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ALCOHOL AND THE  
STANDING ROCK SIOUX TRIBE

James O. Whittaker, Ph.D.  
Associate Professor and Chairman  
Department of Psychology  
Gustavus Adolphus College

Commission on Alcoholism  
Standing Rock Sioux Tribe  
Fort Yates, North Dakota  
1961

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## FOREWORD

Although knowledge of the existing alcohol problem among American Indians seems to be widespread, it is surprising that there have been few formal attempts to learn more about it. There has been, until recently, a reluctance among many Indians to even admit the existence of the problem, and many white persons associated in one way or another with the Indian have tended to take a fatalistic view of it. In the past few years, however, problems related to the use of alcohol have come up for discussion increasingly in both Indian and White circles, and some attempts at amelioration have occurred. For the most part, however, these few attempts have been ill-planned and in most cases, modeled after programs utilized among non-Indians. Such programs overlook obvious cultural differences and are based on the assumption that the factors underlying White and Indian alcohol problems are the same. It seems apparent that any attempt to formulate an effective program for alleviating the alcohol problem must begin with an intensive study of the problem in all its aspects.

The present study is one of the first formal attempts to systematically investigate the use of alcohol, and alcohol-related problems among members of a major American Indian Tribe. It should be regarded as a pilot or preliminary study since neither finances nor personnel were sufficient to attack the problem in all its details. It is hoped, however, that this study will provide the impetus among scholars in various disciplines and among the Indians themselves, to study the problem in greater detail. Unless some immediate action is undertaken to attack the alcohol problem among Reservation Indians, the results of the present study indicate that it will increase to the extent that self-determination among the Indians will become virtually impossible.

The present study is encouraging in that it indicates an awareness on the part of the Indians themselves, of the severity and seriousness of the problem. The fact that this study was initiated and financed entirely by the Tribe, suggests that at least some members of the Tribe are ready to assume responsibility for the solution of it.

Field work on this project was supervised by William Iron Moccasin, to whom we owe a debt of special thanks for his unflagging interest and concern. Working under his direction as interviewers on the project were: Issac Dog Eagle Jr., Emmett White Temple, Karen Gayton, and Marlene Brown. Their work of gathering the data for the study was invaluable.

A special debt of thanks is owed to Mr. Noralf Nasset, Superintendent of the Standing Rock Reservation, for his encouragement and support, and to the members of the Tribal Commission on Alcoholism and the members of the Tribal Council. Mr. A.J. Agard, Chairman of the Tribal Council deserves special recognition for his cognizance of the problem and for his support of this initial research project.

Special thanks go also to F. Curtiss Swezy, graduate student in Cultural Anthropology at the University of North Carolina., for his valuable suggestions, Mrs. J.O. Whittaker for her critical reading of the report and thoughtful comments, and Loretta Manyhorse, who acted as secretary of the entire project.

Finally, we especially thank the 208 members of the Standing Rock Sioux Tribe who participated in the project as interviewees. It was their willingness to provide personal information which made this study possible.

JAMES O. WHITTAKER, Ph.D.  
Project Director

July 27, 1961



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## ALCOHOL AND THE STANDING ROCK SIOUX TRIBE

The Standing Rock Sioux are descendents of tribes belonging to the Great Sioux Nation and occupy a reservation located in the States of North and South Dakota encompassing about 875,000 acres of land. The general topography is that of rolling uplands and nearly level table lands typical of the northern Great Plains.

The Standing Rock Reservation was established in 1868, although it was not until 1881, following the Indian War, that hardships and starvation forced the Sioux within the boundaries and made them largely dependent upon the Government for subsistence. At the present time the reservation has a population of approximately 3,037, living principally in seven geographical districts along the Eastern boundary.

Living conditions on the reservation are, in general, far from ideal. As recently as 1955, 40 per cent of the houses consisted of one room. Seventy-nine per cent had no electricity and 87 per cent had no running water in the house. They were for the most part, overcrowded--nineteen houses at that time, reported more than eight persons per room. Most of the houses today still consist of one-room dwellings, but there are many new ones, and the number with electricity and running water has increased.

The average income per family in 1955 was reported as \$1,179.00. ~~Forty-two~~ per cent of the family incomes were from wages, while welfare payments constituted the sole source of income for 33 per cent. Agriculture accounted for the income of 13 per cent, and there were seventy family units which received no income of any kind. These people reported living with relatives or friends. Contrary to the belief of many white persons the American Indian does not receive a regular dole from the Federal Government.

The area is one of chronic unemployment, and while efforts are being made to encourage industries to come into the area, these efforts have not met with enough success to perceptibly reduce the problem as yet.

The towns in which most of the residents live are, for the most part, isolated and small. There are no paved roads connecting any of the towns with State or Federal highways. Recreation in these towns is limited by the lack of facilities, and while there are bars, there are no motion picture theatres, bowling alleys, or other such recreational spots.

Until 1953, a Federal law prohibited the sale of alcoholic beverages to the Indian. In that year, the law was repealed, and although the Indians drank before that time, many feel that the problem of drunkenness and alcoholism has increased. We have no statistics which bear directly on this question, but the results of the present study indicate that problems related to alcohol have definitely increased in the present generation as compared to the previous one.



### THE PROBLEM

The problem in this study consists of several parts. It is, first of all, concerned with assessing drinking practices and the function of alcohol among the Standing Rock Sioux. We were interested in obtaining facts related to the extent and frequency of drinking--who drinks, how much, how often, what, where, and with whom? A primary concern was with uncovering facts which might help us to understand the motivation for drinking and reasons for abstaining. Secondly, we were interested in discovering factors related to the social control of drinking--the relationship between group influences and drinking, attitudes toward drinking, etc. A third concern was with learning how much the average Indian knows about alcohol and alcoholism. Implications for a program to alleviate the problem are obviously related to this third part of the study. And finally, we were interested in finding out some of the results of drinking--the alcohol-related problems of child neglect, illegitimacy, arrests, etc.

The purpose of the study was both theoretical and practical. As a study of alcohol problems in a predominantly non-white culture, it should add to our overall understanding of the problem of alcoholism. In addition, it was designed to provide a foundation of facts on which an intelligent, planned alcohol treatment program for the Standing Rock Sioux Tribe might be based. More intensive, better-financed studies are critical in this area, but we cannot refuse to formulate tentative programs until such studies are carried out. The problem is present, severe, and demands immediate attention.

### PROCEDURE

While in residence on the reservation, the Director of the project formulated an interview schedule consisting of ninety-four questions divided into five parts.\* The five parts were: 1-Pattern of drinking, 2- Motivation, 3- Social control, 4- Knowledge about alcohol and its effects, and 5- Results of drinking. Many of the questions have been utilized in studies of drinking practices among white subjects and provide us with a basis for comparison. Other questions were devised to answer hypotheses concerning unique aspects of the drinking problem on the reservation. Various members of the Tribe, and White persons involved with the Tribe in different capacities, were helpful in providing a background out of which these latter questions developed.

It was decided that the actual interviewing should be done by Indian, rather than White, interviewers. There were several reasons for this. First, a small portion of the population communicates primarily in the Sioux language. Secondly, it was felt that members of the Tribe would communicate more freely with one of their own, than with a White interviewer. And finally, since the group is relatively small and close-

\* The schedule is included in the appendix at the end of this report.



knit, it was felt that Indian interviewers would be better able to judge how valid the individual respondent's answers were.

The field work was supervised by a full-time employee of the Tribal Commission on Alcoholism. The four interviewers (two men and two women) were selected by a committee from the Tribal Commission on Alcoholism, and they were all either college students or had had some college training. Before beginning collection of the data, the four interviewers and their supervisor attended the Summer School of Alcohol Studies at the University of North Dakota. Following this, they were given a short orientation in interviewing procedures.

The entire collection of the data involved a period of six weeks. The interviews were recorded by means of tape recorders and then returned to the main office where a verbatim transcript was typed. Each interviewer was instructed to ask the questions exactly as they had been written and to press for further information if the respondent failed to respond or answer the question as stated. The tape recordings of each interview facilitated a more casual and direct interviewer-respondent relationship and avoided the possibility of lost or distorted material due to possible errors on the interviewer's part in writing the responses.

Interviewers were instructed to request, rather than demand participation, and to assure the anonymity of the respondent's answers. No record of the respondent's name was ever made.

The supervisor of the field work, and in some cases, the Tribal Chairman, had prepared the population for the study by explaining its nature and requesting their participation. We unfortunately, did not have enough advance preparation of this type and encountered some reticence and even hostility in some communities.

### SUBJECTS

Approximately twelve per cent of the total population of the reservation over fifteen years of age was interviewed in a random sample. The total sample included 208 subjects, almost equally divided between males and females. Their ages ranged from fifteen to seventy-three, with a median age of thirty. The number of subjects was in the same proportion for sex, age, and geographical distribution in our sample as in the most recent census figures for the entire reservation population.

The mean educational level of the subjects was two years of high school, with a range of from NO formal schooling to College Graduate Work, 63 per cent of the sample was Catholic, 47 percent Protestant. Some of the interviews were carried out in the early evening hours to insure the inclusion of employed men and women.



## RESULTS

### The Pattern of Drinking

The first part of the study was concerned with determining the number of people who drink, the amount consumed, the frequency of drinking, the incidence of alcoholic symptoms, etc. Wherever possible, comparisons are made with available figures based on white samples off the reservation.

Incidence of Drinking. Approximately 70 per cent of the Indian population report they consume alcoholic beverages, compared with roughly 60 per cent of the white population who report drinking. \*

Eighty-two per cent of the Indian males indicate they drink as compared with 66 per cent of White males, and 55 per cent of the Indian females drink as compared with 50 per cent of White females. The fact that 71 per cent of the Indian females report that most of their friends drink, causes us to suspect that the percentage of drinking by Indian women is actually somewhat higher than reported.

Figure 1 compares the incidence of drinking according to age, sex, and racial background. It will be noted that more Indian males drink than White males, regardless of age, and that the incidence of drinking among Indian males peaks in the age bracket of 20--29. Ninety-nine per cent in this age bracket drink, and although the incidence of drinking among Indian males decline with age, it remains higher at each age level than among White males.

Drinking among Indian females tends to reach its high point at a later age than the males. In the 20--29 age bracket, 72 per cent of the Indian females report drinking, compared with 99 per cent of the Indian males. In the 30--39 age bracket however, the figure jumps to 85 per cent, while the incidence of drinking among males declines to 93 per cent.

Younger Indian women drink in substantially greater numbers than their White counterparts, but after the age of forty, the incidence of drinking drops markedly. This may be because of social norms regarding older women drinking, or because social norms regarding women drinking have changed greatly between the two generations.

In the juvenile age bracket (15-17 years of age), 50 per cent report drinking. Sixty per cent of the boys and 40 per cent of the girls indicate they drink and the average age for beginning to drink is 15½ years with a range of from 9-17 years. Fig. 2 shows the percentage who began drinking at various ages, and Table 1 gives a breakdown for beginning drinking behavior at each age under 19.

\* All data on White populations is from other studies while all data on Indians is from the present study.

