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THE TREATMENT AND REHABILITATION OF ALCOHOLICS

**REPORT OF THE
VIRGINIA ADVISORY LEGISLATIVE COUNCIL
to
THE GOVERNOR
and
THE GENERAL ASSEMBLY OF VIRGINIA**



COMMONWEALTH OF VIRGINIA
Department of Purchases and Supply
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1965

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VIRGINIA ADVISORY LEGISLATIVE COUNCIL

December 13, 1965, Richmond, Virginia.

To:

HONORABLE A. S. HARRISON, JR., *Governor of Virginia*

and

THE GENERAL ASSEMBLY OF VIRGINIA

In the course of its study and deliberations, your Council became convinced that the disease of alcoholism now seriously drains, and will increasingly deplete, the State's human and productive resources and that there is an immediate and urgent need to develop new innovations to halt this trend. The recommendations presented in this report are designed: first, to initiate programs now which will develop, encourage and support new methods for treating and rehabilitating alcoholics and alert the medical profession to the problems and avenues for treatment in this complex field; second, to lay the groundwork for soundly conceived future action by the State; and third, to answer constructively the General Assembly's request for study and recommendations in this area, embodied in House Joint Resolution No. 89 of the 1964 Regular Session, which states:

HOUSE JOINT RESOLUTION NO. 89

Directing the Virginia Advisory Legislative Council to make a study and report on the treatment and rehabilitation of alcoholics.

Whereas, the problem of alcoholism in this State is on the rise; and

Whereas, the increase of our crime rate and in the number of broken homes is directly attributable to alcoholism; and

Whereas, with the increase in population, it must follow that the number of alcoholics will increase; and

Whereas, facilities for treating persons afflicted with the disease of alcoholism in this State are limited; now, therefore, be it

Resolved by the House of Delegates, the Senate concurring, That the Virginia Advisory Legislative Council is directed to make a study and report on the treatment and rehabilitation of alcoholics, with recommendations on how, if possible, facilities within the State can be expanded to meet the problem. All agencies of the State shall assist the Council in its study. The Council shall complete its study and make its report to the Governor and the General Assembly not later than October one, nineteen hundred sixty-five.

Pursuant to this directive the council appointed one of its members, Edward M. Hudgins of Chesterfield, a member of the House of Delegates, chairman of a Committee to investigate the treatment and rehabilitation of alcoholics and make a preliminary report to the Council. Members

of the Committee were: Frank Ball, Jr., Attorney, Arlington; Dr. Rex Blankinship, Westbrook Psychiatric Hospital, Richmond; Hale Collins, member of the Senate, Covington; Dr. Robert P. Daniel, President, Virginia State College, Petersburg; Dr. Hiram W. Davis, Commissioner, Department of Mental Hygiene and Hospitals, Richmond; Dr. W. C. Elliott, member of the House of Delegates, Lebanon; Dr. Ebbe C. Hoff, Medical Director, Division of Alcohol Studies and Rehabilitation, Medical College of Virginia, Richmond; John Wingo Knowles, Judge, Henrico Circuit Court, Richmond; Kenneth F. Lee, Director, Division of Alcohol Studies and Rehabilitation, Richmond; Dr. J. Rupert Picott, Executive Secretary, Virginia Teachers Association, Richmond; Dr. James C. Respass, University of Virginia Hospital, Charlottesville; A. H. Richardson, member of the House of Delegates and Council, Dinwiddie; T. Wilford Robinson, Fellowship of Alcoholics Anonymous, Alexandria; Mrs. T. S. Temple, Chesterfield; and Dr. Wayne W. Womer, Executive Secretary, The Alcohol Education Council Incorporated of Virginia Churches, Richmond. The Committee elected Dr. Elliott Vice-Chairman and appointed John B. Boatwright, Jr. Secretary.

At its organizational meeting, the Committee was subdivided to consider and report on the following: (1) what constitutes being an alcoholic, number in Virginia being presently treated and requiring treatment; (2) methods and facilities currently employed to treat alcoholics in Virginia; and (3) advantages and disadvantages of programs not now in use in Virginia for treating and rehabilitating alcoholics. Upon completion of subcommittee investigations and following receipt and consideration of their reports, the full Committee formulated its recommendations and submitted its report to the Council. Having reviewed and studied the report of the Committee, we now submit the following recommendations and reasons therefor.

