

Whether this is a new building or he would take over an existing building, he would include the alcoholics.

Mr. ROGERS. Would you have a detoxification center, in effect?

Dr. COOK. We don't want a separate, large detoxification center. We would like each medical center to accept and treat the alcoholic. We are providing funds for detoxification. We will pay on a contractual basis, or we could establish a unit with funds from some source in a medical or mental health center.

Mr. ROGERS. Would you let us have a rundown on how you would do the operation of this?

Mr. BECKER. We have recently submitted a proposal for a grant, and approximately \$350,000 from the State legislature for this program of buying medical care for the indigent alcoholic. Funds would also come from public aid to purchase medical coverage.

The idea is to contract for these services on a per diem basis. Particularly in the city of Chicago, we have a problem. In any one given day, we would have anywhere from 150 to 200 patients coming in. This could soon inundate a single program, so we are in the process of continuing to develop citywide programs in concurrence with the comprehensive health program services. Each of these programs will utilize the hospital in that area.

We will contract with them for their medical services in any one year.

Mr. ROGERS. What is the estimate of your population of alcoholics?

Mr. BECKER. Using the information we have, our public health statistics indicate we have in excess of 500,000 alcoholics in the State of Illinois. Over 80 percent of these reside in the Greater Chicago area.

During 1967 we admitted on a voluntary basis something like 7,000 alcoholics, and over 4,500 of these were in the Greater Chicago area. So we have been involved in the detoxification process for a long time.

We do need the opportunity for some comprehensive backup support that this comprehensive bill would supply.

Mr. ROGERS. Are you having any success with bringing about abstinence?

Dr. COOK. We are having a good deal of success in our State hospital programs, but what we are trying to do is keep the alcoholic in his local area, in his community for detoxification, and refer him there for followup care, and save our State hospitals for special treatment centers for the alcoholic who needs 30, 60, or more days of continued treatment.

Mr. ROGERS. Do you get into the treatment of narcotics?

Dr. COOK. In our State we have a council on narcotics, which is established by the legislature and appointed by the Governor.

Mr. ROGERS. Do you handle this in your program yet?

Dr. COOK. Not yet.

The pilot project is being established to try to determine what would be the best statewide program for narcotics.

Mr. ROGERS. What is your narcotics population?

Dr. COOK. About 60,000 would be an estimate.

Mr. ROGERS. Thank you very much.

If you would, let us have a breakdown on your operation.

Dr. COOK. Yes, sir.

(The following information was received by the committee:)