P U B L I C H E A R I N G

before

ASSEMBLY COMMITTEE ON INSTITUTIONS, HEALTH & WELFARE

on

ASSEMBLY, NO. 613

(An Act establishing a Division of Alcoholism in the State Department of Health)

Held:
April 23, 1974
Assembly Chamber
State House
Trenton, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Assemblywoman Betty Wilson (Acting Chairperson)

Assemblywoman Gertrude Berman

Assemblyman John F. Cali

Assemblyman Clifford W. Snedeker

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I N D E X

I N D E X - Continued

ASSEMBLY, No. 613

STATE OF NEW JERSEY

PRE-FILED FOR INTRODUCTION IN THE 1974 SESSION

By Assemblymen BORNHEIMER and HURLEY

AN ACT establishing a Division of Alcoholism in the State Department of Health, providing for a director and assistant to the director thereof, creating an advisory council on alcoholism, providing for the licensing of alcoholic treatment facilities, prescribing procedures to be followed concerning the arrest of an intoxicated person, authorizing the establishment of a service force, prohibiting and repealing county and municipal ordinances and resolutions prescribing penalties for public intoxication, and repealing P. L. 1948, c. 453 (C. 26:2B–1 et seq.).

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. The following words as used in this act shall, unless the context requires otherwise, have the following meanings:

"Administrator" means the person in charge of the operation of a facility, or his designee.

"Admitted" means accepted for treatment at a facility.

"Alcoholic" means any person who chronically, habitually or periodically consumes alcoholic beverages to the extent that: a. such use substantially injures his health or substantially interferes with his social or economic functioning in the community, or b. he has lost the power of self-control with respect to the use of such beverages.

"Commissioner" means the Commissioner of Health.

"Department" means the State Department of Health.

"Director" means the Director of the Division of Alcoholism.

"Division" means the Division of Alcoholism.

"Facility" means any public, private place, or portion thereof providing services especially designed for the treatment of intoxicated persons or alcoholics; including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities.

"Incapacitated" means the condition of a person who is: a. unconscious, b. in need of substantial medical attention, or c. likely to suffer substantial physical harm.

"Independent physician" means a physician other than one holding an office or appointment in any department, board or agency of the State of New Jersey or in any public facility.

"Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcoholic beverages.

"Patient" means any person admitted to a facility.

"Private facility" means a facility other than one operated by the Federal Government, the State of New Jersey or any political subdivision thereof.

"Public facility" means a facility operated by the State of New Jersey or any political subdivision thereof.

"Treatment" means services and programs for the care or rehabilitation of intoxicated persons and alcoholics, including, but not limited to, medical, psychiatric, psychological, vocational, educational, recreational, and social services and programs.

2. There is hereby established in the Department of Health a Division of Alcoholism under the direction of a division director. The director shall be an individual with training and experience in such areas as public administration or public health or rehabilitation and training in the social sciences or a qualified professional with training or experience in the treatment of behavioral disorders or medical-social problems, or in the organization or administration of treatment services for persons suffering from behavioral disorders or medical-social problems.

There shall be an assistant to the director, who shall have experience in the field of alcoholism.

The director and his assistant shall be appointed by the commissioner, with the consent of the public health council.

The commissioner shall appoint and may remove such officers and employees of the division as he may deem necessary. There shall be a coordinator for each region established in accordance with section 5, and an administrator of each facility operated by the department pursuant to this act. Each such administrator shall be a person qualified by training and experience to operate a facility for the treatment of rehabilitation of alcoholics or intoxicated persons. The commissioner may establish such other positions in the division and employ such consultants as he may deem appropriate. Except as otherwise provided by law, all offices and positions in the division shall be subject to the provisions of Title 11,

Civil Service; provided, however, that the provisions of said title shall not apply to the director, physicians and psychiatrists who have full medical-psychiatric, as opposed to administrative, responsibility, or nurses; and provided, further, and notwithstanding the preceding proviso or any other provision of law, that all offices and positions, which as a condition of receiving Federal grants for programs and activities to which Federal standards for a merit system of personnel administration relate and make necessary the application of provisions of the Civil Service law, shall be subject to the provisions of Title 11, Civil Service, if such Federal standards are uniform in all states.

3. There shall be in the division an advisory council on alcoholism, consisting of the Commissioners of Health, Institutions and Agencies, Labor and Industry, Education, Community Affairs, the Attorney General, the Director of the Division of Motor Vehicles, and eight citizens in the field of alcoholism appointed by the Governor, at least two of whom shall be rehabilitated alcoholics. Of the citizen members first appointed, two shall be appointed for a term of 1 year, three shall be appointed for a term of 2 years, and three shall be appointed for a term of 3 years. Thereafter the Governor shall appoint members to succeed those appointed members whose terms expire to serve for terms of 3 years. Each appointed member shall serve until his successor is appointed and has qualified. No member shall be appointed to serve more than two consecutive 3-year terms. The members of the council shall serve without compensation but shall be reimbursed for their expenses actually and necessarily incurred in the discharge of their duties. The members shall annually designate the chairman of the council from among themselves. The director shall serve as executive secretary of the council and shall attend all meetings of the council. The council shall make an annual report to the Governor and file a copy thereof with the Secretary of State.

The council shall assist the commissioner in coordinating the efforts of all public agencies and private organizations and individuals within the State concerned with the prevention of alcoholism, the treatment of intoxicated persons, and the treatment and rehabilitation of alcoholics; in providing for the most efficient and effective utilization of resources and facilities; and in developing a comprehensive plan and program for the treatment of intoxicated persons and the treatment and rehabilitation of alcoholics.

The council shall also: a. Advise the commissioner on policy and priorities of need in the State for comprehensive treatment and rehabilitation of alcoholics;

b. Advise the commissioner on the planning, construction, operation, licensing and approval of facilities.

c. Review the annual plans and the proposed annual budget of the division and the programs and services provided by public and private facilities and make recommendations to the commissioner in regard thereto.

d. Provide such other advice and assistance to the commissioner and the division relative to their duties under this act as the commissioner may request.

4. The department shall prepare and submit to the Governor, and from time to time shall amend, a comprehensive plan for the treatment of intoxicated persons and the treatment and rehabilitation of alcoholics. The department, in developing such plan, shall consult and cooperate with the advisory council, officials of appropriate departments or agencies of the Federal Government and the State and its political subdivisions, and private organizations and individuals with a view toward providing for coordinated and integrated services on the community level. The plan may provide for services in Federal, public and private facilities. The plan shall include a detailed projection of immediate and long-term need for facilities and personnel and a detailed estimate of the cost thereof, as well as an estimate of the extent to which funds, property, or services may be available from the State or any of its political subdivisions, the Federal Government or any private source.

5. The department shall take cognizance of all matters affecting alcoholism in the State and shall establish and conduct a program for the treatment of intoxicated persons and alcoholics. The commissioner shall divide the State into appropriate regions for the conduct of the program on the regional level. In establishing such regions, consideration shall be given to city, town, and county lines; and population concentrations. The regional divisions shall be reviewed annually and such changes as may be necessary shall be made in accordance with the foregoing requirements.

The program of the regional division shall include provision for at least the following facilities, which need not be separately located:

a. Intoxication treatment centers, which centers shall render emergency medical care, including detoxification, and emergency social services, shall be open 24 hours every day, and shall be located conveniently near population centers. Services shall be provided for the immediate physical and social needs, including the needs for medication and shelter, of intoxicated persons, and shall also provide for initial examination, diagnosis and referral. To the

extent possible, such treatment centers shall be affiliated with, and constitute an integral part of the medical service of a general or other hospital.

b. Inpatient facilities, for treatment and rehabilitation of alcoholics, which shall, to the extent possible, be affiliated with, and constitute an integral part of, the medical service of a general hospital, mental hospital, community mental health center, or other hospital.

c. Outpatient facilities.

d. Residential aftercare facilities, such as halfway houses.

The department shall maintain, supervise and control all facilities operated by it pursuant to this act and all such facilities shall be staffed with an adequate number of qualified and trained personnel. The administrator of each such facility shall make an annual report of its activities to the director in such manner and form as the director may deem appropriate. All appropriate resources, particularly community mental health centers, shall whenever possible be utilized in and coordinated with the program.

Facilities operated by the department pursuant to this act may be located on the premises of institutions operated in whole or in part by the department of institutions and agencies; provided, however, that such facilities shall in no manner be subject to the maintenance, supervision and control of the department of institutions and agencies. Such facilities shall function as the other facilities of the department and shall in all respects be therapeutic in nature rather than penal or correctional.

The department shall prepare and publish annually a list of all facilities operating in accordance with this act and shall make the list available upon request to members of the public. The department shall notify each police department in the State of the location and capacity of intoxication treatment centers and other facilities operating in accordance with this act situated in or near the jurisdiction of the police department.

6. The department is hereby authorized, empowered and directed under this act to:

a. Plan, construct, cause to be established, and maintain such facilities as may be necessary or desirable for the conduct of its program;

b. Acquire, hold, and dispose of personal property;

c. Acquire by purchase or otherwise, on such terms and conditions and in such manner as it may deem proper, or by the exercise of the power of eminent domain in accordance with the

provisions of Title 20 of the Revised Statutes, and lease, hold and dispose of, real property or any interest therein, for the purposes of this act;

d. Make and enter into all contracts and agreements necessary or incidental to the performance of its duties and the execution of its powers under this act; including, but not limited to, contracts with government departments and public and private agencies and facilities to pay them for services actually rendered or furnished to alcoholics or intoxicated persons, at rates to be established pursuant to law.

e. Solicit and accept for use in relation to the purposes of this act any gift of money or property made by will or otherwise, and any grant or loan of money services or property from the Federal Government, the State or any political subdivision thereof, or any private source, and do all things necessary to cooperate with the Federal Government or any of its agencies in connection with the application for any such grant or loan; provided, however, that any money received under this subsection shall be deposited with the State Treasurer to be kept in a separate fund in the treasury for expenditure by the department in accordance with the conditions of the gift, loan or grant without specific appropriation.

f. Develop, encourage and foster Statewide, regional and local plans and programs for the prevention and treatment of alcoholism and the rehabilitation of alcoholics in cooperation with interested public agencies and private organizations and individuals and provide technical assistance and consultation services for these purposes;

g. Coordinate the efforts and enlist the assistance of all public agencies and private organizations and individuals interested in the prevention and treatment of alcoholism and the rehabilitation of alcoholics;

h. Cooperate with the Department of Institutions and Agencies in establishing and conducting a program for the prevention and treatment of alcoholism and the rehabilitation of alcoholics in penal institutions;

i. Cooperate with the department of education, schools, police departments, courts and other public agencies and private organizations and individuals in establishing programs for the prevention and treatment of intoxication and alcoholism and the rehabilitation of alcoholics among juveniles and young adults;

j. Prepare, publish and disseminate educational materials dealing with the prevention, nature and effects of alcoholism and the benefits of rehabilitation;

k. Serve as a clearing house for information relating to alcoholism, keep records and engage in research and the gathering of statistics relevant to the purpose of this act;

l. Encourage alcoholism prevention and rehabilitation programs in business and industry and develop, in cooperation with other public agencies, appropriate programs for the prevention and treatment of alcoholism and the rehabilitation of alcoholics among government employees.

m. Organize and foster training programs for professional and nonprofessional workers in the treatment of intoxicated persons and the treatment and rehabilitation of alcoholics;

n. Approve and license public and private facilities in accordance with section 7;

o. Promulgate rules and regulations for the exercise of its powers and the performance of its duties under this act;

p. Do all other acts and things necessary or convenient to carry out the powers expressly granted in this act.

7. The department shall issue for a term of 2 years, and may renew for like terms, a license, subject to revocation by it for cause, to any person, partnership, corporation, society, association or other agency or entity of any kind, other than a licensed general hospital, a department, agency, or institution of the Federal Government, the State or any political subdivision thereof, deemed by it to be responsible and suitable to establish and maintain a facility and to meet applicable licensure standards and requirements. In the case of a department, agency or institution of the State or any political subdivision thereof, the department shall grant approval to establish and maintain a facility for a term of 2 years, and may renew such approval for like terms, subject to revocation by it for cause.

The department shall in the cases of public facilities, private facilities which contract on a fee-for-service basis with the State, and private facilities which accept for treatment persons assisted pursuant to section 9, promulgate rules and regulations establishing licensure and approval standards and requirements including, but not limited to:

a. the need for a facility in the community:

b. the financial and other qualifications of the applicant;

c. the proper operation of facilities;

d. the health standards to be met by a facility;

e. the quality and nature of the treatment to be afforded patients at a facility;

f. licensing fees, and procedures for making and approving license and approval applications.

In the case of private facilities that neither contract on a fee-for-service basis with the State nor accept for treatment persons assisted by police officers pursuant to section 9, the department shall promulgate rules and regulations establishing licensure standards and requirements but such standards and requirements shall concern only:

a. the health standards to be met by a facility;

b. misrepresentations as to the treatment to be afforded patients at a facility;

c. licensing fees, and

d. procedures for making and approving license applications.

All facilities shall be individually licensed or approved. Different kinds of licenses or approvals may be granted for different kinds of facilities.

Each facility shall file with the department from time to time, on request, such data, statistics, schedules or information as the department may reasonably require for the purposes of this section, and any licensee or other person operating a private facility who fails to furnish any such data, statistics, schedules or information as requested, or who files fraudulent returns thereof, shall be punished by a fine of not more than $500.00.

The department, after holding a hearing, may refuse to grant, suspend, revoke, limit or restrict the applicability of or refuse to renew any license or approval for any failure to meet the requirements of its rules and regulations or standards concerning such facilities. However, in the case of private facilities which neither contract on a fee-for-service basis with the State nor accept for treatment persons assisted by police officers pursuant to section 9, the department, after holding a hearing may refuse to grant, suspend, revoke, limit or restrict the applicability of or refuse to renew any license for the following reasons only:

a. for failure to meet the requirements of its rules and regulations concerning the health standards of such facilities or

b. if there is a reasonable basis for the department to conclude that there is a discrepancy between representations by a facility as to the treatment services to be afforded patients and the treatment services actually rendered or to be rendered.

The department may temporarily suspend a license or approval in an emergency without holding a prior hearing; provided, however, that upon request of an aggrieved party, a hearing shall be held as soon after the license or approval is suspended as possible.

Any party aggrieved by a final decision of the department pursuant to this section may petition for judicial review thereof.

No person, partnership, corporation, society, association, or other agency or entity of any kind, other than a licensed general hospital, a department, agency or institution of the Federal Government, the State or any political subdivision thereof, shall operate a facility without a license and no department, agency or institution of the State or any political subdivision thereof shall operate a facility without approval from the department pursuant to this section. The Superior Court shall have jurisdiction in equity upon petition of the department to restrain any violation of the provisions of this section and to take such other action as equity and justice may require to enforce its provisions. Whoever knowingly establishes or maintains a private facility without a license granted pursuant to this section shall, for a first offense, be punished by a fine of not more than $500.00 and for each subsequent offense by a fine of not more than $1,000.00 or imprisonment for not more than 2 years, or both.

Each facility shall be subject to visitation and inspection by the department and the department shall inspect each facility prior to granting or renewing a license or approval. The department may examine the books and accounts of any facility if it deems such examination necessary for the purposes of this section. The department is hereby authorized to make a complaint to a judge of any court of record, who may thereupon issue a warrant to any officers or employees of the department authorizing them to enter and inspect at reasonable times, and to examine the books and accounts of, any private facility refusing to consent to such inspection or examination by the department which the department has reason to believe is operating in violation of the provisions of this act. Refusal by the operator or owner to allow such entry and inspection pursuant to such a warrant shall for a first offense be punishable by a fine of not more than $100.00 and for each subsequent offense by a fine of not more than $1,000.00 or imprisonment for not more than 2 years, or both.

The director may require public facilities, private facilities which contract on a fee-for-service basis with the State, and private facilities which accept for treatment persons assisted pursuant to section 9 to admit as an inpatient or outpatient any person to be afforded treatment pursuant to this act. The department shall promulgate rules and regulations governing the extent to which the department may require other private facilities to admit as an inpatient or outpatient any person to be afforded treatment pur-

suant to this act; provided, however, that no licensed general hospital shall refuse treatment for intoxication or alcoholism.

8. Any person who is intoxicated and who voluntarily applies for treatment or is brought to a facility by a police officer in accordance with section 9 may be afforded treatment at an intoxication treatment center or other facility. Any person who is an alcoholic and who voluntarily applies for treatment may be afforded treatment at an intoxication center or other facility.

Prior to the admission of any person, the administrator of the facility shall cause such person to be examined by a physician. If, upon examination, a determination is made that the person is intoxicated or is an alcoholic, and adequate and appropriate treatment is available, he shall be admitted. If any person is not admitted for the reason that adequate and appropriate treatment is not available at the facility, the administrator of the facility, acting whenever possible with the assistance of the director, shall refer the person to a facility at which adequate and appropriate treatment is available. In the event that a person is not admitted to a facility, and has no funds, the administrator shall arrange for the person to be assisted to his residence, or, if he has no residence, to a place where shelter will be provided him.

Any person admitted to a facility may receive treatment at the facility for as long as he wishes to remain at the facility or until the administrator determines that treatment will no longer benefit him; provided, however, that any person who at the time of admission is intoxicated and is incapacitated, shall remain at the facility until he is no longer incapacitated, but in no event shall he be required to remain for a period greater than 48 hours.

When a person is admitted to a facility, his family shall be notified as soon thereafter as possible. If a patient who is not incapacitated requests that notification not be given, his request shall be respected.

The manner in which any person is transported either from one facility to another or from a facility to his residence and the financing thereof shall be determined by the director in accordance with rules and regulations promulgated by the department.

Upon discharge from or upon leaving a facility, the patient shall be encouraged to consent to appropriate outpatient or residential aftercare treatment.

9. Any person who is intoxicated in a public place may be assisted to his residence or to an intoxication treatment center or other facility by a police officer. To determine whether or not such person is intoxicated, the police officer may request the person to submit

to any reasonable test, including, but not limited to, tests of his coordination, coherency of speech, and breath.

Any person who is intoxicated in a public place and who a police officer has reason to believe is incapacitated shall be assisted by the police officer to an intoxication treatment center or other facility.

A police officer acting in accordance with the provisions of this section may use such force, other than that which is likely to inflict physical injury, as is reasonably necessary to carry out his authorized responsibilities. If the police officer reasonably believes that his safety or the safety of other persons present so requires, he may search such person and his immediate surroundings, but only to the extent necessary to discover and seize any dangerous weapon which may on that occasion be used against the officer or other person present.

Police officers acting under the provisions of this section shall be considered as acting in the conduct of their official duties and shall not be held criminally or civilly liable for such acts.

Any person assisted by a police officer to a facility pursuant to the provisions of this section shall receive treatment in accordance with section 8. In any event, if such person is determined upon examination to be intoxicated, the examining physician shall so certify and a duplicate copy of the certification shall be made available to the police officer.

A person assisted to a facility pursuant to the provisions of this section, shall not be considered to have been arrested and no entry or other record shall be made to indicate that he has been arrested.

10. Any person who is arrested for a violation of a municipal ordinance, or for a disorderly persons offense, who is not also arrested for a misdemeanor, and who the arresting police officer has reasonable cause to believe is intoxicated, may be taken by a police officer directly to an intoxication treatment center or other appropriate facility. To determine whether or not such person is intoxicated, the police officer may request the person to submit to any reasonable test, including, but not limited to, tests of his coordination, coherency of speech, and breath.

The administrator of any intoxication treatment center, or of any other facility, shall cause any such person to be examined by a physician. If the physician determines upon examination that such person is intoxicated, and the administrator determines that adequate and appropriate treatment is available, the person shall be admitted. Any such person may be detained at the center or other facility until he is no longer intoxicated, but in any event, not longer than 48 hours from the date of admission. At such time

as the person is to be discharged from the facility, he shall be informed by the administrator that if he is an alcoholic who would benefit by treatment he may, in the discretion of the court, be afforded treatment in lieu of prosecution, and that if he so chooses he may be examined at the facility for the purpose of determining whether he is an alcoholic who would benefit by treatment. If the person requests an examination, he shall be examined by a physician at the facility during a period of time not to exceed 48 hours. The police shall maintain such security conditions as may be necessary. Prior to releasing the person from the center or other facility, the administrator shall notify the police who shall transport him therefrom for proceedings in the criminal case.

When a person who is arrested for a violation of a municipal ordinance, or disorderly persons offense, and who is not also arrested for a misdemeanor, is brought before the court on such criminal charge, the court shall inform him that he is entitled to request a medical examination to determine whether or not he is an alcoholic if he either has been admitted to a facility pursuant to the provisions of the preceding paragraph and has not received a medical examination or states that he is an alcoholic. The court shall further inform the defendant of the consequences which follow a determination by a physician that he is an alcoholic who would benefit by treatment. Any request for an examination shall be in writing. If the person makes such request, the criminal proceedings shall be stayed for the period during which the request is under consideration by the court. If the defendant requests an examination, the court shall appoint a physician to conduct the examination at an appropriate location designated by it.

In no event shall a request for an examination, any statement made by the defendant during the course of an examination or any finding of a physician pursuant to the provisions of this section be admissible against the defendant in any criminal proceeding.

A physician who conducts an examination pursuant to the provisions of this section, shall determine whether or not the defendant is an alcoholic who would benefit by treatment. The physician shall report his findings to the court together with the facts upon which the findings are based and the reasons therefor as soon as possible but in any event not longer than 3 days after the completion of the examination.

If the physician reports that the defendant is an alcoholic who would benefit by treatment, the court shall inform the defendant that he may request commitment to the division and advise him of the consequences of the commitment.

If the defendant requests commitment, and if the court finds that

the defendant is an alcoholic who would benefit by treatment, the court may stay the criminal proceeding and commit the defendant to the division as an inpatient or as an outpatient, whichever the court deems appropriate, for a specified period. The term of inpatient treatment shall not exceed 30 days, the term of outpatient treatment shall not exceed 60 days, and the total combined period of commitment, including both inpatient and outpatient treatment, if both are ordered, shall not exceed 90 days. The court shall inform the defendant that if he is committed the criminal proceeding will be stayed for the term of the commitment.

In determining whether or not to grant the request for commitment, the court shall consider the report of the physician, the nature of the offense with which the defendant is charged, the past criminal record, if any, of the defendant, and any other relevant evidence.

If the court decides that the defendant's request for commitment should be granted, the court shall commit the defendant to the division if the division reports that adequate and appropriate treatment is available at a facility; provided, however, that if the court determines that commitment should be granted and the defendant is charged with a first criminal offense, the criminal proceedings shall be stayed until adequate and appropriate treatment is available at a facility. In cases where the defendant is not charged with a first criminal offense and the division reports that adequate and appropriate treatment is not available, the court may, in its discretion, order that the stay of the criminal proceeding remain outstanding until such time as adequate and appropriate treatment is available.

As a condition to the issuance of any commitment order by the court pursuant to the provisions of this section, the defendant shall consent in writing to the terms of the commitment.

If the physician reports that the defendant is not an alcoholic who would benefit by treatment, the defendant shall be entitled to request a hearing to determine whether he is an alcoholic who would benefit by treatment. Thereupon the court may, of its own motion, or shall upon the request of the defendant or his counsel, appoint an independent physician to examine the defendant and to testify at the hearing. If the court determines that the defendant is an alcoholic who would benefit by treatment, the procedures and standards applicable to a defendant who is determined by the court, following the report of the first examining physician to be an alcoholic who would benefit by treatment, shall apply to the defendant.

If the court does not order that the defendant shall be afforded treatment in lieu of prosecution pursuant to the provisions of this section, the stay of the criminal proceedings shall be vacated.

At any time during the term of commitment, the administrator may transfer any inpatient to an outpatient program if he finds that the patient is a proper subject for outpatient treatment; provided, however, that the administrator may retransfer the patient to an inpatient program if he finds that the person is not suitable for outpatient treatment.

Any patient committed to the division pursuant to this section shall be discharged from the facility to which the division has caused him to be admitted if at any time the administrator determines that treatment will no longer benefit him; provided, however, that such patient shall in any event be discharged at the termination of the period of commitment specified in the court order.

At the end of the commitment period, when the patient is discharged, or when the patient terminates treatment at the facility, whichever first occurs, the director shall report to the court on whether or not the defendant successfully completed the treatment program, together with a statement of the reasons for his conclusion. In reaching his determination of whether or not the defendant successfully completed the treatment program, the director shall consider, but shall not be limited to, whether the defendant cooperated with the administrator and complied with the terms and conditions imposed on him during his commitment. If the report states that the defendant successfully completed the treatment program, the court shall dismiss the charges pending against the defendant. If the report does not so state, or if the defendant does not complete the term of treatment ordered by the court, then, based on the report and any other relevant evidence, the court may take such action as it deems appropriate, including the dismissal of the charges or the revocation of the stay of the criminal proceedings. In the event that the court convicts a defendant who has been committed in lieu of prosecution pursuant to the provisions of this section and sentences him to a term of incarceration, the court shall reduce the term of incarceration by the period during which the defendant was afforded treatment in lieu of prosecution pursuant to this section.