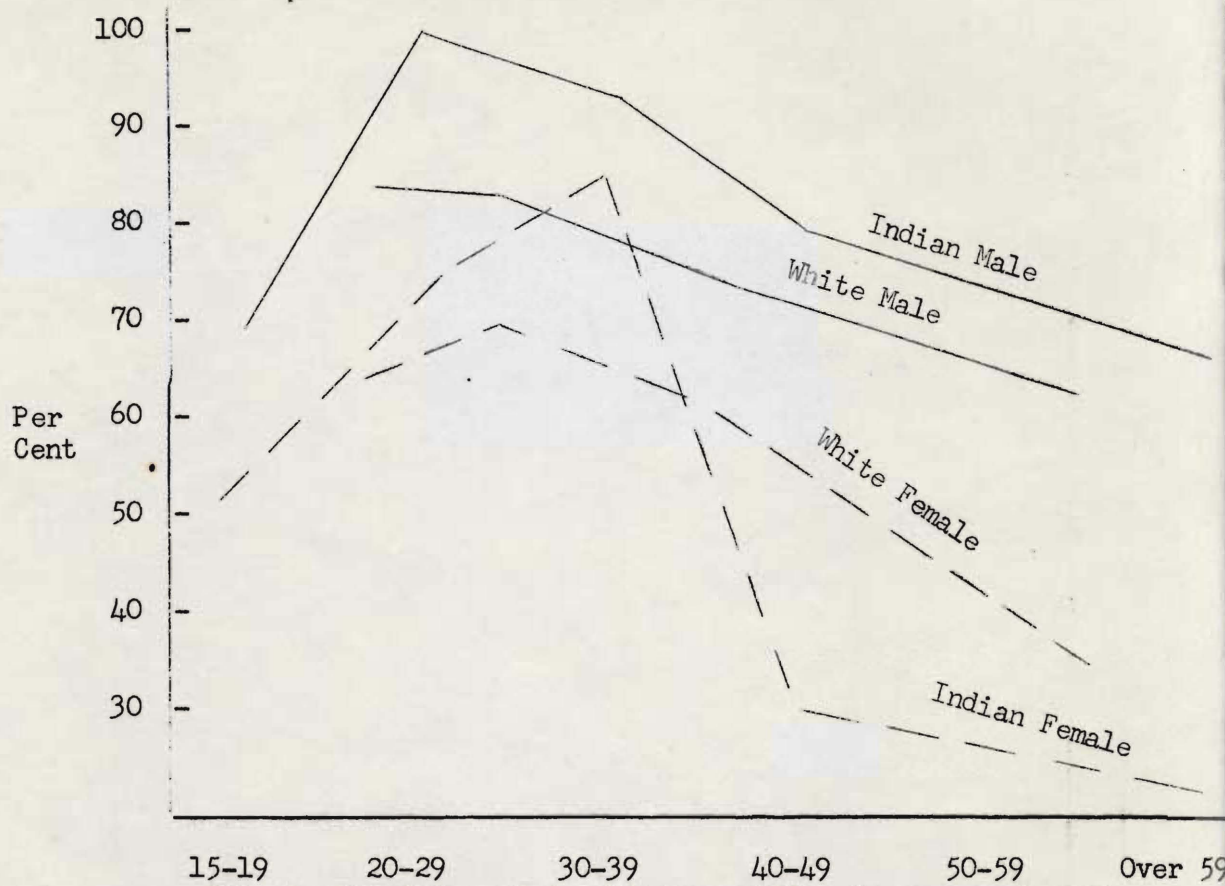


Fig. 1 Incidence of drinking according to age, sex, and racial background.

Table 1. Age at which Drinking started

<u>Age</u>	<u>Number of Cases</u>	<u>Per Cent</u>
18 or older	66	49
17	16	12
16	19	14
15	12	9
14	10	7
13	4	3
12	5	3
11	2	2
10		
9	1	1

Eighty-eight per cent of boys and girls of 17 years of age or less report that most of their friends drink, and from these figures we would expect that frequency of drinking among juveniles is actually significantly higher than the 50 per cent reported.



Ninety-five per cent of juvenile boys and 94 per cent of juvenile girls report that their parents forbid them to drink at home. The fact that 50 per cent in this age group report drinking indicates that drinking is done primarily outside the home and also raises the question of inadequate law enforcement concerning the procuring of alcoholic beverages by juveniles.

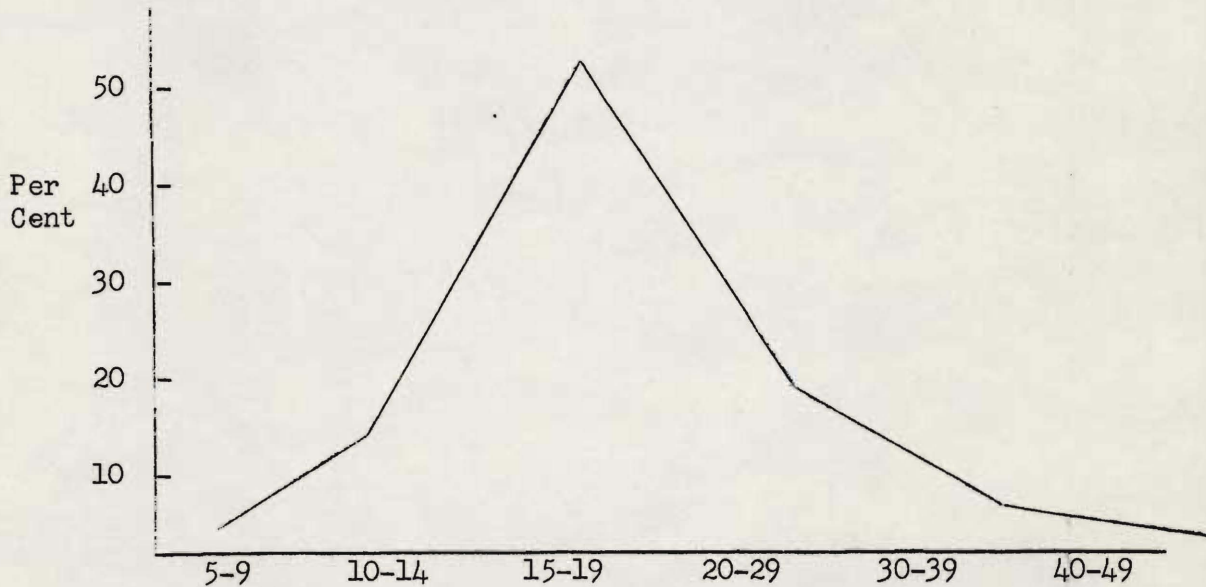


Fig. 2 Age at which drinking began.

Frequency of Drinking. Table 2 compares a white sample (3) with our Indian sample for frequency of drinking. Occasional drinking is defined as less than three times per week, while regular drinking is defined as three or more times per week. A tendency toward greater regular drinking is observed among the Indians although only 7 per cent more Indian drinkers are regular drinkers.

Lack of money is one very plausible explanation as to why there is not a greater frequency of regular drinkers among the Indians. That there would be more frequent drinking if more money were available is indicated from the results in the following section concerning the amount consumed at each sitting.

Table 2. Comparison of Indian and White Frequency of Drinking

<u>Frequency</u>	<u>White</u>	<u>Indian</u>
Abstainers	35%	31%
Occasional	48%	45%
Regular	17%	24%

It will be noted in Table 3 that the proportion of regular drinkers is greater among Indian males than females. Almost half of the women are abstainers, while less than half that number of men abstain. Women tend to either abstain or drink occasionally when compared with men, although evidence to be presented later indicates this is changing.

Table 3. Frequency of Drinking by Sex

<u>Frequency</u>	<u>Indian Males</u>	<u>Indian Females</u>
Abstainers	18%	45%
Occasional	53%	36%
Regular	29%	19%

Quantity Consumed. Table 4 compares the quantity of the most-used beverage consumed at a sitting for Indians and a White sample (4). Designations of the terms small, medium, and large are shown below the table.

Table 4. Quantity of Most-used Beverage usually Consumed at a Sitting

<u>Amount Consumed</u>	<u>Total Per Cent</u>		<u>Beer Per Cent</u>		<u>Liquor Per Cent</u>		<u>Wine PerCent</u>	
	White	Indian	White	Indian	White	Indian	White	Indian
Small	81.9%	28%	81.8%	33%	80.3%	19%	100%	20%
Medium	14.2%	23%	16.9%	30%	12.0%	14%	0	1%
Large	3.9%	49%	1.3%	37%	7.7%	67%	0	79%
<u>Small</u>	1-2 bottles beer,		1-2 drinks liquor,		1-2 glasses wine			
<u>Medium</u>	3-6 bottles beer,		3-4 drinks liquor,		3-6 glasses wine			
<u>Large</u>	7 + bottles beer,		5 + drinks liquor,		7 + glasses wine			

Note that while the large majority of White drinkers consume a small amount of whatever beverage they are drinking at a sitting, the Indian does just the opposite. While 81.9% of the White sample consumed a small amount, only 28% of the Indian sample did. While 3.9% of the White sample consumed a large amount, 49% of the Indian sample did. In every beverage listed, the same phenomenon is observed. Regardless of what he drinks, the Indian tends to consume a large quantity of it at each sitting.

Table 5 the two sexes are compared for amount consumed at a single sitting. While the Indian male almost inevitably drinks a large amount, the Indian females shows less of this tendency. Although she drinks less



than the male, the average Indian female tends to consume a greater quantity at each sitting than does her white counterpart.

Table 5. A Comparison of Amount Consumed at Each Sitting By Sex (Indian Data)

<u>Amount Consumed</u>	<u>Total Per Cent</u>		<u>Bear Per Cent</u>		<u>Liquor Per Cent</u>		<u>Wine Per Cent</u>	
	Male	Female	Male	Female	Male	Female	Male	Female
Small	23	35	27	41	17	24	8	31
Medium	21	27	30	29	13	15	8	0
Large	56	38	43	30	70	61	84	69

We know that in the White population frequency of drinking tends to go hand-in-hand with the amount consumed at each sitting, (4). Thus those who drink more frequently tend to consume greater amounts at each sitting. From the data given in Table 4, we would be led to expect a greater frequency of drinking, but the figures fail to bear this out. As we indicated previously, the most probable reason for this lies in the economic sphere. If the average Indian had more money, we would strongly expect a substantially greater frequency of drinking.

The figures given thus far present a disturbing picture. Seventy per cent of the Indian population over fifteen years of age consume alcoholic beverages. Forty-nine per cent (one out of every three Indians on the reservation over 15 years of age) are heavy drinkers. Using figures based on White samples, we would estimate that there are now 130 chronic alcoholics\* in this population of 1727, and a much larger number of alcoholics in the prodromal and crucial phases. The data to follow in later sections bears this out.

What they Drink. Economic factors are again exhibited in influencing the type of alcoholic beverages consumed by the Indian. Table 6 compares White (3) and Indian samples in the type of alcohol consumed. It will be noted that the Indian tends to consume the less expensive type of alcoholic beverage. A larger percentage drink wine and beer than in the White sample while fewer of them regularly consume liquor.

