

law enforcement resources. One of every three non-traffic-related arrests for the nation in 1965 was found to be for public intoxication. The arrests for this offense in several urban areas numbered up to one-half of all non-traffic arrests. Specific and similar recommendations were made independently by both Commissions concerning this problem. Many of these recommendations are embodied in the provisions of Title III, Part A of HR-15758.

A February 29 report of a special committee of leading traffic safety experts to the Secretary of Health, Education and Welfare recommended . . . "A massive federal program to eradicate 'the disease of alcoholism' . . ."

In 1961 the National Institute of Mental Health supported a 5-year comprehensive study in depth of the problems of alcohol in American society. The recently published report of this Commission reflects the vital need to make sweeping changes in the techniques of dealing with these problems. The provisions of Title III, Part A, of HR-15758 meet several of these needs at the federal level.

The January 22, 1966 ruling of the Fourth U.S. Circuit Court of Appeals in the case of *Driver v. Hinnant* declared it violative of the 8th amendment of the U.S. Constitution to hold alcoholics criminally liable for public intoxication. Such long-established practice, held the Court, constitutes "cruel and unusual punishment." The decision of *Easter v. District of Columbia*, similarly precluded convicting an alcoholic for his public intoxication. Municipal courts in Philadelphia and Atlanta have since made similar rulings. Thus, in five states an several municipalities it is now against the law to punish chronic alcoholics for public drunkenness charges. This ruling is likely to be extended across the land within the next two months when the U.S. Supreme Court is expected to render a decision in the case of *Powell v. Texas*, a case similar to the *Driver* and *Easter* cases. The high court heard oral arguments in the *Powell* case on March 7, 1968.

Amici Curiae representing a wide spectrum of interests have urged the Supreme Court to hold in the *Powell* case that a chronic alcoholic may not be punished for his public intoxication. In addition to NAAAP, Amici Curiae that took this position were: American Civil Liberties Union, American Medical Association, Correctional Association of New York, Methodist Board of Christian Social Concerns, North American Judges Association, North Conway Institute, Texas Commission on Alcoholism, Washington D.C. Area Council on Alcoholism. In their amicus brief, these organizations supported the recommendations of the President's Crime Commissions that public drunkenness statutes should be repealed and replaced with humane and effective public health measures. Thus, these organizations support legislation of the scope and thrust being considered here today. Another organization, the National Council on Alcoholism, filed a separate brief in support of Mr. Powell and that organization also supports Title III, Part A, of HR-15758.

These court decisions represents a humane, logical and progressive departure from the outmoded and primitive custom of punishing sick people for displaying symptoms of their illness. While NAAAP applauds these decisions, we recognize that they present major problems for state and community health, welfare and alcoholism treatment facilities which must transfer responsibility for the chronic homeless alcoholic from the criminal system to a public health, welfare and rehabilitation system.

The implications of the expected Supreme Court decision can best be seen from a description of what took place in Washington, D.C. following the *Easter* decision. The nation's Capital was, as is the entire country today, totally unprepared to handle the many patients found by the courts to be chronic alcoholics. In the first six months following the *Easter* decision, more than 2,000 chronic alcoholics were referred by the court to the D.C. Health Department. The number today is in excess of 5,000. Chaos resulted because of the completely inadequate resources available in Washington to treat alcoholics. It has now been two years since the *Easter* decision, during which time a 425-bed inpatient diagnostic and treatment unit has been established, along with a 50-bed detoxification unit (an emergency care facility where patients suffering acute intoxication are cared for on a temporary basis). Further, a Community Mental Health Treatment Center has been established with a 50-bed unit for alcoholics. A halfway house for alcoholics has recently been established. The D.C. General Hospital and St. Elizabeths Hospital both have had to expand their services for the treatment of alcoholism. Still, the District Health Department's outpatient treatment center for alcoholics,