The State, municipal and local police shall, in cooperation with the department, provide adequate security at facilities to which persons are taken pursuant to this section, where it is necessary that such security be provided for the person arrested.

11. Each person who receives treatment at a facility shall be subject to the supervisory powers of the administrator exercised in accordance with rules and regulations of the department.

12. All rights afforded any person under this act shall apply to juveniles.

13. a. The administrator of each facility shall keep a record of the treatment afforded each patient, which shall be confidential and shall be made available only upon proper judicial order, whether in connection with pending judicial proceedings or otherwise.

b. Any patient shall have the right to have a physician retained by him examine him, consult privately with his attorney, receive visitors, and send and receive communications by mail, telephone and telegraph. Such communications shall not be censored or read without the consent of such patient. The foregoing shall not limit the right of the administrator, subject to reasonable rules and regulations of the department, to prescribe reasonable rules governing visiting hours and the use of telephone and telegraph facilities.

c. No patient may be detained at any facility pursuant to the provisions of this act, without his consent except in accordance with the provision of section 8.

d. Insofar as is practicable a written, comprehensive, individualized treatment plan shall be kept by the administrator for each patient.

e. Each patient shall be entitled to receive adequate and appropriate treatment.

No patient shall be denied the right to vote while he is afforded treatment at a facility.

14. No person who has received treatment at a facility in accordance with the provisions of this act or person who is an alcoholic shall be denied any right or privilege under the Constitution of the United States or of the State for the reason that he has received treatment at a facility or that he is an alcoholic.

15. The State, the several counties and municipalities may establish service forces to perform the functions of the police in accordance with the provisions of section 9 of this act. Such service forces may be a part of police department, the department, or may be a separate unit. Members of the force shall be trained to carry out the responsibilities of the police, as these are set out in section 9, particularly with respect to the administration of first aid to intoxicated persons in need of medical assistance.

16. The division shall establish and maintain, in cooperation with the office of the Attorney General, the State, municipal and local police, the courts, the department of correction, the department of public welfare, and other public and private agencies, a program for the education of police officers, prosecuting attorneys, court personnel, judges of the county and superior courts, probation

and parole officers, correctional personnel, other law enforcement personnel, and State welfare and vocational rehabilitation personnel, with respect to the causes, effects, and treatment of intoxication and alcoholism.

The division shall serve in a consulting capacity to such public and private agencies and shall foster and coordinate a full range of services which will be available for diagnosis, counseling and treatment for alcoholism.

17. The division shall, in cooperation with the State, municipal and local police, and the Division of Motor Vehicles, conduct tests for alcohol in the bodies of automobile drivers and pedestrians who die as a result of and within 4 hours of a traffic accident, and in automobile drivers who survive traffic accidents fatal to others. The division shall promulgate a written manual to govern the conducting of tests made pursuant to this section, which shall specify the qualifications of personnel to conduct such tests, the methods and related details of specimen selection, collection, preservation and analysis, and the methods of tabulation and reporting of this test data.

If a test conducted pursuant to this section discloses alcohol, the division shall insofar as is practicable make a determination whether or not alcoholism was a probable factor in the drinking of the tested individual.

Test data collected and determinations made pursuant to this section shall be tabulated, compiled, and published by the division at least semiannually.

The division in cooperation with the office of the Attorney General and other interested State departments and agencies shall undertake a detailed and comprehensive review of State and local laws and regulations governing driving under the influence of alcohol. This review shall include, but need not be limited to, consideration of the relation of these laws and regulations to the legislative policies and purposes of this act, and what programs and punishments are appropriate for individuals convicted of drunk driving.

Within 1 year from the date of enactment of this act, the division shall transmit to the Legislature a report on this review. This report shall include specific recommendations for any changes in the present laws and regulations the division deems appropriate.

18. The division, in cooperation with the office of the Attorney General and other interested State departments and agencies, shall undertake a broad review of State and local, criminal and civil, laws and regulations governing the manufacture, sale and consumption of alcoholic beverages. This review shall include, but

need not be limited to, consideration of the relation of these laws and regulations both to the legislative policies and purposes of this act and to the public policy objective of permitting the temperate use of alcoholic beverages and preventing the abuse of such beverages. Within 2 years from the date of enactment of this act the division shall transmit to the Legislature a report on this review, which shall include specific recommendations for any changes in the present laws and regulations that the division deems appropriate.

19. No county, municipality, or other political subdivision of the State shall adopt any law, ordinance, bylaw, resolution or regulation having the force of law a. rendering public intoxication or being found in any place in an intoxicated condition an offense, a violation or the subject of criminal or civil penalties or sanctions of any kind; b. inconsistent with the provisions and policies of this act.

Nothing herein contained shall affect any laws, ordinances, bylaws, resolutions or regulations against driving after drinking alcohol, driving under the influence of alcohol, or other similar offenses that involve the operation of motor vehicles, machinery or other hazardous equipment.

20. The Department of Health shall be the single State agency designated by the State as the agency primarily responsible for the treatment of intoxicated persons and alcoholics.

21. All books, papers, records, documents, and equipment in the custody of or maintained for the use of the Department of Health pursuant to sections 1 through 5, inclusive, of P. L. 1948, c. 453 are hereby transferred to the custody and control of the division created by this act.

All moneys heretofore appropriated for the Department of Health for activities authorized by said sections 1 through 5, inclusive, of P. L. 1948, c. 453 and remaining unexpended on the effective date of this act are hereby transferred to, and shall remain immediately available for expenditure by, the division created by this act.

All duly existing contracts, leases, and obligations of the Department of Health entered into pursuant to said sections 1 through 5, inclusive, of P. L. 1948, c. 453 shall remain in effect and shall be performed by the division created by this act. This act shall not affect any renewal provisions or option to renew contained in any such lease in existence on the effective date of this act. Without limiting the generality of the foregoing, all approvals of plans, projects, and Federal and State financial aid applications heretofore granted shall remain in full force and effect; provided, however, that nothing in this section shall prevent said division from with-

drawing such approval if such action is otherwise in accordance with law.

All gifts and special grants made to the Department of Health under sections 1 through 5 of P. L. 1948, c. 453 and remaining unexpended on the effective date of this act shall be available for expenditure by the division created by this act in accordance with the conditions of the gift or grant without specific apporpriation.

All hospital and clinic facilities established pursuant to section 3 of P. L. 1948, c. 453 shall remain subject to the control and supervision of the department.

All officers and employees of the Department of Health engaged in activities authorized by sections 1 through 5, inclusive, of P. L. 1948, c. 453 who immediately prior to the effective date of this act hold permanent appointment in positions classified under Title 11 of the Revised Statutes, or have tenure in their positions by reason of law are hereby transferred to the Division of Alcoholism created by this act, every such transfer to be without impairment of civil service status, seniority, retirement, and other rights of the employee, without interruption of service, and without reduction in compensation and salary grade, notwithstanding any change in his title or duties made as a result of such transfer; subject, however, to the provisions of Title 11, and the rules and regulations established thereunder. All such officers and employees who immediately prior to the effective date do not hold permanent appointment in such positions, or do not hold such tenure, are hereby transferred to the Division of Alcoholism created by this act without impairment of seniority, retirement and other rights, without interruption of service, and without reduction in compensation and salary grade. Nothing in this section shall be construed to confer upon an officer or employee any rights not held prior to the transfer or to prohibit any subsequent reduction in compensation or salary grade not prohibited prior to the transfer.

22. Notwithstanding any other provision of law, no county, municipality, or other jurisdiction within the State shall adopt an ordinance, resolution, or other legislation creating an offense of public intoxication or any equivalent offense, and any existing ordinance, resolution, or other legislation creating such an offense is hereby repealed.

23. Sections 1 through 5 of P. L. 1948, c. 453 (C. 26:2B–1 through C. 26:2B–5) are repealed.

24. This act shall be known and may be cited as the "Alcoholism Treatment and Rehabilitation Act."

25. This act shall take effect immediately.

ASSEMBLYWOMAN BETTY WILSON (Acting Chairperson): I'd like to call this meeting to order. The Public Hearing of the General Assembly on A-613 is called to order.

The widespread problem of alcohol abuse in our society is well known to most of us, at least in general terms. In the past we have accepted it in some cases, made a crime of it in other cases, closed our eyes to it at times, especially if it occurs in our own family, and in a few rare cases have confronted it for treatment and supportive programs for abusers and family.

The bill, which is the subject of these hearings, would establish a Division of Alcoholism in the State Department of Health, providing for a Director and Assistant to the Director; create an Advisory Council on Alcoholism; provide for the licensing of alcoholic treatment facilities; prescribe procedures to be followed concerning the arrest of an intoxicated person;, authorize the establishment of a service force; prohibit and repeal county and municipal ordinances and resolutions prescribing penalties for public intoxication; and repeal Public Law of 1948, Chapter 453.

I would like to set some ground rules. There are a number of people who have already indicated that they would like to testify and we will take them in the order in which they are listed and at the times they had requested.

If there are other persons in the audience today who would like to speak, please indicate that fact to us and we will try to work you in at the end of the program. We want to give everyone a

chance to give testimony, if that is their wish.

We will break for lunch probably around 12:00, or something like that.

I would like to call first, Assemblyman James Bornheimer, who is the primary sponsor of Assembly bill 613.

A S S E M B L Y M A N J A M E S B O R N H E I M E R: I'd like to thank the Committee for holding this public hearing because I think it will take and bring to the forefront some of the problems that alcoholism has created in our society today.

We are aware of the fact that there are 350 thousand alcoholics in our State today. These alcholoics are treated as criminals, etc.

One of our major problems is the fact that, as a result of alcoholism, we have broken families, we have crimes of violence, we have motor vehicle accidents caused by alcoholism, and everything else.

This legislation would take it out of the range of a crime and try to help these people because it actually is a sickness rather than a crime.

One of the major factors involved in establishing the Division is money. I have taken the liberty and had the Department of Fiscal Affairs research the State budget to see how much money is available. I have a report from them which I will make available to the Committee.

They have shown me that there is $18,954,127 spent by the State, in various departments, on alcoholism. This relates to, number one, the Division of Mental Health and Hospitals. Appriximately 21% of the average daily resident population in our State

Mental Institutions are suffering from personal mental disorders that are directly related to alcoholism.

In addition, in our state aid program for the support of county mental hospitals, a similar situation prevails and approximately 20% of the patients also have alcohol-related problems. Our State Universities are spending money on research, etc., in alcoholism.

Basically, my premise here today is just to take and talk about the dollars and cents that will be needed to fund this Division because there is a lot more testimony to be given by experts in the field who are a lot more knowledgeable about alcoholism as a health problem, rather than as a criminal problem.

Alcoholism is one of our major problems, as far as labor is concerned. Labor indicates that a lot of their absenteeism is caused by alcoholism. The Division of Motor Vehicles say that a lot of the losses of drivers' licenses is caused by alcoholism.

I, again, would like to thank the Committee for giving me the opportunity to appear before you. Rather than delay you with a lot of facts and figures, I will make them available to you. Thank you very much.

ASSEMBLYWOMAN WILSON: Thank you, Assemblyman Bornheimer.

Will you answer questions?

ASSEMBLYMAN BORNHEIMER: Yes.

ASSEMBLYWOMAN WILSON: Can you establish any relationship between the cost of the new program that your bill would provide in the new Division and the amount that is presently being spent - this $18, 954,000?

ASSEMBLYMAN BORNHEIMER: Well, I have estimates that it will cost about $18 million to start a Division.

ASSEMBLYWOMAN WILSON: That would be the cost of the Division?

ASSEMBLYMAN BORNHEIMER: Right.

ASSEMBLYWOMAN WILSON: Would you expect that Division to take over everything that is presently being done by, let us say, Rutgers University or the Department of Health, or the Division of Motor Vehicles?

ASSEMBLYMAN BORNHEIMER: It wouldn't take over everything but it would take over some of the duplication of services in the Departments. In other words, one Department is doing the same thing as another Department, and this would put it all in one basket. It would make it a lot easier to administrate.

ASSEMBLYWOMAN WILSON: I see. So it would be $18 million for the Division but we do recognize that there would still be some ongoing costs in other Departments and in other Divisions.

I would like to ask another question, Assemblyman Bornheimer. Do you think that this bill should include other drugs as well as the drug alcohol?

ASSEMBLYMAN BORNHEIMER: I believe no. I think that alcoholism,in itself, is a big enough problem. There are programs that are in existence on drugs and that has been publicized and every community in the State has a drug program going on, whereas every community in the State doesn't have anything going on for alcoholism.

ASSEMBLYWOMAN WILSON: One further question. Do we need a Division? What is the reason for the establishment of a Division rather than incorporating

it into one of the offices of the Department of Health, or whatever?

ASSEMBLYMAN BORNHEIMER: We need a Division because of the problem's magnitude.

I forgot to mention earlier, with the onslaught of the 18 year old right to consume alcohol, this just multiplies your problem by, say, 50%; so, instead of having 350 thousand you will have almost 550 thousand or 600 thousand.

ASSEMBLYWOMAN WILSON: Do we need a Division to get Federal funds or can we get--

ASSEMBLYMAN BORNHEIMER: I think a Division is required to get Federal funds.

ASSEMBLYWOMAN WILSON: Do any of the other Assemblypersons have questions?

(no questions)

Thank you Assemblyman Bornheimer.

Is Assemblyman VanWagner here?

(not present)

We have a request to have a statement of the Alcoholism Task Force read into the record at this time for the purposes of establishing a frame of reference. So, I will grant that request and ask Mr. Oliver, who is the Chairman of the Task Force, to please come to the microphone.

H A R O L D O L I V E R: We are here today as spokesmen for a task force composed of approximately forty persons from all parts of New Jersey, who are involved professionally and as volunteers in organizations which are concerned with the problems of the alcoholic. Some of us are associated with medical facilities, some with rehabilitation of alcoholics, others with industry, or concerned with the administration of justice. All of us share a basic belief

that New Jersey, as a forward-looking and progressive State, has been failing to address itself with sufficient energy, or effectiveness, to the problem of alcoholism.

Alcoholism has been recognized more and more as the nation's primary health problem. Initially, Dr. Roger Egeberg of HEW acknowledged this to be a fact and subsequently Elliot Richardson as Secretary of HEW also declared alcoholism to be our number one health problem. As stated by Senator Harrison A. Williams in a report of his Committee on Labor and Public Welfare: "Medical authorities are nearly unanimous in their recognition of alcoholism as a disease." This view is shared by such prestigious organizations in the health field as the AMA, the World Health organization, the American Hospital Association and the American Psychiatric Association. We have attached a copy of Senator Williams' forward as it states most aptly the modern view on alcoholism.

Last Spring, the Federal Commission on Marijuana and Drug Abuse published an extensive report, finding the drug, alcohol, to be used and abused more widely and with far more devastating effects than any other drug. Now, with an upswing of youthful abusers, together with the increasing appearance of poly-addicts (who use alcohol plus one or more other substances affecting the central nervous system), it has been estimated that there are at least three-hundred and fifty thousand abusers of alcohol in New Jersey. Senator Williams in his forward cites 9,000,000 sufferers from the disease throughout the nation. As three to four persons are adversely affected by the behavioral difficulties of each alcoholic, the list of victims in N.J. exceeds one million persons. A problem of this dimension and seriousness

reaching into every community in this State, playing havoc with marriages and family life, damaging industrial enterprises, necessitates a governmental unit of sufficient status and capability for the task to be done.

Recommendation #1: There be created in this State a Division on Alcoholism to be located in the Department of Health vested with basic powers to devise and coordinate a statewide strategy to combat alcoholism.

While alcoholism affects many areas of governmental concern, most notable and of great public conern has been its effect on the Criminal Justice System. Recent statistical studies have shown that approximately half of the present prison population has committed crimes while under the influence of alcohol. These offenses vary in severity from the thousands of "revolving door" drunk and disorderly defendants who clutter up court calenders and jails to the perpetrators of high misdemeanors (62% of homicides involve alcohol abuse). Recognition of the enormous cost and waste in the process that ignores the underlying disease while dealing only with the anti-social manifestations has led nine other States to adopt a more enlightened approach. This approach, embodied in the Uniform Alcoholism and Intoxication Treatment Act, was prepared for and recommended by Senator Williams' Committee on Labor and Public Welfare in 1971. While some States have been moving forward, building effective statewide plans for curtailing the human depredation of alcoholism, New Jersey has faltered. Essentialy, the Act recognizes the futility of treating alcoholics as criminals; instead, it "de-penalizes" minor offenses and substitutes for punishment a continuum of treatment. Of course, serious crimes must still be dealt with within a penal complex. However, the approach of the Act is dependent upon creation of an agency of government equipped for the task. The Act outlines the function of a Division of Alcoholism.

Recommendation #2: The Division on Alcoholism suggested in #1 be vested with the range of powers to plan, establish, license and maintain the requisite health treatment programs both for offenders and other sick alcoholics. As a concomitant to the creation of the Division we urge adoption in New Jersey of the Uniform Act as the framework within which the new Division would function.

Legislation is presently being prepared in both Houses.

3. Because alcoholism affects every aspect of the community, different departments within N.J. operate their own alcoholism budgets and programs. The sum of these fragments does not begin to constitute delivery of adequate facilities and services. There is no State body which coordinates or takes an "overlook" at these activities. Even within the Dept. of Health, there is no statutory or even working relationship between the Div. of Drugs and Narcotics and the undersized and relatively powerless Alcoholism Control Program, despite the overlapping of clientele. The Uniform Alcoholism Act allows for:

> A Division of Alcoholism, assisted by its Advisory Council on Alcoholism, to be composed of the Commissioners of Health, Education, Institutions and Agencies, Labor and Industry, Insurance, Community Affairs, the Attorney General, the Director of the Div. of Motor Vehicles, or persons designated by them, and eight citizens would facilitate the badly needed coordination of funds and services.

There is, presently, an Alcoholism Advisory Council whose composition does not reflect the recommended inter-agency approach and whose potential has not been achieved.

4. As education and early detection are prime priorities of prevention programs,

the Division could cooperate and assist the Department Education and regional alcoholism councils in the delivery of programs for schools, colleges, teacher preparatories, graduate and professional schools, including those for MSW candidates, and, where invited, for medical and nursing schools.

Secretary Richardson not only regarded Alcoholism as the nation's most acute public health problem -- he added that it was the easiest to solve. The Alcoholism Task Force submits that through better use of existing community, regional and State facilities and services, through innovative and less costly approaches to detoxification, through cooperative programs on education and detection, through enhanced third party reimbursements (the Task Force is recommending that Medicaid include payments for treating alcoholics and is urging legislation to mandate coverage by State carriers for treatment of alcoholism) and, above all, through coordination of these factors by a Division on Alcoholism, the State would save a great deal of money and a large number of human beings. A majority of alcoholics can be assisted to revise their patterns of substance use and resume functioning as useful adults.

ASSEMBLYWOMAN WILSON: Thank you. Will you submit to questions?

MR. OLIVER: Sure.

ASSEMBLYWOMAN WILSON: What relationship can you show between the cost of the new program - the new Division - and its supporting programs and the reverberations that we can anticipate and the amount that we are presently spending.

MR. OLIVER: I don't believe that I have at hand, or can show the relationship. The fractured programs that we currently have in the State would certainly give reason to guess that we are spending more money than we need to spend, and not accomplishing what we are trying to accomplish. I have no dollar figures I can give you.

ASSEMBLYWOMAN WILSON: Do you have any estimate of other social costs, other than what we are directly spending through the Division of Motor Vehicles and the Department of Health and the Universities, etc. - the social costs of family breakup, family counseling? Is there any estimate, anywhere, that we can use as a comparison - for comparison purposes?

MR. OLIVER: I'm sorry, I will try to get that information for you. I do not have that information.

ASSEMBLYWOMAN WILSON: I think it would be very helpful if we could have some estimate of other social costs - families that go on welfare because of alcohol related crimes and persons going to prison; social disruptions within the family; juvenile delinquency, as it is related to that.

I know that what I am asking is an impossible task but if there could be some way of pulling it together and showing those costs, I think we would find our work much easier.

MR. OLIVER: Well, we will try to get something of that type for you.

I can say though, because I have some degree of familiarity with industry, that the costs there are generally considered to be-- A conservative figure of the number of alcoholics in any given

company is considered to be about 6%. And the cost of alcoholism within a company is generally considered to be - conservatively, again, and it is an understatement - about 25% of the annual income of the person affected. So if you take 6% of their total population and 25% of that payroll, you come up with a very staggering figure with most companies. With General Motors, for instance, it will ultimately prove to run into the millions. With the Federal Government it is in the hundreds of millions.

ASSEMBLYWOMAN WILSON: Would you advocate placing all drugs within this Division rather than limiting it just to the drug alcohol?

MR. OLIVER: I think that it should be an Alcoholism Division. The other drugs and their treatment could, very well, be within the same Division, but I do believe it should be a Division of Alcoholism because alcoholism is the massive health problem this country faces. Today it is rampaging, literally rampaging, through every segment of our society. It is the abused drug in very substantial numbers and if it is to be tied in, the others should be tied in with the Division of Alcoholism because that is our health problem.

ASSEMBLYWOMAN WILSON: O.K. I have one or two other questions.

Would you define an alcoholic for me?

MR. OLIVER: An alcoholic is someone for whom the consumption of alcohol has seriously affected their life, their work, or their performance in whatever they are doing; a person who has lost control over the decision-making process of whether or not to drink. An alcoholic is a sick person.

ASSEMBLYWOMAN WILSON: Do you anticipate, or have any special statistics, with respect to women who are alcoholics?

MR. OLIVER: The woman alcoholic is becoming more visible. At one time I heard estimates that it was about 75% to 25% in favor of the male. As our female population enters the work force in greater numbers, they are very rapidly catching up. I know some very informed people say it's about 50-50 now.

ASSEMBLYWOMAN WILSON: Do you think they are catching up or they are just being indentified?

MR. OLIVER: I think they are identified. They have been, what you might call, closet drinkers before and they were protected by the home.

ASSEMBLYWOMAN WILSON: Gin in the rafters.

(laughter)

Do any of the other Assemblypersons have questions?

(no questions)

The next person on our list is Paul Shulman, Administrator of the Alcoholism Treatment Program in Runnells Hospital in Berkeley Heights. Is Mr. Shulman here?

P A U L S H U L M A N: Runnells Hospital is a 350 bed, county hospital, located in Union County, New Jersey. It services approximately 600 thousand people.

Three years ago, as part of a renovation-expansion program of the hospital, we requested the Agency for comprehensive health planning to do a study for Union County of health care needs. At the same time, a study was being performed by the National Council on Alcoholism. The results of

both studies showed that the number one health care problem that should be addressed in Union County was alcoholism.

As a result of that application was made to the State Law Enforcement Program and we were funded for approximately $213 thousand by SLEPA for establishment of a thirty-bed alcohol detoxification unit at Runnells Hospital. As of today - today's census - there are 38 patients on that unit.

The need for the program was based on a number of factors: The burden of the criminal justice system; the police; the courts; the jails; probation and corrections; the fact that offenders are not receiving treatment and rehabilitation for their alcoholism in jail; the fact that, as a major health care problem it causes disruption of family, co-workers, employment, jobs, and the patient himself; the cost to society in Union County, the State and the Nation for repeated hospitalizations; loss of income and productivity; the drain on public assistance and welfare; and, finally, death of the individual.

It has been estimated by Milton Halprin, Chief Medical Examiner for New York, that 50% of the acute hospitalization and deaths in New York City hospitals are a direct result of alcoholism and that 50% of the violent crimes are committeed, either while under the influence or as a result of alcoholism.

What were the goals and objectives of our program? They were as follows: Short term treatment and rehabilitation of the alcoholic; diversion from the criminal justice system. This was performed under Supreme Court Rule 3:28, without legislation

by this body and has been working now for, roughly, one year. It has resulted in cooperation by the courts, the police, social agencies, the hospitals and almost every agency connected with Union County, including the Welfare Department.

Another goal was long-term treatment and rehabilitation through referral to other programs and AA.

One of the first tasks we had at the hospital was to ask AA to hold meetings at the hospital and then to bus patients, while they were in the hospital, to AA meetings. Perhaps the major success of the program has been the cooperation of Alcoholics Anonymous.

Finally, working with the family and employer to assist them in dealing with and helping the alcoholic by not enabling him or her to continue drinking, in conjunction with the National Council on Alcoholism, we have supported major education programs regarding the disease of alcoholism, its effects, with special attention to the removal of the stigma attached to it.

What are the results? In terms of both criminal arrests connected with alcoholism and jail days, there has been a tremendous and marked decrease in the number of arrests and in the number of jail days in Union County. To give you some figures with regard to it, the original study by NCA was performed for a three and one-half year period. On an annualized basis, we have gone from 5,326 jail days to 1,937 in the first six months of operation of the program. Also in the first six months of operation of the program we went, in Elizabeth, from

2,392 jail days to 923; In Plainfield from 2,463 to 874. In terms of arrests connected with alcoholism we went from 732 to 554, a decrease of 180.