\* This figure is double what we might expect on the basis of the incidence of chronic alcoholism in the White population.

Table 6. Type of Alcoholic Beverage Usually Consumed

<u>Type of Beverage</u>	<u>White Per Cent</u>	<u>Indian Per Cent</u>
Wine	4	11
Beer	15	36
Wine and Beer	6	11
Liquor	7	4
Wine and Liquor	3	1
Beer and Liquor	11	8
Wine, Beer, and Liquor	16	28
Other (Grain Alcohol etc.)	0	1

Symptoms of Alcoholism and Problem Drinking. A number of our questions were designed to get at symptoms of alcoholism and problem drinking. The signs of a great number of problem drinkers and/or alcoholics were numerous. We found for example, that 37 per cent of the drinkers report they got drunk the last time they were out drinking. Forty-four per cent indicated they usually drink until they are drunk. Sixty-eight per cent have been arrested for drunkenness and 35 per cent have been arrested two or more times. Thirty-one per cent indicate they have, at one time or another, spent all the money they had for alcohol.

Signs of various stages of alcoholism are equally present. Nine per cent, for example, report regular morning drinking, while 16 per cent indicate occasional morning drinking. Uncontrollable impulses to drink were present in 45 per cent of our sample who indicated "yes" to the question-- "Do you ever feel like you have to have a drink whether you want to or not---like you can't help yourself?"

Twenty-seven per cent indicated they drank to get over a hangover, and 42 per cent reported they have had blackouts. Twenty-five per cent of those who have had blackouts report they are increasing in frequency of occurrence. Fourteen per cent of the drinkers have either been hospitalized or have sought medical advice for a body ailment due to drinking. Ten per cent indicate they drink alone, and 9 per cent of all the drinkers in the sample report they have had the DT's.

Seventy-six per cent said they had tried to control their drinking by changing the ways they drink, and 37 per cent of all drinkers show poor ability to control their drinking. Twenty-four per cent went out



drinking with the idea of consuming no set amount, while 76 per cent said they went drinking with the idea of drinking a set amount and then quitting. Of this number, 46 per cent indicated they were rarely able to do this.

Drinking sprees or binges occur in more than half of those who drink, and these binges range in frequency from less than four a year to once a week, and in duration from two to seven days or more. Table 7 shows the frequency and duration of drinking bouts.

Table 7. Frequency and Duration of Drinking Bouts  
Maximal Duration

Frequency	No. of Cases	2 days	3 days	4--6 days	7+ days
Never	50				
Less than 4 a yr.	24	15	2	1	6
Once every 2 mos.	0	0	0	0	0
Once a month	15	12	1	0	3
Twice a month	19	13	3	0	3
Weekly	12	9	1	0	2

Of the entire sample of drinkers, 77 per cent have no special days for drinking, while 21 per cent drink primarily on weekends and evenings, and 18 per cent drink anytime. Six per cent drink primarily in the afternoons, and 2 per cent report predominantly morning drinking. Two per cent report drinking primarily on paydays.

Two Generations Compared. A comparison of the respondents and their parents of the same sex, shown in Table 8, reveals a definitely higher proportion in the present generation who drink. Of the male respondents, approximately 78 per cent drink, compared to only 38 per cent of their fathers; of the female respondents, 55 per cent drink, compared to only 20 per cent of their mothers. Information on the drinking of the parents is based on the report by the children.

Among the male Indians, the greatest increase is noted in the number of regular drinkers. While 15 per cent of their fathers drank three or more days per week, 28 per cent, or almost double that number, of the current generation are regular drinkers.



Table 8. Drinking Frequency of Respondents and Parents of Same Sex

Res- pondent	Per Cent Regular Drinkers		Per Cent Occasional Drinkers		Per Cent Abstainers	
	<u>White</u>	<u>Indian</u>	<u>White</u>	<u>Indian</u>	<u>White</u>	<u>Indian</u>
Male	19.4	28	56.8	50	23.8	22
Fathers	13.9	15	35.2	42.5	50.9	42.5
Female	3.2	19	48.2	36	48.6	45
Mothers	2.8	4	15.9	16	81.3	80

Regular drinker-- 3 or more days per week.

Occasional drinker-- less than 3 days per week.

Almost twice as many Indian females drink today as compared with the previous generation, and again, the greatest increase is noted in the number of regular drinkers. Almost five times as many women today are regular drinkers as in the past generation.

The increase in drinking among the current generation of Indian women is almost double the increase in drinking among the men, and while there is not a great difference in the increase of drinking among Indian women compared with White women, the increase among Indian women who regularly drink is about four times as great. The increase in regular drinking among Indian men compared with White men is about twice as great.

If the present rate of increase in drinking continues to the next generation, we can expect 90 per cent of the Indian males to drink and 80 per cent of the females. Regular drinking will involve 60 per cent of the males and a majority of the females. We would expect, in fact, that there will no difference between the sexes in the number of regular drinkers in the next generation. These figures also suggest that in the generation following the next, serious drinking problems will involve close to 100 per cent of the Indian population.

Finally, we asked whether the respondent thought the Tribal Council should do something about the drinking on the reservation, and if so, what should be done. Eighty-three per cent thought the Tribal Council should take some action. The actions they suggested are presented in the section on discussion and recommendations. The fact that 83 per cent thought some action should be taken suggests that the drinking problem is recognized by the majority of the Indian population.

### Corroborative Evidence

In addition to the results discussed in the previous section, we obtained information concerning the problem from the heads of various departments and organizations connected with the Tribe. This evidence corroborates our findings in the field.

Federal Welfare. The effects of heavy alcohol consumption on the reservation are reflected in a variety of ways in the Federal Welfare program. During the past month, for example, 70 children were handled by this agency because of neglect or abandonment by the parents. In the overwhelming majority of these cases the reason behind it was drinking. Another reflection of the drinking problem is found in the fact that two thirds of the 100 children sent to the Pierre Federal Indian Boarding School, were sent there because of the inadequacy of their homes.

Problems related to legal jurisdiction often makes apprehension of delinquent parents difficult or impossible. Local police cannot arrest persons off the reservation for offenses committed on it, and the failure of some law enforcement officials in the surrounding area to cooperate with the Indian police, increases problems of adequate law enforcement for the Indians in regard to offenses for child neglect and abandonment.

Another effect of the drinking problem is seen in the deterioration of men over 45 years of age. In many cases employment is out of the question for these men due to long term drinking and idleness. The worst effect, however, is seen in the large, inadequately fathered and mothered family. Children in such a family tend to propagate the problem in offspring of their own when they become parents and hence, the problem spreads in ever-increasing circles.

As we will see in the next section, there is some evidence that the welfare laws contribute to alcohol problems in some people. Providing a source of income without any effort on the individual's part, and increasing payments for increasing numbers of illegitimate children are factors which demand close examination.

Tribal Programs. The alcohol problem has a serious effect on virtually every Tribal Program, to improve the economic and social standing of the people. A cattle program, instituted some years ago by the Federal Government, ultimately diminished over 50 per cent, largely because of drinking problems among the operators. This, we might add, portends an ill omen for the current Tribal Cattle Program.

In the data given below, it will be noted that the number of Indian operators in the Revolving Credit Cattle Program, fell off sharply after prohibition ended in 1953.



- 13 -

Number of Indian Operators  
in Revolving Credit Cattle Program, 1949--1961

<u>Year</u>	<u>South Dakota</u>	<u>North Dakota</u>	<u>Total</u>
1949	91	48	139
1950	91	47	138
1951	92	42	134
1952	98	43	141
1953	90	39	129
1954	73	28	101
1955	64	27	91
1956	51	21	72
1957	41	19	60
1958	38	20	58
1959	37	18	55
1960	41	18	59
1961	41	18	59

In the family plan, recently organized, 10 per cent have already sold their appliances, furniture, etc., and in many cases the money was used to obtain alcohol.

Drinking is reflected in absenteeism among Tribal employees, and there is little reason to doubt that it will constitute a serious threat to the new Industrial Development Program. In fact, we make a flat prediction, that unless some action is taken to prevent it, within 6 months after opening, the Harn plant will begin to experience serious problems due to drinking employees. And this prediction is made knowing full well that great care has been taken in selecting men for employment.

The rising incidence of heavy drinking and alcoholism constitutes the greatest threat of all to every program instituted on the Standing Rock Reservation, whether it be Tribally sponsored or instituted by the Bureau of Indian Affairs.

Education. Education of the children is affected by the drinking problem. Absenteeism and tardiness are frequently caused by either drunken parents, students, or both. In addition, the amount learned is definitely affected by the problems already evident in a number of high school students.

Difficulties between teachers and students often involve the problem of alcohol in some way, and a previous study has shown that somewhat over 25 per cent of those who discontinue school, do so because of alcohol problems.

The alcohol education program in the schools needs careful scrutiny. A much more comprehensive program, designed to help the student under-



stand the alcoholic, the drinking problem on the reservation, and the social implications of this, is required in the 8th, 9th, and 10th grades. Simply showing films in the hope that this will aid in alleviating the problem, is inadequate. The students need to know how this problem is affecting the Standing Rock Tribe and themselves personally, as members of that Tribe. And finally, the teachers need more knowledge of the problem so that they are better equipped to communicate its implications to the students. In connection with the Education program in the schools, we should also mention that materials used to promote understanding of alcoholism and alcohol problems need interpretation in many cases, because this material is based on White society. The differences between alcoholism and problem drinking on the Reservation and in White society must be kept in mind when showing films, giving lectures, etc.

Law Enforcement. Last year 785 people were arrested for a total of 2,354 offenses on the reservation. This number constitutes 45 per cent of the population of the entire reservation over 15 years of age and shows clearly that the alcohol problem is not caused by a small number of chronic repeaters.

It is estimated that 97 per cent of the arrests were due in some way to alcohol. Disorderly conduct, which involves drinking in 99 per cent of the cases, accounted for 901 male and 321 female arrests. Of this number, 70 male juveniles and 76 female juveniles are included. In fact, 134 out of the 785 arrested people last year, were juveniles.

One hundred twenty-two arrests were made last year for drunken driving, 102 arrests for assault and battery (primarily wife-beating when drunk), and 373 arrests were made for contempt of court (mostly non-payment of fines for drunkenness).

The arrest rate on the Standing Rock Reservation, with 1,727 people over the age of 15, exceeds that of Bismarck, North Dakota. Some charge that the police are overzealous in their work, but the police point out that not a single serious crime in the past 10 years was committed unless the individual was under the influence of alcohol. They are attempting to prevent the more serious crimes from occurring.

There are currently eight police positions on the reservation, plus one chief officer, and while this number is large for the population of the entire reservation, the geographical dispersion of the towns, makes a larger number imperative. Police are needed on duty in all communities, at least on Saturday night of each week. With the number currently available, this is a physical impossibility. Police estimate that only one out of every eight offenses on the reservation are brought to their attention and this is undoubtedly a very close estimate to the facts.



The importance of increased police protection ~~cannot be over-~~ estimated. A much more effective preventive program could be carried out under such circumstances. Juvenile drinking could be greatly averted and the number of serious crimes reduced.

