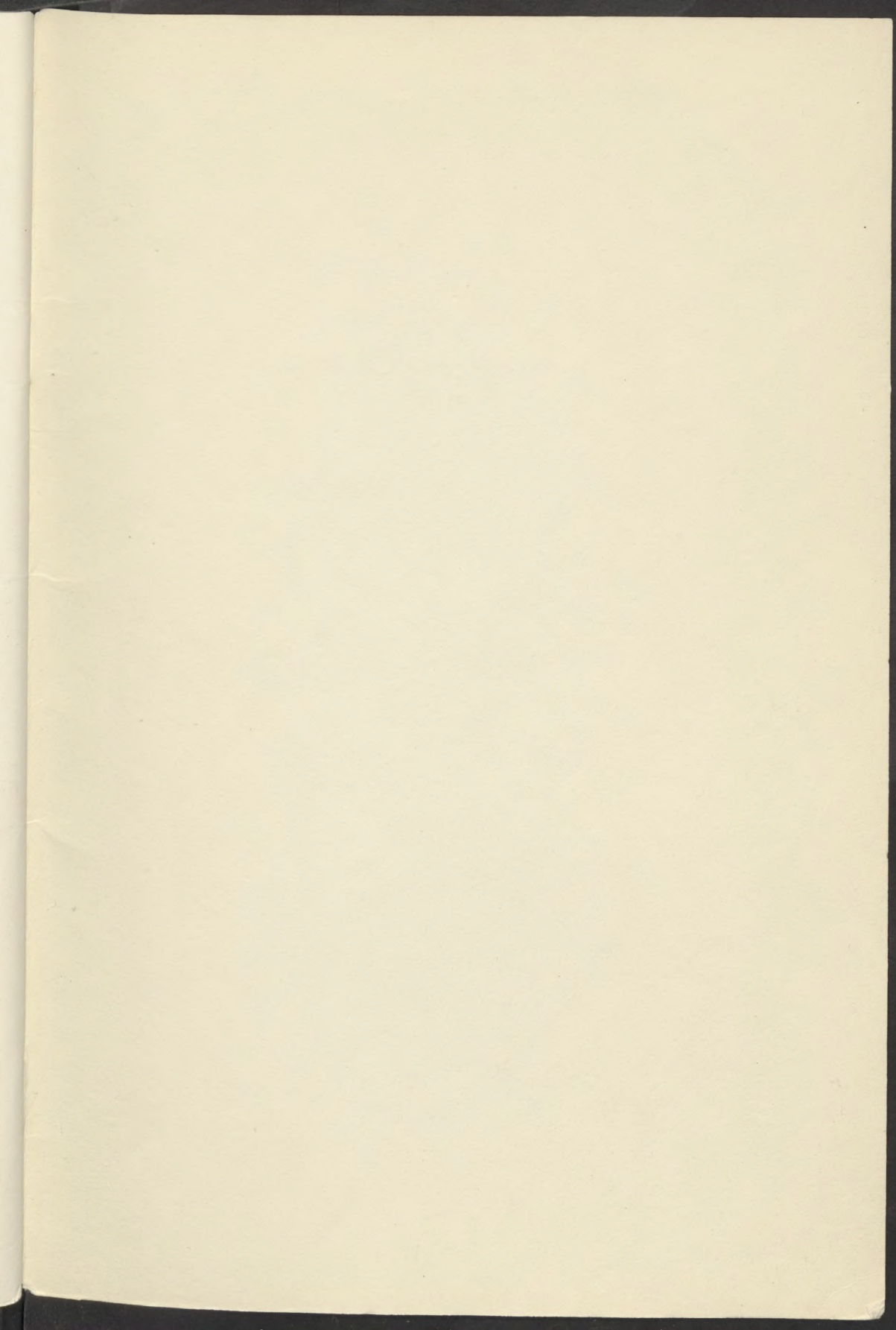
Item	Estimated Value
Books	100.00
Stationery	50.00
Supplies	200.00
Travel	100.00
Printing	150.00
Postage	20.00
Telephone	100.00
Repairs	50.00
Insurance	100.00
Utilities	100.00
Other	100.00
<b>TOTAL</b>	<b>1,200.00</b>











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