I want to point out to you that during this time we were also trying to educate both the police and judges. We have now been in operation for a full year. The police and criminal justice system are cooperating to an even greater extent. The number of patients on a unit has increased and we find that the mixture of both the individual, living under the bridge in Plainfield or Elizabeth, plus the judge or the mayor or the pediatric cardiologist, from Berkeley Heights or Summit or New Providence, is a very fine mixture for showing both what the problems of alcoholism are and has resulted in, I think, as fine a success rate as any program in the State or, perhaps, the country.

In going over the bill that you have prepared, I think the only criticism that I have with regard to it is that I feel the State should provide, with the resources now available, detoxification in existing hospitals by providing funding for it through third parties - through legislation for third parties. The State should not, based on its track record, go into the business of creating new facilities for detoxification. There are, if funding is available, existing private, voluntary and statewide facilities that could be used for programs for the treatment, detoxification and rehabilitation of alcoholics. I think that it is, very wisely, a community matter. I think that the high urban areas have a very great and different problem than the suburban communities.

We find that the police in suburban communities are very loathe to turn in an alcoholic, or bring him either to jail for booking, or to the courts, or to Runnells for detoxification because of the stigma attached to it. Very often, if they know the individual, the police will call a spouse and ask the spouse to come in and pick up the alcoholic. And they will do so. You don't find this in Plainfield or Elizabeth, or Newark, or Jersey City, or Paterson, or Trenton. You know, the courts just do not have the time. They don't know the people. The places are too large. So they are brought into jail and they are booked for drunk and disorderly.

I think the major thing that I have learned, and the unit has learned in its year of operation, is that the hopelessness of the alcoholic, who is a chronic offender, who has been an alcoholic for 10, 15, or 20 years, in the view of society, is untrue. Change that can occur with the disease of alcoholism has to occur on multilevels. It has to occur on a spiritual, emotional, mental and physical level to be effective and it doesn't come easy. But no matter how long someone has been an alcoholic, or how short a time they have been an alcoholic, the changes that are required are very similar.

I have asked a number of people to come with me from Union County, including the chief psychiatrist for the hospital, Dr. Robert Stuckey, to testify regarding the medical modalities used - the treatment, group therapy, etc.; also Theresa Mageri who is instrumental in setting up the program with the National Council on Alcoholism and heads the NCA; Judge Coviello from Summit; and Police Chief Moran from Westfield. I also brought with me documentation

regarding the St. Louis Detoxification Grant; the Runnells Detoxification Grant - funded by SLEPA - statistics for the year of operation; and a host of other information that you might be interested in.

ASSEMBLYWOMAN WILSON: Thank you very much. Will you submit to questions?

MR. SCHULMAN: Yes.

ASSEMBLYWOMAN WILSON: One question that I have is, do you see the same people coming back to your program again and again, or are you changing behavior and treating new people all the time?

MR. SCHULMAN: Yes, we are seeing readmissions but not to the degree that we anticipated.

We have no hard and fast rule regarding re-admissions. We consider alcoholism to be a disease, just as malaria is a disease, and if we can get someone sober, or dry, for six months or a year and he is readmitted - or for two weeks, or three weeks - for the first time in 20 years, we consider that a major victory. In terms of total number of readmissions, for the first year of operation I can give you figures - and also for the first three months of this year, if you would like them.

ASSEMBLYWOMAN WILSON: Yes, thank you, I would like to hear them.

MR. SCHULMAN: From February 1973 to February 1974, the total was 516 admissions, 167 readmissions. For the first three months of this year, we have had 152 admissions, 75 readmissions.

ASSEMBLYWOMAN WILSON: This year it was about 50%. Is that 75 of the 150?

MR. SCHULMAN: No.

ASSEMBLYWOMAN WILSON: In addition to?

MR. SCHULMAN: The 75 means anyone who is hospitalized from the inception of the program. In other words, these are not new patients to the hospital. That does not mean readmissions within the first three months, it means anyone who is not new to the hospital.

ASSEMBLYWOMAN WILSON: O.K. I mean was that 150 new patients plus 75?

MR. SCHULMAN: Readmissions going into the hospital, back to February, 1973.

ASSEMBLYWOMAN WILSON: O.K. Would you explain to us how a person gets into your program?

MR. SCHULMAN: Let me give you the referral sources: A.A., N.C.A., police, welfare agencies, other hospitals, New Jersey Rehabilitation Commission, mental health clinics, industry, self, other; all sources, including walk-ins.

ASSEMBLYWOMAN WILSON: O.K. Are there any other questions?

Assemblyman Cali?

ASSEMBLYMAN CALI: Mr. Schulman, you spoke about policemen in a large city arresting a man for being drunk and disorderly. We all are aware of the process now. What would you suggest happen immediately after he picks up this individual?

MR. SCHULMAN: I think we have to make a distinction between the individual who is driving under the influence of alcohol - was at a party - and the man who is a chronic alcoholic. I think that determination and that distinction cannot really be made by a policeman on the spot. What the policeman can do is, he can give a test, make the guy walk a line, give him a breathilizer test

but he can't really determine whether that individual who was picked up, either for drunk and disorderly or drunk while driving, is a chronic alcoholic or is just someone who was driving while under the influence after a party. That only comes from a history and physical taken by a physician or social worker in a facility, whether it be a hospital, rehabilitation hospital, mental health clinic, or whatever.

I think locking up people for being out on the street and drunk is not going to solve the problem of why a guy drinks. Both drug addiction - and 30% of our patient admissions are polyaddicts to both alcohol and drugs, including tranquilizers that a physician prescribed - and alcoholism are diseases of withdrawal and to think that you can help somebody with a disease of denial and withdrawal by locking him up in a cell is an indication of how this society views its problems and faces its problems. We have had no success with locking up alcoholics in the last 100 years in this country, I guess. We haven't cured one alcoholic by locking him up.

In New York, about 8 or 9 years ago, the police stopped locking up alcoholics. They started bringing them to the emergency rooms of the City Hospitals. When the interns and residents of the City Hospitals saw the drunks, they gave them 15¢ carfare and sent them to the men's shelter in the Bowery. That didn't solve the problem either.

The only way you help anyone is by having a program for treatment and rehabilitation, which would include competent professionals who care about the individuals they are treating. As long as you want

to shove the individual under the rug, or not help him, you are going to have costs that are astronomical.

As far as we are concerned, the diagnosis in hospitals for sclerotic livers, esophagealvaricies, and other diseases associated with alcoholism, including malnutrition, pancreatitis - these are the major killers of the younger population in our general acute hospitals.

You asked for figures before. We are spending in New Jersey about 3 billion, 6 million dollars on health care. How much of that is being wasted because we are not treating alcoholics and rehabilitating them, I have no idea. I also don't know how you place a value on human life. But by not treating the alcoholic and getting him to stop drinking, you are wasting both human life and the resources of the medical profession, judges, police, and everybody else.

ASSEMBLYMAN CALI: Well, sir, after the determination of him being an alcoholic, would you suggest that he be sentenced to a program, or merely delivered to a program?

MR. SCHULMAN: I think you get into real problems here of human freedom and liberty. I think that the discussion of whether alcoholism is a contagious disease like tuberculosis, and we ought to commit somebody until they are cured, is a real question of depredation of human life. Our program is voluntary. People split our program; they leave against medical advice. I happen to believe that if we cannot convince the human being that he needs medical care and treatment and

rehabilitation, if we can't do that job, we should not deprive someone of his liberty if we can't do a competent job with that individual.

So, to answer your question, I don't believe we should sentence him.

ASSEMBLYMAN CALI: Thank you.

ASSEMBLYWOMAN WILSON: Assemblyman Snedeker?

ASSEMBLYMAN SNEDEKER: That was one of the questions I was going to ask - do you believe they should be sentenced. Also, is there much supervision that is done after they are released from your institution, or do you have the facilities to do this, or how do you handle it?

MR. SCHULMAN: What we do at the hospital is, we bring the patients back for group therapy. In addition, every patient that leaves is given an A.A. contact - an A.A. sponsor eventually. They can reject A.A. sponsorship and contacts if they wish, but every patient that does leave is referred to an A.A. contact.

As a result of the program, a number of new A.A. groups, including a black A.A. group in Plainfield, have grown up in the Union County community. But there are sufficient numbers of A.A. groups already functioning so that the primary contact that we use for long-term referral, on an out-patient basis - ambulatory basis - is A.A., plus on Monday nights we have 8 groups running. They are run by a combination of our own professional staff and A.A. volunteers, on various things - sobriety and life's goals; 12 steps a day, A.A.; honesty-- We have about 7 different groups running for our outpatients who are discharged from the hospital.

The response has been, roughly, 150 patients-- not the same every Monday - coming back for those groups.

ASSEMBLYWOMAN WILSON: I have one additional question, that is with respect to cost. You pointed out at the end of your statement that you would not like to see the State get into setting up alcohol detoxification programs, but rather to utilize existing private programs throughout the State and purchase service contracts, etc. One question is, are there enough? The second question is, how much does it cost to set up a program such as yours? How much was your SLEPA grant and what are your operating costs?

Perhaps you could give that to me on a per-patient basis.

MR. SCHULMAN: Per diem cost was running approximately, last year, $55 a day. It is running $65 a day this year, which is considerably below that of an acute general hospital and this is because the patient problems in terms of acute illness is less than that of acute patients in a general hospital. Very few of our patients have required suction, oxygen, intensive care. We have had two deaths since the inception of the program. In terms of D.T.'s, hallucinations, we find that many times the patients can be talked out of them with little or no medication.

In terms of the medical coverage for the unit, we have one doctor around the clock, full-time, covering the hospital and one doctor assigned full-time to the unit.

In terms of short-term detoxification, you do need a hospital setting for the possibility of a medical emergency that may occur. However, in

terms of the costs associated with detoxification, we find they are less.

The original program was funded by SLEPA for $214 thousand, but that was not the total cost of the program, based on that per diem. In addition to that, in terms of the cost of this to the State, I think the reason that you have not seen programs grow up with regard to alcoholism is because of a lack of funding; it is very similar to programs for the aging, with the onset of Medicare and Medicaid in 1966. Until the funding is available you have unmet health care needs.

We did have a task force in regard to third party financing. Just to summarize the task force: We said that we should have acute inpatient care coverage for 21 days; primary residential care for 90 days; intermediate care, day and night hospital, for 90 days; and outpatient care, $500 per person, per annum. These are the recommendations for the Blue Cross, Medicaid, Medicare coverages - the major third party coverages. It would require legislation modeled after the Minnesota law or the Oregon law. But it would require that the third parties do cover it.

In your State, New Jersey, there was a question recently - when I met with the Medicaid people - regarding coverage for alcoholism. It is not regarded - or has not been until recently, with the passage of the Federal legislation - as a disease and as a coverable item. I can understand the reluctance of Blue Cross with the pressure from the Insurance Commission, to add any benefits to its current contracts, and I think there will have

to be legislation.

ASSEMBLYWOMAN WILSON: Thank you very much. Are there any other questions?

ASSEMBLYMAN CALI: What would be the average length of stay for a patient? What is your experience?

MR. SCHULMAN: Our average length of stay is 10 days. However, we feel that the program should be at least 21 days. The patient is detoxified within the first 48 to 72 hours, all the alcohol is out of his bloodstream. But that is just the beginning. The real problem is the confrontation with the problem of drinking and alcoholism and the patient is never confronted in a general hospital.

Patients are detoxified all the time in a general hospital when they come in under other diagnosis. The problem is, they are never confronted with the fact that they are drinking and that they are alcoholics. They are treated for sclerosis, pancreatitis, etc.

ASSEMBLYWOMAN WILSON: O.K. Thank you very much.

I am going to ask now for Dr. Robert Stuckey to come to the microphone.

I think we are going to have to move ahead a little more quickly because we have some people who have requested to testify-- For instance, Monsignor, you have requested to testify at 11:00; I hope you will be willing to be a little bit later than that.

Dr. Stuckey, do you have a statement?

D R. R O B E R T S T U C K E Y: The two or three statements that I have to make are,in general, about the treatment of alcoholism, and a couple of points that I think about the bill, in particular.

The first point I want to make is, I think the time has come for legislation. We probably have 50 thousand recovered alcoholics in the State, along with those 350 active alcoholics. The Federal programs of funding have probably sped up the recovery rate in this State, and everywhere, to five to ten times as many per year.

The statement Mr. Schulman made about the hopelessness being reversed is my first point. I think the time has come because people can get well. We are seeing it. The stigma on the disease and the great camouflaging of alcoholism by doctors, by legislators, by teachers, by policemen-- Camouflaging is no longer so necessary because people can recover from the disease.

My second point is that I think the word disease is quite harmful,although this is a health issue. It is certainly an issue that cannot be settled by the medical model. The medical model has proven a failure. Physicians tend, like everybody else, to want to believe that they can treat this phenomenon and it will go away, but that simply has not happened and that has been a part of the great confusion that we are all in.

I think that, to a certain extent, the bill operates with this presupposition that bringing it into the health field can bring into operation a medical model that will work and I think that is not the case. If anything, the word addiction is better than the word disease; it provides a framework of action that disease does not. If you look at the clinical programs that have had high success rates-- And may I mention that some programs now have 85% recovery rates for up to a year. If you ask many

physicians or clergy or councils what they think the recovery rate of alcoholics will be, they will tell you 5% to 10%, if they are talking from personal experience.

These team approaches that use group education, and inspiration, really provide a kind of stream of people addicted and a confluence of that stream, if you will, with people recently recovered. To be poetic, those that are still in bondage sort of run alongside a group of those recently freed, and this all somehow, with a health facility and health resources acting at the same time; a confluence, really, of health and recently recovered people and actively alcoholic people.

I think that the programs that do not utilize the broader community team approach, involving the policeman, involving the employer, involving the recently recovered alcoholic, do not show these kinds of recovery rates.

So, my point about the medical model is that I think it will fail unless the Division and the various task forces operating tailor make this thing so as to have maximum input and maximum involvement and collaboration from self-help groups and I don't see that in the bill. I don't know how to put it in, but I don't see it.

The other issue I'd like to agree with Mr. Schulman on is, I sense in other states that the state mental health services are, for instance, moving toward becoming a regulatory and funding agency and not a service agency.

The problems - may I speak from personal experience - of managing an active program are

difficult with a great deal of bureaucratic problems and civil service problems involved. They need to be flexible in different communities, and to tailor make them, I feel, will greatly inhibit them by this being a centrally operated service program, with statewide standards, etc. I think it will make the particular administrator have many more headaches.

I think there is not enough emphasis on followup. I think if you are going to mandate, or if you are going to sentence people to programs - for instance, in the bill, if I recall, it was 90 days - some sort of longer followup is required.

The next thing - my last point - is that I think very much the Division is necessary. Even with the Division, this problem is so broad that the limiting factor over the next few years is likely to be interstate cooperation, rather than the problems within the Health Department, per se. Thank you.

ASSEMBLYWOMAN WILSON: I have a question. Do you - considering the criticisms that you have made of certain types of programs - believe there are adequate guidelines in the bill for - and standards set within the bill - programs that the State would use and, further, ought we establish some type of guidelines and standards, or programs, that we fund, or is it adequately done already through the SLEPA grant? Are they adequate? I've asked you about four questions.

DR. STUCKEY: I am a little hard of hearing. The question is, are there adequate guidelines today for the State to utilize?

ASSEMBLYWOMAN WILSON: Are there adequate

guidelines in this bill, first of all, for programs that the State will use - or the public bodies will use?

DR. STUCKEY: In some areas I think there has been a great repository of experience of programs that work and some followup studies from those programs and a plagiarizing of those programs can provide guidelines for treatment. I think that many of the things included in this bill have to do with more than alcoholism.

A little aside here, related to your question, is that the large number of behavioral problems and antisocial behavior occurring secondary to alcohol, but not related to alcoholism-- You know, the old business confuses us greatly and there are no guidelines. I am not aware of guidelines - adequate data - to instruct us as to how law enforcement and health resources should work together. The whole business of civil rights and what level can we force people-- I don't know where the guidelines are.

But as for the day to day activities and staff job descriptions and length of programs and that sort of thing, I think there are plenty of guidelines.

ASSEMBLYWOMAN WILSON: O.K. Thank you very much.

Are there any questions?

(no questions)

Thank you Dr. Stuckey.

May I call on the Honorable Joseph Coviello, Municipal Judge of Summit.

H O N O R A B L E J O S E P H C O V I E L L O: Thank you. I have been asked to review the Assembly

number 613 and to comment on it.

I am a Municipal Court Judge in Summit. I think you should know and understand that in Union County we have,presently working, what I would assume would be the heart of this bill. We have a diversionary program concerning alcoholics. I am totally in favor of the program and I have used it in connection with the Municipal Court work that I am involved in.

The question that Assemblyman Cali asked about, "is the program voluntary", Dr. Schulman answered that, it is voluntary. In a sense it is voluntary and in a sense it is not. Many of the referrals are voluntary type referrals but the court referrals are not voluntary in that sense because the court referrals come from a complaint-oriented situation. A person is arrested. There is a complaint lodged against him. Then this program comes into play and the complaint and the arrest are set aside. The defendant is put into this program. He is told it is a voluntary program in the sense that he is free to leave at any time. There are no bars or restrictions. But in the court referred situation, he is told that if he leaves the program voluntary - which he has a perfect right to do - he must then come back to the court and face the charge. So, in that sense, it is not totally and completely voluntary.

Now, as to the bill itself, I went through the bill several times and some of the comments that I have are on the section here on punishment, pages 8 and 9. I think that is left a little bit too much up in the air. I mean there is some talk about punishment, perhaps, on the question of licensing. They talk about fines, etc. I think that would be

better, perhaps, stated to be a disorderly persons' offense so - whatever the provisions are - that would mean, for example, that it could be handled to its conclusion in a municipal court. The outside limits of disorderly persons' offenses is a $500 fine, 6 months in jail, or both. They are all set out in other statutes.

On page 12 they spoke about arrests under municipal ordinances and then on pages 18 and 19 the bill talks about, there shall be no laws making public intoxication an offense and, in effect, repealing all statutes and municipal ordinances that make public intoxication an offense. For myself, I would be opposed to that for this reason: It has been my experience that very often an accomplished alcoholic has a little bit of the con artist in him and I would prefer a program, such as we have now in Union County - our diversionary program - where, if a complaint is made, the court has the opportunity - the police officer or the law enforcement agency - to, in effect say, "you are charged with an offense. The offense will carry with it certain prescribed punishment if you are found guilty or if you plead guilty. However, we have this program that is available and perhaps you would like to consider it, etc." So that when he goes to the program, he will know - perhaps not at that particular moment, but it will get to him - that there is something that is hanging over his head. While he is free to leave the program, he must then come back and face the court charge. I think this has a certain beneficial effect on certain people. I am not saying that it works in every particular case but I think it works often enough that if I had my druthers, I'd rather

have it in than not have it.

Then on page 13, it talks about the first criminal offense. Now I assume that this has some sort of reference, under the most recent drug act, to the conditional discharge for first offenders, which, I might say, I think is a very good provision. And, I might say, in my particular work, I am very pleased and happy to see how many people are entitled to that provision and who do not come back; I don't see them coming back. Maybe they come before another judge, but they don't come before me. It has been my experience that that is working.

Then it seems to sort of-- It says, first criminal offense; but then it says, if not, you are still entitled to be part of the program, which I think is a good thing. I think there is a problem here that I think should be faced, it is the question of the diversionary program. We have it in Union County. It is mandated by the Supreme Court, under the basis of Rule 3:28. It seems to me that you might, in this particular context, be running into a Winberg vs. Salsbury situation and it should be, perhaps, checked out by your legal counsel as to whether or not this type of diversionary program would be permitted under the cases and under the statutes.

On page 15 there is a reference in there about the division establishing and maintaining a program for the education of police officers, prosecuting attorneys, court personnel, judges of the County and Superior Courts, probation officers, etc. I think, certainly, you should include judges of the Municipal Court as well. That

may just have been an oversight.

I think, generally speaking, I would be in favor of the bill. I don't know too much about whether it should be a part of the Department of Health or not, or whether it should be on a contractual basis, or part of some county hospital. I really don't know too much about that.

ASSEMBLYWOMAN WILSON: Thank you very much.

Does anyone have any questions?

Assemblyman Snedeker?

ASSEMBLYMAN SNEDEKER: In the past year, about how many have you referred? Do you have any idea?

JUDGE COVIELLO: 16. The records show that we have referred 16 from Summit.

ASSEMBLYMAN SNEDEKER: Were there more than that that were picked up for alcoholic problems?

JUDGE COVIELLO: No, that would be all. I think that would be all that were referred from Summit that had a Summit home address.

ASSEMBLYMAN SNEDEKER: I am saying, are there any others who might have been picked up for alcoholic charges that were placed in correctional facilities?

JUDGE COVIELLO: Well, it is possible, yes. If the police don't send them to the-- By the time it comes before me, in my investigation and my questioning, if I feel it is related, then I make the suggestion that, perhaps, the person might want to consider the program at Runnells.

ASSEMBLYMAN SNEDEKER: Do you determine the term, or the period of time, that the individual will go there, or do you tell them to go to the program and then the hospital will release him?

JUDGE COVIELLO: No. The program, the way it is set up, he goes there for a period of 10 to 21 days, living there at the facility. There is a social worker from the Probation Department that becomes involved with the individual. If the individual consents and signs the necessary forms, etc. - now this is a complaint oriented situation - the complaint against him is held in abeyance for 90 days. If it is felt that he is cooperating with the program; that he is benefiting by the program, etc., at the end of the 90 day period, we would get a report somewhere along that line as to whether he was cooperating or not. At the end of the 90 day period, the matter could be marked, matter adjudicated without any official determination of guilt or innocence. If it is felt that he needs additional time, it is then set aside for an additional 90 days. At the end of that six month period, then the matter should have been adjudicated, one way or the other.

ASSEMBLYMAN SNEDEKER: Would he be kept in the hospital for that whole period of time?

JUDGE COVIELLO: No. He is kept in the hospital for the period of 10 to 21 days. The other is the followup care, the A.A. programs, working with the family, things of that sort - coming back for various treatment. I would assume, since it is a medically oriented facility, that there are medical examinations; if they disclose any physical disabilities, perhaps those are attended to or he is referred to see his own physician to get treatment.

I think that is another good thing about this bill. I notice that there are to be medical examinations. I think you will find that a lot of the people

who have this problem have some medical disability - some medically oriented type of problem.

ASSEMBLYMAN SNEDEKER: Do you find acceptance by those who have been committed - in other words, the choice of either/or the correctional facility or the 21 days?

JUDGE COVIELLO: Yes. I find, for the most part, that they opt for going to the diversionary program.

ASSEMBLYMAN CALI: Judge, I'd just like to say you are doing a fine job and I commend you for it.

JUDGE COVIELLO: Thank you.

ASSEMBLYWOMAN WILSON: Judge, I would like to ask you, of the persons-- I guess I didn't ask Mr. Schulman this. I don't know whether I can just go back to him. Do you have men and women in your program.

MR. SCHULMAN: Men and women.

ASSEMBLYWOMAN WILSON: Of the persons who have come through your court, Judge, what is the ratio of male to female?

JUDGE COVIELLO: I would say they predominately are male. I can't honestly recall any of them that were women. None of them really sticks out in my mind.

I might say one other thing. Both in the diversionary program and in this bill, I notice that all motor vehicle violations which have some alcoholic problem, such as driving while under the influence or driving while impaired - certainly while driving under the influence - are not included in the program. They are not included in our program in Union County and they are specifically excluded here.

I would hope that at least the Division of

Motor Vehicles would have some program. I haven't seen any evidence of it yet but I understand it is under study. People who have been convicted or who have pleaded guilty to alcohol-related driving offenses should at least be looked at, treated, examined, whatever.

ASSEMBLYWOMAN WILSON: I have another question. Of the persons who have gone through your court, is there any outstanding socioeconomic group that is represented more than any other?

JUDGE COVIELLO: No. I see no experience-- It seems to cut across all kinds of barriers, social, racial, economic, whatever. Most recently, I had a fellow who came into the court who came from a fine background - college education background and he was just a total wreck, a mess - sociologically, economically, the whole bit.

ASSEMBLYWOMAN WILSON: Thank you very much. We have a lot of other questions but I think we are going to have to move along.

We are going to take a five minute break to give the stenographers a rest. We will return in five minutes.

(5 minute recess)

(after recess)

ASSEMBLYMAN CALI: If there is anyone who wishes to speak and has not already come forward with their name, will you please come to the desk at this time and give us your name and your association.

I'd like to call the Police Chief of Westfield, James F. Moran.

