

Regional Indian health service program on alcoholism underway

By BETSY BRENNEMAN

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At last week's heated City Council discussion on clean up of Fairbanks's Second Avenue, Warren Prax, owner of the North Star Bakery, a business on the avenue, said, "It is drunken natives that are the problem in the early morning hours. And I said drunken natives, not just natives."

Prax continued, "Perhaps we could ask the native leaders for help. They tell me Doyon is worth \$1.2 billion, well maybe they could spend 1.5 per cent of that to help their people."

Almost simultaneously it was announced that formation of a new Regional Indian Health Service Planning Consortium on Alcoholism was already underway, coordinated in this area by the Tanana Chiefs Health Authority and involving the resources and staffs of all the sub-regional alcoholism programs in the Tanana Service Unit.

Tom Stoner, regional technical assistant for Tanana Chiefs Health Authority, initiated a workshop in mid-July where all the groups who will have a hand in the planning of the consortium's program got together for the first time.

The sub-regional programs involved include Upper Tanana Regional Council on Alcoholism, Ft. Yukon City Council on Alcoholism, Galena Health Board, McGrath Health Board, and Fairbanks Native Association Comprehensive Alcoholism Program, as well as a smattering of local agencies and services.

The impetus for the new effort came after a recent meeting of the Alaska Indian Health Services Clinical Directors and representatives of the regional corporations. At that time a recommendation was made that an alcoholism plan be developed by Sept. 30 of this year.

Although Stoner says he is not sure what other regions are doing, he reports that the consortium is interested in "developing something with quality that will assure sobriety maintenance," and that the method will be to "look at existing agencies, fill in the cracks and present a sequential continuity to the program."

Its objective is long-term development of a total concept of understanding alcoholism and its care. One new, and Stoner thinks promising, approach was presented at the workshop by Dr. James Milam, author of "The Emergent Comprehensive Concept of Alcoholism."

Stoner calls Milam's work a reform movement in that field because it is based on a new frame of reference, one that is more medical and physiological, one that views alcoholism as a disease that is progressive and

selective and is based on one's physical constitution.

Milam's approach may or may not be the basic concept used in the developing plan of the consortium, but it did help generate good dialogue and initial planning ideas, according to Stoner.

Another potential part of the program envisioned by Tom Stoner is the establishment of a one to two year internship

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for sub-regional coordinators. The internship would be a training program intended to decentralize the work of the consortium and the interns would work as professionals and resource people with local medical teams.

Setting up a detoxification center and a rehab center are other initial priorities of the group that the entire community would benefit from since local, state and federal contracts would most likely be involved.

Monies for the new program are available, Stoner feels, largely because legislators are aware of the problem, quality of staffing for alcohol programs has been improving, and such legislation as the Indian Health Improvement Act has been passed. He predicts that the program will be eligible for funds from the government on a limited basis.

As of Aug. 13, Stoner became coordinator of the planning and

implementation of the program but he continually emphasizes that this time the approach will not be to sit in Fairbanks and tell others in the region what to do. He is actively seeking and getting input from the others involved and calls it a "cooperative effort."

One reason why cooperation is so essential, Stoner says, is because it is hard to expect villages to have "sequence of care continuity" and an effective treatment system without the support of a setting like Fairbanks and the backup of a larger group such as the consortium.

Stoner, who has worked for TCC Health Authority for a year by letter of agreement with his employer, the Alaska Native Special Alcoholism Program (ANSAP) in Anchorage, will have written a draft proposal for the plan to be submitted for review when the group meets again Aug. 27. Final revisions will be made and the

proposal will be submitted by Sept. 1 to IHS in Anchorage. Then comes negotiation with IHS contracts for funding.

When asked what makes this project different from many others in existence, Stoner replies that there is now a greater understanding of how to treat alcoholism and to set up a system that works. It's now a matter of "making the most of what we've got and improving that as much as possible."

Even though IHS and most everybody else has known of the problem for a long time, and even though many have wanted to do something like this for a long time, Stoner says it's been a matter of reaching a point where they can really start.

He feels that a point has been reached and that it is now possible to coordinate and formulate "for the first time, a really successful program that will offer promise and hope to the recovering alcoholic."