One more point needs to be brought out in connection with the law and order section of this report. A contributory factor to the heavy drinking problem is the fact that those arrested for drunkenness can be bailed out by relatives, usually within a few hours of their arrest. Local judges should consider making jail sentences mandatory after the third offense for drunk and disorderly conduct, and then in some cases, suspend sentence providing the individual enrolls in the treatment program at Jamestown or locally, if one becomes available.

The major reason for the alcohol problem, as we will point out in the rest of this report, is that the individual does not suffer any consequences of his drinking. On the contrary, everything encourages him to drink, and virtually nothing discourages it. More stringent law enforcement is a vital necessity in combatting the problem among the heavy drinkers who are not alcoholics. Punishment of this type of course is not effective with the chronic alcoholic.

A significant point worth mentioning in connection with problems of law enforcement concerns jurisdiction. Many of the bars located within the boundaries of the Standing Rock Reservation are not on Reservation land. Consequently, local police cannot legally control activities of the owners of these establishments. If a bar keeper continues to serve those already drunk, there is little the local police can do but call State authorities. And State authorities, at times, show little interest in such matters.

It has been said that a White man can get away with "murder" on the reservation because the Indian Police cannot touch him, and State authorities often show a marked lack of interest. Clearly, this is something which needs to be studied by both North and South Dakota authorities together with the Federal Government.

Medical. The local hospital estimates that one-half or more of all the cases seen in the hospital are due to alcohol in some way, and that substantially more than half of all the injuries treated at the hospital are due to drunkenness or the results of it in someone else.

Before 1961 no cases of cirrhosis of the liver were seen. Two cases occurred this year, and it is estimated that the number will increase substantially in coming years. In one case of cirrhosis recently seen at the hospital, the woman attempted suicide by making small slashes on her wrists. She nearly bled to death, despite the small wounds, because her liver was not functioning adequately.

In another instance of injury due to alcohol, a man shot himself in the chest with a rifle when drunk, because his wife threatened to leave



him. One case in the hospital at the present time has had his toes amputated because he fell asleep last winter when drunk and suffered frostbite. Two epileptics on the reservation are the result of severe head injuries due to drunkenness. One has had his legs cut off by a train because he fell across the tracks in a drunken stupor. Two men are blind because they drank radiator alcohol, and one man died because of drinking methyl alcohol--a deadly poison.

Virtually all the stabbings and other injuries are due to fights which occurred when the participants were drunk. About 6 to 10 alcoholics are admitted each month. Half of these suffer from DT's and in half, alcoholic gastritis is common.

Perhaps the most tragic evidence of the drinking problem is reflected in the children who come to the hospital. One nearly dead infant, recently brought to the hospital, had not been fed or cared for for 3 days. Other children are brought in suffering from chronic diarrhea or pneumonia due to neglect by their mothers.

It is estimated that there are about 40 chronic repeaters among the neglectful mothers of children brought to the hospital. One child was recently at the hospital for an entire week because his mother showed no interest in coming for him. Malnutrition and recurrent infections are similar common occurrences.

Of all the effects of the drinking problem discussed so far, perhaps the most disturbing is seen in the cases brought into the local hospital for treatment. Individuals who show little concern for the seriousness of the problem among the Sioux, should be made to see the results of the problem first hand on some of the wards.

One needed medical facility must be discussed before leaving this section of the report. Chronic alcoholics are now cared for in the local hospital until they are over the acute effects of the alcoholic episode. They are then moved, in many cases, to Jamestown State Hospital, where they take part in the Alcoholic Treatment Program. Results of that program show that it is very ineffective with the Indian alcoholic. There are many reasons for this. The Indian is in a minority in a group of White patients. He is reticent to discuss his problems anyway, and in such a situation, he is more so. Consequently he does not participate in group therapy in such a way as to derive benefit from the program. Secondly, the Indian comes from a completely different background. His problems are different, his culture is different, the reason he drinks is different.

A psychiatric facility for Indians is badly needed. It need not necessarily be at Ft. Yates, but some facility, somewhere in this area, is desperately needed. Perhaps a psychiatric facility could be incorporated into the new hospital to be constructed. If so, it might serve this entire part of the country. In any program to combat the alcoholism, this suggestion deserves primary consideration.



The Motivational Pattern

Reasons for Drinking. The reasons for drinking fall generally into two major categories--social and individual. When the person drinks mainly in response to the stimulus of social situations in which drinking takes place, we call the reason for drinking "social." When the main reason for drinking is attributed to the pleasurable effects or consequences of drinking, the reason for drinking is called "individual."

In Table 9 we have compared the reasons for drinking among the Indians with a White sample (5).

Table 9. Reported Reasons for Drinking by Sex

	Male Per Cent		Female Per Cent	
	<u>White</u>	<u>Indian</u>	<u>White</u>	<u>Indian</u>
Social Reasons	33	27	55	35
Individual Reasons	49	24	31	25
Both	7	15	6	3
Other Reasons	2	9	1	12
No Reason Given	9	25	7	25

We note some similarity between Whites and Indians in that a larger percentage of females of both races report drinking for social reasons than do males. The large number of no responses to this question among the Indians, however, makes interpretation beyond this difficult.

Table 10 indicates reported reasons for drinking by age. Among White drinkers, drinking for social reasons declines with age, while drinking for individual reasons tends to increase with age. Among the Indians the same phenomenon is observed, although above 45 years of age, the number of people drinking for social reasons again increases. Individual reasons for drinking among the Indians increase with age and we note that among the 15--20 year olds, such reasons constitute only 9 per cent of those reported. Among younger people of both races, the primary reasons for drinking are social, and these reasons for drinking among whites tend to predominate until the age of 46. After 46 years of age, more white people report drinking for individual reasons. Among the Indians on the other hand, social reason for drinking predominate only until the age of 25. From 26-45 years of age, a larger percentage report drinking for individual reasons and of those 46 years of age or older, social reasons again predominate.

Additional study of the motivation for drinking is extremely important. While the data cited above gives us some clues regarding motivation, the large number who failed to respond to our questions make interpretation



of this part of the study difficult.

Table 10. Reported Reasons for Drinking by Age  
Per Cent in Each Age Class

		15--20	21--25	26--35	36--45	46--55	Over 56					
		White-Ind	White-Ind	White-Ind	White-Ind	White-Ind	White-Ind	White-Ind	White-Ind	White-Ind	White-Ind	White-Ind
Social												
Reasons	*	40	51	32	46	15	44	24	39	46	38	32
Individual												
Reasons		9	36	21	37	41	40	40	43	19	47	20
		9	36	21	37	41	40	40	43	19	47	20
Both		3	3	18	7	7	8	4	6	23	5	15
Other												
Reasons		12	2	7	1	7	1	20	3	0	1	7
No reason												
Given		36	8	22	9	30	7	12	9	12	9	26

\* No figures available.

The Abstainers. Reasons why people don't drink sometimes can be helpful in understanding the motivation for drinking among others. Table 11 presents a comparison of Whites (4) and Indians in reasons for abstaining. While ethical or religious beliefs deter drinking among 44 per cent of the White abstainers, this factor accounts for only 9 per cent of the abstainers among the Indians. The largest number of Indian abstainers who could give a reason for abstaining, report health or efficiency as the major factor.

Forty-seven per cent of the Indian group either could not, or would not give a reason for abstaining. Discussion with Indian leaders concerning this and the large number of drinkers who did not give a reason for drinking revealed the general consensus that these people had very likely never given the matter any thought.

Table 11. Comparison of Reasons for Abstaining

<u>Reason they Abstain</u>	<u>White (%)</u>	<u>Indian (%)</u>
Drinking is wrong (Religious)	44.1	9
Don't like the taste	19.3	10
Health or Efficiency	17.9	27
Bad Experience of Someone Else	15.9	0
Past loss of Control	1.4	1
Once pledged not to drink	1.4	0
Can't afford it	0	6
Other reasons	0	7
No reason given	0	40

Thirty point five per cent of the White abstainers and 43 per cent of the Indian abstainers stated that they did drink earlier in their lives. The majority of Whites stopped drinking during their 20's and 30's, and we note the same fact among the Indians. The most frequent reasons for ceasing to drink, among the Indian abstainers, came primarily from women who stopped when their children were born. Others stated they stopped drinking because "Drinking is a waste of money," "It causes too much family trouble," etc.

Also of interest is the number of former heavy drinkers among the abstainers of both groups. Twenty-five per cent of the White abstainers and 26 per cent of the Indian abstainers drank four or more times per week when they were drinking. As Maxwell (4) points out, it is possible that a large number had found abstention to be the solution to what they may have conceived as their drinking problem, although only a small number in each group indicated "loss of control" as the reason for abstention.

Drinking and Employment. The high unemployment rate on the reservation is sometimes given as the major reason for extensive drinking. We were interested in assessing the relationship between drinking and the amount of free time available. Table 12 shows this relationship.

Table 12. Drinking and the Amount of Free Time Available

	<u>All Day</u>	<u>Only Evenings &amp; Weekends</u>	<u>Very Little</u>	<u>None</u>
Drinker	69%	76%	78%	92%
Non-drinker	31%	24%	22%	8%

It will be noted that among those with all day free, 69 per cent drink, while among those with very little free time, 78 per cent drink. As we decrease the amount of free-time, we find an increase in the number who drink. Conversely, increasing the amount of free time decreases the number who drink.

Lack of employment is not, apparently, a major factor in determining the number of drinkers. In fact, the data shows exactly the reverse of this--that employment and drinking go together. One simple explanation of this observation is that the unemployed have very little money to spend on alcohol, while the employed have the funds to indulge. More than economic factors are involved in this however, as we shall see later.

Drinking and Free-time Activities. The lack of recreational facilities on the reservation was noted earlier in the report. This lack shows up again in response to our query, "What is there to do with your free time?" Thirty-one per cent said "nothing", 18 per cent reported "hobbies," 18 per cent "drink", and 3 per cent fell in other categories.

There were of course, few recreational facilities available to the



past generation which showed a much lower incidence of drinking problems. Alcohol was not as readily available to them, of course, because of prohibition, but it was sufficiently available so that we would not be inclined to attribute the increase in drinking problems entirely to the end of prohibition. The end of prohibition, however, has probably been a contributing factor.

Church Attendance and Drinking. Table 12 shows the relation between church attendance and drinking. The data in this table does not indicate that regular church attendance has any effect on drinking behavior. It may be, of course, that among those who attend church regularly, there is less frequent drinking and smaller amounts consumed. We have no evidence on this question.

Repressed Agression and Hostility. The White stereotype of the Indian is that of a stoic, and some believe that repressed aggressive and hostile impulses are responsible for much of the drinking. Among Whites there is reason to believe that this motivates some alcoholic drinking.

To answer this question, we were interested in discovering the effects that drinking typically has on Indian Behavior--is he characteristically aggressive and pugnacious when drunk? Table 13 shows answers to the question, "How do Indians you know usually behave when drunk?"