J A M E S F. M O R A N: I have been a police officer for 23 years. I have had vast experience and a lot of problems with alcoholism. As a beat patrolman that was one of my first jobs, to clean out a bottle gang. That was done by simply arresting and putting them in the county jail. We finally got rid of the bottle gang through attrition - they all died.

I have been vastly interested in the alcoholic problem for many years. Today police officers do have an answer in Union County, at least. Over the years it was a case of arresting - 30 days - back out; the problem just recurring constantaly. We have had people with as many as 40 or 50 arrests - strictly alcoholism, found laying in the streets.

Since the program started in Union County, we in Westfield have used it 42 times in the past year. I can cite cases where-- I will cite one in particular. He was a professional man with a ten-year drinking problem. It was brought to our attention through the Council on Alcoholism. This man was going around at 4:00 in the morning to his neighbors begging for a drink. His family had left him. His children had left him. We utilized the program at Runnells Hospital. The man had been arrested for

begging drinks at 4:00 in the morning from his neighbors. They signed a disorderly persons' complaint. He was picked up. I spoke to the man the next day and showed him what the program could do for him and took him personally to Runnells. He spent the maximum amount of time there and, to make a long story short, he has been in to see me. He is back with his family. He is employed as a professional person. He can't thank both the police department and the program enough for what it has done for him. Ten years he had a real drinking problem. He had gone through detox many times, all over the country. Being a professional man he does travel. He has gone into mental institutions. He tried everything. Nothing worked for the man until he went through this program at Runnells Hospital.

I know three cases, intimately, that I have been involved with, where they went through the program and are back as good members of society today. It is now a matter of education for the police officers, and I mean the line officers, the patrolmen out in the street. They are going to need the education as to what is available. Communications being what they are, it has been brought to them on a general basis. They are aware of it but not really. They don't know what the program is about, yet. But, daily, they are learning.

That's about all I have to say about it.

ASSEMBLYMAN CALI: I believe that Paul Schulman spoke about the fellow that slept under the bridge. You would refer to him, I am sure, as a bottle baby. Are you confident that this program would attack his problem and give a solution to his problem? His

problem is a little deeper than most.

MR. MORAN: I believe so. Of course the man I am speaking of, the professional man, had ten years of heavy drinking. He finally lost everything. I equate him to the bottle gang, except the bottle gang is someone who doesn't have any income at all. That's the only difference to me. The bottle gang are people who have nothing and just can't handle their drinks.

We have many alcoholics in our own community - both male and female. I have seen any number of them buried; buried due to alcoholism.

ASSEMBLYMAN CALI: Well, Chief, I'd like to tell you how much I think of your program - the same way I spoke to the Judge.

Are there any questions?

(no questions)

Chief, please continue your fine work until we can do something in the House here.

MR. MORAN: Thank you very much.

ASSEMBLYMAN CALI: May we hear from Monsignor Kelly, please?

M O N S I G N O R E U G E N E B. K E L L Y: Good morning. I'd like to take the liberty of adding a few comments as I go along - from my own experience - to this prepared statement that I have. I'd also like to draw your attention to the fact that whereas I use the word "he" in describing the alcoholic all the way along the line, it applies almost equally to female sick alcoholics.

The ratio is approximately, to the best of my knowledge and belief, from my reading, about 45% female and 55% male.

The Bornheimer-Hurley bill #613 is a compassionate and an intelligent consideration of the more than

375,000 alcoholics who make their homes in the State of New Jersey.

An alcoholic is a sick man. He is sick because he is toxic. There is too much alcohol in his bloodstream. An alcoholic is a person whose liver will not process alcohol. It does the only thing it can do with the alcohol; it puts it adrift in the bloodstream. Every 22½ seconds it makes a complete tour of the body and returns to the point of origin. It riots around inside its victim. It irritates the gastric tract, it dissolves the fatty tissue in the pancreas to the consistency of soapy water. It cuts and destroys liver cells and it burns and kills brain cells.

This destruction and residual debris, namely the dead cells, account for the horrendous hangover. On its way through the cerebrum, or upper part of the brain, the alcohol turns off the sentinels that would warn the man that he is in trouble. It turns off his memory bank, inducing temporary amnesia - or the recording device - and that is why an alcholic often cannot honestly remember what he did the night before. He will often ask his wife how she got hurt when he sees the marks the next morning and he has no recollection that he inflicted the hurt the night before.

It also interferes with his discretionary power of judgment. The alcoholic who misbehaves badly at an office party is not a bad man. He is a sick man who has forfeited his usual disciplined self-control. It also accounts for impaired skills and lack of mature responsibility.

If the toxic level continues to rise in his

blood as his drinking continues, it invades the cerebellum and now all his sensory faculties are dully lacking in perception. He will burn his fingers with cigarettes only to wonder in the morning how it happened. His vision loses acuity. His speech is slurred. He shouts at a bar because his aural faculty is impaired. Often he cannot even determine whether the drink in his hand is his or his neighbor's. He has great difficulty in distinguishing burbon from scotch or rye.

Ethanol, the basic constituent, is an anaesthetic drug and it depresses the central nervous system. For the healthy man, the liver transposes the alcohol from Ethanol,to acetaldehyde, to Acetic Acid, to carbon dioxide and water and it passes harmlessly out of the system. An average man of approximately 160 lbs. can take almost one drink per hour without harm; an alcoholic cannot.

The presence of any alcohol in the body of an alcoholic triggers a compulsion. His choice and his freedom are removed. He must drink. He is compelled to drink to a point of unconsciousness.

What is a compulsion? A compulsion is an irresistible impulse to perform an act that is contrary to his own will and intellect. An intracellular thirst accounts for this. The only parallel examples I can think of to make this clear are the victims of the recent Tokyo Hotel Fire that leaped to their death rather than submit to the scorching flames.

One of the men who went down in the Pacific with Eddie Rickenbacher was probably suffering from intra-cellular compulsion. Although he had been

trained differently, he drank the sea water. He died. For an alcoholic to be safe, he must be taught the severe discipline of total abstinence; otherwise, he will never reach the real problem.

The alcoholic knows himself. He knows he has a problem and that problem is progressive. If he can reach help for a health problem without devastating humiliation then he can recover. If he does not, or cannot, reach for help at this point, his disorder goes from simple alcoholism to acute alcoholism and now he begins to disturb the lives of the "significant others" in his life - his or her spouse becomes the sole head of the family. His children are ashamed and unhappy. Their performance in school becomes sloppy and unsatisfactory. Truancy flourishes. The peaceful pursuit of learning and holiness in school and home is disrupted. The children live in the streets. The wives escape into bowling or bingo. The home becomes a disaster area and the victim's relationship with his employer or employees is tight and strained.

The climate in which alcoholism flourishes is loneliness, depression, emotional or nervous exhaustion and difficulty with authority. And that difficulty with authority doesn't matter whether he is the employee or the employer, whether he is the student or the professor.

So, his performance is spotty and absenteeism results. He carries around within him what is called by Simone Weil "an affliction of spirit", and he is no longer a civilized, social person. He is a civil war.

He cannot endure this very long before his condition decends one more grade, into chronicity. He is now a chronic alcoholic. His "significant

others" are now held in contempt. His cry is, "stop nagging me" or, "get off my back" or, "leave me alone" or, "I can stop whenever I want" or, "I can take it or leave it, go away."

Since his "significant others" - his wife, children, friends, pastors, employers, have abandoned him to his compulsion, civil authority is obliged to step in. He gets into fights with his neighbors and so the police are called. He beats his wife and the police are called. He disturbes the peace in the local tavern and the police are called. He parks improperly. He scrapes cars. He interfers with traffic. He passes out in public places. He is frequently taken to the hospital emergency room - a few stiches here and a few more there. He clutters the physicians waiting room monthly. If his destructive course is not interrupted at this chronic stage, he will recede one step further into apathy or alienation. If no merciful intervention occurs here, only death or insanity remain. Yet, 90% of all the social, legal and psychological problems will disappear if you treat the alcoholism.

A man who has sobriety for six months - most of his other problems disappear. He is in need of public assistance.

By now, this man regards society as his enemy. His conduct is commensurate with that conviction. He has lost his license and so he cannot even drive to A.A. meetings if he so desired. This is a handicap. It puts still another burden on someone else again. His bills go unpaid. Tuition is unpaid. The doctors and lawyers are unpaid, whose services he has needed and does, now, still need. His taxes

are unpaid, as well as all his other obligations. He may be earning a very fine salary and, yet, it is not sufficient.

We used to think that if you wanted to see an alcoholic you had to go to the Bowery in New York or the Loop in Chicago or Figeroa Street in Los Angeles. That is no longer true. Now you reach into executive office buildings, monasteries, rectories, courts, schools and universities.

Three weeks ago the New York Times carried a copy of a story of a Bishop who was relieved by the Holy Father from the government of his Diocese because he was in such difficulty with public authorities. He is a fine man. He is a good man and he is a holy man. But he is a sick man. Who is going to tell the Bishop that he is an alcoholic? Who is going to tell a judge he is an alcoholic? I know some. How do you tell them they are alcoholics and that they need help?

In addition to his own poor conduct, he interfers to a variable extent with the lives of four other people. This would give us a total of one and three/quarter million people in the State of New Jersey whose lives are disturbed by the drinking habits of active alcoholics. The population of New Jersey is 7 million 500 thousand, plus. I am talking about one and three-quarter million of those people who are disturbed by alcoholism.

I serve as a Chaplain to Somerset Hospital. I have a parish with 3,000 families. I have my own high school and my own elementary school. In those schools, 60% of the problems I deal with, among the students, have absolutely nothing to do with educating them or preparing them for further education.

They are behavioral problems that ought to be dealt with at home, or they are the result of aberrant drinking in the home.

I am happy to note in the bill that alcoholism ought to be taught in the schools. I teach it in both of my schools. It is a complete course in my high school and it is touched on from the fourth grade up in my elementary school. They need to know how to defend themselves from a legal thing to do. It is perfectly legal to drink. It is not legal to take drugs. This is the big distinction in this bill that ought to be attended to, when you try to fuse alcoholism and drugs; one is legal, the other is not. Dr. Jasper Chen Se is the Chinese doctor who has devoted most of his life to the study of alcoholism and he says the laws are already on the books, in the Pure Food and Drug Act in the United States - if you attempted to bring any commodity into the United States that had all the qualities about it that alcoholism has, it would be denied admission. The difficulty is that the alcohol got here first.

Carl Menninger, the Director of the Menninger Clinic in Topeka, Kansas and one of the best informed men in the United States on alcoholism, says if the President were aware, keenly, personally aware of the damage inflicted on the American populace by alcohol and alcoholism, he would declare a national disaster.

Dr. Roger Egeberg, former Secretary for Health in the Department of Health, Education and Welfare, has declared that Alcoholism is the number one health problem in America.

The National Institute on Alcohol Abuse and Alcoholism estimates some nine and one-half million alcoholics in the United States. One of every 13 drinkers in the nation is an alcoholic. One out of every six beds in Veterans' Administration Hospitals is occupied by an alcoholic. The cost of alcoholism to industry is 10 billion dollars a year.

We offered the Israelis only $2 billion to help them solve their problem in the Middle East and here we lose $10 billion of the gross national product, annually - and that is the cost of alcoholism.

Last year 28 thousand persons died in alcohol-related accidents on United States highways. One-third of the 7,300 deaths reported as suicides were alcohol related. There are four times as many alcoholics as any other addiction. Alcohol causes six times as many deaths as the total of all other addictions put together. The divorce rate among alcoholics is four times the national average. If American civilization is predicated on family life, how can we explain this figure as we look at the face of God? In New York City five out of every ten fires and six out of every ten homicides is attributable to alcohol.

Getting closer to home, from the New Jersey Crime Reports of 1972: Of the 280,218 persons arrested in New Jersey in 1972 - I will repeat that figure, 280,218 persons were arrested in the State of New Jersey in 1972 - 34,638, or more than 12% of the total, were arrested for alcohol related offenses.

What is unknown is the number of crimes committed while the perpetrator is under the influence

of, or has his ability impaired by alcohol. There may be some indication in the 1972 murder counts for New Jersey.

In the State of New Jersey during the fiscal year of 1972, 483 murders were reported; 59% were attributed to altercations, or quarrels between the victim and the perpetrator. The subject of these quarrels included lovers' quarrels, money quarrels and drinking quarrels. Again, what is not known is the actual count where alcohol was the factor. It is, however, reasonable and safe to assume that alcohol is a definite factor in a large percentage of all crimes of violence.

Further, and still dealing with the State of New Jersey and its arrest counts, it can be said - and these figures are from the New Jersey State Police - that more than one person of every ten persons arrested was arrested for an alcohol-related offense.

Carrying this approach further, those persons arrested for this type offense entered the criminal justice system at the time of arrest and were charged. They were, perhaps, incarcerated and they appeared for some sort of a hearing. These steps, from a cost/benefit standpoint, were useless because the real problem was never addressed. Although it is unknown what cost factor is present as a result of these almost 35,000 arrests, one can be certain, at least, that it is substantial. The question to be answered is this, would those monies expended produce better results if they were directed toward the problem-solving facet of the situation? That fact is, identification, detoxification, education and rehabilitation, and recognize the problem as a social one instead of a criminal one.

Now, certainly, the manner in which we treat this problem now is neither remedial or curative - it is merely "socially convenient".

Yet, an alcoholic is treatable. In 1956, the American Medical Association recognized alcoholism as a disease and it declared it to be subject to diagnosis. It said that it was insidious, incurable, progressive and can be, and often is, fatal.

Yet, we know that it can be arrested and can be controlled. Ten thousand Alcoholics Anonymous Groups in the United States have 650,000 happy, holy and healthy witnesses. There are 526 of these A.A. Groups here in our own State of New Jersey. They care for almost 35,000 New Jersey victims in their group therapy sessions.

Here again, however, we are dealing only with the tip of the most treacherous iceberg. We deal with only 10% of the problem.

To make an alcoholic hear you and heed you, he must first be told what is the matter with him; then detoxification must follow. At current hospital rates a five to ten day stay is prohibitive.

I would like to put in a little aside there with regard to that. Sometimes physicians are acused of being venal because they will not put down a diagnosis of alcoholism. This is not always true. Very often he puts down that the man is suffering from gastritis or pancreatitis or some other disorder, and that, in truth, is what he can and does put down. The reason for that, very often, is because the man will be compensated for the treatment of that by his insurance carrier, whereas for alcoholism he would not.

The doctor is obliged to treat a physical disorder; he is not obliged to tell anybody the ethology

or the causitive facts, which happen to be alcoholism.

But that doesn't diminish the civic and civil problem any the less. Yet, the recovering victim must have some medical supervision. As the alcohol reluctantly leaves the body of an alcoholic, there is a dreadful and awesome withdrawal syndrome. Somewhere between the third and fifth day of abstinence he sweats profusely, a sour sweat; he shakes and trembles; he is queasy; he goes into "dry heaves", wretching endlessly; he is confused; his autonomic nervous system is in chaos. He is in real and present danger. Hallucinations, convulsions and Delirium Tremens all threaten his sanity. At this point he needs professional care and encouragement.

Now in the Province of Ontario in Canada, public clinics have been established, as well as half-way houses. Perhaps Governor Byrne could be persuaded to send someone there to learn their system. They appear to be meeting their needs and objectives squarely and adequately. Alcoholic Clinics are in little storefront installations throughout the Province of Ontario and are easily accessible, on a community basis, to people who would be overawed by walking into an enormous building, marked Board of Health. They regard it strictly as a health problem and I feel rather convinced that what those colonials can do we can do.

There are many recovered alcoholics in this State who have escaped from the chaotic jungle of active alcoholism. It would make these people happy and it would insure their sobriety to be able to show another victim the new way of an abstinent life. What the alcoholic needs most is rehabilitation, for rehabilitation can restore the alcoholic

to the highest state and greatest citizenship he has ever enjoyed. It will even add a new dimension of compassionate and empathetic understanding.

There is no way you can add anything to the glory of God. God is. You can, however, add to the extrinsic glory of God and I can think of nothing that adds more to the extrinsic glory of God than watching his creatures perform well.

If we can help the 350 thousand sick men and woman and their children back to reasonable human performance, then we shall truly have made God's work on earth our own.

I wish to add a paragraph here from, "Toward a National Policy on Alcoholism Services", which is a working paper of the National Institute on Alcohol Abuse and Alcoholism. Alcohol, they say, is a drug, the use of which has created an array of health and social problems. Although many problems related to the use of alcohol have elements in common with those related to other drugs, there are sufficient differences in the nature and impact of alcohol-related problems to justify special consideration from a stratigic point of view. One immediately apparent difference is the legal and wide social acceptance of the drug alcohol, as compared to other drugs.

Drinking alcohol for an alcoholic is a legitimate, lawful, pleasant, acceptable, wrong thing to do. The second significant difference is the size of the problem, in terms of numbers of people involved and death rates and economic loss and other destructive consequences. Alcohol has vastly greater consequences than other drugs. Sanctions imposed on drugs, other than alcohol - their illegality and the social intolerance surrounding them - serve, at least, to establish

a definitive parameter, constraint and norms for their uses. Such parameters and norms do not appear to exist in any consistent fashion for the use of alcohol, despite legal, regulatory and social useage definitions and guidelines. Thank you very much.

ASSEMBLYMAN CALI: Thank you, Monsignor.

Are there any questions?

(no questions)

Monsignor, I want you to know that this Committee certainly appreciates the time that it is very evident you have put into this project. Your words will certainly not go unheard. Thank you very much.

Dr. George A. Rogers?

D R. G E O R G E A. R O G E R S: My name is George A. Rogers. I am a privately practicing psychiatrist in Camden, New Jersey and have been for some 20 years. I was a medical director of one of the first State clinics - the study clinic which is still in existence in West Jersey and I am familiar with some of the earlier struggles to try and treat alcoholism in New Jersey. I still have some contact with this clinic, although I no longer work there. This is a voluntary job. I am also certified in psychiatry and am an attending psychiatrist at Cooper Hospital and I specialize in alcoholism. I am also a member and former Chairman of the Sub-Committee on Alcoholism of the State Medical Society and I am a member, and have been for approximately 3 years, of the Advisory Council on Alcohol to the Department of Health. But I am here speaking for myself.

There are two points that I think are important

and I shall try to make them, and make them briefly.

First of all, I think that without the amount of exposure that would occur if alcoholism becomes a Division, there will not be a successful program. In other words, I am much in favor of there being a Division on alcohol and alcoholism in the Department of Health. This will create some problems because it will be the only legislatively mandated Division, but I feel that if this is dropped in with other illnesses, alcoholism has a way, and has had a way over the 20 years that I have been associated with it, of just getting forgotten. People tend to push it aside and this is what happened in the Department of Health in the past. If it becomes a Division and adequate funds are legislated for it, it gives the person running it status to do some things that need to be done that may be a little different than are customarily done; and it has to be different.

I would like, secondly, to emphasize the need to change some of the things in the bill to make the bill a little more economical. I hope you gentlemen won't mind that?

ASSEMBLYMAN CALI: Not at all.

DR. ROGERS: The bill specifies that there should be a physician examine a patient as soon as he is admitted. Now, I think you have to keep in mind that you are talking about delinquent alcoholics, many of whom have, in the past, been taken care of in drunk tanks. Some of these, yes, do need an immediate physical examination; but many of them simply need a warm bed to sleep in. In fact, that's what they have had in the past.

Secondly, the thrust in medical care is to use paramedical personnel, and in fact this is the way this kind of detoxification center is run in Washington, D.C. The head of the detoxification center is a nurse. This is not really shocking or different; it is simply that these patients can be examined by an experienced paramedical person. The physician who is responsible can always be called and the case discussed and it can be decided on the phone, or within a few hours after admission, as to whether this particular patient needs to be immediately seen, needs to be transferred to an emergency room of a general hospital, or can be simply put to bed.

Also there are-- If you just review, very quickly, detoxification procedures, if a person has been drinking for six days and is imbibing somewhere in the neighborhood of a fifth of wiskey a day, which is about maximum, he has an equivalent tolerance of approximately 900 milligrams of barbiturate. This would be almost the same as if he had been taking barbiturates at the level of nine sleeping capsules per day. When the alcohol, or the barbiturates, are stopped all at once, the person goes into convulsions, or he gets delirium tremens, or he gets the shakes, depending upon his physical condition, etc.

It really is medically fairly simple in the uncomplicated cases to use long-acting sedatives to substitute for alcohol and bring the patient back very gradually. So if a patient comes in in good health and an examination doesn't disclose any complications, he can be detoxified without the necessity for an immediate physician's examination.

This would, considerably, reduce the expense of running these detoxification centers and, I think, would increase the likelihood of passage of this bill. This is what I am concerned about.

There are some other points in regard to the bill which I will try and mention quickly, and mention specific parts of the bill that I think could be just modestly changed.

I think, for example, on page 10, line 7, it says, "Prior to the admission of any person, the administrator of the facility shall cause such person to be examined by a physician". This mandates that this facility shall have a 24 hour physician on duty and this is, again, the area that I would like to change. I would simply change it by adding to the end of this sentence, "shall cause such persons to be examined by a physician or his delegated representative", period. I am not trying to relieve the doctor of his responsibility, but I am simply trying to change something that would enable things to be done the way they are in many medical installations. For example, in New Jersey, they are having the pediatric physician's assistant who makes house calls. This is in obstetrics in Kentucky. This is the kind of thing that is being done all over the country. Alcoholism is an area where you are going to have difficulty finding adequate, experienced, and trained medical personnel. Insisting that it be a physicial will decrease the likelihood that you will have good agencies. I think a well trained nurse, or a paramedical person can do a much better job than a physician in this kind of a situation.

In the same way, on page 11, I would add--

SENATOR CALI: What line, sir?

DR. ROGERS: This is line 24. "In any event, if such person is determined upon examination to be intoxicated, the examining physician shall so certify and a duplicate copy of the certification shall be made available to the police officer." I would feel, again, perhaps less strongly that it could be a delegated representative; here we are dealing with a legal commitment procedure and it may be a little bit more difficult to change this. This is not as important because a vast majority of the patients in these kinds of facilities throughout the country have been voluntary. The coercive, or commitment procedures that are spelled out here have only needed to be used in maybe 5% or 10% - I don't know, exactly, the percentage but it has been quite small. So, keeping this as the physician actually seeing a patient that is going to be commited might be necessary because of the legal question of committment involved.

Now there is another question that was raised - and, again, I speak for myself - in the Medical Society Committee about physician responsibility. The concern of the members of the Committee was something that is of more concern all over the country, as far as civil liberties is concerned, and this is false imprisonment. The bill is asking a physician to certify as to the person's being a disabled alcoholic and therefore committable. The members of the Committee - not the Committee as a whole, I can't speak for them - felt that there should be inserted in this, as there was in the Uniform Alcoholism and Treatment Act, a stipulation that says the doctor, nurse, police officers, other personnel, detaining a patient with good intentions, shall not be liable for this detention.

Now, I am not suggesting that the physician should not be liable for his medical treatment; that's different. I am simply saying that it would increase the likelihood that the committing physician would be able to function if there were a stipulation in the bill that-- I have forgotten the terminology; well intentioned liability, sort of like the Good Samaritan Act.

There are some places in the bill that I would like to mention. I think that Mr. Surprenant will speak to these later. He is from the Division of Motor Vehicles. On page 16, in section 17, the bill is duplicating something that is already being done and I mention this simply to support what he will tell you later. The Division of Motor Vehicles, in its countermeasures project, already is gathering the statistics, and having a Division of the Department of Health mandated to duplicate this would be needless expense.

I think that covers what I think is important to say.

ASSEMBLYMAN CALI: Are there any questions?

(no questions)

Thank you, sir, very much.

Jeannette Spencer from the Fortune Society?

J E A N N E T T E S P E N C E R: My name is Jeannette Spencer. I am Secretary-Treasurer of the Fortune Society. I am here for both organizational and private reasons, since the Monsignor so aptly described me, not too many years ago. I am a recovered alcoholic. My interest is a deeply personal one.

He did such a beautiful job with the description of the devastation that alcoholism does to a woman or a man, and their families, and the

people that are close to them, and also people that they come in contact with, that I can't elaborate on that.

I'd like to tell you a little about me, in the hope that you would see what education and treatment for the alcoholic can do. My life is a miracle in many ways. I reached the bottom, and when I say the bottom, I mean the bottom.

A little more than 11 years ago I was sentenced to from 1 to 10 years in the State Prison, due to a violent crime committed while intoxicated. Luckily for me, there was an organization coming into that prison that gave me an education as to what was really wrong with me. I found out later that I had been certified, at 25, by the doctors at Bellevue as a chronic alcoholic. Now that is a young age.

I lost my husband, my home, My mother had died. I no longer had any family support. Fourteen months later I was released from that prison with a long parole, $21.75, and hope. The hope came from the people that told me that I wasn't a hopeless alcoholic.

I have never been in trouble again and my last drink was the last drink I had before I was arrested. For almost 12 years I have maintained sobriety and through the Fortune Society, and through other organizations that I work with, I have been able to help my fellow alcoholics.

