

**TREATMENT OF ALCOHOLISM**

**REPORT OF THE**

**VIRGINIA ADVISORY LEGISLATIVE COUNCIL**

**TO**

**THE GOVERNOR**

**AND**

**THE GENERAL ASSEMBLY OF VIRGINIA**



**Senate Document No. 26**

COMMONWEALTH OF VIRGINIA  
Department of Purchases and Supply  
Richmond  
1974



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TREATMENT OF ALCOHOLISM  
Report of the  
Virginia Advisory Legislative Council  
to  
The Governor and The General Assembly of Virginia

Richmond, Virginia  
February, 1974

TO: HONORABLE MILLS E. GODWIN, JR., *Governor of Virginia*

and

THE GENERAL ASSEMBLY OF VIRGINIA

INTRODUCTION

The 1972 Session of the Virginia General Assembly had before it for its consideration Senate Bill No. 574. The general intent of this Bill was to remove public intoxication from the criminal justice system and to assure that alcoholic persons receive more effective help. Senate Bill No. 574, in the judgment of the General Assembly, represented an enlightened and realistic proposal for establishing local treatment facilities for the treatment of alcoholics in a local environment. Financing the program contemplated by Senate Bill No. 574 would have been accomplished by a tax on the sale of alcoholic beverages. Because of the complexities presented by the Bill itself and the necessity of increasing alcoholic beverage taxes required to fund and implement a community based system of health care facilities for alcoholics, the 1972 Session carried the Bill over to the 1973 Session for consideration. The Senate Committee on Rehabilitation and Social Services felt that it lacked the staff and resources adequate to resolve the issues raised by the Bill and, in 1973, reported a resolution calling for a study of the Senate Bill No. 574 approach by the Virginia Advisory Legislative Council.

Accordingly, the Virginia Advisory Legislative Council Committee to Study Treatment of Alcoholism was established as a result of Senate Joint Resolution No. 132, which was adopted by the 1973 Session of the Virginia General Assembly. The text is as follows:

Whereas, alcoholism is recognized to be Virginia's principal health problem with there being two hundred twenty thousand alcoholics which is five percent of the adult population; and

Whereas, the criminal justice system is incapable of exercising any effective measures which will lead to the rehabilitation of persons afflicted with this disease; and

Whereas, Senate Bill No. 574 of the 1972 Session of the General Assembly makes a proposal for establishing the treatment of alcoholics in local environments with funds derived from the sale of alcoholic beverages going to defray the costs of such programs; and

Whereas, the approach to alcoholism outlined by this legislation is enlightened, realistic and capable of achievement; now, therefore, be it

Resolved by the Senate, the House of Delegates concurring, That the Virginia Advisory Legislative Council is hereby directed to undertake a study of the costs, time and all other factors necessarily involved in the implementation of the community based system of health facilities for alcoholics recommended by Senate Bill 574 of the 1972 Session of the General Assembly, the appropriate increases in alcoholic beverage taxes necessary to fund any such program and all other matters ancillary to the implementation and financing of such program.

The Council shall complete its study and make its report to the Governor and the General Assembly not later than November fifteen, nineteen hundred seventy-three.

Senator Joseph V. Gartlan, Jr. of Fairfax, a member of the Council, was appointed Chairman of the Committee to conduct the study. Other members selected to serve on the committee were Senator Leroy S. Bendheim of Alexandria, Dr. Joseph T. Byrne of Richmond, Dr. Thomas R. Dundon of Richmond, Judge Beverly Fitzpatrick of Roanoke, The Reverend Arthur Graham of Richmond, Mr. Harold O. Hinson of Fairfax, Mr. Leslie F. Johnson, Jr. of Richmond, Delegate Dorothy McDiarmid of Falls Church, Mr. Carlyle Ring of Alexandria and Mr. David M. Rothwell of Charlottesville.

Senator Leroy S. Bendheim was elected Vice Chairman.

The Virginia Advisory Legislative Council and the Division of Legislative Services made staff and facilities available to carry out this study; they assigned the necessary employees to assist the individual members in the study group at all times. The Division of Legislative Services was represented by Mr. Robert W. Bendall and Mrs. Mark H. Neale.

Mr. Barry Lipman and Mr. John Garka of the State Department of Taxation assisted the Committee in the area of financial analysis.

During the Committee's six months of study, the members spent considerable time and effort acquainting themselves in detail with the problems presented by Senate Bill No. 574 and alternative methods of providing appropriate care and services for Virginia's alcoholics. The Committee carefully examined the concept of community based care, looking particularly at the family-sized care unit as an alternative to institutionalization.

The Committee was charged by the General Assembly with a very substantial responsibility and a matter of utmost importance to the Commonwealth. Chairman Gartlan felt that the best approach to meeting this responsibility would be to organize the Committee into subcommittees to consider the various aspects of the program outlined in Senate Joint Resolution No. 132. Accordingly, Senator Gartlan made the following assignments:

1. Economic and Budgetary Implications Subcommittee  
Leroy S. Bendheim, Chairman  
Harold O. Hinson  
Leslie F. Johnson, Jr.
2. Program of Implementation Subcommittee  
Dorothy S. McDiarmid, Chairman  
Thomas R. Dundon
3. Law Enforcement Implications Subcommittee  
Beverly Fitzpatrick, Chairman  
Carlyle Ring  
Arthur Graham  
Harold O. Hinson

As a result of the members' independent study, consideration of testimony gathered in subcommittee meetings and subsequent collective deliberation, the Committee is prepared to make its report.