Table 13. Behavior of the Drunk Indian

<u>Behavior</u>	<u>Number</u>	<u>Per Cent of Respondants</u>
They behave allright	18	9.7
They feel good	1	.6
Crazy	20	10.7
They get into trouble	8	4.3
More talkative	13	7.0
They like to fight	9	4.8
Terrible	21	11.3
Depends on who it is	28	14.9
Other	23	12.2
Don't know	38	20.3
No comment	8	4.2

There are no figures on a White sample available for comparison, but this data does not prove that the characteristic behavior of the drunken Indian is much different from that of a drunken White. Ninety-six per cent of our sample indicated that the drunk person behaves differently when sober, but we were unable to determine in which way with any degree of precision.

Also in connection with this question of repressed aggression, we asked the following-- "Do you know of any Indian who has been in a fight when sober?" Twenty-eight per cent answered "yes", 67 percent "no," and 5 per cent "don't know." Again, there is no way of knowing if the responses to this question deviate markedly from the White population. Law enforcement officers however, as we have seen, report that no serious crimes are committed by sober Indians. There is a suggestion in this that repressed aggression and hostility may in fact, be important motivational variables in some cases of heavy drinking.

To see if there is social pressure against the expression of overt hostility, regardless of the circumstances, we asked the following question, "How do you feel about an Indian who gets in a fight when he is sober?" Twenty per cent said "He probably has a reason," 14.8 per cent said "It depends on the circumstances," 51.1 per cent said they didn't know and only 11.2 per cent said they thought it was wrong. Two point nine per cent said they "feel sorry for that kind of person."

This data does not present conclusive evidence that norms against overt aggression or hostility actually exist, but from the reports of police officers and other data to be presented in the following section on social controls, we find some evidence which indicates such norms may exist.

Knowledge about Alcohol. Certainly another factor which may bear on whether or not a person drinks, and how much he drinks, is the knowledge he has of the long-term effects of heavy drinking and the potential dangers of alcoholism. How much effect this has is difficult to say. At any rate, it is one of the factors which is probably involved in the area of motivation, and because of the chance some would drink less if they understood the long-range dangers of heavy drinking, we chose to study how much the average person knows of the risks involved. Of all the factors which possibly contribute to heavy drinking and alcoholism, lack of knowledge is probably the easiest to correct.

Only 26 per cent of our sample knew the major characteristics of alcoholism. Twenty-two per cent said they did not know, 47 per cent gave incorrect answers, and 5 per cent gave answers which were unclear.

We then asked (if the person drank), "Do you think you are an alcoholic?" The majority--91 per cent -- said "no." Three per cent of the group knew what characterizes the alcoholic and said they thought they were alcoholics. Six per cent of the group said they thought they were alcoholics but failed to identify the characteristics of alcoholism



correctly. Forty-four per cent of those who did not think they were alcoholics, were incorrect in identifying alcoholism correctly, and 22 per cent said they were not alcoholics and knew what an alcoholic is. Twenty-three per cent of the group gave unclear answers and did not think they were alcoholics, while two per cent thought they were alcoholics but gave unclear answers as to what characterizes an alcoholic.

While we saw a great deal of confusion regarding the correct identification of alcoholism, when we asked "Do you know any alcoholics?" the picture was quite different. The large majority apparently are sure they are not alcoholics, but they know a great many people who are. Forty-nine per cent indicated they knew at least one alcoholic, and the responses to the question, "How many do you know," ranged anywhere from "one" to "half the reservation."

Forty-nine per cent indicated they knew at least one alcoholic who had stopped drinking, and when we asked "Is it possible for an alcoholic to stop drinking?", 69 per cent said "yes". Seventeen per cent did not believe an alcoholic can stop drinking, 9 per cent did not know, and 5 per cent said it "depends on the circumstances."

When we asked, "How can an alcoholic stop drinking?", of those who believed it possible, we found that 73 per cent believed it simply took will-power. Twenty-one per cent thought the alcoholic required help to stop drinking, and 6 per cent thought religion would suffice. From experience, we know that only an extremely small number of chronic alcoholics can stop drinking without help of some kind.

Almost everyone had heard of Alcoholics Anonymous -- 83 per cent to be exact -- and of the 17 per cent who had not heard of it, we suspect that the wording of the question may have had an influence. Had we asked, "Have you ever heard of A.A.?" instead of "Have you ever heard of Alcoholics Anonymous?", we probably would have found a larger number who had heard of it. There are a number of young people in our sample and older people, who probably in fact, have not heard of it.

Seventy-eight per cent had a good idea of what A.A. is supposed to do, while 20 per cent did not know, and 2 per cent were incorrect. Fifty-four per cent correctly said that alcohol is a depressant rather than a stimulant, but 46 per cent did not know or were incorrect. And in still another question designed to give us information about how much is known of alcoholism, 93 per cent said that if the child of an alcoholic parent becomes an alcoholic, it is because of his environment rather than his heredity. Seven per cent, however, either did not know or thought it was due to heredity.

#### Group Influences and Alcohol

The incidence of alcoholism and problem drinking in any group is determined by three factors: 1- Motivation, or pressures to drink-- both social and individual, 2- Social norms relating to the use of alcohol,



and 3- The availability of alcohol. In this section we will consider some of the social factors related to drinking.

Attitudes toward Drinking. In response to the question, "How do your friends feel about drinking?", 30.4 per cent indicated favorable reaction while only 17.2 per cent indicated disapproval. Two point six per cent felt their friends were divided on the question, and 6.5 per cent did not answer. Forty-two point seven per cent indicated they did not know (or would not tell) how their friends felt.

Reaction to being put in jail for drunkenness also gives us an indication of attitudes toward drinking. Table 14 shows responses to the question, "How do you feel about someone who is put in jail for drunkenness?"

Table 14 Attitudes toward Someone who is  
Jailed for Drunkenness

<u>Attitude</u>	<u>Number of Cases</u>	<u>Per Cent</u>
O.K. if he deserves it	4	2.4
Feel bad about it or disapprove in some way	40	23.4
Think he deserves it	15	8.8
Think its funny--Brag about it	16	9.4
Other	9	5.2
No Answer	9	5.2
Don't know	78	45.6

Twenty-three point four per cent felt ashamed or indicated disapproval for such an individual, while 9.4 per cent think it's funny or brag about it. Five point two per cent gave other answers and 56 per cent did not indicate their reaction to such an incident.

The resultss shown in this table do not clearly indicate general disapproval or failure to disapprove, but data to follow suggests that there is a strong tendency to excuse or overlook drunkenness or unacceptable behavior while drunk.

If there is a tendency to excuse normally unacceptable behavior when the individual is drunk, this would reveal something about attitudes toward drinking and drunkenness. Consequently we asked the question, "Do you think someone should be held responsible for what he does when he is



drunk?" 69 per cent indicated a drunken condition does not serve as an excuse for the individual's actions, while 17 per cent thought it does. Six per cent didn't know the answer and 8 per cent said that "It depends on the circumstances." In 25 per cent of the population then, drunkenness may excuse normally unacceptable behavior under certain circumstances.

We then asked the same question another way--"When someone destroys something or beats up someone when drunk, do you think we should "forgive and forget" when the person sobers up?" In response to this question we see clearly a lack of social sanctions against normally unacceptable behavior when the person is drunk. Sixty-two per cent answered this question "yes," while 24 per cent said "no," and 9 per cent didn't know. Five per cent ~~said~~ it depends on the circumstances.

Following this we asked the question, "Do you think this is what usually happens?", and found that 75 per cent said "yes". In other words, there is a strong tendency among the Sioux, to excuse drunken behavior and to accept the individual back into the group, once he sobers up, without any reservations.

To further elicit information which bears on attitudes and social sanctions concerning drinking, we asked "How do you feel about an Indian who beats his wife when he is drunk?" The results are shown in Table 15.

Table 15. Attitudes toward Abuse of the Spouse while Intoxicated

<u>Attitude</u>	<u>Number of Cases</u>	<u>Per Cent</u>
It's wrong	89	51.7
I lose respect for him	20	11.6
I feel sorry for both of them	9	5.2
None of my business	10	5.8
Allright with me	2	1.2
Don't know	40	23.3
Depends on circumstances	2	1.2

Following this we asked, "How do you feel about an Indian who beats his wife when he is sober?" We were interested in the number of individuals who thought this was worse than when drunk. This again would show a tendency to refrain from condemning drunken behavior. Twenty-one point seven per cent of those interviewed thought that beating the wife when sober was worse than beating her when drunk. Twenty-two point four per cent thought

it was wrong in either case. Fifteen point four per cent thought that the man probably had a reason for it if he was sober, or that it depended on the circumstances. Ten point three per cent expressed a feeling of sorrow for both man and wife, and 30.2 per cent said they didn't know.

Attitudes toward drinking and behaving in normally unacceptable ways when drunk are revealed in responses to the following questions also-- "Have you ever heard of an Indian woman who left her husband because of his drinking?", and "Do you think this is right or do you think a wife should stick by her husband through anything?" Seventy-six per cent had heard of at least one case where a woman had left her husband because of his drinking. We have no way of knowing however, whether there have been a few cases that many have heard of or whether there have been many such cases, but the responses to the second question are most interesting. Fifty-four per cent think the woman should remain with her husband regardless of his behavior. Fourteen per cent think the wife should feel free to leave under such circumstances, 13 per cent said, "It depends on the circumstances involved," 5 per cent felt it was up to the man and wife involved, and 14 per cent gave no answer.

There is, in other words, little danger a man will lose his family because of his drinking. Pressure is likely to be greater on the wife than the husband if she leaves him, and thus we see one more example of the fact that irresponsible drinking is not likely to lead to unpleasant circumstances.

Attitudes toward drunken men and drunken women are indicated in Table 16 below.

Table 16. Strongest Reaction toward Drunkenness by Percentage of Respondants

<u>Attitude</u>	<u>Drunken Man</u>	<u>Drunken Woman</u>
Disgust	16.4	15.9
Loss of Respect	12.7	13.4
Intolerance	6.5	10.4
Scorn	10.3	15.4
Pity	12.2	15.0
Indifference	12.1	7.5
Desire to help	2.3	1.5
Tolerance	5.1	3.9
Amusement	.5	0
Fear	3.7	3.0
Other	7.9	6.4
Don't know	10.3	8.5

Forty-six point nine per cent clearly show reactions of disapproval toward the drunken man (disgust, loss of respect, intolerance, and scorn), while 55.1 per cent show the same reaction to drunken women. About 50 per



cent of the population then, does not present attitudes of disapproval toward the drunken person of either sex, while attitudes toward drunkenness in women appear slightly stronger than those related to male drunkenness. If we had an age breakdown on amount consumed however, a guess might be made that we would find drunkenness occurring about equally between males and females in the 20's and 30's, while drunkenness would probably occur much less frequently in older females.

Data previously given concerning the "forgive and forget" attitude once the individual sobers up, and the material presented above, suggests that even though 50 per cent show disapproval of drunkenness and drunken behavior, no social sanctions are applied, and the individual is accepted again by group members when he is sober.

Advice concerning Drinking. Have these people who drink, currently, ever been advised not to drink? Eighty-two per cent report they have. The reasons they were given are listed below.