So, I heartily support this bill because I know it offers hope to many more people who need it. Thank you.

ASSEMBLYMAN CALI: Thank you.

ASSEMBLYMAN SNEDEKER: Does the Fortune Society have a program for those in institutions who have, or have had, alcoholic problems before?

MRS. SPENCER: No, sir. If a young man or woman comes into our office who has had the problem of alcoholism, or has picked up a drink-- You don't have a drink 9:00 in the morning and come in at 10:00 looking for employment. We know that. There are several of us, who are recovered, who are on staff and we work with them and we refer them to the agencies that will help them.

ASSEMBLYMAN CALI: You mentioned being helped by a program 11 years ago. Would you care to give us the name of that program?

MRS. SPENCER: Yes, of course. There was only one, and that is the one that has helped 650 thousand others like myself - A.A.

ASSEMBLYMAN CALI: Thank you.

We will hear from one more person and then we will break for lunch.

Assemblyman VanWagner, will you please step forward?

A S S E M B L Y M A N R I C H A R D V A N W A G N E R: Mr. Chairman, my name is Richard VanWagner. I am an Assemblyman, representing the 12th District in Monmouth and Middlesex Counties.

I'd like to first take the opportunity to congratulate Mr. Bornheimer and Mr. Hurley on their understanding of the problem of alcoholism, with their introduction and sponsorship of A-613.

I have decided to testify on behalf of this bill with somewhat mixed emotions, for a number of reasons. The first of which, probably, is a very personal reason. Secondly, I feel that the magnitude of the problem - the disease of alcoholism - has reached the proportions which warrant the kind of legislation that A-613 offers.

Perhaps the first concern revolving around the consideration of legislation regarding alcoholism is to establish some type of working definition of exactly what alcoholism is. So far, most of what is said, I believe, is probably true. From my own experience-- I know it to be true from my own experience. I don't know how much more I can add.

As far back as 1957, as has been stated before, alcoholism was declared a three dimensional progressive disease. Probably more so today it could be placed in the category of drug dependence, or addiction.

It is an illness in which there is a preoccupation with alcohol and loss of control over its consumption. That's about as simplistic a definition as I can define.

There are some very, very interesting statistics pertaining to alcoholism in the United States, many of which have been mentioned. According to recent HEW testimony by Secretary Richardson - then Secretary Richardson - there are approximately 9.6 million drug addicts in the country, 9 million of them are alcoholics. Even more alarming, there are approximately 200 thousand new cases of alcoholism that are added to the national total every year.

A conservative estimate of the economic drain from the nation is 15 billion dollars per year, including 10 billion dollars in lost work time of employed alcoholics; 2 billion dollars in health and welfare costs incurred by alcoholics and their families; and 4 billion dollars in property damage, wage losses and other costs associated with traffic accidents.

In addition to that, there are over 100 million dollars in outlays for police and penal courts for drunken arrests. Hard evidence continues to emerge

that the youthful drug abuser is, in many cases, the product of an alcoholic home. The latest estimates are as high as 68%.

In order to further place the disease of alcoholism into proper perspective, I think,perhaps, we could dispose of some common fallacies. The most common fallacy, perhaps, that society has about the alcoholic is that he is a falling down drunk on Skid Row. Actually, less than 5% of the 9 million alcoholics in the United States are on Skid Row and they are, undoubtedly, in the last stages of the illness.

Most people who are alcoholics are in the early and middle stages. They have families. They hold regular jobs. They may not appear to be any different from anyone else. The person who is an alcoholic may come from any walk of life - an automobile mechanic, an officer of a corporation, an actor, a salesman, and, in some cases, elected officials.

Another fallacy is that alcoholics are, basically, hopeless drunks. Nothing could be further from the truth. While there is currently no known cure, as has been dramatically pointed out, alcoholism can be arrested with proper treatment.

Two out of three employed alcoholics who receive treatment, recover and lead normal lives - and I might say productive lives. For example, the businessman and the doctor who founded Alcoholics Anonymous were once considered by their families to be hopeless drunks. Instead, they demonstrated that alcoholics are anything but hopeless. In fact, it could be called the hopeful disease because one is given such a long time between the establishment of the disease and its termination, during which

complete restoration and health is possible.

Recovery from any serious illness requires a strong will to live. One of the fallacies that is attendant to alcoholism is that people could recover if they had enough willpower. Believe me, recovery from alcoholism does not take willpower, it takes winpower. When we are talking about willpower, we talk about the will to recover. If people could simply resolve their illnesses by willing to stop being sick, then we would have an answer to all of our illnesses.

Take the example of the person who has a responsible job and a serious case of alcoholism. By sheer willpower he gets to work in the morning on days when any other illness would keep him in bed. I don't think this is a picture of a man lacking willpower. I think, instead, it is a picture of a conscientious man who wishes to keep up his appearances; a person who is suffering from an illness and does not know that he can get treatment for it. Like most people, unfortunately - although the stigma has been largely removed - he believes the myths about alcoholism being a moral problem. Which brings us to another fallacy, that it is a self-inflicted problem. Some people are ready to admit that alcoholism is a disease, but then maintain that it is self-inflicted. We must also admit that many other illnesses are self-inflicted. In addition, we do not speak of any disease itself as being a moral problem.

I have had personal association with the disease of alcoholism over the past 8 years and I have worked with alcoholics. I have had the opportunity to deal firsthand with this problem.

I think that, if anything else, what has been said here today dramatizes the fact that alcoholism is a major health problem; that it extends through all socioeconomic levels; and that it affects, directly or indirectly, entire communities, involving all of our people.

I think that A-613 is a beginning. Much has been said about the need for followup facilities; the technical aspects of the bill itself; and I don't want to address myself to those particular areas.

As I said earlier, I had ambivalent feelings about testifying in favor of A-613, not because of the intent of the bill but because of my own feelings about the disease of alcoholism - because I too am a recovered alcoholic. As the Monsignor said, if we do not address ourselves to the rehabilitation of the alcoholic in society today, we are wasting a valuable resource. The alcoholic can recover. He can become a viable, contributing human being. There is nothing in society-- There is nothing about the disease of alcoholism that can prevent him from doing what he wants to do. Most alcoholics are highly motivated people.

I, myself, am a college graduate. I studied for my masters' degree. I am a teacher. I probably take great risk in saying this publicly. But I feel strongly about this - the need for the kind of facility that A-613 provides. I feel that, regardless of whatever personal kinds of harm may come to me because of my statement here today, if I can motivate, by my statement, any person who perhaps might suffer from this disease - from this addiction - to come

forward, to recognize their addiction as such, to realize that there is nothing morally wrong with it, that there is no lack of character or willpower on their part, and that if they approach the right sources - and, hopefully, with the passage of A-613 the State will address itself to those problems - that there is a life for them and, as has been stated, there is hope and there are people who care. Thank you very much.

ASSEMBLYMAN CALI: Thank you, Mr. Van Wagner.

ASSEMBLYMAN VAN WAGNER: Thank you.

ASSEMBLYMAN CALI: We are going to hear from the New Jersey Association on Corrections, the Executive Director, Philip Showell.

P H I L I P S H O W E L L: Members of the Committee, I am the Executive Director of the New Jersey Association of Corrections, which does not specialize,but is involved with - through our direct service arm - dealing with ex-offenders in post-release situations - half-way houses and a volunteer sponsorship program in Newark. Needless to say, ex-offenders with problems centering on alcoholism are prevalent among the number of people we deal with, and our staff deals with. The only other expertise I think the Association would pretend to is from observing what does not - and we believe cannot - happen to, and for, alcoholics in the correctional settings, be they at the local or state level in New Jersey.

I am going to read this rather brief statement and then append a couple of comments that I developed from listening to testimony this morning.

Alcoholism remains the nation's number one drug problem. In addition, it is the third ranking cause of death. The average urban police department

in New Jersey spends more than 60 percent of its time dealing with "drunks", while more serious crimes go unchecked.

Alcoholism is one of our most serious - and neglected - medical problems, one which has been made a criminal problem by legislators long forgotten. Their legacy, having decreed penal rather than medical treatment for drunkenness offenses, is a shameful one - thousands upon thousands of New Jersey citizens recycled through municipal "drunk tanks", county jails and workhouses, where no treatment is, or could be, given for their physical and psychological disability.

The thousands upon thousands of individuals, families, friendships, business and social enterprises destroyed by alcoholism - and the fact that alcohol, more than any other drug, produces violent anti-social behavior - are cause enough to seek a "better way".

Our Association believes that the bill before you, sponsored by Assemblyman Bornheimer and others represents a long overdue "better way" of dealing with with what is, in fact, a sickness and, only through archaic and misguided statutes, a crime.

The Association specifically endorses the bill's provision for creation of a Division of Alcoholism within the State Department of Health to lincense and supervise the treatment and detoxification facilities and programs predicated in the legislation. Quite simply, we believe that without such an agency the intent of this legislation - to provide treatment rather than punishment - for alcoholic "offenders" - will never be realized.

To those who might argue that implementation of this legislation might be left to the Division of Narcotic and Drug Abuse Control, it should be pointed out that alcoholism is a specific disease with a specific epidemiology, and treatment and therapeutic modalities and strategies that are only unsuperficially similar to those used with those who abuse or are addicted to other drugs.

We do have one reservation about the bill in its present form. We notice the absence of any appropriation to provide the facilities and programs required for implementation. The bill, in somewhat different form, was buried in a Senate Committee last year, owing, at least, in part to a fiscal note which estimated costs equivalent to those incurred by full-service, private hospitals. Appropriate detoxification and treatment facilities, we believe, can be provided outside of, but with access to, a full-service hospital at far less cost. In any case, as legislators you must address as well, not only an accurate estimate of the cost of implementing this necessary legislation, but the source of revenues to provide those funds.

To that end, I will close our testimony by reading a news story from the April 17th issue of the St. Petersburg, Florida, Times:

"In 1972, the Legislature passed a bill by Senator Kenneth M. Myers, D.-Miami, decriminalizing common drunkenness and calling for commitment of chronic alcoholics to state-financed treatment centers. But it did not provide funds to implement the act. So, Representative David C. Clark, R.-West Palm Beach, is proposing, this session, to raise the

tax on most commercial whisky - that with 14 to 48 per cent alcohol - from the present $3.75 a gallon to $6.25 a gallon to finance the "Myers Act." Beverages with more than 48% alcohol - vodka and a few burbons - would be taxed at $12.50 a gallon, up $5. Clark's bill would increase the price of a fifth of whisky between 50¢ to $1.00.

It's a thought. I wanted to drop that one with you. Not that I can't anticipate, as easily as I am sure you can, that moves to increase taxes in this area will bring forth a liquor lobby in full flower and force. But the fact is, we have had difficulties in terms of needed, progressive legislation to provide us with the statutory means to deal more progressively and effectively with criminal justice matters, notably the recently enacted juvenile codes. So, it is a question that is going to be before you.

One thing I would add, and that is, there have been points made about - well, really questioning relying solely on the medical model. I think our Association would not like to see the bill strengthened or tightened in such a way as to, in any way, increase the reliance on a purely medical model. I don't think it is specifically embodied in the bill presently.

Community participation and existing private organizations and entities, we think, should be encouraged and I think, also, the point that was made by the Police Chief of Westfield is one that I think should be addressed, certainly by a Division of Alcoholism; namely, education, within a specific community, of police and all those involved in treatment. I think that is one of the key responsibilities because it affects the discretionary factor that would still reside, basically, with the patrolman on the beat. Thank you.

ASSEMBLYMAN CALI: Thank you. Before you leave, I got the impression that there was a total absence of any treatment in the institutions at this time. I don't know that that's true. I don't know that you meant that.

MR. SHOWELL: In a way I do. We have A.A. Chapters in many, if not almost all, of our jails and correctional institutions. They are there and I think the people are running them with sincere purpose. I think your question reminds me of the point that I didn't make, that I think we often try to make in talking about what kind of treatment structure is possible - "how do you achieve rehabilitation, that great elusive goal that we are seeking"?

I think if there is one thing I have heard from inmates, from people working with ex-offenders in any kind of treatment dealing with drug addiction, alcoholism,or simply an ex-offender with a strong predisposition to crime, is that rehabilitation involves a voluntary commitment on the part of the person being "rehabilitated"; and until that voluntary commitment is achieved you can forget about it. You can pour millions upon millions of dollars into it. You can staff programs until hell won't have it. There are ways in which we could spend money in institutions, but that is not the answer. Rehabilitation does not take place until that voluntary commitment - "I have decided I want to help myself" - is arrived at.

I have heard from countless inmates that that seldom occurs, certainly not in a municipal drunk tank. I have yet to hear, and I haven't met anyone that has heard,of this happening in a county jail or a workhouse and, frankly, I haven't heard of it

happening in a state institution.

This is a part of the whole problem of, what do you do when you have that mixed situation - a drug user who also uses alcohol and commits a violent crime? That's an implementation and a discretion problem that I don't believe this or any other piece of legislation can unravel.

But, in terms of spending money and appropriating money in conventional correctional settings, I think, is money misspent.

ASSEMBLYMAN CALI: Thank you very much.

There is a Mr. Festa that would like to testify also. I can assure you, this will be the last witness before lunch.

M I C H A E L F E S T A: Thank you very much. I am Michael Festa. I am a licensed health officer in the State of New Jersey. I am part of the advisory council for the Governor and he asked me to read this resolution to you, which was passed yesterday:

The Advisiory Council supports Assembly bill A-613 in principal, but not in its present form, and be it further resolved that the Council be afforded the opportunity to present any objections as to the form of the bill to the Committee at its convenience. This resolution was unanimously approved by the Advisory Council at its meeting on April 22, 1974.

We feel there are some changes we would like to have in this, gentlemen, and at your convenience, we would like to sit down with you and go over it.

ASSEMBLYMAN CALI: I'm sure that could be arranged. We will see that you have the opportunity to come to our Committee meetings and state your position.

MR. FESTA: Fine. Thank you very kindly.

ASSEMBLYMAN CALI: Thank you.

Can we ask for a copy of some of your comments, possibly some that you could sent to Chairman Deverin or Mr. Moore? If Mr. Moore could get them, as you get them together, the Committee could study them and then call you in for questioning.

MR. FESTA: Do you mean mail them into you as we get them?

ASSEMBLYMAN CALI: Well, contact Mr. Moore so we can have them in advance and schedule a meeting with Mr. Deverin.

MR. FESTA: I'll be glad to. Thank you very much.

ASSEMBLYMAN CALI: I believe we will be able to get back on schedule after lunch. We will reconvene at 1:45. Thank you.

(Recess)

(Afternoon session)

ASSEMBLYWOMAN WILSON: The afternoon session of the General Assembly Institutions, Health and Welfare Committee hearing on A-613 will commence.

The first witness that we have for this afternoon on our schedule - and I would like to reiterate the rules that were set up at the outset this morning. If there are any persons who wish to testify who have not notified us in advance, please come down to the table and sign in. We will put you at the end of the list and try to take everyone who has come here today.

The first witness this afternoon is Dr. Frank Smith of Martland Medical Center.

D R. F R A N K S M I T H: Mr. Chairman and members of the Committee: I am --

ASSEMBLYWOMAN WILSON: Excuse me. I am Ms. Chairman.

DR. SMITH: Well that's a very good way for me to start out, and I apologize.

Ms. Chairman and members of the Committee, I only yesterday received a gracious invitation to testify, so my remarks will be brief and, I hope, to the point.

I am here in my capacity as a Faculty Member of The New Jersey Medical School, who has spent the greater part of his professional life delivering health care to the alcoholic, and as the Coordinator of the New Jersey Medical School's alcohol programs, and in my capacity as Chairman of the College's Community Advisory Committee on Alcohol and Drug Abuse.

Now, the New Jersey Medical School through the Martland Hospital, its training and service facility, is charged with providing health care of a very high order to a very significant number of Newark City

residents - which, as you know, is the most populous city in the State.

In our experience, alcohol is the direct cause of an extremely high percentage of the morbidity and mortality scene in this hospital. In the emergency rooms, for example, fully 40% of the patients seen have primary or secondary problems with alcohol or other substance abuse. And on the medical wards, in a survey personally conducted by me recently, fully a third of the patients, 33%, are there as a direct consequence of their excessive alcohol indulgence.

Now this compares favorably to the 20 to 25% figure that's quoted by the American Hospital Association for the number of alcoholics who are on general medical wards. It only indicates the greater magnitude of alcohol-related problems seen in the urban ghetto.

Now a large percentage of patients seen in the emergency room of Martland Hospital, although acutely intoxicated, do not have physical illness of a sufficiently acute or serious nature as to require hospitalization on the general medical, surgical or psychiatric wards of Martland Hospital; yet their condition is such that they cannot safely be discharged to home or more often to the streets. So what are we going to do with people like this?

Right now in the Greater Newark Area and, for the most part in the State, you, we do not have any facility to care for the acutely intoxicated individual who is not sick enough to require hospitalization acutely but who, yet, should not be discharged to the street.

If the Committee has not yet taken a tour of the Essex County Jail, I would respectfully request that it do so at its earliest convenience. I did, about

two months ago, and on that random day I found four alcoholics who were inhabiting, if you will, the maximum security cells which are steel cages without any soft matresses, for security reasons. The Jail physician, a Dr. Eugene Simms, is the first person to admit that the jail is not a place for the acute detoxication of the alcoholic.

If the alcoholic is medically ill, of course he is admitted immediately to Martland Hospital, as he would be to any other hospital. But again we're talking about what do you do with that individual who is not acutely ill but yet who is intoxicated.

So, therefore, I professionally can go on record as saying that there is a dire need for acute detoxification units in the State of New Jersey. The Community Advisory Committee, of which I am Chairman, charged a local Psychiatrist, a Dr. Schwed, to go around to the different drug therapeutic communities recently and to ask them what in their judgment they viewed the College's first priority in the drug scene. They felt again the detoxification centers had the first priority.

So, again I want to just support to the fullest extent possible that aspect of the Bornheimer Bill which would make provision for setting up detoxification units.

Now the second part of the bill which I feel should really be given careful attention is the need for upgrading the present alcohol programs to division status. There are just certain things that you can't do at the level of the administration that is there now that you would be able to do. You would have the clout, financially, and hopefully administratively and

organizationally to effect many changes and to provide leadership in the State. This is not to say that this is not being done right now. It is. What we have to do is provide present leaders with even greater power at their disposal to help us provide leadership in alcoholism.

Now the third comment that I would make would be to just emphasize the change in the drug scene that I am seeing, as a professional person. In Newark we've had a hard drug problem. The figures are nonexistant, really, but they have estimated anywhere from five to twenty thousand heroin addicts in the past.

Already the New Jersey Task Force on Alcoholism has testified here to the estimated number of alcoholics in the State of New Jersey, 350,000 or thereabouts. What we're seeing right now is a merging of the drug cultures. We're seeing more and more of heroin addicts and hard drug abusers going into alcohol. When I talk to them as to the reasons they give for this, they find it more and more difficult to get the money either through burglary or entry or prostitution of their women to support a habit which doesn't give good junk. The junk is very weak and it's not effective.

So, therefore, they are moving more and more, they tell me, in the direction of alcohol, not that it's their preferred high, they would much rather get off, they say, from heroin. But because of the nature of the things that I just mentioned, they are going more and more into the area of alcoholism. What are we going to do with these individuals.

Again, we need to address ourselves to that part of the problem.

Then, finally, Miss Williams and myself have been going more and more into the Newark School system

and we found what other individuals have found, that there is an explosion, an epidemic, if you will, of teenage alcoholism, and we have to develop new programs in order to address ourselves not only to the education part of it but to all of the other manifold manifestations of teenage alcoholism.

Now at this point again I want to stop. I did not have very much time to organize my thoughts prior to coming down but I felt that, one, I was grateful for the opportunity to come down and talk to you and, two, that this was too big a chance for me to miss because I just didn't know about it too far in advance.

I would ask anyone who would want to ask me questions about detox centers, I would appreciate very much if you would ask them and I will try to answer.

ASSEMBLYWOMAN WILSON: Suppose I ask the other members if they have any questions. Mrs. Berman?

ASSEMBLYWOMAN BERMAN: No, I have no questions.

ASSEMBLYWOMAN WILSON: Mr. Cali?

ASSEMBLYMAN CALI: Do you feel that there is need for security at a detox center?

DR. SMITH: From what point of view? Physical security as to protect the individual against himself or to protect people who are working? Well, let me try to answer it both ways for you.

One, when I first became involved in treating alcoholics I wasn't aware of the need for protecting the individual from himself so much. I was preparing a talk and I was going through the Quarterly Journal of Alcohol Studies and suddenly was brought up with a start to find that in an alcohol treatment center in the mid-West in its first year of operation it had 45 suicide attempts.

Now I have never had anyone in any bed controlled by me commit suicide. And the reason is because of my awareness and my sensitivity to one part of the question that you've asked me, that is, I'm aware as to whether the alcoholic is depressed; I am aware as to whether he might want to commit suicide; I actively look for it, and where I find it I immediately transfer that patient to appropriate security - under appropriate security provisions. So, therefore, I can treat my alcoholic on an open ward. I can treat my alcoholic in a semiprivate or private room in a general hospital. It is not necessary to really have such a patient under lock and key, under a psychiatric ward. Why? Because I'm constantly aware of it, constantly aware of the need to protect the individual against himself.

Now as to security against others, not really. I can't remember the last time that an alcoholic has threatened anyone.

I did a spinal tap on a patient who was undergoing delirium tremens and he saw my white coat and thought that I had a sword in my hand because of the needle and he called me a G.D. Dixiecrat. But it didn't bother me.

I don't think security is a big problem, in short.

May I ask the Committee something? To what extent would money considerations, cost considerations,- either prevent the passage of your bill? What we need is to get this bill passed.

ASSEMBLYWOMAN WILSON: Money considerations are just about everything. Unfortunately, the Appropriations Committee is wrapping up its work down-stairs this afternoon. And we have basically a hold-the-line budget. And to be very honest with you, it's not in the Appropriations Budget. There is very little

money in it; there is some. You know, we can do anything if we have the money, and if we, as taxpayers, are willing to pay for it. What we Legislators have to do is make decisions, the hard decisions and give priorities. And one of the things that we are trying to ascertain here in this hearing is how high a priority we should give a committee to establishment of such a division and the other programs that are developed through this bill.

DR. SMITH: Ms. Chairman, my final comment. I think that most of the people in the room may have seen Time Magazine, the latest issue which just came out, and if you take the time to peruse this, among the many figures that are thrown at you in the article, a dollar cost estimated on a nationwide basis. I tried to remember this but it's some incredible figure like maybe $41 billion - you can check me out on that.

Now New Jersey's proportion of that X billion dollars, whether it's 41 or 20 billion, whatever, is considerable. And whether the price tag on this bill is $6 million or $1 million or $10 million, when you think about the total dollar cost, the hidden dollar cost that people aren't aware of, of alcoholics, it's worth it.

Thank you very much.

ASSEMBLYWOMAN WILSON: That's along the line of the question that I asked this morning.

I have some questions for you, Doctor. I think Assemblyman Snedeker had a question.

ASSEMBLYMAN SNEDEKER: Yes. Do you have other centers in Newark, beside your own? Are you the only center that services the entire area?

DR. SMITH: In the City of Newark we are the only alcohol treatment center in the City of Newark. In Montclair, a suburb of Newark, you have an excellent

alcohol treatment center at Mountainside Hospital. In East Orange, another suburb of Newark, you have the Veterans Hospital which has inpatient detox beds and an inpatient rehab program. But this is only available for veterans and only veterans who are honorably discharged, I might add.

ASSEMBLYMAN SNEDEKER: Are the reasons for this because of the funding? Is this the reason why the other hospitals have not gone into this?

DR. SMITH: Well, it would be simplistic, Assemblyman, if I -- obviously, funding is a very important consideration, very obviously. But, again, when I surveyed the other hospitals and when I looked to see where the people who come to the Martland Emergency Room come from, it's sad to say that all too often they are referred to us by community hospitals in the immediately outlying areas and within the City limits of Newark.

Now here again Mr. Chamberlain is sensitive to this and has approached the College to devise programs to have not only in-training for the doctors who are in training right now, your next generation of doctors, to sensitize them to alcoholism and to train them in the appropriate approach, but also to develop programs for the physicians.

You know, the doctors - this is a pet beef of mine. I used to go out to a community and I would be really roasted as soon as I identified myself with being associated with the College of Newark City Hospital. And I would tell these people, your MD is really only a microcosm of society as a whole. Very few MD's come from very rich backgrounds; very few MD's, unfortunately, come from very poor backgrounds; most MD's are from middleclass backgrounds of America and,

as such, they represent the same prejudices, the same insensitivities toward alcoholism that John Q. Public does. And just as I am sure you must have had many speakers prior to me talk about the need for educating the public, there is a very strong need that we have to educate our physicians in alcoholics.

