From information and data available on prisoners in our state institutions, between 75 and 80 per cent of all prisoners are alcoholic or have a related alcohol use problem.

A survey of alcoholic patients receiving intensive treatment in one of our more advanced alcoholic treatment units shows that 66.4 per cent have responded very favorably to treatment. Of these, 38.8 per cent have refrained from drinking and made improvement in other areas of adjustment to life, and another 27.6 per cent have had less than one 24-hour drinking episode per six months during the last year and improved in other areas of social and personal adjustment.

In one study of public drunkenness offenders, the records of 140 such offenders showed an average of 23.3 arrests per each individual. From 116 of these cases referred to a local alcoholism information center for counseling, guidance and treatment, only 21 have reappeared in court over a period of one year. Although the study is not complete, these current findings definitely indicate that the old system of prosecution is outdated, outmoded and inadequate, and that proper referral, education, counseling, and treatment is effective and an economically sound investment.

A recent study by the West Virginia Division of Vocational Rehabilitation shows the average cost of service for rehabilitating an alcoholic is considerably less than any other disability category. The average cost per alcoholic was $103. Comparatively, the next lowest disability category cost was $217 and the highest category was $876.

The problem of alcoholism in West Virginia is beyond our financial and human resources. We need more facilities for treatment and staff to expand the treatment facilities we have. We need more local alcoholism information centers and the staff to operate them. In short, we are only providing a token of what is needed.

I respectfully request that the Sub-Committee on Public Health and Welfare favorably consider the proposed, "Alcoholic Rehabilitation Act of 1968."

Mr. SOUTHWORTH. Mr. Chairman, West Virginia recognizes the size and extent of the problem and we take pride in the positive steps we have made in creating a division of alcoholism in the Department of Mental Health and in allocating State moneys to start our program. We have tried to make maximum use of our moneys and other existing resources. We have worked cooperatively and established interagency programs with the West Virginia Association of County Officials, the division of vocational rehabilitation and other related agencies. This has enhanced our progress. Still, without substantial assistance from the Federal Government, we have reached a point where further progress will be extremely limited. West Virginia is in desperate need of the kind of Federal assistance proposed by Congressman Staggers in the Alcoholic Rehabilitation Act of 1968.

Mr. ROGERS. Thank you, Mr. Southworth, for being here and for presenting these statements. They will be most helpful in the consideration of this matter by the subcommittee.

While you are still sitting there, I want to recognize the presence of one of our distinguished colleagues from West Virginia, who has come into the hearing room, the Honorable Ken Hechler. If you have anything to say, Mr. Hechler, the committee would be glad to hear you.

STATEMENT OF HON. KEN HECHLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WEST VIRGINIA

Mr. HECHLER. Thank you.

I would like to echo the statement on the need for this legislation in the State of West Virginia that Congressman Staggers is sponsoring.

The statistics that have been presented to the committee, I think, show conclusively the need for this legislation. The fact that over