Table 17. Reasons Given in Advising Someone not to Drink

<u>Reason</u>	<u>Per Cent Given this Reason</u>
Shameful or wrong	9.0
Might become excessive	2.1
I was reckless	1.4
Thought I would quit school	1.6
Not good for me	29.6
Was in jail several times	2.7
Gets you into trouble	15.9
Expensive	1.4
I was drinking excessively	6.9
Too old	1.4
Too young	1.4
So I could get a job	1.4
Health	4.1
Because of my children	5.5
Advised not to, but no reason given	16.6

For the most part, the reasons listed above appear very superficial. Telling someone he shouldn't drink "because it's not good for you," or because "it's not right," is likely to have very little influence on his behavior, and that these people understand little about some of the serious consequences of heavy drinking was evident in the previous section dealing with knowledge of the effects of alcohol, and alcoholism.

In still more questions dealing with attitudes toward drinking, we found that 72 per cent think there is nothing wrong with having only a couple of drinks, while 22 per cent think this is wrong. The question was worded in such a way however, that we cannot tell whether this latter



group thinks two drinks are too few or too many.

Fifty-eight per cent said they thought a person who refrains or refuses to take a drink is "commendable". Fourteen per cent didn't care one way or the other, and 17 per cent either didn't know or expressed no opinion. Three per cent were hostile to such a person, while 5 per cent thought this must be a person of great will power. These per cent said they had never seen anyone refuse and hence could not answer the question.

Feelings of guilt after a spree or drinking party are another indication of social norms against such behavior. In our sample unfortunately, 65 per cent of the group have no answer to the question, "How do you feel after a drinking party or spree?" Nineteen per cent said they felt "rugged," "lousy," or "sick," and 1 per cent felt "nothing at all." Only 15 per cent said they felt "guilty."

Other Social Attitudes which Relate to Drinking. Strong in-group feeling is reflected in social norms relating to sharing with others. When we asked, "Do you generally buy drinks for someone else if you have the money?", we found that 58 per cent said they do. Fifty-eight per cent of the men and 57 per cent of the women indicated they did this.

We then asked, "The last time you were out drinking, did you buy drinks for some one else?" Forty-three per cent said "yes." Forty-nine per cent of the men and 34 per cent of the women said they bought drinks for someone else the last time they drank.

When we asked, "Where did you get the money for the last drink you had?", 38.1 per cent said it came from their paycheck or husband's paycheck, 32 per cent said their friends bought the drinks, and 5.4 per cent said they borrowed the money.\* Three point five per cent received the money in the form of a retirement or disability check, and 20.3 per cent said the money came from "other sources." "Other sources" undoubtedly involves welfare payments etc., although no one indicated welfare payments as a specific source. Sixty-six per cent indicated that the source given above was their usual source of money to drink.

We will discuss the role of the "sharing" norm in our general discussion of the causes of drinking in a later section. It is sufficient at this point, to note that this particular norm is unquestionably involved in the problem of heavy drinking.

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\* At least one storekeeper on the reservation "loans" money in cash. The payee's personal check is sometimes accepted, even though the storekeeper knows the person has no account. In the event then, that the money is not repaid, the check can be turned over to the police. This particular storekeeper charges as much as 600 per cent interest on such loans.



## DISCUSSION OF RESULTS

Our results and the corroborative data presented in Part Two, show that alcohol problems affect almost the entire reservation population directly or indirectly. One thousand, two hundred and four Indians out of 1,727 on the reservation over 15 years of age, drink, and approximately 600 of these drink excessive amounts. On the basis of figures from White populations, it is estimated that the number of chronic alcoholics at the present time is about 130, while the number of alcoholics in the prodromal and crucial phases is much larger.

One of the most disturbing findings is the incidence of juvenile drinking. In the following section, specific steps are recommended to ameliorate this problem, and perhaps these steps are the most important in any Alcohol Program, for they are aimed at prevention.

Our data indicates that the incidence of drinking, and especially heavy drinking, has increased alarmingly over the previous generation. In fact, if the increase in the present generation as compared with the previous, is carried over to coming generations, the problem will be catastrophic within thirty years. At a time when the Federal Government is following a policy of greater self-determination for the Reservation Indian, the drinking problem is undermining such a policy.

It is apparent that steps must be taken immediately to bring the problem under control. These steps must be based on an understanding of the causes of the problem and supported with adequate financing and personnel. In the last section of this report we present a program recommended to the Standing Rock Tribal Council. That program is based on the material which follows concerning the causes of heavy drinking on this reservation.

Basis of the Drinking Problem. We mentioned earlier that there are three major factors which determine the incidence of alcoholism and drinking problems in any group of people--1. The availability of alcohol, 2. pressures to drink, and 3. specific cultural attitudes and norms, both those relating to the use of alcohol and others. Within the last two categories there are innumerable sub-factors, so that we cannot say that there are any simple causes or small number of causes for alcoholism or drinking in general. The causes are many, and though we may make some generalizations about causes, drinking in the individual case cannot be explained by such generalizations.

The most fruitful approach to understanding the basis for the problem is to first examine the broad generalizations which appear to be valid. Secondly we must examine influences which affect certain age groups or one sex or the other. These latter influences will involve generalizations pertaining to specific classes or groups within the larger group. And finally, as we stated earlier, the individual case must be understood in the light of particular influences affecting that individual.



To understand the current problem with alcohol, we must in addition, examine closely the current situation on the Reservation -- living conditions, economic factors, specific intra-group norms, sources of frustration, discouragement, etc. But we cannot hope to understand the problem by examining these factors alone, for current behavior is in some degree, related to the entire history of the people. Where possible we have attempted to explain the significance of this latter material in the etiology of the alcohol problem.

Factors Relating to the Availability of Alcohol. In 1953 prohibition of alcohol among the Indians ended. Prior to this time drinking and alcoholism occurred, but there seems little reason to doubt that the ending of prohibition contributed in some measure to the problem as it exists now. We venture the hypothesis, however, that the incidence of drinking was increasing before the end of prohibition and that the end of prohibition brought about an additional increase. Evidence which appears to support this hypothesis will be presented in a forthcoming section.

The issue of the effect of ending prohibition must be regarded as relatively unimportant, however. The accessibility of alcohol does not make 70 per cent of the population drink. Since alcohol is readily available in both White and Indian societies, we must look to other explanations for the difference in the incidence and pattern of drinking between the two groups.

One factor which appears to relate to the present problem situation is the pattern of drinking which existed prior to the end of prohibition. While we do not have much data on this, there is some evidence that Indians drank surreptitiously and in large quantities. They secured a bottle and quickly consumed its contents before it could be taken away from them. If this pattern did in fact exist, it could have easily carried over through the ending of prohibition to the present, and we suspect that this is one of many factors influencing the relatively heavy consumption of alcohol today.

Pressures to Drink. Indian culture is in the process of change and the press of forces for change were felt long before prohibition among the Indians ended. This is one reason why we think that alcohol consumption was increasing before the end of prohibition. Mass media of communication and improved transportation have brought the Indian into ever increasing contact with White culture. The isolation which once existed on the Standing Rock Reservation has largely disappeared. Change too has been wrought by the Bureau of Indian Affairs and other governmental agencies which have actively encouraged and even insisted, that the Indian accept ways common in White culture.

Under the impact of such forces, the Indian himself has changed. No longer does he unquestioningly follow the advice of the older man, and the traditional ways of behaving are no longer accepted as the only ways. The Sioux language, once spoken by all the people, is now spoken by a diminishing number, and as the Sioux come in closer contact with White society, they can more easily compare their standard of living with that of the



White man.

To speak of change, however, is to speak in very general term, and there are many specific variables which relate to this problem. Our data indicates that individual pressures to drink occur largely in the age group 26-45. What are some of these pressures? The nature of this study makes it difficult to answer this question with much precision, but we have some data which suggests a possible serious source of pressure. We know that there are strong pressures to share what one has with those in need. This norm of sharing is in all likelihood, a carry-over from the earlier history of the Sioux people. In the pre-reservation days sharing was a necessary part of group life. One had to share to remain a member of the group, and sharing is still essential for the individual to maintain his standing in the group. There are so many illustrations of this that we could not possibly include them all, but one should suffice. If a man and wife, for some reason, cannot support their children, or wish to leave the children with someone so that they may leave the State to look for work, they generally have little difficulty in finding someone to care for them. We have seen this both on the Reservation and among resettled Indians in Minneapolis. Sharing, however, pertains to virtually anything one has. In our study we saw evidence of this in the number of men and women who buy drinks for others when they have the money.

Now when one is employed, there is pressure exerted on him to share his good fortune with others. We found that drinking is greater among those with less free time than it is among those with more free time. The hypothesis must be considered, aside from economic reasons, that the employed individual is under more pressure than one who is unemployed, because the man with a paycheck is expected, in many cases, to share this with others. A stingy man is often called a "White Man", and to say to someone "you're acting like a White man" is, among some Sioux a grievous insult.

The possibilities of dissatisfaction with the low standard of living on the reservation must also be considered as sources of pressure to drink. Difficulty in finding employment, the lack of recreational facilities, inadequate housing, etc., all must be at least partially responsible for drinking in some cases.

In the younger group, 15-17 years of age, individual pressures such as dissatisfaction, frustration, depression etc., do not apparently play a major role. In many cases the teenager must drink to be accepted as a member of the group. A social norm exists which seems to indicate that one cannot have a good time at a dance or otherwise unless there is a source of alcoholic beverage (usually beer) available. As one teenager expressed it, "anyone who does not drink is 'chicken'".

For the teenager, the influence of observing extensive drinking among the adults and perhaps his parents, also is obvious. Drinking has virtually become a way of life. Further, though 95 per cent are not allowed to drink at home, alcoholic beverages can be readily pur-



chased in numerous places off the reservation.\* And in the event a teenager cannot personally buy alcohol for himself, he has little difficulty in finding someone of legal age to buy it for him.

Finally, we should point out the lack of knowledge concerning the effects of alcohol and the dangers inherent in prolonged heavy drinking. This is noted among all the people and is reflected in advice parent give their children concerning alcohol. The parents can usually only tell his child that alcohol is "not good for you" or that "you shouldn't drink because it's wrong." In addition, many parents know their children of 17 or less drink, and either do not care, or make no effort to prevent it. Others who face the problem, sometimes approach the school teacher or principal and ask him to make the child stop drinking.

One final word should be added concerning the role of the school and individual teachers. The schools have failed, until recently, to provide any instruction about alcohol. Even now the program of instruction should come under close scrutiny in view of the seriousness of the problem. The teacher in the Indian school should also come under close scrutiny because he still occupies a position of considerable prestige, as far as the Indians are concerned. Teachers who cannot or will not exhibit discretion in their own behavior, both in the classroom and out, where alcohol is involved, should be dismissed.

Another group which apparently drinks primarily because of social pressure, is the older group 46 years of age and up. These are people who were at least 38 years of age when prohibition ended. When alcohol became readily available, they were in many cases, beyond the age at which most people begin to drink. This may be part of the reason the incidence is lower, amount consumed is less, and reasons for drinking are largely social, in this group. Another reason may be that this is another generation, who have not been subjected to quite the same pressures as the current generation.