RECOMMENDATIONS

1. We believe that a two-prong attack should be initiated immediately to intensify and promote much needed research and training in the areas of treatment and rehabilitation for alcoholics. Both the approaches presented in Recommendations 1-a and 1-b have merit and promise results. Moreover, by adopting them both, we can gain much valuable insight through a comparison of the results achieved by each.

1-a. We, therefore, recommend that there be developed at the Medical College of Virginia, through expansion of existing buildings, if possible, a facility for the comprehensive study and investigation of the causes, treatments and prevention of alcoholism as well as for education and training of doctors, nurses, social workers, research workers and other personnel. Such education would reach both students and post-graduates.

This facility should be an integral part of the Medical College of Virginia and should function within the total objectives of the Division of Alcohol Studies and Rehabilitation (DASR).

It should have the following responsibilities and characteristics:

- (1) It should engage in clinical and related research carried out by a dedicated, competent, interdisciplinary staff that would cooperate with and benefit from its location in and the resources of the medical, teaching and research center at M.C.V. The staff would coordinate its work with basic investigators doing research sponsored by the DASR at the University of Virginia and M.C.V. and also coordinate with other related studies in these institu-

tions, the Department of Mental Hygiene and Hospitals and other research in Virginia, the United States and abroad.

- (2) The facility should be designed to permit investigation of a wide range of treatment for alcoholics, using existing and new modalities of therapy.
- (3) There should be space and personnel for the care of acute emergency alcoholic problems and investigation of such treatment.
- (4) The facility should include an inpatient intensive treatment unit for comprehensive diagnostic studies, withdrawal from alcohol, planning for subsequent ongoing, long-term rehabilitation, and special metabolic, neurological, and psychiatric investigations.
- (5) There should be provision for an inpatient living area for patients requiring various durations of full hospitalization. This unit would permit study of the values of a therapeutic community setting and should include space for inpatient group therapies, occupational activities, films and closed-circuit television programs, etc.
- (6) There should be space to permit day-care of certain selected patients and the testing of other partial hospitalization programs, either as a transitional stage from full hospitalization to outpatient clinic therapy or as a special feature of total rehabilitation programs.
- (7) For teaching purposes, there should be adequate conference and seminar areas as well as examining and interview rooms.
- (8) The facility should include a fully-equipped and staffed outpatient clinic for continuing treatment of patients and counseling of their families. This clinic would maintain daytime as well as evening hours. There should be provisions for administering and testing individual psychotherapies, adjunctive use of Antabuse and other drugs, as well as various forms of group therapy for patients and family members. The outpatient as well as inpatient services would function not only to rehabilitate but also to investigate the outcomes of various treatment combinations. Correlations would be sought between patient diagnostic and other characteristics and success with specific treatment modalities.

The facility should be planned with investigative, educational and therapeutic objectives as the primary considerations.

As to treatment space, it is recommended that the minimum should be:

- (1) Acute emergency service: Approximately 10 beds.
- (2) Intensive care unit: Approximately 20 beds.
- (3) Inpatient living unit: Approximately 20 beds (including space for day care).

It is estimated that the construction cost of this facility, as outlined, will be about \$1,500,000, which should be appropriated to the State Department of Health for this purpose.

1-b. Action should be taken now to perpetuate the successes currently achieved at the University of Virginia Medical School to create an even more useful facility for the treatment of alcoholics within and throughout the hospital, on the basis of integrating alcoholic patients with other patients. Such integration means the alcoholic is placed in the hospital wherever primary treatment needs dictate just as any other patient, and thus permits the entire hospital staff to deal with the individual suffering from alcoholism in a normal and routine manner. We believe that this type of physician-patient contact is extremely valuable in training students, doctors and the entire staff and in acquainting the greatest possible number of professionals with the problems of alcoholism and opportunities for successful treatment.

Medical students and doctors taught to accept and treat the alcoholic patient will carry that attitude with them into practice elsewhere. This proposal can, like that for the Medical College of Virginia, be the first application of many throughout the State and serve as a guide to hospitals throughout the State.

The best means of promoting the program at the University lies through strengthening the staff immediately concerned with the treatment and rehabilitation of alcoholics and research in this area. Appropriations should be made to increase this staff so that it can operate on a fully equal basis with the other medical fields represented there, conduct research, experiment in new treatment techniques and correlate, apply and disseminate knowledge acquired there on a highly skilled and professional basis. This additional personnel would work in conjunction with existing DASR personnel, thus reinforcing and implementing their research and work at the hospital.

