STATE OF ILLINOIS DEPARTMENT OF MENTAL HEALTH, Springfield, Ill., April 1, 1968.

Hon. PAUL G. ROGERS. Committee on Interstate and Foreign Commerce, U.S. House of Representatives, Washington, D.C.

DEAR CONGRESSMAN ROGERS: First may we extend our appreciation for the privilege of appearing before your Committee. We hope that our contribution may help in some small way to assist you in reaching your decisions.

As you recall, during the Committee Hearings you requested information on

our General Hospital Detoxification Program which I am enclosing.

Again, our deepest appreciation, and should you feel that we can be of assistanc to you in any way, it will only be necessary for you to so advise. Sincerely yours.

Enclosure.

WILLIAM N. BECKER, Jr., Assistant Chief, Division of Alcoholism.

PROJECT

Section on alcoholic programs, Department of Mental Health, detoxification

PROPOSAL

To provide emergency care for acutely intoxicated indigent persons in general hospitals. In this proposal the main emphasis is on a situation which involves the Chicago metropolitan area but it is our intention to include the entire state in our plans to offer care to acutely intoxicated patients.

RATIONALE

During the past five years it has become increasingly apparent to the Section on Alcohol Programs of a need for a program of mass management of the acutely intoxicated person at the community level. It is common knowledge in the field of alcoholism that the federal government, and the Nation as a whole, is becoming vitally aware of the need for more adequate care and treatment of the acutely intoxicated person. It is equally known that (a) the Supreme Court of the United States will issue a decision regarding compulsory care of the inebriate, the acutely intoxicatel, and the chronic alcoholic; (b) that the American Bar Association and the American Medical Association are jointly sponsoring model legislation to assure the appropriate medical management of the alcoholic; (c) that the President of the United States recommended the "Alcoholic and Narcotic Addict Rehabilitation Amendments of 1968" (HR 15281) (Appendix V) to the 90th Congress.

With full knowledge of the above, the Section on Alcohol Programs strongly proposes the immediate establishment of a pilot project for the mass management of the acutely intoxicated and/or inebriated and/or the chronic alcoholic. In addition to preparing for the effect of the inevitable legislative action, this proposal will have a marked effect on the management of our present problem

with acute and chronic alcoholics.

During the last nine months of the last fiscal year, 1,830 persons were assigned to the Department of Mental Health facilities through the hospital referral service for chronic alcoholics. (Appendix I) It is estimated that, as of 1967, there are in excess of 500,000 alcoholics in Illinois with the majority of them residing in Cook County. Utilizing 1967 statistics provided for us on February 13, 1968, by the Department of Mental Health Data Processing Division, there were 7,059 admissions to the Department of Mental Health for alcoholism, representing 30.3% of the total admissions to thirteen state hospitals and four zone centers. (Appendixes II and IV)

Our experience with this increasing number of alcoholic patients, particularly in the metropolitan Chicago area, indicate the following: (1) that the majority require medical management; (2) a large number of these patients do not want, will not, or cannot accept or benefit from treatment or rehabilitation in the alcoholism programs provided in our state hospitals; (3) a substanital number of this group could benefit more by being treated for the acute phase of intoxication and then referred to a variety of ancillary programs for appropriate care; (4) a reasonable number require no emergency medical or psychiatric care but do require direction for the above mentioned ancillary programs;