The final group in which drinking seems to be largely because of social pressures is that of the women. The evidence suggests however, that this may be changing.

The woman in the Indian family assumes most of the responsibility for the care of that family---more so than in most White families where responsibility is to a greater extent equally shared. We found, the reader will remember, that among Indian women abstainers, the most frequent reason given for ceasing to drink was the birth of a child. There seems little doubt that the presently lower incidence of drinking among females is due largely to the females' responsibility for the care of her children. The rate of increase in drinking among women however, and

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\* A list of these places has been turned over to the Superintendent of the Reservation and Chairman of the Tribal Council.



particularly the increase in heavy drinking, indicates a disturbing prospect for Indian children who will be born in the coming years. The situation now, of course, is grave. Our study showed that 70 children this past month were handled by Federal Welfare because of abandonment or neglect; and the hospital reports knowledge of at least 40 chronic repeaters among mothers of neglected children. These children, it will be recalled, were admitted to the hospital in many cases, suffering from the later stages of diarrhea, pneumonia, recurrent infections, and general malnutrition

Cultural Attitudes and Norms which Relate to Drinking. Part of the drinking problem, as we have already pointed out, cannot be explained without recourse to the history of these people. Forced to live within the boundaries of the reservation in 1881, they became completely dependent upon the Federal Government for survival. This dependency has existed for the last 80 years and still exists. It is one of the most important reasons for the drinking problem today.

The Indian who drinks, does not need to be overly concerned about it for he knows that if he is destitute, the Federal and State Governments will come to his aid. He can secure welfare payments if he is unemployed, and if he loses a job because of drinking, he will also be assisted by welfare. If he is sick, there is free hospital care, if he wishes to sell some of his land, the government handles the transaction. And the Tribe it self fosters dependency in some of its programs. In the recent receipt of several million dollars from the Federal Government for land to be taken by the dam on the Missouri, the Tribe instituted a Family Plan, among many others. The Family Plan is, in many respects, excellent. It granted \$650.00 to each enrolled Indian to be used in building a house or buying appliances and the like. But we wonder what the effect would have been, had this money been used to provide the means for the Indian to raise his own standard of living through his own effort. In all fairness to the Tribe it should be pointed out that an Industrial Development Program was also instituted. This program has already succeeded in building an industrial plant on the reservation which will ultimately employ approximately 200 Standing Rock people. There can be no doubt that the Tribe, for the most part, utilized the Federal money wisely and for the long-range benefit of the group. We only mention the Family Plan as ~~one~~ more example of the encouragement of dependency in some Tribal members. On the positive side, the Family Plan raised the standard of living of the large majority who do not lack responsibility for their own well-being.

A second factor which must be mentioned in addition to the one above, is a major one in the seeming lack of responsibility in many of the Sioux. That is the strong feeling of obligation the Sioux experience to accept responsibility for their fellows. This again involves the "sharing" norm we discussed earlier.

If grandparents are asked to take care of their grandchildren for a long period of time, they generally do it without hesitation and without too much questioning of the reasons. The grandparents feel they must do



this. This is not something in which they have much choice-- it is an obligation. And unlike White society, this sense of obligation extends far beyond immediate relatives. Third, fourth, and even fifth cousins are involved and not even necessarily does it involve blood relations. There is a sense of group responsibility among the Sioux which does not exist in White society.

These two factors then, appear quite important in understanding the current drinking problem. The Indian male assumes minor responsibility for his family in the first place--his wife has the major responsibility. If he cannot find a job to support his family, the Federal Government will help and in addition, or instead, he can count on relatives to take the children. There is no real reason why he should assume responsibility. Many White people living under such circumstances would also drink excessively.

There are other factors which influence the Sioux in such a way that motivation not to drink is minimized. Our study indicated that few social sanctions are applied to one who drinks excessively and who, while intoxicated, engages in some action which normally would be unacceptable. Friends may assume an attitude of intolerance while the individual is drunk, but as soon as he sobers up, this attitude disappears. We saw strong evidence that the "forgive and forget" philosophy concerning drunkenness is widespread. The excessive drinker then, does not suffer any ostracism because of his behavior. His parents will assume responsibility toward him if he should require it, and his friends certainly do not withdraw their friendship.

Secondly, and as we previously noted, if a man drinks excessively and abuses his wife and children, pressure is on the wife rather than on him. If a wife leaves her husband because of his drinking, she is more likely to suffer ostracism than he is. The reader will recall the large percentage of people who indicated they thought the wife should remain with her husband under any circumstances. Danger of losing one's family because of irresponsibility then, tends to be minimized.

Finally we must mention that another social norm apparently causes the average Sioux to look upon drunkenness as an excuse for committing normally unacceptable acts. Suffering the consequences for drunken behavior or acts committed when drunk, are uncommon, at least as far as one's associates are concerned. There is some indication that even the Police tend to regard drunkenness as an excuse for anti-social behavior. Charges in some cases are not pressed when it is found that the individual has been drinking or was drunk at the time.

The Police report that during the past 10 years, not one serious crime has been committed by an Indian unless he was drunk at the time. This is the reason the Police give as to why they are so active in arresting drunks. They want to prevent any serious crimes from being committed.



The possibility exists, it seems, that the Indian when drunk, acts out the stereotype of the drunken Indian. In fact, we might guess that in some cases there is virtually a conscious plan to wait until one is drunk to attack someone else who has irritated you in some way.

Our study indicated that most people thought one should be held responsible for his actions when drunk. We wonder, however, what the answers would have been, if we had used specific examples, instead of asking the general question. And we wonder if those who said one should be held responsible for his actions were answering the question the way they thought it should be answered. Evidence concerning the "forgive and forget" attitude, the ideas of the Police concerning drunken Indians, and the fact that no serious crimes are committed unless drunk, makes the above hypothesis an interesting one for further study.

We have not, it should be pointed out, indicated that any of the reasons given above are the only reasons for the alcohol problem. On the contrary, the problem must be due to the interaction of a number of different factors. And again, we must caution the reader that individual drinking problems cannot be understood in terms of these generalizations. Each case must be examined individually. And finally we must point out, in all fairness to those who do not have drinking problems, that there are many Sioux who are responsible, upright, dependable people. They are individuals who are better parents in many cases, than the average White person. They are people who care and are concerned about the welfare of the Standing Rock Tribe. And even the average Sioux with a drinking problem shows responsibility in some things. Given the right conditions and motivation, he would show as much responsibility for his own behavior as anyone else.

Implications for a Treatment Program. We should re-state at the outset of this discussion, a point we made in the preface to this study. "This investigation should be regarded as a preliminary study of the problem." It was not adequately financed nor adequately staffed for dealing intensively with such a complex problem. We know of numerous things that would be done differently, if we had it to do over again. In view of these factors, the preceding and following discussions should be regarded as tentative and only tentative, until further research work can be done.

This study has, however, accomplished its purpose. It has served to gather data which may provide the basis for the development of more specific hypothesis. It has served to focus attention on the problem, and, we hope, stimulate discussion and interest. It has served to provide us with some tentative ideas about what might be done to alleviate the problem. Whether the purpose of stimulating additional research has been served or not, remains to be seen.

The first point to be considered in a discussion of how to combat the problem is that which is perhaps raised by our discussion of the dependence of the Indian on the Federal Government. Should the Government simply close the B.I.A. and leave the Indian to make his own way?



While this proposal may be regarded by some people as one which could not conceivably be serious, we should point out that it has been put forth as a serious proposal in some quarters.

The result, if this proposal was to go into effect, would be almost certainly catastrophic for the Indian. It would be similar, we suspect, to the situation which developed in the Belgian Congo when the Belgians withdrew suddenly.

After years of dependence on the Federal government, the Indian is poorly equipped for complete self-determination at this time. Such a proposal might conceivably be put into effect in the future, and probably should be, but not unless some drastic policy changes are instituted now so that the Indian may develop the capability for self-determination.

In our suggestions for an Alcohol Program, we are proceeding on the primary assumption that the problem is mainly the result of the lack of unpleasant consequences of heavy drinking and alcoholism. When we compare White and Indian society in this respect, we find some interesting differences. The White alcoholic typically loses all his friends, his job, often his wife,--everything. If he is jailed for drunkenness, there is seldom someone to bail him out. If he loses his job, relatives are not inclined to take care of him. The Indian on the other hand, seldom experiences any of these consequences. His friends do not desert him, and seldom does his wife leave either. If he loses his job, he may turn to Federal or State Welfare, and if, by some reason, these are unavailable to him, his parents, other relatives, or someone, will take him in. When he is jailed for drunkenness, his wife, parents, other relatives, or friends, are there to bail him out--even if he abused them the night before. Clearly then, a program to combat the problem must include factors designed to introduce some unpleasant consequences to drinking.

Obviously though, the program must include more than this. There must be steps taken to prevent the development of alcoholism. This is probably the most important element in the overall program. There must be facilities for caring for the alcoholic patient. Sources of alcohol for juveniles must be dried up. In short, the problem of alcoholism and heavy drinking on the reservation is complex. There are no small number of causes, and a program to improve the situation must include no small number of cures. The program must be extensive and attack the problem from many different angles. It must involve many people, for the problem is too big for a small number to whittle down.

We have presented below, a number of specific suggestions which we think will help to alleviate the situation. Some will be easy to carry out, while others will be extremely difficult. We have not given an explanation for many of these steps in this part of the report, because the reasons have been explained in the body of the report itself. Questions concerning the reason for a specific suggestion should indicate a need to re-read specific parts of the report.



We will present this program in the following way. First, we will present suggestions we received from the 208 subjects we interviewed. Then we will present some general steps to be taken. Following this, there are items related to the problem of the chronic alcoholic, the excessive drinker, and the juvenile drinker. Finally, there is a presentation of items related to prevention and a discussion of the mechanics for carrying the program out.

We should emphasize that the steps suggested should be followed simultaneously. Each step may alleviate the problem only slightly--added together, they should bring the problem within reasonable limits.

Suggestions from the People. Fifteen point seven per cent thought that improved recreational facilities would help--a point with which we are in agreement. Six point three per cent believed more law enforcement is necessary--again a point of importance. Five per cent recommended employment and improvements to assist the people--we agree with the former and also with the latter, if such improvements are of a nature that require individuals to assist themselves, rather than give-away programs. Three point eight per cent thought we need more education about alcohol--a point with which we agree in full. Ten per cent believed the A.A. program should be fostered--another point of merit. One point nine per cent thought something other than punishment was needed--and we would agree with this in part. Punishment should be part of the overall program which includes other methods of attacking the problem. Twelve per cent thought all bars on the reservation and other sources of alcohol should be closed-- this is the only point with which we actually disagree. Closing the bars and liquor stores will not solve the problem any more than prohibition solved it. There is some question if such a measure would even reduce the problem visably now. The remaining individuals either didn't know what should be done, or suggested a wide variety of ideas. Some of the ideas one incorporated into the list which follows.

