

# Alcoholism No. 1 Problem--

## *Alcoholism Consultant Says Alcohol Is Greatest Problem*

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A consultant on alcoholism who spent eight months studying its treatment in Alaska says it's obvious that alcoholism is the number one health problem of Native Alaskans.

The comment is contained in a 14-page report written by Mark E. Small for the National Institute on Alcohol Abuse, and Alcoholism and the Alaska Native people.

"It was interesting to note that in hearing Alaska Native Health Service's list of prior-

ities, which they claim were defined by the villages, one priority high on the list of ten was for a data processing system," Small said. "Alcoholism was not listed at all!"

"My reaction to this is that I cannot picture a group of Native people in a village listing as a top priority a data processing system. I might add that only three, what you might call direct health items, were listed," Small said.

Small was highly critical of what he called lack of meaningful training for mental health aides within the Alaska Native

Medical Center. He said training at ANMC is defined by several of these Native workers as a joke.

"They state there is presently an Equal Employment Opportunity Upward Mobility Program which involves training of workers so they can move up to more responsible positions. However, training is left up to the immediate supervisors, and I concur with others after observing for myself that 'there ain't no way they are going to train a Native to take their place.'"

Small said his feeling was that

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if persons responsible for training mental health workers were providing relevant training, it would be no time at all until the mental health workers would replace their trainer.

Small said he found professional jealousies to be the rule rather than the exception.

"To maintain one's professionalism and control, it is felt this cannot be done unless the Native continues to be discredited," he said. "This is prevalent within agencies and in villages where there is a state public health service nurse and a Native health aide.

On the brighter side, Small praised the efforts of the Alaska State Commission on Alcoholism and Drug Abuse, and the Alaska Federation of Natives, Inc., for attempting to form a separate board to deal with social problems.

The AFN, Inc. Board on Health, Education and Social Services (HESS) is to be in operation this fall. HESS is intended to be a policy-making board, as opposed to the Area Health Board which has only advisory capacities.

Small said he saw within the Alaska Native Commission on Alcoholism and Drug Abuse the ability to address various problems of prevention and treatment of alcoholism in Alaska.

"My recommendation would be to move existing Native efforts in alcoholism and drug abuse under this organization, as well as future efforts being handled by them," he wrote.

"If this is implemented, problems referred to in evaluation, training, philosophy, advocacy roles, mobilization of existing resources, coordination and communication, defining and addressing services deficiencies, development of reporting systems and so forth could collectively adequately be addressed," he said.

Small expressed hope that the Tok Alcoholism Program, known as the Upper Tanana Regional Alcoholism and Drug Abuse Program, would serve as a pilot project for the state.

The program is staffed solely with local people, chosen by village councils.

"They have the foresight into what has been attempted in their areas in the past and what will and will NOT work," he said. "This eliminates the duplication of failure."

Small said the accountability of Native efforts will become a key issue in the future of programs such as the one at Tok. Here new and innovative concepts are being utilized which are contrary to existing federal agency philosophies.

Federal agencies evaluating their own programs are like letting "the problem evaluate the problem."

The substance of Small's report is to demand financial control of alcoholism programs for Natives by Natives and an end to what he feels is the dehumanizing treatment of persons with a history of alcoholism.

He recommends the separation of addiction problems from the mental health service of the Alaska Native Medical Center.

Alaska Natives who deal with problems of social concern feel that division is incapable of successfully treating Native alcoholics, he said.

"Recent and past incidents within ANMC hospital have brought out the fact that there is dehumanizing treatment involving alcoholics or individuals with a history of excessive alcohol drinking," he said, in an apparent reference to the death of Violet Arrow.

Mrs. Arrow, an Eskimo woman from Shageluk, died last month at the hospital, after being refused admission several times. An autopsy report showed she died of pneumonia.

Small concludes that the Native people of Alaska have no time to be tactful or to consider bureaucratic ego in the face of their own physical well-being, threatened by lack of proper care for alcoholics.

"Unless Native people are allowed to have control and financial resources ample enough to address this number one health, social, and economic problem in the very near future, all the preconceived benefits that were intended by the Native land claims will be lost and it is difficult to surmise the effects thereafter," he said.