We, therefore, recommend that additional funds should be appropriated to the University of Virginia Medical School for special personnel in the field of alcoholism as follows:

- (1) Funds for a fellowship for advanced training of a physician in the treatment and rehabilitation of alcoholics—\$3,600 per year.
- (2) Funds to permit a summer program for training four medical students in this area—\$2,400 per year.
- (3) Funds to permit the employment on a full-time basis of a research analyst capable of programming the results of research and experimentation in this field—\$5,000 per year.
- (4) Funds to permit the bringing of four physicians to the hospital for consultation and special training on a per diem of \$50 for two days each year and for their expenses—\$500 per year.

2. We believe that, in the area of treatment and rehabilitation, there is a vital need for non-institutional care and counseling for both alcoholics who do not require institutionalization and those who are released from hospitals or institutions and face a major readjustment in living without alcohol. This type of treatment or continuation treatment is currently being successfully supplied by the nine outpatient clinics operated under the auspices of the Department of Health.

We, therefore, recommend the addition of seven new clinics and the expansion of certain existing clinics to provide truly State-wide treatment services for alcoholics as follows:

- (a) Three new clinics to be established by the Health Department in the following rather heavily populated areas:

- (1) Blacksburg, Floyd, Giles, Montgomery, and Pulaski Counties, as well as individuals from other counties who could normally be treated in Blacksburg or Christiansburg (Montgomery);
 - (2) Winchester and Frederick County, as well as individuals from surrounding counties; and
 - (3) Newport News and Hampton.
- (b) Four new outpatient clinics to be established in each of the mental hospitals at Marion, Petersburg, Staunton and Williamsburg.
 - (c) Existing outpatient clinics at Abingdon, Danville, Falls Church, Harrisonburg, Lynchburg, Norfolk and Roanoke to be expanded by means of additional staff which will include a physician, or physicians, and necessary ancillary personnel.

Experience has shown that the full-time services of a trained social worker and a skilled secretary, plus the part-time services of a physician, or physicians, represent the minimum personnel for operating such a clinic; and where it is possible, services of a clinical psychologist should be secured.

Based on present costs, the annual expenses for operation of these clinics will amount to approximately \$25,000 each per year. This will include personnel services, travel, rent and essential clinic and office supplies. New appropriations of \$175,000 should, therefore, be appropriated to the Departments of Health and Mental Hygiene and Hospitals in the coming year for three and four new clinics, respectively.

It is suggested that the new clinics (other than those established at the mental hospitals) be administered by the Division of Alcohol Studies and Rehabilitation of the State Department of Health, but that the clinics which are established in the several mental hospitals be under the supervision of the Department of Mental Hygiene and Hospitals.

It is urged that both referral procedures and pertinent medical information be freely exchanged between the Department of Mental Hygiene and Hospitals and the Department of Health as is currently being done with much success at the University of Virginia and Western State Hospital in conjunction with the DASR.

3. We recommend that the alcoholic who recognizes his need for treatment be permitted and encouraged to seek treatment and that voluntary admissions be allowed under our statutes. Voluntary admissions would be a beneficial way to utilize existing facilities for the rehabilitation of those most apt to cooperate in treatment programs. The hospital or institution should, of course, have discretion whether or not to accept such patients and the added discretion to bring commitment proceedings if a voluntary patient seeks to leave at a time when his condition endangers himself or the public. The power to detain voluntary patients should be limited to a brief period unless commitment proceedings are instituted. To encourage voluntary admissions, it should be made clear that a voluntary patient's driver's license will not be revoked or suspended by reason thereof.

4. In order to determine with accuracy, the future needs of the State with respect to constructing new facilities for the treatment and rehabilitation of alcoholics, it is recommended that at this time a thorough and as accurate as possible survey of hospital admissions statistics be

conducted to determine the actual number of alcoholics currently being treated in institutions. It is felt that such a survey will indicate, better than existing formulas can, the number of alcoholics needing institutional care as compared to the number of alcoholics in general, many of whom can be helped through counseling outside of a hospital or institution and many of whom are capable of controlling and solving their own problem without actual confinement.

5. Education can play a vital part in preventing the spread of alcoholism. We recommend full support and encouragement be given, and definite appropriations be made, so that the State Department of Education can take the lead in alerting the school population to the nature and dangers of the disease of alcoholism.

