must and shall be utilized to help eradicate alcoholism as a major health problem.

The inclusion of such a preamble would, in our judgment, greatly strengthen the bill without affecting the amount of funds necessary to be appropriated by Congress. We respectfully urge your consideration to include such a preamble.

SIGNIFICANT EXISTING FEDERAL EFFORTS

Two significant developments took place as a result of the President's Health Message to Congress of March 1, 1966. One was the establishment of the National Advisory Committee on Alcoholism, the purpose of which is to advise the Secretary of Health, Education, and Welfare on appropriate alcoholism related activity of the Department.

The second was the establishment of the National Center for the Prevention and Control of Alcoholism within the National Institute of Mental Health.

Both of these actions were administratively implemented. NAAAP believes that these important governmental activities should be made statutory by Congress and that the amount of appropriations and size of the staff of the National Center for the Prevention and Control of Alcoholism should be substantially increased to a level permitting the degree of services and research commensurate with the magnitude of the problem.

CONCLUSION

Although the court decisions have pointed up the immediate need to establish adequate facilities and staff to handle large numbers of patients found to be alcoholics, it must be pointed out that the chronic alcoholics repeatedly coming to the attention of the courts make up only a small, though very visible, part of the entire alcoholic population.

Enactment of this legislation will be of great help in the nationwide efforts to control this disease and care for its victims. This action will stimulate professional people to become involved, and the resulting awareness and concern from all sectors of society will insure that progress will be made on this most complex problem.

Mr. ROGERS. Thank you very much for an excellent statement, Mr. Dimas. Some of your suggestions are well taken and they will be helpful.

In your projection of how this problem should be met, do these treatment centers effect a cure?

Mr. DIMAS. Are you referring to the detoxification centers, or the compressive centers, sir?

Mr. ROGERS. Either.

Mr. DIMAS. We feel the terms altering behavior or controlling behavior are much better used. If services commensurate to other services in the community with people with illnesses and problems, the rate of success in helping people is just as effective.

Mr. ROGERS. I was wondering how many times we have to run a man through this——.

Mr. DIMAS. In dealing with the chronic offender, I think we have to take into consideration the term "chronic," as we do have the chronic heart patient, the chronic diabetic and the chronic in many other kinds of illnesses, which means there is going to be some kind of a repetitive factor.

I think one of the philosophies of treatment is how you control the problem over a longer period of time. I would say in some cases some of these chronic offenders can be rehabilitated and never return to this chronic kind of problem. I would say other kinds of individuals, the period probably will be prolonged, from 1 week to 6 months to a year.