ASSEMBLYMAN SNEDEKER: I just wonder whether or not, even if funding were available, all hospitals would be receptive to having an alcoholic detox center as part of its facility.

DR. SMITH: I think you have part of your answer in the fact that I have gotten inquiries from - and I won't name hospitals now, I think that that wouldn't be fair, -- but there are two hospitals that have touched bases with me in the last six months because they see the possibility of getting Medicaid monies. And once they get monies, you see, then that alcoholic becomes a more desirable type of patient to admit. So money is a very prime consideration, Assemblyman.

ASSEMBLYWOMAN WILSON: I would like to ask - under this bill the Department is authorized to establish its own detoxification program. It is also authorized and empowered to purchase service from private programs. Do you have any strong feeling about whether the Department should place its emphasis on purchase of service or department-run programs?

DR. SMITH: Thank you for asking me the question.

Before I attempt to try to answer it, I would like to just backtrack just to get maybe two or three minutes of background so that you would appreciate why I answer the question the way I will.

When we talk about detox facilities, we should be very careful to ask the person we're talking to to

define what he or she means by the detox facility.

When you read the literature with people reporting on them, you will find that this may mean anything from a drunk tank in somebody's local treatment house - and obviously none of us are talking about that type of detox facility, so we can cross that out, I think. The next higher level would be a unit - and again I'm not going to -- well, I will mention names, perhaps the Bowery Project which is a very fine unit at that level in which they have a nurse who is there 24 hours a day. And the decision as to whether an alcoholic needs to be seen by a medical doctor is by-and-large left up to the nurse. If he's acting strangely or bizarrely well then she's sensitive to this and she would undoubtedly get a medical consult.

Then you talk about the type of detox center that I would like to see and that is one where every alcoholic is at least screened medically. It does not mean that a doctor has to be physically there because then you get into huge cost considerations with paying that doctor, and this we must be sensitive to if we want to get our bill passed. We have to deal with reality.

But whatever arrangement finally comes up, I could not justify it ethically and morally and professionally if that alcoholic isn't seen by a doctor, preferably maybe even before he goes to the detox center that you have.

Now what are practical ways to deal with this? Well, it may be that you would make sure that the policeman, if he has picked up an alcoholic, instead of bringing him to the jail he's going to bring him to the detox unit. Well, on the way to the detox unit he may have to have that person screened by an emergency

room physician somewhere. It doesn't have to be at Martland Hospital if it's in Newark. There are many other community hospitals in Newark. And then if the medical doctor sees that the person may have pneumonia that person would not be admitted to the detox unit and then belatedly, two or three days later, find out, oh, my God, he has pneumonia that we left untreated for two or three days. Or if the person had a bruise over his eye or had some other evidence of maybe intercranial hemorrhage, subdural hemorrhage, he would be admitted to Martland Hospital or St. James or St. Michael's or Presbyterian, or what-have-you, and wouldn't get to the detox unit at all.

So you would be protecting X number of alcoholics from getting into serious medical difficulty by making sure that before they go into the detox units they get adequate medical screening. Then if you do that, it no longer becomes necessary for you to have a 24 hour physician on call in a detox unit that's going to make your bill fantastically large and get into the realm where the Legislature would not seriously consider this bill.

In other words, what I would want the Committee to do, what I would be delighted to see it do, and I think you're doing this, - there's more than one way, as they said to me when I was down South, to skin the cat. And once we make the commitment to do it, there is more than one way to do it adequately and at a very high level without impoverishing the program and without doing it in a less than ideal fashion.

ASSEMBLYWOMAN WILSON: I think, while I have a lot of other questions, - do any other members have any questions - perhaps we should proceed to others.

Thank you very much. We appreciate your coming

here today on such short notice.

I would like to make an announcement of a momentous occasion that has occured among my staff. My Counsel and his wife have become the parents of a baby boy. That should be entered into the record. The Blackers, Mike and his wife.

Mr. Garrett Heher, Attorney, National Council on Crime and Delinquency.

G A R R E T T H E H E R: Ms. Chair Person. I will just take a moment. I don't, I'm afraid, bring the expertise that the previous witness brings. I am an Attorney and a member of what is called the New Jersey Corporate Task Force of the National Council on Crime and Delinquency.

The NCCD, if you don't know it, is a private non-governmental agency that works for reform and improvement of criminal justice by carrying out research, standard setting, training, publications, and so forth. It is a national organization that is some 75 years old and now is headquartered in Hackensack. They created a Task Force to work on New Jersey problems and that's why I am here today.

The members of the Task Force are set forth in a list attached to the report which I have handed to the Committee. And as I look it over, I wonder what I'm doing with such a distinguished group of corporate executives.

ASSEMBLYWOMAN WILSON: You're probably doing the work.

MR. HEHER: The only thing I would like to add to the report, which I am sure probably is consistent with what you've already heard this morning, is that this bill, if it becomes law, will be in effect the first statewide pretrial diversion program in New

Jersey. And our Committee has spent a great deal of time looking into these programs and we are extremely interested in them and think they are much more effective than the existing programs. We would, therefore, hope that this bill would serve as a model and a first step for expanding this concept in New Jersey.

The pretrial diversion principle which, incidentally, has been somewhat endorsed by our Supreme Court - I understand someone made reference to the new Rule which was adopted which would permit the Courts to participate in such a program if it's adopted - is designed to solve the problem which underlies the reason why the particular person engaged in the particular activity which we find a problem or antisocial, rather than to continue it.

The problem particularly in this area of alcoholism and in other areas, particularly with respect to young first offenders, is that the current system of jail in particular, but not just jail, of handling these people as criminals seems to have the effect of making them into lifetime criminals. In other words, the recidivism rate is very high.

There is a pretrial diversion program that has been in operation in Newark. I don't know whether you are familiar with it. It's called Community Information Referral Service. And there is one in Hudson County. And they have extraordinarily successful result with particularly young 19 - 20 year old people who are brought in on any kind of first offense, taken out of the court system - in other words, they don't get into jail where they return repeatedly, - given jobs and I forget the figure - Thomas Carmichael who is Director of that program could give it - but it's

much higher than you have with taking people and putting them in jail right off the bat.

Now this obviously is essential with treatment of alcoholics because it's obviously based on the figures which are set forth in our report and I assume you have. Putting alcoholics into jails is not aiming at the right problem, and has the effect of continuing an expensive jail system with money that should otherwise go to rehabilitating the alcoholic or in other cases putting a person back into a productive life in society.

Our Committee is going to work on expanding pretrial diversion programs and we would hope that this bill, as I indicated, would be signed into law and would serve as a model for the program.

I would like to add two comments, if I may, on the bill. I mentioned this to Assemblyman Snedeker before we resumed.

The bill appears in Section 10 to not make it available to persons who are arrested for a misdemeanor - and I guess I'm speaking personally here - I wonder, as an Attorney, - this is on page 11 of the bill, line 3, about two-thirds of the way down. I suppose I'm speaking as an Attorney but I wonder if that really makes sense in terms of the purpose of the bill, for two reasons.

One. Many disorderly offenses overlap misdemeanor offenses. And indeed in many situations a person charged with a misdemeanor subsequently enters into a plea bargaining and it's downgraded to a disorderly offense.

Secondly. Misdemeanors cover a multitude of sins. And the alcoholic, as indicated in our report, may be in jail because he has, as a result of his alcoholism, his or her alcoholism, gotten involved in

what is a misdemeanor but the problem is still the alcoholism. And it doesn't take very much to get involved in a misdemeanor. A high misdemeanor is something else again.

And I also notice here that this in effect says, as I read it, - it disqualifies someone who is arrested, in other words charged with a misdemeanor, which it seems to me gives a great deal of discretion to the arresting officer to determine whether or not the alcoholic or the person who may be an alcoholic can get into this pretrial diversion process in the first place. Because as I read this, if the arresting officer makes a decision to charge a misdemeanor, this person is just handled as any other criminal defendant and even though may need the benefits of this program cannot get it. And I don't see how that's consistent with the purpose of the statute.

Secondly, one thing I noticed, there is a section - and I didn't make a note of it, if you can give me just a moment.

Well, I can't find it but it says anyone who has been treated under this program shall not suffer any disability as the result of that treatment, which is aimed at - again, let's assume a person becomes successfully rehabilitated under this program, we don't want to regard him as having been a criminal defendant even though at one point in his life he was charged - or at several points he was charged with an offense and the proceedings were dismissed.

I would like, and this is, I guess, more of a technical matter, - I would like the Committee to consider incorporating, either now or at some future date, the provision along these lines which is incorporated in the new narcotics statute dealing with

treatment of first offenders who possess less than - well, first offenders in any case and in particular those who possess less than 25 grams of marijuana. It's precise in saying that anybody that's discharged - it's a similar type of proceeding. The person is given probationary treatment and then the criminal proceedings are dismissed. But it's specific in saying that anybody who is arrested does not have to disclose the fact that he has been arrested. And I think a specific provision, such as that, in this bill would be more consistent with the bill's purpose.

ASSEMBLYWOMAN WILSON: Thank you very much.

Assemblywoman Berman, do you have any questions?

ASSEMBLYWOMAN BERMAN: No.

ASSEMBLYWOMAN WILSON: Assemblyman Cali? Assemblyman Snedeker?

I would like to ask one. The title of your Council is the National Council on Crime and Delinquency and you have referred to the pretrial diversion programs for juveniles and I would like to ask you if you have any figures or documentation of the extent of alcohol used among juveniles.

MR. HEHER: I do not. The way our group works is, we are front men, so to speak, for the technical people on the staff at NCCD, and I can certainly get you -- are you talking about New Jersey? or are you talking about nationally?

ASSEMBLYWOMAN WILSON: No. I am particularly interested in New Jersey, of course.

MR. HEHER: I would like to suggest that I get what information I can from the Council and submit it to the Committee. I can't answer that myself at this point.

ASSEMBLYWOMAN WILSON: Okay. I have a feeling

that we are going to go into this. We may have to develop special programs for juvenile alcoholics. There is this trend that seems to be apparent that there is a greater degree of alcoholism among juveniles as they move over from the other drugs.

MR. HEHER: There is a new juvenile statute in New Jersey. I don't know how this ties in. It's an interesting point as to how those two statutes would dovetail.

ASSEMBLYWOMAN WILSON: I don't know whether the juvenile alcoholic would be a JINS or a juvenile delinquent.

Thank you very much.

MR. HEHER: Thank you.

ASSEMBLYWOMAN WILSON: Our next witness is Dr. Selden Bacon, Director of the Center of Alcohol Studies, Rutgers the State University.

S E L D E N D. B A C O N: Ms. Chairman, I am appearing here as a citizen, as a member of the staff of the Center of Alcohol Studies.

1.) I am in favor of establishing a Division of Alcoholism in the State Department of Health for a variety of reasons and have heard no rationale for maintaining the currently rather low status of this program.

2.) I do query the role of the Public Health Council and the non-role of the proposed Advisory Council in the matter of participating in the appointment of the director and assistant director; from at least some viewpoints this would appear as a direct derogation of the significance of this (or any) advisory council before it has even been established.

3.) I strongly question the proposed make-up of the Advisory Council. That 6 of the 14 members should be from other departments of the State government sitting as it were in review of the operations of a division

of yet another department of State government is a proposal which might startle anyone experienced in public administration.

I would strongly recommend a "high-power" inter-departmental committee to be established for this Division; the reasons should be obvious. But I do not believe that this should be confused with a citizens' advisory council.

I would strongly recommend a Citizens' Advisory Council. But I do not feel that the description of responsibilities presented in the bill is realistic. Nor do I feel that the bill indicates what the purposes either of its constituency or of its functioning might be. In fact, the bill does not even suggest how frequently the Council should meet. In what way an Advisory Council could activate the extraordinarily sophisticated tasks vaguely suggested as its role in contributing to this complicated and clearly innovative program under conditions in which it is without any power, resources, or even guidelines, is an open question. The present Advisory Council has already urged that this matter be given top priority for reformulation. The proposal bill was apparently designed without recognition, at the very least without appreciation of this apparent structural weakness already experienced by this very Council.

4.) I am somewhat concerned by the tendency of this bill to incorporate quite detailed specifications of administration. The requirement that certain facilities shall be "open" for various purposes 24 hours a day, facilities to be located everywhere in the State, is an example of over specification, as is the provision that "prior to the

admission of any person, the administrator of the facility shall cause such person to be examined by a physician". Although the intent of the planners of these procedural requirements was no doubt of the highest ethical purpose, I would suggest that fiscal and administrative realities, plus the facts of alcohol problems and programs as made available by the best current knowledge would render such requirements as doubtful in theory as they may be impractical for implementation.

5.) I must also raise some question as to the intent of this bill as expressed in your letter. Is this bill really "based upon" the Uniform Act? There is a central and cardinal purpose to that act: namely, decriminalizing drunkenness as such. I do not find any statement to that effect in this bill. What I do find, and for any confident conclusion this requires legal as well as alcohol-related "expertise", is provision for the establishment of undefined groups of persons, persons with no apparent training, licensure, guidelines or control, who are to have police power over individuals they believe to have "drunk too much". Although proposed in terms of first-aid and helping, etc., the possibilities of unregulated "morals police units" developing through such a proposal might be deemed rather serious. The intent may have been of the highest humanitarian motive but the results just might incorporate rather different characteristics. This form of citizen action could be very useful--but it requires thoughtful limitations to avoid all too possible abuse.

6.) A more general matter, one also comprising one of the three recommendations made by the existing Advisory Council, is admittedly a complex, often emotion-provoking and, by definition, a very time-consuming undertaking, one envisaging decades even generations. I refer

to the matter of "prevention" of problems related to alcohol. The word itself appears several times in the proposed bill. However, that it has any significant or action-provoking meaning for those to be made responsible for implementing this legislation is, at least to my mind, highly doubtful. I am afraid that the concept is lightly passed over with some casually negative implications about Prohibition and some equally casual expressions about education--the latter being open to considerable suspicion of resembling buck-passing or what is often called a "cop-out". After more than 100 years of admitted failure to achieve any prevention of such problems by this ill thought out, undefined, and in terms of action widely derogated if not blatantly ridiculed approach, it would seem that something more positive, more constructive and more statesmanlike could at the least be attempted.

I do not suggest that any easy answers are available. Nor do I suggest that the State should in any way fail to make far greater investment in attempts to provide immediate answers for immediate problems of the magnitude and cost which accompany some uses, too many in fact, of alcohol. But I would hope for the inclusion of at least some concrete provision for the use of resources, even if only 5% of the whole, for the development and evaluation of realistic means for increasing preventions of at least some of these problems. This would provide a sign of statesmanship, of long range realism which would markedly increase the credibility of this legislation as a means of meeting a major set of problems in this State. In this respect it is encouraging to note that the Education Commission of the States (and New Jersey is a constituent member of that organization) has within the year funded and established a program

to study the matter of education of youth as one means for working towards prevention of alcohol problems. I can assure you that the State University would be not only willing but even anxious to make its appropriate contributions to the achievement of this difficult and long range goal.

7.) Finally, I suppose all of us would like better services of all sorts in all fields of problem in the State of New Jersey. However, it seems undeniable that most services are attained only through some cost or sacrifice. Whether passage of this bill without recognition of cost and without provision of support is a worthwhile endeavor must be a question in the minds of all who are concerned. I also wonder whether the absence of such a commitment may negate the entire purpose. I do not know the answer to this question which necessarily involves strategy as well as substance, but it is a matter of concern to all interested in coping with these problems.

Thank you, Ms. Chairman.

ASSEMBLYWOMAN WILSON: Any questions from the members of the Committee? Assemblywoman Berman?

ASSEMBLYWOMAN BERMAN: Well, I wondered if you might comment a little further on the Advisory Council. You have indicated the inadequacies of the one presented here and I was wondering if in terms of both structure and function whether you might have any ideas as to restructuring?

DR. BACON: I don't think that any off-hand, quick response would satisfy.

ASSEMBLYWOMAN BERMAN: I assumed you might have thought about it.

DR. BACON: But I would feel that to ask a division or department or bureau of one department of government to be, so to speak, under the eye and control, perhaps even veto, of another department is perhaps not very effective. But

because the problems of alcohol cut through at least 8 or 9 departments of state and throughout localities as well, I feel that there should be a strong and active interdepartmental committee on the matter, but not the advisory committee to that division. They would advise it in their way, of course.

I think that there should be a citizen committee. I believe that the funds that are received through what's called the Hughes Act demand such a committee in fact. But I think that there should be consideration of its function, of the possibility of its representativeness, of its actual activities, what it should do. And can it do this if it meets for two or three hours five times a year, can it make a real input into these problems.

I think the Council was occasionally upset at finding - I'm not speaking for the Council, although I was a member of the Council -- at feeling, what are we doing here? We sit here and argue but does anything happen? And then we don't meet again for two months. Yet there is so much to be done.

I think that it needs to be strengthened. I think it needs probably somewhat - I would prefer I think somewhat as in Connecticut where the State Advisory Committee has established some local committees with whom it can work so that the communities themselves, you know, can be drawn in with some recognition and some feeling that they have a voice, they have input.

When you have a named committee - this was only to have eight citizens - they aren't going to represent a state such as New Jersey. That's impossible. It's one to a million, almost.

There are many people with many ideas who want

to be heard. And I don't think that the structure is there for them. I don't have a blueprint. I understand the Council is considering putting forward some positive suggestions to you.

ASSEMBLYWOMAN WILSON: Any further questions?

ASSEMBLYWOMAN BERMAN: You talked about an interdepartmental committee that would handle the kind of things that are necessary in this area, and you talked about a citizen committee. Would the citizen committee be composed of both professional and lay people? Is that what you're saying?

DR. BACON: I would think so, yes. I think just to make them all professionals, all physicians or whatever people call professionals - there is great argument in the alcoholism field as to who is a professional -- I think they must be represented. The nonprofessionals have presumably done more to help more alcoholics than all the professionals put together. I think we can learn a great deal from them. On the other hand, I think the professionals have a great deal to offer too.

ASSEMBLYWOMAN WILSON: Assemblyman Cali?

ASSEMBLYMAN CALI: No questions.

ASSEMBLYWOMAN WILSON: Assemblyman Snedeker?

ASSEMBLYMAN SNEDEKER: No.

ASSEMBLYWOMAN WILSON: Your criticisms seem to center on structure and on the advisory council. I would like to ask you whether you think the division itself is necessary.

DR. BACON: I certainly feel that higher status than it presently has is necessary. I have heard one person arguing that the word "division" they didn't like.

It would seem to me the important thing is

that there be a visibility, as the previous or second previous speaker said, there be a clout, there be an ability for the man at the head of this to talk with people who are at the very top, say an attorney general or transportation commissioner, which is very, very difficult.

ASSEMBLYWOMAN WILSON: I see. Well a division does, of course as you know, bring a certain status and prestige because of the level within the department.

You made reference, on page 3 of your statement, to people going around which sounded a little like a vigilante squad.

DR. BACON: Yes.

ASSEMBLYWOMAN WILSON: I wonder who those people would be.

DR. BACON: Well, it just states - wait till I find it here. I think this is very close to the end, Section 15 - or they may be a separate unit. And I believe this had in mind the experience, let us say in New York City and one or two other places where volunteers were to help the police, were to take over part of the work of the police, if you like, in assisting, finding people in obviously drunken condition on the street getting into a detox facility or advising the police who might then take them to a detox facility. The exact wording here --

ASSEMBLYWOMAN WILSON: It's on page 15, Section 15.

DR. BACON: I believe so. "establish service forces to perform the functions of the police." They could be a part of the police department or could be a separate unit. And it says they should be trained in the responsibilities of the police. And it says the purpose "particularly with respect to the administration

of first aid."

I am wondering whether these people - it practically says as much - are to have the power of taking this person by the arm and saying you shall go here. I don't know whether this would legally be an arrest. I think they would be in the position of arresting, however.

ASSEMBLYWOMAN WILSON: I don't have any further questions. Does anyone else on the Committee have a question?

Thank you very much, Dr. Bacon. We appreciate your coming and your very well organized statement.

Our next witness is Mr. Roger Surprenant of the New Jersey Division of Motor Vehicles.

R O G E R J. S U R P R E N A N T: Ms. Chairman and members of the Committee, as a representative of the Division of Motor Vehicles, I would like to comment on Section 17, page 16, lines 19 through 31.

This part of the statute directs the proposed Division of Alcoholism to conduct studies and makes specific recommendations to the Legislature for appropriate statute changes regarding driving under the influence. The statute referred to is N.J.S.A. 39:4-50, part of Title 39 - Motor Vehicle and Traffic Regulations.

The Division of Motor Vehicles believes that a proposed Division of Alcoholism would have a legitimate interest in a variety of problems created by alcohol abuse, including driving under the influence. The Division has recognized this interest in the past by supplying data and other information to the Department of Health Alcohol Control Program and would continue to consult with the proposed Division of Alcoholism. However, the Division of Motor Vehicles, under Title 39, has primary responsibilities in the areas of highway safety and in driver licensing.

The Division of Motor Vehicles has acted upon these responsibilities. With regard to the alcohol highway safety progrem, an Alcohol Countermeasure Pilot Project was established in 1971. The project staff has considerable experience in alcoholism treatment and program administration. This staff, together with the staff of the Division of Motor Vehicles, also has considerable expertise in the field of highway safety.

In addition, through contracts amounting to $67,000, the Project has consulted extensively with and commissioned a number of studies by the Rutgers Center of Alcohol Studies. And of course there has been considerable consultation with the Rutgers staff.

Now the planning of the Project resulted in programs that identifies statute violators with serious drinking problems and refers them to rehabilitation agencies and programs. Other drivers are referred to an educational program developed and staffed by the Project.

While these programs were being developed, a number of studies directly related to the drinking-driving statute were conducted. These studies included: 10 a random sampling of New Jersey households concerning their opinions of the drinking driving statute; 2) a review of drinking-driving statutes throughout the nation; 3) a review of studies concerning these statutes and the effects of penalties and rehabilitation programs; 4) interviews with over 70 municipal police chiefs and 50 municipal magistrates concerning the effects of the current statute and their recommendations for change; 5) a review of the provisions of the Uniform Vehicle Code; and 6) the position of the National Highway Traffic Safety Administration and their Office of Alcohol Countermeasures.

In addition to conducting the above studies, it should be noted that after one year of Alcohol Countermeasures Project operation experience indicates the majority of drinking-driving statute violators do not have alcohol-related problems serious enough to be labeled alcoholic.

In view of the Division of Motor Vehicle primary responsibilities with regard to licensing, the expertise of the Alcohol Countermeasures Project staff, and the information compiled by the Division of Motor Vehicles, the Division believes the primary responsibility for studying and recommending statute changes should not rest with a newly created Division of Alcoholism.

The Division is urging the creation, by the Legislature, of a Commission. This Commission would study Division of Motor Vehicles licensing and remediation programs and comprehensive proposals for improving the current system. If this Commission is created, the Division will ask the Commission to review, as its highest priority, the results of the studies mentioned and the statute changes under study by the Alcohol Countermeasures Project.

The Division of Motor Vehicles believes this approach to drinking-driving legislation will save valuable time, avoid duplication of effort and lead to statute changes that would be consistent with the purposes of Assembly Bill 613.

We have no interest in limiting discussion of the drinking-driving statute. The recommended changes to Section 17 could be satisfied simply by indicating that the Division of Alcoholism may, at its discretion, consult with and advise the Attorney General and other interested State departments

in matters relating to driving under the influence.

ASSEMBLYWOMAN WILSON: Are there any questions for Mr. Surprenant? (No questions)

I would like to deviate from your statement, if I may, to ask you if you can give us some idea of the relationship between alcohol abuse and automobile accidents.

MR. SURPRENANT: Well, there has been a considerable amount of literature in this area. One most frequently hears that in terms of fatalities. You would discover that 50% of the driver fatalities are related to alcohol. We have not found this to be necessarily true in New Jersey. Our estimates are in the range of 30% to somewhere below 50%.

ASSEMBLYWOMAN WILSON: Thank you very much. I don't have any further questions. Thank you for your statement.

MR. SURPRENANT: Thank you for the opportunity.

ASSEMBLYWOMAN WILSON: Our next witness is Mr. William Chamberlain, Chief of the Alcohol Control Program with the Department of Health. Mr. Chamberlain.

W I L L I A M J. C H A M B E R L A I N: Madam Chairman, I do have a prepared statement that I will read but, with your permission, I will take the liberty to ad lib a few points that occurred to me as other speakers were presenting their papers.

I am sure everyone is aware that you've been listening to a number of very dedicated persons who are concerned primarily with resolving this major problem and that the interest displayed by them is because of their dedication and their knowledge and concern because they have been dealing with the problem or have been confronted with the problem in one of several ways. If we were to look for support to parade through this Chamber in order to indicate the political

support for passage of this bill, I think you would be overwhelmed with the number of persons that would be willing to step forward and support this kind of legislation. But I think the people who have spoken have been dealing primarily with the real need for developing a methodology to deal with the problem.