For the coming biennium, the sum of \$17,000 dollars should be appropriated to the Department for the purpose of revising and updating the elementary and high school health curriculum guides to give due emphasis to education concerning alcoholism within the area of health education. This sum would cover the operating expenses of a committee of teachers and administrative personnel, who would work with the Department of Education, Department of Health personnel and consultants knowledgeable in the study of alcoholism in making these revisions, and cover the costs of printing and distribution. The initial committee expenses of meeting and drafting in 1966 would require \$6,000, and the completion of their work plus final printing in 1967 would require the remaining \$11,000.

In addition, the Department can serve as a focal point for the distribution of materials on alcoholism, provided by the Department of Health and others, throughout the State's schools, both private and public, at all levels including college. Such materials should also be made available to industry, churches and other concerned private groups to encourage their awareness and action in this area.

6. One private group which has, with distinctive and substantial success, contributed to the rehabilitation and cure of alcoholics as well as to education in this area is the Fellowship of Alcoholics Anonymous. It is felt that we should recommend and strongly urge all State departments and agencies to cooperate with Alcoholics Anonymous, whose services are provided free to the State. One means to facilitate their efforts is through advance notice of the release date of alcoholic patients to enable the Fellowship to follow up and counsel with the alcoholic as he readjusts to society. Whenever the patient will give permission for such advance notice, we recommend all hospitals and institutions give whatever notice is possible to the representative of Alcoholics Anonymous who gives his name to the hospital or institution for this purpose. He will then be able to notify local members of the Fellowship when the patient will be returning home.

7. Finally we recommend the creation of a special commission to conduct a survey of out-of-state methods of treatment, experimentation, and research in order to obtain a firsthand evaluation of such methods and to be able to apply them successfully in Virginia. Such a commission should be composed of experts and persons interested in this field and should include a representative of the State Department of Health, the Department of Mental Hygiene and Hospitals, the University of Virginia Medical School and the Medical College of Virginia. In addition, the Governor should appoint three persons from the State at large, one of whom should represent Alcoholics Anonymous and one of whom should represent the field of education. The proposed group should be well qualified to evaluate new programs discovered elsewhere and apply them in Virginia.

We would be remiss not to take advantage of the experiments of others in this field, and the cost of such a commission would be saved many times over through avoiding unnecessary duplication in research.

BACKGROUND FINDINGS

We have submitted our recommendations based on the following findings:

- (1) There is no single, universally acceptable definition of an alcoholic, but an alcoholic is a person suffering from a sickness of non-specific and probably multiple etiology influenced by psychological, social, cultural, nutritional and probably genetic and metabolic factors, characterized by loss of control of alcohol use and harm to the individual, his family and the community.
- (2) Because the causes of alcoholism are multiple and because the disease must be treated in terms of the individual rather than the group, there can be no one generally applicable approach to the treatment and rehabilitation of alcoholics, and the responsibility within the State for the care of alcoholics, education about alcoholism, and investigation of causes, treatment and prevention should not be limited or isolated to any one agency or group. All concerned branches of State government, voluntary agencies and private individuals and institutions must be encouraged to take their part in these problems to the extent they are qualified and can be motivated to do so.
- (3) The available statistics on the number of alcoholics, the number of alcoholics needing specialized kinds of treatment or institutionalization, and even the number of alcoholics currently being treated are, in large part, seriously questionable and open to multiple interpretations. Additional information is needed.
- (4) Available statistics do prove, however, that the costs of alcoholism in terms of human and economic waste are staggeringly high through loss of employment, costs of imprisonment and many other similar ramifications.
- (5) In terms of treatment at the current time, immediate steps must be taken to support both institutional inpatient care and outpatient care, and consultation at institutions, clinics and with private groups and individuals.
- (6) The study and research in the area of treatment and rehabilitation for alcoholics is a still expanding field, still producing new results and still developing varied approaches to this problem. Therefore, it is not the time to emphasize any one form of research, treatment or rehabilitation in preference to or in exclusion of other methods. It is thus proper to utilize all approaches that offer possibilities for the treatment and rehabilitation of alcoholics. Indeed, in view of the complexity of the disease and the highly individualistic character of the alcoholic, in terms of the physical, mental, social and psychological problems, symptoms and reactions he has, it may well be there will never be a time when one method will have proved itself the sole method to be adopted on any kind of State-wide or uniform basis.
- (7) Two types of education are vital to promote preventive steps to ward off continuing increases in the number of alcoholics. First, education among all age levels, insofar as possible, is very desirable and necessary. Education of school children from elementary

to college levels through cooperation between the Department of Education and other State agencies able to prepare and make available information concerning alcoholism is one method of preventive education. Private groups can also play a vital role here. Second, increased training for students, doctors and others connected to the medical profession in medical schools to make them aware of the possibilities for treating alcoholics and to increase their sympathy with the person suffering from alcoholism constitutes another approach to education that is of primary importance.

