Mr. ROGERS. Thank you, Mr. Carpenter and Mr. Moore, for being here.

I think it would be helpful to the committee if you could give us the number of alcoholics, the number which you have made studies of in major cities, or by State, and those areas where the problem of the homeless alcoholic is greatest, and any facts like that.

Also, I would like to have some memorandum from your organization as to how they feel these emergency rooms or facilities would operate, how the domiciliary care would work as proposed in the bill.

If you have any experience that we could go on, I think it would be helpful, because I think the committee is going to want to know more facts about this, rather than to get into the beginning of a large building program.

Can't this be integrated within the community health center, in this program we have already done, as an adjunct there? Must it be separate and apart, or how much is it supposed to be tied together?

If you could let us have your thinking on this for the record, we would appreciate it.

Mr. CARPENTER. I will be happy to supply that information.

(The following supplemental statement was subsequently submitted by Mr. Carpenter:)

SUPPLEMENTAL STATEMENT OF THE NATIONAL COUNCIL ON ALCOHOLISM, INC.

ALCOHOLISM STATISTICS

Statistics on the incidence of alcoholism are necessarily rough estimates, based on inferences derived largely from the prevalence of cirrhosis of the liver in communities. Obviously, it is not possible to use routine questionnaires and sampling techniques in determining the number of alcoholics in a given state. It has been noted that denial of the condition of alcoholism is a symptom of the disease. Because of the effects of social stigma, those who have alcoholism are not likely to state that they do.

Efron and Keller have published a state-by-state breakdown for 1960 of the number of male and female alcoholics, the rates of alcoholism and the rank order of the states by rate. It should be noted that these figures are unquestionably a conservative estimate. For example, the California Department of Public Health in March 1965 estimated 850,000 alcoholics in the State of California, while Efron and Keller estimate a total of 623,400. Similarly, Colorado's State Department of Health in October 1967 declared that there were 275,000 alcoholics in the state; Efron and Keller estimated there were 42,500. Other states have also estimated that they have many more alcoholics than the Efron and Keller study would indicate. Hence it may be said that the statistical analysis presented here probably represents the least number of alcoholics, rather than the opposite.

The viewpoint of the National Council on Alcoholism is that regardless of whether estimates of the number of alcoholics in the United States are 5 million or 8 million, the basic fact is that alcoholism is a health and social problem of immense magnitude. When it is considered that every active alcoholic affects at least four other persons, the significance of the problem is apparent. One of the principal objectives of the National Council on Alcoholism is to make community leaders and the general public aware of the very large number of Americans whose lives are blighted by alcoholism. The statistical data follows as Appendix A.

DETOXIFICATION CENTERS AND HALF-WAY HOUSES

A detoxification center is generally understood to be a short-term treatment facility for the acute symptoms of withdrawal from alcoholism, i.e., delirium tremens, alcoholic convulsions, etc. The usual duration of emergency treatment is approximately 5 days, although some have reported adequate detoxification in 72 hours.