Now my comments as they relate to the bill are rather varied, and several of my comments may be termed nitpicking, where several I think are of major consideration. However, I will start to read it.

The New Jersey State Department of Health wishes to commend the sponsors of this bill as well as a similar bill in the Senate, S-923, for their support and obvious interest in focusing attention on alcoholism which is now being acknowledged as the nation's number three public health problem, following heart disease and cancer. There is little doubt that this insidious disease will be with us for some time. There is also little doubt that it is time for New Jersey to initiate and support expanded programs directed towards prevention, treatment and rehabilitation.

I didn't have the opportunity to doublecheck the fiscal support of other states but I wouldn't be surprised if I were to find out that New Jersey would rank about fifty in regard to the support that they give to developing programs.

Incidentally, Monsignor Kelly referred to the Ontario program and I think Ontario is about the size of New Jersey, at least in population, and it is my understanding that they do have a budget of approximately $10 million to support their programs. In addition to that, they do operate, and I think they are one of the leading exponents of the non-medical or para-medical detoxification programs. They are one of the leaders

in providing these kinds of services and I think many of the programs that are being developed in the United States are based upon the experience in Ontario.

Now I go on to say that A-613 incorporates many features of the "Uniform Alcoholism and Intoxication Treatment Act" which was developed and promulgated by the National Conference of Commissioners on Uniform State Laws. Mr. Howard G. Culp, Jr. of Camden, New Jersey, served on the Committee that prepared this Uniform Act.

With due respect to former Assemblyman John Dennis, sponsor of an earlier bill, and Assemblymen Bornheimer and Hurley who have sponsored this bill, the Department of Health would offer the following as amendments:

The first amendment, which I think is very important, would be the declaration of policy as was proposed in the Uniform Act, which reads:

"It is the policy of the State of New Jersey that alcoholics and intoxicated persons may not be subjected to criminal prosecution because of their consumption of alcoholic beverages but rather should be afforded a continuum of treatment in order that they may lead normal lives as productive members of society."

As a matter of fact this policy statement, coupled with section 8 and 9 on page 10 and section 22 on page 18 of this bill with an adequate appropriation, would be all that is necessary under the current law Title 26:2B-1 through 26:2B-5 to carry out most of the provisions of this bill.

What I'm saying here is that the primary purpose of the Uniform Act was to decriminalize public drunkenness, and I think these sections would accomplish that.

We already have, in Title 26, that is the Department of Health is already charged with this responsibility of providing preventive treatment and rehabilitation services within the limits of appropriations. That last phrase has always been the problem - "within the limits of appropriations."

However, if this alternative is not acceptable further specific comments are.

In section 2, lines 1 through the comma in line 29 be deleted. This section refers to the establishment of a division. Placement in the organizational structure does not guarantee budget support. The real need is a continuing fiscal support. Legislatively mandated organizational structures limit commissioners in organizing and reorganizing their departments to utilize fund and personnel most effectively when times and conditions change.

As a matter of fact, I think the Department of Health was reorganized in the last administration to eliminate a number of divisions, either at the direction of the Governor or at the direction of the Budget Director.

In the event that this change is not accepted, we then find on line 28 of section 2 references to a number of positions that would not be subject to Title 11. The practice has always been, under Title 11, to include nurses in the competitive service. So that we would suggest that the two words "or nurses" be deleted on line 28.

Now the third recommendation is to delete all of

section 3 and substitute "the State Advisory Council on Alcohol Problems shall be appointed by the Governor. Present members shall serve out their terms." The Hughes Act PL 91-616 required the establishment of an Advisory Council. This was done and has provided considerable assistance to the program. In contrast, and Dr. Bacon referred to the problem, the Uniform Act called for an Interdepartmental Coordinating Committee and a Citizens Advisory Council on Alcoholism, each with its own responsibilities. Two separate committees or councils would be preferable to the single advisory council specified in the bill.

As an aside, the Federal guidelines, that is that we are required to operate under in regard to the funds that we receive, although they have never been officially adopted at the Federal level, require that we provide in writing, or justify in writing, any recommendations that are made by the Advisory Council and not accepted by the program. So that we are already under certain constraints in respect to operating with an Advisory Council.

Now I have another note here. In the event this change is not made - in the event that section 3 is not deleted in its entirety, then on lines 23 and 24 is a reference to responsibilities of coordinating the effort --

ASSEMBLYWOMAN WILSON: Excuse me. Since we have all of these specific recommendations for deleting lines and words and the alternatives in the event we don't change this or we don't do that, I wonder if you would state in just a few minutes what the Department of Health's position is in terms of an idea. Obviously there are some differences with the sponsors of the bill with respect to the division status and the advisory council. I wonder if you could do that.

MR. CHAMBERLAIN: I'll skip over these nitpicking problems.

ASSEMBLYWOMAN WILSON: You called them that, I didn't.

MR. CHAMBERLAIN: There are a couple of important small additions.

Section 7, page 8, line 34, there is a reference to licensing requirements and it says "the health standards". Well, certainly the health and safety standards should be included there.

This morning Dr. Rogers referred to the problem of requiring every person admitted to be examined by a physician. In order to operate a non-medical or para-professional detox center, we would recommend deletion of the phrase "Prior to the admission of any person," and after "examined by a physician" add "as soon as possible."

We also have a problem in regard to legal responsibility. We had thought that in order to alleviate that problem, in addition to section 9 on page 11, line 19, where it refers to police officers - we had just suggested police officers or administrators acting under the provisions of this act, rather than this section, would help to alleviate that problem of liability. But because of some statements that were made this morning, I am not certain that that terminology would adequately address the problem of liability for everyone who is performing services under this act. So there would have to be further consideration for that section.

We also recommend the deletion of section 15 because, although this section is permissive and it is included in the Uniform Act, it has drawn considerable adverse attention. The Department would prefer to have

it deleted rather than cause this bill to fall short of passage.

We are also in favor of deleting section 17. The Counter-Measures project in the Division of Motor Vehicles is already conducting or has completed these studies with support from the Federal Highway Safety Act.

In conclusion, Madam Chairman, it should be noted that medical authorities are unanimous in their recognition of alcoholism as a disease. However, it has taken about 23 years for these professional associations to all reach the same conclusion. And I mention them here in this paper to indicate how slowly the concept of alcoholism has been to gain this kind of acceptance.

I just have a couple of other statements.

In addition, this bill and the Uniform Act direct attention to the provision of services for the public inebriate. In 1972 there were more than 8,000 arrests for drunkenness in this State.

Now Monsignor Kelly referred to a higher number but he was referring to a combined category of drunkenness and disorderly conduct.

As important as this problem is, our program is also concerned with the total problem. We have more than three million people employed in the State and it was reported this morning that approximately 6% of our employment force have alcohol problems, indicating right there alone that we have 180,000 people in the work force who are suffering with alcohol problems and who are potential and problem people that our program should be directing attention to.

Reliable estimates indicate that there are approximately 350,000 alcoholics in New Jersey. There

is a need to support comprehensive services, such as detoxification, inpatient, outpatient, halfway houses, and other services. Preventive activities directed toward informing the public about alcohol problems and responsible use must be developed. We are also concerned with special areas that involve minority groups, teenagers, the aged, the female alcoholic, the Spanish speaking, just to name a few of the other concerns that we have as a program and have the responsibility to attempt to deal with the total problem.

These suggested amendments are not proposed to delay in any way passage of this vital legislation. Rather, we urge its passage without delay to enable us to cope with this important phase of this massive public health problem.

Thank you.

ASSEMBLYWOMAN WILSON: Thank you very much. You have made some very specific recommendations and we will have to have our staff go through that and give us some assistance with that bill.

Are there any questions from the Committee?

I have no questions. Thank you very much,

MR. CHAMBERLAIN: Well, you had a previous paper from me where I suggested, you know, maybe if we could get a million dollars we could start to implement parts of this bill, as compared with the $4 million fiscal note that we had indicated last year. And that's why that particular point about not requiring a physical examination is so important in order to have the capability to reduce the cost.

ASSEMBLYWOMAN WILSON: When you came to the Committee you were talking about the difference between a hundred dollars a day if there was a physician in-house and $55 or $60 a day if not. And that increased that cost substantially.

All right. Thank you very much.

Our next witness is Mr. Dan Horgan, Assistant Commissioner, Department of Community Affairs.

D A N I E L W. H O R G A N: Thank you, Madam Chairman and members of the Committee for this opportunity.

At the outset I think I better say that I am two things - one, not here representing the Department of Community Affairs or a particular position of that Department, which has not formed a position; and, secondly, that I am an alcoholic. And I say that without qualification. Some people like to use the term recovered alcoholic and some people like to use the term working alcoholic. The important thing is to understand that an awful lot of people, many of them that were in this room today, are alcoholics. Yet as a consequence of this, they are able to function in a normal way because some help has been offered to them.

Unfortunately, to a great number of people, the term alcoholic generally means somebody who is outside who is busy drinking and who is not able to perform in a normal way.

We think that this is the kind of problem that the State of New Jersey ought to support and as a consequence of that we are adding our support to this bill today.

We think that the bill does two things and does them well. The bill, firstly, decriminalizes alcoholism which should have great benefit not only to the recovery of the alcoholic but also to the clogged courts and other problems. But even more important than that, I believe that the time has come that the recognition factors developed over the last 25 years indicate that finally, at last, this thing should have real status in the State of New Jersey.

And the only way that we can get real status is to start a division on alcohol control.

It has been said that unless the funds are made available, the division status won't mean anything. But in my knowledge of the State Government, I know that if a division status is achieved the funds will be made available.

So it should be very clear that we need this bill. This is a good piece of legislation. I sat in the back for the last hour and a half and I've heard some criticism of the bill. Someone said it is not statesmanlike. I'll agree with that. After all, a great number of our bills, many of which have provided our best public laws, were not statesmanlike when they started. And if we're looking for perfect bills then the Assembly is going to have a difficult time finding them. While this bill may have a flaw or two, the purpose of the bill is good and that which can be implemented as a consequence of this bill is even better.

I would like to state in very clear terms that once the division status is organized obviously we believe it belongs in the Department of Health, as is indicated there that the right people will move in and do the right job.

The purpose of the act is to create the status that we need. Once the status is made, I think that we will be able to progress from there.

ASSEMBLYWOMAN WILSON: Thank you. Assemblywoman Berman, have you any questions?

ASSEMBLYWOMAN BERMAN: No questions.

ASSEMBLYWOMAN WILSON: Thank you very much.

We now have reached the end of the list of persons previously scheduled to testify. I have another list. I am going to ask these additional people to please confine their statements to about eight minutes,

five to eight minutes, if you will. We have seven people on this list, and in order that we don't have people here too late this afternoon, I think I will make that request.

If there are any others who are not on the list will you kindly make yourselves known to me.

The first person is Mr. Richard Lynch, Director of the AFL-CIO.

R I C H A R D A. L Y N C H: I am Richard A. Lynch, Executive Vice President of the New Jersey State AFL-CIO. One of my functions is coordinator for community service, a committee.

First of all, I want to thank the Committee for the opportunity to speak and express the thoughts of our organization.

I know all of us are aware of the broken families, ruined careers, brilliant children denied educational opportunities, not to mention the stigma and humiliation when a parent is arrested and jailed. And that is why I feel very strongly on that particular point, that they should be considered ill people, sick people, and not criminals.

Now as far as the AFL-CIO is concerned, one of my colleagues here will speak later on the function of the National AFL-CIO in this field. We have a full-time staff.

My job here - and, incidentally, we are most grateful and greatly appreciate the fine work of the National Council on Alcoholism, Alcoholics Anonymous, the Salvation Army, the churches, and the other fine people in this field. We are convinced that these organizations depending in the main on voluntary contributions cannot do the job and government must enter into

this field.

Here in New Jersey we have eight full-time staff people working with the United Fund, dealing with alcoholism, blood donating, drug addiction, family counselling, and so forth. And one of our main problems right now that's growing, accelerating, is alcoholism. And as the National AFL-CIO says in a pamphlet, the majority of alcoholics are not skidrow types, they are not found in the Monday court lineup or wandering dazed and shocked through back streets or discovered in the emergency ward of a city hospital. Quite the contrary. Over 95% of them, on the surface, lead normal lives, have homes and families, are employable and usually working. They often have exceptional skills. Alcoholics do not, for example, represent any single group in our population. They are professional people, government officials, tradesmen, executives, skilled craftsmen and workers. Like all diseases, alcohol cuts across all lines, reaches all segments of society.

Now I come out of mass industry. I worked over 40 years in a large plant in Bloomfield and I am familiar with some of these problems. The modern factory - formerly much work was manual labor, hand operation, but now in the modern factory there is greater pressure, greater tension. The equipment is highly automated, complicated, difficult to build, difficult to maintain, difficult to operate. It's nerve-wracking. Not to mention this, in some assembly lines people are virtually chained to machines until they get relief. So the pressure in factories is building, not only for workers but for management too, for supervision and all. And absenteeism is a real

problem, in many cases due to alcoholism. This is one of the problems we're discussing now. Or else we've seen workers come in shaking, unable to perform, causing trouble in the plant. Or they come to the gate insisting they're sober, the guard says, you're not fit to work. There is a great commotion and the Union and Management must get together to make a decision and try to straighten this thing out. This is happening more and more.

If a person comes in ill or if they're absent, they disrupt production, that raises the unit cost, makes the plant less competitive. Many workers are on piecework or incentive earnings. It causes them loss of wages, a great many times disagreements, arguments, fights right out on the floor. And much of this is due to alcoholism.

Especially now, we see many of our younger workers, now that liquor is available at 18 and over - we see many of our younger workers going the wrong way. It's a real serious problem.

For two reasons I'm concerned. Right now in Jersey the unemployment is 7.3. The State Department of Labor and Industry will say about 208 or 212 unemployed. We estimate it's over a quarter of a million out of work right now in New Jersey. And we think we're losing work in New Jersey for many reasons. The tidal wave of foreign imports, the flight of industry to the South. Take the example of tax exempt industrial bonds.

So we would like to have this A-613 passed to see if we can't lick this one problem and see if we can't have our workers proficient and efficient in the factory.

Naturally the economy of the State is important but we're interested more and greatly concerned about the

humiliation in families,the heartaches, and the soaring of alcoholism. And anything we can do to correct or minimize this illness, I think will be a blessing to all.

I do not consider A-613 a cost. I think it's an investment. When we consider the money that will be saved in not placing people in jails or having police officers involved with arresting people and rearresting them, again and again, money will be saved there. There will be fewer unemployed. Money will be saved in not processing the jobless. And also, there will be fewer people on welfare. So there will be a lot of money saved from this angle which could be directed to maintaining A-613.

I think it will be a fine bill, greatly overdue.

I want to disagree with one of the previous speakers on the makeup of the committee. I served on a couple of advisory councils. We would be there and some information would be needed from the Department of Health or the Department of Education or Labor and Industry and no one is available. Then you send out a rush call for somebody from that department or else postpone a meeting until that information is available.

So I don't think that's a valid objection and I think the makeup of the present committee, as outlined in A-613, is okay.

I think the bill should not be delayed any further. I am aware of the Appropriations Committee and all but I think some of the minor defects in the bill could easily be cured by amendments and the bill passed because it surely is one of our great needs to save many people who are having their lives ruined. I think it would be a great thing for society.

ASSEMBLYWOMAN WILSON: I would like to ask you, sir, do you know of any discussion that has been going on in

the AFL-CIO about the willingness of the large labor unions to themselves establish programs that could be utilized by this division through a purchase of service plan?

MR. LYNCH: Many of our unions, especially the garment industry, have centers for all kinds of illness, not just alcoholism. There is something else too. We're constantly pushing for temporary disability as a fringe benefit. Now that will raise the cost too if people are out ill because of excessive drinking.

But to answer you directly, Assemblywoman, some unions, but it's not in the main -- we're trying to do what we can through the AA. I've taken people down to psychiatric treatment in Princeton. And one thing we have to do, the unions - our big problem now if a worker on a key job is out sick, to take a shop steward or a union officer and run in all the saloons in the neighborhood getting them back on the job or try to stop them.

Sure the unions are involved. We work with the Salvation Army, with the Mount Carmal Guild, we work with DARE on drugs. But you cannot depend on labor unions or the Salvation Army, all of these other organizations, these volunteer organizations who are trying to do a splendid job and are doing a job. This is a function of the State and I think it should get in there as fast as possible.

ASSEMBLYWOMAN WILSON: That wasn't my question. My question was whether you would consider establishing one of these programs. I think you were here this morning when Mr. Shulman was talking.

MR. LYNCH: We would be concerned with that.

ASSEMBLYWOMAN WILSON: If your union has considered getting into actually setting up one of those

programs, and then going into the type of things they have done, the follow-up care with Alcoholics Anonymous, and then the State, under this act, could purchase the service that is provided in that project or program to comply with the act.

MR. LYNCH: We cooperate every way possible.

ASSEMBLYWOMAN WILSON: Okay. Thank you very much. Wait a minute, some of the other Assembly people might have some questions. (No questions)

Thank you very much.

Our next witness is Mr. Edgar Schaeffer from Colts Neck, New Jersey.

E D G A R S C H A E F F E R: Ms. Chairman, members of the Committee, my name is Ed Schaeffer. I come to you as a businessman and a property owner, taxpayer of the State of New Jersey but, more importantly, as an informed ex-alcoholic. Some 25 years ago, like many other people that we have heard today, I was given up as a hopeless drunk. However, for over 20 years now, going on 21 years, it has been my good fortune to spend a little time working with other active alcoholics.

For a period of almost six years, I spent time at Marlboro Psychiatric Hospital chairing and directing a private program for alcoholics. This comprised two meetings a week, usually a third evening that I would have to go over to do paper work. It also involved some therapy sessions on weekends, Saturday afternoons and Sundays. It required also much telephone work and other endeavor to try to help some of these folks who were currently in the hospital as alcoholics.

For various reasons, including one of health, I had to get out of this sort of thing a little over a year ago. However, that period of time that I spent

at Marlboro was of extreme benefit to myself and it taught me an awful lot about the disease of alcoholism that I didn't know.

I had occasion, while I was there, to set up various programs that included weekly meetings as well as a follow-up system for those alcoholics who wished to be followed up when they left the hospital.

One of the prime problems that I encountered while I was there was trying to find a home for a good many of these men and for some women, a home and a job. Many of them were much, as I was, - and I might add at this point that I too was an inmate of Marlboro some 21 years ago as an alcoholic.

And when you come out of an institution such as this with no place to go and with no money, it presents a very difficult problem.

My interest, of course, in seeing that this bill is passed is one of a selfish nature because I feel that it's time that the State took direct action in this field.

We talked of eliminating the criminal aspects of the drunk by no longer putting him in jail. This is a program that was started - I don't know whether it was six, seven or eight years ago - by Dr. Max Weisman down in Maryland, Baltimore. He was instrumental in those years, together with the backing of various members of the Legislature down there, in getting this type law approved in the State of Maryland. I understand it has since been approved in several other states throughout the country. I fully believe that New Jersey, who has always had a sincere and dedicated interest in health problems, should fall in line.

The active alcoholic is in no condition to take care of himself. And once he has been put through a

detoxification program and is subjected to counselling of the type that is going to do him some good - and I use the word "he" rather loosely, I mean he and she -- We've heard figures today that the ratio of male to female alcoholics today is 45-55 and I would agree with that conclusion. There are many more women appearing on the scene today.

So that I just came here today to voice my support as a private citizen, not representing any group, merely to try to help the alcoholic who still suffers and to perhaps offer a ray of hope of the type that I received when I was in Marlboro. That's where I received my hope. Because in the illness of alcoholism we have so many stages and the final stage is usually one of hopelessness where we consider ourselves hopeless drunks where we cannot stop drinking. We don't know how to stop drinking. And in the days when I first sobered up there was very little area where you could learn anything about this disease.

So that there is so much to be done. And the bill is a start. I think, as has been demonstrated today, there will be a number of amendments to the bill, some of them good, but, at any rate, as an individual, let's start.

ASSEMBLYWOMAN WILSON: Thank you. Are there any questions from the Committee? (No questions)

We thank you for your personal observations. I know that those kind are the most difficult and often the most helpful for us. Thank you.

Our next witness is Mr. Frank Conway of the Union County Labor Council.

F R A N K C O N W A Y: Thank you, Madam Chairperson. I would like to thank the Committee for the invitation to testify on this important bill. I am speaking on behalf of Al Fontana who is President of the Union County

AFL-CIO Council, and myself. I am the Labor Staff Representative on community services for the Union County AFL-CIO Council in relations and liaison with United Way of Union County.

First off I would like to say that labor supports this bill which we hope will help stop the fragmentation of programs that are to help alcoholics in New Jersey.

We in Labor have a vested interest in helping alcoholics because many of them are members of our unions.

The President of the AFL-CIO, George Meaney, sent a letter to Dr. William Simpson, President of the National Council on Alcoholism, that clearly states our position on the problem of alcoholism, and I would like to quote from President Meaney's letter:

"We in the AFL-CIO have been aware for some years that the alcoholic is a problem not only to himself but also to his family, fellow workers and society. It is because of our deep concern for the welfare of all that we have encouraged through our community services activities labor participation in communitywide and industrywide programs for the prevention and treatment of alcoholics.

"Alcoholics need help, medical help, counselling, insurance coverage, and finally reintegration into our society as useful citizens and productive workers."

We have included counselling in our union council training courses for many years. This course provides active union members with enough knowledge to help refer their fellow union members, friends or neighbors, with any out-of-plant problems encountered in daily living to a source of help in a community or in the area where they live.

The Director of the AFL-CIO Department of Community Services, Leo Perlitz, had this to say about alcoholism when he was asked why should organized labor be interested in alcoholism. I would like to quote from what Director Perlitz said about this problem.

"This question is often asked by those who have limited knowledge of the labor movement and a narrow concept of trade union philosophy. We are interested in the alcoholic, first of all, because we are all human and nothing human is alien to any of us. We are interested in the alcoholic citizen, second of all, because the health and welfare of the community is indivisible, and what affects a part of a community reflects, in the long run, the whole community. We are interested in the alcoholic worker, in the third place, because he is one of us, a member of our fellowship, sharing with us his hopes and dreams, fears and experiences, the experience at the work place, the union, the contract, the management, the hazards and the tensions."

To wind up this testimony, I would like to quote directly from Director Perlitz's comment on the three R's of alcoholism which are, "recognize, respect, refer, reclaim and readjust."

This sums up pretty much our feeling about alcoholism on the national level and also on the state level - "recognize" is first. We must learn to recognize the problem basically as a disease and thank God that we can do this. That's my own quote. And we must learn to recognize the alcoholic basically as a sick person who needs help.

"Respect" is second. We must learn to respect the alcoholic as a human being, as we respect the man

with an ulcer or with a heart condition. We must not condemn him as a wino and a vagrant, as a weakling and as a bad actor. We must help restore himself and his self respect.

"Refer" is third. We labor and management must recognize the fact that the alcoholic needs competent help. We must learn about existing facilities and we must help establish facilities where none exist. We should refer the alcoholic to the proper agency or service and follow through.

"Reclaim" is fourth. Labor and management must work together to help reclaim the former alcoholic to full union membership, full employment on the job, and first class citizenship in the community.

"Readjust" is fifth. We must help the alcoholic readjust himself to life, to his job, to his family, to his fellow workers and to his fellow citizens, and, yes, to some of those same tensions and frustrations without returning to the bottle.

This sums up pretty much our feelings about the question of alcoholism from the national level.

We ask the support of this piece of legislation. That will help take some of the confusion out of a piecemeal approach to our alcoholic fellow citizens and replace it with a statewide program that will work.

There was a question asked before about whether labor and management would be interested in a purchase of service agreement to help somebody with this problem of alcoholism within the plants where they represent the people. Well, I can only speak for the labor union people in the plant but I can't speak for management. They can speak for themselves and they are very well able to.

We are in favor of any type of a program or

system that will help an alcoholic worker overcome his problem.

At the present time there are some programs in some plants, not all. Some of them have some very highly developed programs. Others are beginning to talk about it and others aren't talking at all about it. So we need a multiple approach to many different ways of helping the alcoholic to help himself.

I want to thank the Committee again for the opportunity to speak. Thank you very much.

ASSEMBLYWOMAN WILSON: Thank you, Mr. Conway.

Have the members any questions? (No questions)

I have no questions. Thank you very much.

Our next witness is Dr. Jarvis Smith, State Division of Vocational Rehabilitation, The Advisory Council on Alcoholism.

D R. J A R V I S S M I T H: I am Dr. Jarvis Smith, Medical Director of Vocational Rehabilitation Services and presently the Chairman of the present Advisory Council on Alcohol Problems. And I have not come with any prepared statement nor with any prepared decisions representing any of these agencies or groups with the exception of a resolution that we passed at our meeting yesterday which I believe has already been presented by Mr. Festa this morning. Is that correct? And that pretty much points up my own personal feelings at this moment.