#### General Suggestions.

1. Some thought should be given to improving recreational facilities on the reservation.
2. The clergy should become more active in organizing young people's groups and groups for young married couples, ladies groups, men's groups, etc.
3. The clergy should be more active in pastoral counseling of all who drink.
4. The clergy should help the people to understand that "sharing" is a Christian principle up to a point, and that beyond that point, they are contributing to non-Christian behavior by their actions. Parents, in other words, who are quick to help with children, take in drunken individuals, and put up bail for drinks, are encouraging them to drink.

5. Lines of communication between the jail, hospital, clergy, welfare, and other agencies, should be cleared to the full time office of the Commission on Alcoholism. One of the serious problems until this time has been the lack of coordinated effort.
6. A massive program of employment is needed.
7. A.D.C. and Welfare laws should be scrutinized closely. Possible changes should be encouraged where considered important for alleviation of the problem.
8. A program similar to the C.C.C. for the young men is vitally needed.
9. All B.I.A. and Tribal Programs should be scrutinized to determine if they are designed to develop individual responsibility for one's own well-being and that of his family, rather than continuing dependence on others to assist him.
10. More arrests are needed in the case of A.D.C. recipients where illegal cohabitation is involved.
11. Jurisdictional disputes need to be ironed out so that Indian police receive better cooperation with other police in affairs involving Indians. This is especially true in South Dakota in the case of juvenile liquor laws and delinquent parents who abandon and neglect children.
12. Thought should be given to the dangers of relocating potential leaders off the reservation.
13. Children should be taught of 1. Tribal Government and 2. Sioux history in the schools. Knowledge of the first is vital for an informed citizenry and continuing good leadership, and the second is important in combatting the sense of inferiority apparent in some Sioux people. It is not suggested that this latter approach will solve this problem, but it should help to some extent.
14. Organize a program for those now employed in the new factory.
15. The B.I.A. and Standing Rock Sioux Tribe should jointly share the expenses of promoting this program.
16. The Police must exercise maximum effort in the area of public relations.



17. In the overall education program, emphasize to the women the effects of their own drinking on their children. Motivation to control drinking in women seems to stem often from concern with the children and this is one variable we might manipulate to reduce the female drinking problem, at least among those with children.

#### The Chronic Alcoholic.

1. Provide psychiatric treatment in the local hospital or in some Indian hospital in the area.
2. Provide facilities for family counseling in connection with the above.
3. Help organize A.A. groups and lead them until a community leader can be found to accept the responsibility for leadership. Then visit occasionally for moral support and continued guidance.
4. Organize a rehabilitation program for chronic alcoholics finished with their program of in-patient treatment.
5. The clergy should learn more about alcoholism so that they can better counsel with alcoholics and their families.

#### The Excessive Drinker.

1. Stricter law enforcement in communities other than Fort Yates, where an adequate job is now being done. At least one man in all communities on Saturday night from 9 to 1 P.M. or later.
2. Tighten laws relating to fines for drunkenness. After third offense there might be a mandatory jail sentence.
3. The clergy's organization of activities in their churches may be of some help with this group.

#### The Juvenile Drinker.

1. Organize an effective educational program.
2. The police should raid more house parties where juveniles are given alcoholic beverages by those of age.
3. Places selling liquor to juveniles should be investigated and pressure brought to bear to bring about an end of this practice.
4. More should be arrested and dealt with stringently who sell liquor to juveniles.
5. Parents should be encouraged to take greater responsibility in discovering their teenage children's activities in the evening.

6. A program similar to the C.C.C. for the young man is vitally needed. This program is listed twice. The need is for both teen agers in school and young unemployed men to have this available.

#### PREVENTION.

1. Education of people of the Tribe is of vital importance.
2. Education of members of the Tribal Council should be given primary consideration.
3. Education of B.I.A. and all other White employees is of equal importance.
4. More police should be hired to patrol the outlying communities, as indicated above.

#### Mechanics for Carrying Out the Program.

1. Tribal Commission on Alcoholism should change its name to "Tribal Commission on Alcohol."
2. The program of the Tribal Commission on Alcohol should be made completely independent of the politics of the Tribe.
3. Committees on the Commission should be immediately activated, Chairman elected, and most of the work of the Commission done through the Committees.
4. A full-time Director of the Commission's Program should be appointed as soon as possible.
5. One full-time Assistant should be retained, or a new one hired and the present assistant made Director.
6. The Commission's Constitution should be ratified as soon as possible.
7. Interested and informed members should be secured for the Tribal Commission. Only those wishing to serve, should serve. Service on the Commission should not be under duress.
8. The entire program should be subject to review at the end of six months. A re-evaluation will serve to improve the program and intensive re-evaluations should follow at least at yearly intervals.



APPENDIX 1

Drinking by Geographical Districts

1. Agency	82 per cent drink 34 per cent of those are heavy drinkers
2. Bullhead	64 per cent drink 40 per cent of those are heavy drinkers
3. Cannon Ball*	50 per cent drink 7 per cent of those are heavy drinkers
4. Kenel	58 per cent drink 28 per cent of those are heavy drinkers
5. Little Eagle	76 per cent drink 22 per cent of those are heavy drinkers
6. Porcupine	71 per cent drink 42 per cent of those are heavy drinkers
7. Wakpala	67 per cent drink 17 per cent of those are heavy drinkers

\* There is no bar in this community.

APPENDIX II

QUESTIONNAIRE - ALCOHOL STUDY

Personal Data

Sex \_\_\_\_\_ District \_\_\_\_\_

Age \_\_\_\_\_ Religion \_\_\_\_\_

Marital Status \_\_\_\_\_

Education \_\_\_\_\_  
(Highest grade completed) .

PATTERN 1- Do you ever drink alcoholic beverages such as liquor, wine or beer?

If answer is "NO" ask the following questions:

2 - Why don't you drink?

After they give the first reason, ask:

3 - Is that the most important reason you don't drink?

4 - Did you drink earlier in your life?

5 - How old were you when you stopped drinking?

6 - Why did you stop drinking?

7 - When you were drinking, how often did you drink?  
(How many times a week?)

8 - How long ago did you have your last drink?

9 - Did you get drunk?

10 - What were you drinking at that time?

11 - Is that ~~what~~ you usually drink?

12 - How much did you drink?

13 - How many people were there when you were drinking?  
(Approximately) (We want to know if they were drinking alone)

14 - Now how about the time before that--how much did you have to drink?

15 - Is that the usual amount you drink?

16 - Were you drinking the same place and with the same group of people?



- 17 - When do you usually drink? Any special days?
- 18 - How many times a week do you usually drink?
- 19 - What time of the day do you usually drink?
- 20 - When was the last time you went on a spree or drinking party?
- 21 - How long did it last? (2 days, 3 days, 4-6 days, over 7 days?)
- 22 - When was the time before that, that you were on a spree or party?
- 23 - How often each month do you go on sprees or parties?
- 24 - How long do these sprees usually last?
- 25 - When was the last time you had a drink before breakfast in the morning?
- 26 - How often do you drink before breakfast?
- 27 - Do you ever feel like you have to drink whether you want to or not? Like you can't help yourself?
- 28 - Do you drink to get over a hangover?
- 29 - The last time you were out drinking, did you plan to have just a couple and then quit?
- 30 - Were you able to do this or did you drink more than you had planned?  
(If they drank more than they had planned, as WHY?)
- 31 - How often has this happened in the past month? In the past year?
- 32 - Have you ever been hospitalized for a body ailment due to drinking?  
If so, when?
- 33 - Have you ever sought medical advice for a body ailment due to drinking?
- 34 - Have you ever had a blackout when you were drinking? (EXPLAIN- where you could not remember what had happened for the past day or so)
- 35 - When was the last time this happened?
- 36 - Are these blackouts becoming more frequent?
- 37 - Have you ever tried to control your drinking by changing the ways you drink - like quitting for a while?
- 38 - Have you ever had the DT's (Explain what DT'S are).

- 39 - How many times did you drink the past week? (Find out how many times a week they usually drink)
- 40 - When you drink, do you usually continue until you are drunk?
- 41 - Did your father drink? If yes, how often?
- 42 - Did your mother drink? If yes, how often?
- 43 - Do most of your friends drink? If yes, how often?
- 44 - How old were you when you first started to drink?
- 45 - Did your parents allow you to drink at home?

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#### MOTIVATION

- 46 - Have you even thought about why you do drink? How would you explain it to yourself?
- 47 - How did you happen to start drinking?
- 48 - When you were drinking the last time, why did you start? What made you decide to go out and drink?
- 49 - What would you say is the main reason for your drinking?
- 50 - Are you working now? If yes, at what?
- 51 - Where did you get the money for the last drink you had?
- 52 - Is that where you usually get the money?
- 53 - How much free time do you have?
- 54 - What is there to do with your free time?
- 55 - When was the last time you attended church?
- 56 - And the time before that?
- 57 - How often would you say you go?
- 58 - How do Indians that you know usually behave when they are drunk?
- 59 - Are they different when they're sober?
- 60 - Do you know of any Indian who has been in a fight when sober?
- 61 - How do you feel about an Indian who gets in a fight when he is sober?
- 62 - How do you feel about an Indian who beats his wife when he is drunk?  
Excuse?



63 - How do you feel about it when he is sober?

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SOCIAL CONTROL

64 - How do your friends feel about drinking?

65 - How do they feel about someone who is put in jail for drunkenness?

66 - Do you think the Tribal Council should do something about the drinking on the reservation?

67 - What do you think they should do?

68 - Do you think someone should be held responsible for what he does when he is drunk?

69 - Did anyone ever advise you not to drink?

70 - Why did he advise you not to drink? What were you doing that he thought you shouldn't drink anymore?

71 - How do you feel about a drunken man? How do you feel about a drunken woman. Do you feel--disgust, pity, loss of respect, indifference, desire to help, tolerance, amusement, intolerance, scorn, fear, other?

72 - Do you think there is anything wrong with someone taking only a couple of drinks.

73 - How do you feel after a drinking spree or party? (Mainly we want to know their psychological reactions - guilts, etc.)

74 - Have you ever heard of an Indian woman who left her husband because of his drinking?

75 - Do you think this is right or do you think a wife should stick by her husband through anything?

76 - How do you feel about someone who refuses to take a drink?

77 - When someone destroys something or beats up someone when drunk, do you think we should "forgive and forget" when the person sobers

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KNOWLEDGE

78 - What is an alcoholic?

79 - Do you think you are an alcoholic?

80 - Do you know any alcoholics? How many?

81 - Do you know any alcoholics who have stopped drinking?

82 - Can an alcoholic stop drinking? How?

- 83 - Have you ever heard of Alcoholics Anonymous?
- 84 - If yes, What is A.A. supposed to do?
- 85 - Is alcohol a stimulant or depressant?
- 86 - If the child of an alcoholic parent becomes an alcoholic himself, is this mainly because of his inheritance or is it because of his surroundings.

87

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RESULTS OF DRINKING

- 87 - Have you ever been arrested for drunkenness?
- 88 - If yes, when was the last time?
- 89 - How often has this happened?
- 90 - Have you ever spent all the money you had on alcohol?
- 91 - Have you ever borrowed money to drink?
- 92 - The last time you were drinking, did you buy drinks for someone else?
- 93 --Do you generally buy drinks for someone else if you have the money?
- 94 --What is the main source of your income?



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