CONCLUSIONS

The recommendations which we present constitute, we believe, a sound approach to increase and improve methods of treatment and rehabilitation for alcoholics. These recommendations advocate added programs and the intensification of certain existing ones, in order to develop new knowledge and serve as pilot projects for future broad application. Such programs will give impetus to added progressive activity. Certain of the recommendations are specifically directed to determining some of the underlying and preliminary questions which should be examined and answered before major emphasis is given one approach to the exclusion of others, as through the construction of a major central hospital for alcoholics. It is submitted that this overall approach, if adopted now and acted on with enthusiasm, will give Virginia new means and a revitalized program for solving the many and complex problems confronting us attributable to the disease of alcoholism.

Bills and resolutions to effectuate the recommendations made herein are attached in the appendix.

It would have been impossible for the Council to formulate this report and these recommendations without the full cooperation of those numerous individuals, private groups and State agencies who supplied extensive information and sound suggestions to the Committee. To them and to the Committee for its valuable work, we express our sincere appreciation.

Respectfully submitted,

EDWARD E. WILLEY, *Chairman*

TOM FROST, *Vice-Chairman*

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APPENDIX

Legislative Proposals to Executive Recommendations

Recommendations 1-a, 1-b, 2 and 5 should be carried out through appropriate amendments to the 1966 Appropriation Act.

Attached are a bill and appropriate resolutions to effectuate Recommendations 3, 4, 6 and 7.

A BILL to amend the Code of Virginia by adding in Chapter 3 of Title 37 an article numbered 4.1, consisting of sections numbered 37-121.1 through 37-121.3, to provide for the voluntary admission of inebriates to hospitals and institutions.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia be amended by adding in Chapter 3 of Title 37 an article numbered 4.1, consisting of sections numbered 37-121.1 through 37-121.3, as follows:

Article 4.1

§ 37-121.1. The superintendent of any State or private hospital, colony or institution may, subject to the rules and regulations established by the State Hospital Board, receive and treat therein, as a patient, any person who is an inebriate and who voluntarily makes written application therefor, and whose condition is such as to render him competent to make the application, or understand it if made by another for him, or any person for whom such application is made by his parent if such person is under twenty-one years of age and not emancipated, or by his legal guardian, if any.

§ 37-121.2. A person who is received as a voluntary patient at such hospital or institution shall not be detained under such voluntary agreement, unless the superintendent or physician in charge of such hospital or institution, or another responsible person, shall make written complaint and information before the circuit or corporation judge, or any justice as defined in §§ 37-1.1, 37-61 and 37-61.2, alleging that such person is an inebriate and seeking commitment under the provisions of Article I of this chapter; provided, such person may be detained for twenty-four hours pending such proceedings. For purposes of applying this article and Article I of this chapter, jurisdiction for commitment proceedings shall be determined in the same manner as provided in § 37-123.

§ 37-121.3. Nothing in this article shall be construed to authorize the Commissioner of Motor Vehicles acting under any provision of Title 46.1, to revoke or suspend the license of any person seeking voluntary admission to any such hospital or institution, unless such person is actually committed under the provisions of this article and of Article I of this chapter.

SENATE JOINT RESOLUTION NO. —

Directing the State Department of Health to survey hospital admission statistics to determine the number of alcoholics being treated in Virginia.