I think much has been said today, and rightfully so, about the nature of this problem. I don't know how much has been said about the difficulties of the problem, since we're dealing with a legalized drug substance. It's very much like trying to hold on to an eel, I'm afraid, in some situations. But there is no

question about the magnitude of the problem; there's no question about the horrible consequences of it, as far as I am personally concerned.

And I would like to make some comment at this moment to the effect that the Division of Rehabilitation Services recognizes the existence of this problem and already has a project now in operation in Middlesex County. This project is involved in trying to help the working alcoholic, the working alcoholic who has been alluded to previously, since most of our problems we believe, as far as vocational rehabilitation of these individuals is concerned, is within the working force.

I do believe that the present Advisory Council should be given an opportunity to present objections and suggestions with respect to the content of A-613 because we have not had an opportunity to properly study the bill.

I personally am in favor of passage of this bill, or a similar bill, with some modifications that are of technical nature and some of them which have been alluded to already. I hope the bill passes. If the bill isn't passed, certainly something like it should be passed before we have to say, time's awasting.

Thank you very much for allowing me to appear.

ASSEMBLYWOMAN WILSON: Thank you, Dr. Smith.

Are there any questions? (No questions)

I would like to say that we will be happy to take a statement if you care to prepare one after you have had an opportunity to analyze the bill. If you would get it to the Committee in the next week or ten days I think we will be able to deal with it.

DR. SMITH: That's going to be a tough one. In the next week or ten days?

ASSEMBLYWOMAN WILSON: I would like for you to get it to us in that time because we will be trying to extrapolate all the information that has been presented to us here today, extrapolate from that all of the important points and evaluate them and compare them as far as changes are concerned.

DR. SMITH: You are aware of the meeting in Denver?

ASSEMBLYWOMAN WILSON: No, sir.

DR. SMITH: That's next week. On alcoholism.

ASSEMBLYWOMAN WILSON: Well, if you will get us your statement as quickly as you can. The quicker you send it to us, the more chance there is that we will have the opportunity to consider it.

DR. SMITH: We'll do our best.

ASSEMBLYWOMAN WILSON: Thank you.

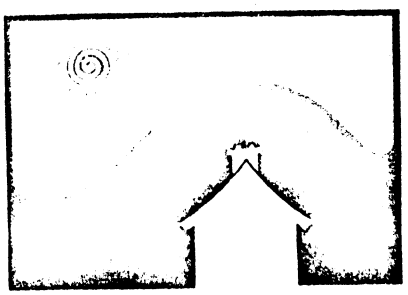
Mr. Oliver would like to present statements on behalf of Mrs. Geraldine O. Delaney, Executive Director of the Little Hill Foundation, Alina Lodge, Blairstown, New Jersey, and a statement for William S. Dunkin of The National Council on Alcoholism.

H A R O L D O L I V E R, JR.: I would like to point out that this statement by Mrs. Delaney is just one page. Your Committee already has copies of it.

Mr. Dunkin's comment, which is triple-spaced and about four pages, came to me too late but I will get copies to you together with several exhibits that he alludes to in several places in his comments.

Mrs. Delaney, in case you don't know it, runs the Little Hill-Alina Lodge which is a rehabilitation facility in Blairstown, New Jersey, and has been cited at the most successful such facility in the country, on several occasions. She says: (reads)

1145



There is a place
Where Hope can become fact

April 16, 1974

To Members of Assembly Committee

Re: Assembly Bill No. 613

I am sincerely sorry that I will be out of town on April 23rd at the time of the Public Hearing on Assembly Bill No. 613. However, I would like to add my recommendations to those made by the New Jersey Task Force on Alcoholism.

First and foremost, Alcoholism and Alcohol Abuse must be given more visability in the State of New Jersey if we are to accomplish the tremendous job of Prevention, Treatment and Rehabilitation in this alcoholism emergency. A Division of Alcoholism in the Department of Health as recommended in this bill is the starting point. Appointment of a Director and staff with special training and skills in this field would be the second key to an adequate program.

Treatment and rehabilitation facilities in the State are woefully lacking and an adequate program will mean the establishment of many types of treatment from acute (Detox) through intermediate care (such as Little Hill-Alina Lodge) to halfway houses. Monies must be guarded carefully because acute care runs from $100 to $125 per day. The Little Hill Foundation has demonstrated that a multi-disciplinary program of rehabilitation not including acute Detox can be operated using both professional and paraprofessional personnel for $30.00 per day, while halfway house facilities can operate well at $15.00 per day. Standardization of such facilities through licensing as provided in Bill 613 would be a step in the right direction. It is suggested that New Jersey adopt or adapt the excellent recommendations now available from the Joint Commission on Accreditation of the A.M.A.

My personal recommendation is that Bill No. 613 be passed, implemented, and funded at the earliest possible date.

Sincerely,

Geraldine O. Delaney

Geraldine O. Delaney
Executive Director

Little Hill Foundation, Inc., Operating Little Hill - Alina Lodge, Blairstown, N.J. 07825
Telephone: Area Code (201) 362-6114

GOD:nbp

ASSEMBLYWOMAN WILSON: May I ask a question here about the division status?

Do I get that there is a thread running through the testimony that has been presented here that the reason for a division and the need for a division is for high visibility. Is that your impression?

MR. OLIVER: That is certainly one of the reasons for it, high visibility and the necessary - as one gentleman expressed it - clout to get the job done.

It is difficult for those of us in the field to reason to a lesser status in view of the nature of the tremendous problem, health problem, that is involved.

ASSEMBLYWOMAN WILSON: Mr. Cali, any questions?

ASSEMBLYMAN CALI: No.

ASSEMBLYWOMAN WILSON: Okay, would you care to go ahead with your other statement?

MR. OLIVER: Yes. This is a statement in support of Assembly Bill No. 613, and it's by Mr. William S. Dunkin, Assistant Director of Labor-Management Services, National Council on Alcoholism, Inc.

(reads statement as follows)

Ladies and gentlemen, I am deeply appreciative of the opportunity to present my views before this committee, and I commend your attempt to take meaningful and effective action against America's (and New Jersey's) "Number One health problem."

The first person to say that about alcoholism was Dr. Roger O. Egeberg, then Assistant Secretary of the Department of Health, Education and Welfare. In making the statement, Dr. Egeberg noted that there were an estimated 9 million alcoholics in the United States. If <u>any other</u> disease were to affect that many individuals directly, a national emergency would be declared.

Indeed, legislation was passed - Public Law 91-616, the so-called "Hughes Bill," - which, among other things, created the National Institute on Alcohol Abuse and Alcoholism in the Department of Health, Education and Welfare, and the resulting gains in the fight against alcoholism have been noteworthy.

It is sincerely to be hoped that the State of New Jersey, which has, at the most conservative estimate, 350,000 alcoholics, will enact equally effective legislation, creating a Division of Alcoholism in the State Department of Health, with manpower and authority commensurate with the severity of the problem.

Because of my position with the National Council on Alcoholism's Labor-Management Services Department, and because I have spent more than 20 years working as a volunteer in the alcoholism field, I recently was invited to serve on a task force of alcoholism professionals who were asked to recommend possible legislation in this field. I was appointed to the committee which dealt with third-party payment legislation.

In the remarks which follow, I would like to deal directly with the recommendations of that committee, and to leave the broader picture to those who are more familiar with the situation in New Jersey.

Our committee came up with several specific recommendations for a statute mandating insurance coverage for alcoholism treatment.

In addition to outlining those recommendations, I would like to deal briefly with a question which must (and rightfully should) be uppermost in the minds of this committee:

How much will this legislation cost the State of New Jersey?

The answer to this might sound incredible at first, but a careful study of the data submitted with this statement should help to convince you that it is a simple truth.

The actual cost of meaningful alcoholism legislation in this State will - in the long run - be <u>less than the State is now paying for its alcoholism problem</u>.

In support of this statement, I should like to submit three articles: "Alcoholism and Insurance," by James S. Ray of Employers Insurance of Wausau, Wisconsin, which appeared in NCA's Labor-Management Alcoholism Newsletter (Exhibit A) and two articles by Patrick A. Thomas which appeared in successive issues of the magazine, Business Insurance (Exhibit B).

With particular attention to the statistical data given in Mr. Ray's article, I should like to make the following two points:

(1) The State of New Jersey is already paying for its indigent alcoholics, and will, presumably, continue to do so. There is, however, a strong possibility (with the aid of effective alcoholism legislation) that many of the remaining 95% of the State's alcoholics will receive the needed help before they reach the stage of indigence, thereby ultimately decreasing this cost.

(2) If, with the help of the proposed legislation, we can succeed in identifying and treating any sizable number of the State's alcoholics in the early and middle stages of the disease, the cost of that treatment will be minimal and, in some cases, virtually non-existent. For those alcoholics who may require more extensive treatment, the costs of this will be covered by third party payments, particularly if the legislation recommended in this area is enacted.

The recommendations for insurance legislation which came out of the task force committee, are quite similar to laws already in force in Minnesota, Illinois, Massachusetts and Wisconsin.

The proposed measure would require that any group health insurance policy, any group hospital or medical service contract or subscription certificate, Blue Cross, Blue Shield, etc., in force in the State of New Jersey, cover treatment for alcoholism in:

(a) Any fully accredited hospital (or)

(b) Any primary alcoholism treatment facility (other than a hospital) which is licensed by the State of New Jersey (or)

(c) Out-patient treatment given by any State-licensed facility.

The committee further recommended that the above coverages be limited to 21 days for detoxification under (a); 90 days under (b), and the sum of $500 under (c).

In the past, insurance carriers have been reluctant to do this, fearing a tremendous surge of claims under the heading of "alcoholism." However, in no case has this happened. Indeed, as Mr. Ray cogently observes, any increase in "alcoholism claims" is offset by a corresponding decrease in claims made under other headings such as, "upper respiratory infections," "gastro-intestinal disturbances," and "musculo-skeletal disorders."

And long-run experience indicates that there will be an over-all decrease in the <u>total</u> number of claims, after successful treatments of some of the alcoholics remove so-called "revolving-door" cases from the claims list.

In other words, under the recommended legislation, everybody saves money in the long run.

In order to implement Assembly Bill 613 effectively, there will have to be an initial investment by the State in adequate staff and supportive facilities. In view, however, of the magnitude of the problem and the potential economic gains for everyone concerned, including the State itself, this should be no barrier to enactment of the proposed legislation.

For an added insight into what alcoholism among employed groups is costing the State of New Jersey, we are attaching a copy of testimony which was given yesterday (Wednesday) before the Special Studies Subcommittee of the Committee on Government Operations of the United States Congress, dealing with the Federal Government's efforts to combat alcoholism among its own employees (Exhibit C).

Listed here is Exhibit C which, interestingly enough, points out that the estimated cost to the Federal Government of the problem is something close to $400 million.

Your particular attention is directed to specific reports from General Motors Corporation and the New York City Transit Authority regarding savings resulting from their employee alcoholism programs, which appear on Page 6 of Exhibit C.

General Motors reported that their program had produced an 85.5% reduction in lost man hours (among the group who had been through the program); a 72% reduction in the amount of sickness and accident disability benefits paid, and a 46.7% reduction in the number of sick leaves taken.

The New York City Transit Authority reported an annual saving of over $1 million from their program on <u>one item alone</u> - sick leave pay.

In summation of the foregoing remarks, I respectfully submit that, rather than asking ourselves the question: "Can we afford this legislation?" we should be asking: "How long can we continue to afford <u>not</u> to do something about the hidden costs of alcoholism to our State Government and its entire economy?"

The fact remains that we will all be paying these costs unless and until the State of New Jersey enacts meaningful legislation which will deal effectively with our Number One health problem - Alcoholism.

That is Mr. Dunkin's statement.

ASSEMBLYWOMAN WILSON: Thank you very much. Do you have any questions? (No questions.)

MR. OLIVER: Thank you.

ASSEMBLYWOMAN WILSON: We have had quite an experience here today learning about alcoholism, and a reporter just asked me whether we were going to have the bill reported out very quickly. I can tell you that we have some job to do just to digest all of the testimony.

We have one person who has indicated a desire to speak at the conclusion if indeed she decided that everything had not yet been covered. I will ask Mrs. Brash whether she would like to testify now. Mrs. Nancy Brash, National Council on Alcoholism.

M R S. N A N C Y B R A S H: Thank you very much. I'll be your nightcapper, one for the road, quickly.

You asked about the necessity for a division. One that hasn't been emphasized to my satisfaction has been the poliferation of funds scattered around various departments of the Government. This is terribly wasteful in duplication and in failure to provide services where needed.

I know that our alcohol control program does not have adequate relations or interchange with other programs which disperse monies for alcoholism. It would be very mutually feasible for both of them to have a relationship. If there were a division, the relationship would exist. Much in the Motor Vehicles program could be enhanced by input from the Department of Education.

Now, if there were a division, this one division would oversee, it would be the one agency that would oversee all programs that would be conducted in the State. We think this would save money and save a whole

lot of alcoholics from misery.

That's all. Thanks so much.

ASSEMBLYWOMAN WILSON: Thank you, Mrs. Brash.

I want to thank everyone who has participated, thank the members of the Committee for their attention and their presence here today, and I will adjourn this hearing on Assembly Bill No. 613.

(Hearing concluded)

FOREWORD

Medical authorities are nearly unanimous in their recognition of alcoholism as a disease. The World Health Organization recognized alcoholism as a disease in 1951, the American Medical Association in 1956, the American Hospital Association in 1957, the American Psychiatric Association in 1965, the Department of Health, Education, and Welfare in 1966, and the President's Commission on Law Enforcement and Administration of Justice in 1967.

In recent years there has been a groundswell of more general public concern about the inadequate and improper handling of alcohol abuse and alcoholism in this country. The judiciary, public commissions, government committees, and private citizens have been in complete accord about the need for more effective and adequate prevention and treatment programs for our more than 9 million citizens who suffer from the disease of alcoholism.

On December 31, 1970, the President signed into law the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, which had passed both Houses of Congress without a single dissenting vote. This Act was, in the opinion of this Committee, a vital step forward toward a solution to this major health problem.

Nevertheless, in many jurisdictions in our country, alcoholics are still treated as criminals and jailed for public drunkenness.

The National Conference of Commissioners on Uniform State Laws promulgated a Uniform Alcoholism and Intoxication Treatment Act. I consider this Act timely and appropriate and I am pleased to make it available for distribution.

HARRISON A. WILLIAMS, Jr.,
Chairman, Senate Committee on Labor and Public Welfare.

NATIONAL COUNCIL ON CRIME AND DELINQUENCY

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STATEMENT IN SUPPORT OF ASSEMBLY BILL NO. 613, PRESENTED AT THE PUBLIC HEARING BEFORE THE INSTITUTIONS, HEALTH AND WELFARE COMMITTEE OF THE N. J. GENERAL ASSEMBLY, APRIL 23, 1974

It is my pleasure to speak to the support of Assembly Bill No. 613 which decriminalizes public drunkenness and establishes a treatment program for alcoholics and alcohol abusers.

First, let me identify myself and my relationship to the National Council on Crime and Delinquency (NCCD). I am a practicing attorney in New Jersey and a member of the New Jersey Corporate Task Force of NCCD. There are 21 business and corporate executives serving on this Task Force, and their names and the businesses they represent are attached to this statement.

Our Task Force was organized by NCCD early last year, but it took us several months to become sufficiently acquainted with the issues and problems in this field. We established our priority in the area of public drunkenness too late in the year to have any input to a bill similar to No. 613 introduced in the last session. Now, however, with the help of NCCD staff, and through our participation with other New Jersey organizations, we are clearly on record in support of the NCCD position which calls for taking the drunk out of the police-court-jail treadmill and providing effective treatment for him through social and health agencies.

Drunkenness should not be a crime, and the drunk should not be treated as a criminal. This isn't just the NCCD position, it is ours as representatives of New Jersey corporations. Further, it is the position of countless other New Jersey agencies, organizations and individuals. It is also the position taken by the recent National Advisory Commission on Criminal Justice Standards and

Goals. That Commission said:

> "The Commission recommends that drunkenness in and of itself should not continue to be treated as a crime. All States should give serious consideration to enacting the Uniform Alcoholism and Intoxication Act."

The bill under consideration follows closely the Uniform Act referred to by the Commission. We participated with several other New Jersey agencies and organizations in a joint review and detailed examination of this bill and found it to be basically a good bill. There were some recommendations resulting from this joint review, however, that we believe would strengthen the treatment and administrative provisions. These recommendations have, I understand, been provided to the Committee prior to this hearing.

Several states have already adopted laws similar to this one and have found that more police time is available for criminal matters, court loads have been reduced, and space has been freed up in their overcrowded jails and workhouses. New Jersey needs these kinds of results, and we have no doubt that this will occur if A. 613 becomes law. We are talking about a sizeable number of people now going through the justice system on drunk charges - 25% of the arrests in 1972 were for drunkenness. The percentage is probably higher than this because many drunk arrests are covered up under such charges as vagrancy, loitering, disorderly, etc.

We are concerned about the costly misues of police, courts and jails in handling the common drunk, especially when such handling does not solve the basic problem - alcoholism. But, were also concerned about serious crime in the State. Our police, court and jail resources are being drained off in large amounts to process these non-criminal offenses instead of being available for combatting serious crime.

As business men we experience absenteeism and staff turnover as a result of employee drinking. This is costly to the business man as well as to the employee and his family. We are, therefore, happy to see the provisions in this bill for a treatment program that will be available to all persons with an alcohol problem, and one that is located in appropriate social and health organizations.

In talking with others to gain support for this kind of legislation we found practically no opposition. Some expressed a fear that the drunk driver would be included, and others that crimes committed while intoxicated would be excused and not prosecuted. This bill does not include these kinds of offenses, nor do we believe it should. It does, however, make appropriate provisions for people accused of crime committed while intoxicated to be afforded treatment in lieu of prosecution, at the discretion of the court and prosecution. It makes sense, in our opinion, to divert this type of offender from the justice system to other social or health agencies and organizations for treatment, provided that public safety is not unduly jeopardized.

As business men and concerned citizens of New Jersey we urge favorable consideration of this much needed and long overdue legislative action.

Respectfully submitted,

Garrett M. Heher, Member
New Jersey Corporate Task Force
National Council on Crime and Delinquency

Attachments: List of Task Force members and their business affiliation

Excerpt from A National Strategy to Reduce Crime, report of the National Advisory Commission on Criminal Justice Standards and Goals

NEW JERSEY CORPORATE TASK FORCE

of the

NATIONAL COUNCIL ON CRIME AND DELINQUENCY

Membership List

William J. Brown, Jr.
Public Affairs Manager
Allstate Insurance Company
Murray Hill, N. J. 07974

Craig D. Burrell, M.D.
Vice President External Affairs
Sandoz Wander, Inc.
East Hanover, N. J. 07936

Phillip D. DeVoll, Vice Pres.
Union Camp Corporation
Wayne, N. J. 07470

Howard C. Dolainski
Director of Publishing
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Edward R. Harris, Director
Corporate Security
Warner-Lambert Company
Morris Plains, N. J. 07950

Garrett M. Heher, Partner
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William R. Jones, Jr.
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John L. Kidde, Vice President
Walter Kidde and Company, Inc.
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Frank K. Tucker, Vice President
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William G. Rolley, President
Greater Newark Chamber of Commerce
Newark, N. J. 07102

Howard V. Ross, Vice Pres. - Counsel
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Whippany, N. J. 07981

Carl Schools, President
Modern Collection Systems
Asbury Park, N. J. 07712

C. Fred Semken, Sr. Vice President
Peoples Trust of New Jersey
Hackensack, N. J. 07602

Martin A. Sherry, Treasurer
Curtiss-Wright Corporation
Wood-Ridge, N. J. 07075

Edward H. Stauffer, Secretary
Brown Boveri Corporation
North Brunswick, N. J. 08902

John W. Wood, Assoc. General Counsel
Hoffman-LaRoche, Inc.
Nutley, N. J. 07110

Photocopied from Chapter 8, Criminal Code Reform and Revision, A National Strategy to Reduce Crime, published by the National Advisory Commission on Criminal Justice Standards and Goals, 1973

DECRIMINALIZATION

The Commission believes that the criminal justice system would benefit from the removal of drunkenness as a crime, the repeal of vagrancy laws, and the administrative disposition of minor traffic offenses. The benefits from these changes that would accrue to the criminal justice system would be immediate and far ranging.

The following sections contain the Commission's recommendations in these three areas, plus a discussion of the rationale for the proposed changes.

Drunkenness

The Commission recommends that drunkenness in and of itself should not continue to be treated as a crime. All States should give serious consideration to enacting the Uniform Alcoholism and Intoxication Act.

In Crimes With No Victims, Edwin Kiester, Jr., portrays the existence of the Skid Row drunk:

> He has been drinking steadily since his teens; and he lives on Skid Row, that run-down jumble of shabby taverns, insect-infested flophouses, religious missions dispensing free meals and lodging, cafeterias selling cheap soup, and employment agencies that specialize in dishwashers and busboys. John has no ties to anyone; and he has forgotten what trades he ever knew. He panhandles for pennies and wipes the windshields of cars stopped by a red light in hopes of a handout; occasionally he works in a restaurant kitchen hauling out garbage or washing dishes. Whatever he earns goes for cheap wine or rotgut liquor at the cut-rate Skid Row bars.(4)

The plight of such persons has not been improved by laws designating the alcoholic as a criminal. For the public drunk, the deterrence factor of a criminal sanction is virtually inoperative. Alcoholism is a problem for which social services, not the penal-correctional process, are indicated. Aggression that manifests itself in other criminal conduct, accompanied by drunkenness, should remain punishable.

In 1967, The Challenge of Crime in a Free Society, a report by the President's Commission on Law Enforcement and Administration

of Justice, began its discussion of drunkenness offenses with this paragraph:

> Two million arrests in 1965—one of every three in America—were for the offense of public drunkenness. The great volume of these arrests places an extremely heavy load on the operations of the criminal justice system. It burdens police, clogs lower criminal courts, and crowds penal institutions throughout the United States.(5)

The President's Crime Commission doubted that drunkenness should continue to be treated as a crime.

In the 6 years since that report, there has been a slight decrease in the number of arrests for drunkenness; according to the Federal Bureau of Investigation's Uniform Crime Reports, there were approximately 1.8 million such arrests in 1971.(6)

That decrease is insignificant considering the amount of money and police and court time spent on each arrest. In 1971, the San Francisco Committee on Crime noted the inordinate amount of time spent on chronic recidivist drunks. In discussing the costs of handling drunkenness by criminal process, the Committee said:

> The futility and savagery of handling drunkenness through the criminal process is evident. The cost to the city of handling drunks in that way cannot be determined with exactness. Only approximation is possible. The Committee's staff has computed that in 1969 it cost the city a minimum of $893,500. The computation was that $267,196 was spent in making the arrests and processing the arrested person through sentence, and that roundly $626,300 was spent in keeping the drunks in county jail at San Bruno. And these figures do not include the costs to the city when a drunk is taken to San Francisco General Hospital from either the city prison or county jail. While our staff has concluded that it costs the city between $17 and $20 to process each drunk from arrest through sentencing, an estimate by a police officer assigned as liaison to the Drunk Court put the cost at $37 per man through the sentencing process. Thus, if anything, our estimates are low.(7)

The Committee said that "it cost the taxpayers about $2,500 to run one morning's 'crop' of drunks through the criminal process.

The split-second decision of a judge to dismiss, sentence or suspend may cost the city anywhere from $125 to $150.'' The Committee concluded: ''If these expenditures achieved some social or public good, they should be gladly borne. But they do not.''(8)

The San Francisco figures, when multiplied by the annual 1.8 million arrests for drunkenness, present an intolerable bill paid by Americans each year for the corralling and locking up of the public drunk.

A significant step to rectify this situation has been taken by the National Conference of Commissioners on Uniform State Laws. The Conference has drafted model legislation, the Uniform Alcoholism and Intoxication Treatment Act, that calls for decriminalization of alcoholism and public drunkenness and provides States with legal guidelines for dealing more rationally with public drunkenness. At least nine States and the District of Columbia have enacted this law, which was endorsed by the American Bar Association in 1972.

The uniform act calls for the development of a department in the State government to deal with alcoholism. It authorizes police officers to take a person incapacitated by alcohol into protective custody rather than arrest him. The act provides for a comprehensive program for treatment of alcoholics and intoxicated persons--including emergency, inpatient, intermediate, outpatient, and followup treatment and authorizes appropriate facilities for such treatment. This Commission recommends that all States consider the adoption of this act.

As noted in the preface to the uniform act, society's attitude toward alcohol abuse has changed. There is also increasing recognition that current laws discriminate against the poor and pose possible constitutional problems.

The alternative to reform in this area is more of the same of what society faces today. The Commission urges that appropriate measures be taken to relieve the police, courts, and jails of the futile job of dealing with a massive problem best handled by social services.

Vagrancy

The Commission recommends that each State review its laws and repeal any law that proscribes the status of living in idleness without employment and having no visible means of support, or roaming or

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