Whereas, Virginia recognizes the inestimable value of a comprehensive, adequate and soundly conceived program to treat and rehabilitate persons suffering from alcoholism, whose disease endangers themselves and society and drains the State's human and productive resources; and

Whereas, a well-reasoned and accurate estimate of the number of alcoholics in Virginia requiring hospitalization or equivalent treatment is a prerequisite to any well-designed program and a necessary preliminary to planning additional facilities for treating alcoholics; and

Whereas, a survey of hospital admission figures can be made at relatively low cost and yet produce significant information as to the true needs respecting construction of added facilities and the nature of the problem facing the Commonwealth; now, therefore, be it

Resolved by the Senate, the House of Delegates concurring, That the State Department of Health, acting through its Division of Vital Records and Health Statistics, is directed to conduct a survey of hospital admission figures and statistics to determine the number of alcoholics currently being treated in Virginia in the various hospitals and institutions licensed and supervised by the Department and State Board of Health. Such figures should reflect the number of admissions under a diagnosis of alcoholism, the number of admissions under other diagnoses attributable to and concerning alcoholism, readmissions for additional treatment, and other factors which the Department considers pertinent, insofar as such information is available and may be obtained. There is hereby appropriated from the contingent fund of the General Assembly the sum of three thousand dollars to be paid to the Department to defray expenses incurred in the execution of such a survey. The Department shall conclude its survey and report to the Governor and the General Assembly not later than July one, nineteen hundred sixty-seven.

SENATE JOINT RESOLUTION NO. —

Commending the Fellowship of Alcoholics Anonymous and directing hospitals and institutions throughout the State to cooperate with the Fellowship in the rehabilitation of alcoholics.

Whereas, the Fellowship of Alcoholics Anonymous currently makes a substantial and outstanding contribution throughout the State in the treatment and rehabilitation of alcoholics through personal contacts and extensive consultation and guidance; and

Whereas, the State should do everything within its power to encourage and facilitate the commendable work being done by the Fellowship; now, therefore, be it

Resolved by the Senate, the House of Delegates concurring, That all hospitals and institutions throughout the State currently treating alcoholics, whether under a primary diagnosis of alcoholism or under a diagnosis relating to a symptom of that disease, are directed to cooperate insofar as possible with the Fellowship of Alcoholics Anonymous by contacting any representative of the Fellowship, who makes himself known to the hospital or institution, and giving him advance notice of the release date of any such patient who gives permission for them so to do. In this way, the Fellowship may follow up, through counselling, consultation and guidance, the care given at such hospital or institution immediately upon the release of the patient and thus fortify the treatment and rehabilitation begun there.

SENATE JOINT RESOLUTION NO. —

Creating a commission to study methods of treatment and rehabilitation

Whereas, the disease of alcoholism constitutes a serious and increasing problem throughout Virginia and the nation, is recognized as having a multitude of causes and many serious and detrimental consequences, and is under constant study and subject to continuing experimentation and research to determine sound methods of treatment and rehabilitation; and

Whereas, it is to the great advantage of the Commonwealth to keep in constant touch with new developments in methods of diagnosing, treating and rehabilitating alcoholics; and

Whereas, those persons within the State who are charged with responsibility for treating and rehabilitating alcoholics in Virginia are the most qualified and most apt to benefit from current knowledge of experiments, research, and new methods in such treatment and rehabilitation; and

Whereas, these persons so concerned and qualified are best able to translate the information gained in other states and successes achieved in other areas for use in solving the problem of alcoholism in this Commonwealth; now, therefore, be it

Resolved by the Senate, the House of Delegates concurring, That a commission is hereby created to survey and study methods of treatment, research projects and experimentation in other states throughout the nation pertinent to the treatment and rehabilitation of alcoholics. The Commission shall be composed of ten experts and persons interested in the field as follows: a representative each from the Department of Mental Hygiene and Hospitals, the Department of Health, the Medical College of Virginia, the University of Virginia Medical School; two members of the House of Delegates appointed by the Speaker thereof; one member of the Senate appointed by the President thereof; and three persons appointed by the Governor from the State at large, one of whom shall be a member of the Fellowship of Alcoholics Anonymous and one of whom shall be a representative of the field of education. The members of the Commission shall receive no compensation for their service but shall be paid their necessary expenses, including traveling expenses, for which and for such secretarial and other assistance as the Commission may require, there is hereby appropriated the sum of ten thousand dollars from the contingent fund of the General Assembly.

The Commission shall make such study and report its findings and recommendations on the adoption of new methods of treatment and rehabilitation for alcoholics in Virginia to the Governor and the General Assembly not later than September one, nineteen hundred and sixty-seven and shall at that time report on the advisability of continuing such study in order to retain familiarity with new developments in the area of treating and rehabilitating alcoholics.