## RECOMMENDATIONS

1. The Committee recommends that the Commonwealth of Virginia recognize that alcoholism is a treatable illness.
2. The Committee recommends the timely removal of public intoxication from the criminal justice system.
3. The Committee recommends that the Commonwealth of Virginia offer alcoholics a continuum of treatment and rehabilitative services according to their physical, psychological and social needs, and that such persons no longer be subject to criminal prosecution.

## REASONS FOR RECOMMENDATIONS

Alcoholism is a disease and as such is recognized to be Virginia's principal health problem. Approximately five percent of the adult population of the Commonwealth of Virginia are alcoholics. Every alcoholic needs help, whether he or she is drinking at the moment or not. If the person has been drinking or is suffering the withdrawal syndrome as an aftermath of drinking, the first necessary step in offering help is to assist the patient to interrupt the drinking cycle, to enhance recovery from the effects of alcohol, and to offset disturbing and at times serious consequences of alcohol withdrawal. The objective of detoxification is to counteract serious derangements of physiology, chemistry and other functional components and to help restore physiological and chemical equilibrium as quickly as possible.

The Committee's careful study of Senate Bill No. 574 resulted in the conclusion that the enlightened proposal to remove public intoxication from the criminal justice system and to assure that alcoholic persons receive more effective help, such as emergency medical treatment with appropriate follow-up care involving social, vocational, rehabilitative, medical, and psychological services was a desirable course of action. In order to assure the alcoholic these services, the Commonwealth must offer a continuum of treatment and rehabilitative services according to the alcoholic person's physical, psychological and social needs.

The Committee recommends the enactment of the proposed legislation attached hereto in order to implement its recommendations. It is a Virginia version of the Uniform Alcoholism and Intoxification Treatment Act.

The attached proposed legislation is explained below and this explanation is offered in support of the recommendations that the program be enacted as proposed.

Virginia Code Sections 18.1-237 and 18.1-239 would be amended to remove public intoxication from the criminal justice system. It should be noted that the effective date for said removal from the criminal justice system is delayed for a period deemed sufficient for the establishment of local community based facilities to treat the alcoholic.

In order to implement the recommendations of the Committee, the bill would repeal Chapter 20 of Title 32 which presently sets up a Bureau of Alcoholic Studies and Rehabilitation under the direction of the Commissioner of Health and within the Department of Health. However, a new chapter, Chapter 20.1, is added to Title 32 of the Code of Virginia to enable the Commonwealth to provide a continuum of treatment through a statewide network of autonomous, but coordinated, local or community agencies for the

prevention and treatment of alcohol abuse and rehabilitation of alcoholics. There would be two parts to the State's proposed alcoholism plan. The first part would be a State administered program and the second part a community administered program.

The State administered program would fall under the responsibility of a newly created Commission. The proposed legislation would establish a Virginia Commission on Alcohol Problems consisting of twelve members directly responsible to the Governor and the General Assembly as the sole State agency responsible for the establishment and maintenance of Virginia's comprehensive, community based program for prevention and treatment of alcohol abuse and rehabilitation. Furthermore, the Commission would be responsible for administering the activities of the central headquarters, and supervising the community based programs. The Commission would be authorized by the legislation to enter into contracts necessary or incidental to the performance of its duties and responsibilities in the execution of its powers, including contracts with the public and private agencies, organizations, and individuals for services rendered or furnished to alcoholics or intoxicated persons. The Commission would establish standards which must be met by treatment facilities.

At its central headquarters in Richmond, the Commission would have a director and his support staff responsible for maintaining the State philosophy regarding alcoholism prevention, treatment and rehabilitation, and a grants-to-localities program. There would be a coordinator of training and education to sharpen the skills of the professional and para-professional providers of service; as well as an occupational program to assist industry and government employee groups in dealing with alcoholism on the job; also a public education program aimed at the general public through T.V., radio lectures and curriculum development.

The Commission would be responsible for monitoring and evaluating the quality of care in the various treatment facilities according to the approved standards and requirements for such facilities. It would also provide consultation and technical assistance for planning and developing new programs for alcoholism prevention, treatment and rehabilitation.

The legislation provides for a local community based agency to treat alcoholics within the community. The local part of the State administered program would consist of nineteen community based agencies. These agencies would serve at the community level as a central resource for all problems concerning alcohol. Services provided by the agencies would include a Community Treatment Center which would be a formal scheduled treatment program providing group and individual therapy to alcoholic persons and their families, together with initial physical examination, treatment and diagnosis. There would be an alcohol education curriculum including drinking driver education and resocialization services and referral guidance.

A special feature of the local based program is called "Treatment Transition Management" which is a form of personalized continuity of care beginning with the initial contact and then counseling and continuing support needed by the alcoholic person to continue in the treatment program until a stable state has been reached. "Treatment Transition Management" is a form of crisis intervention available to the individual family member wherever an alcoholic crisis may take place.

Most importantly, the local agency would be headed by a trained coordinator who can be described as a constant community catalyst for developing resources for alcoholic persons and for assuming responsibility of a continued education of the community relative to alcohol. The impact in time



of having a professionally-dedicated person giving one hundred percent of his professional time to the task of prevention, treating and rehabilitating the alcoholic and developing resources for these purposes will, in the Committee's judgment, result in progress in reversing the growth of alcoholism in our society today.

Two other most important modalities of care which will not be directly administered by the Commission, but only indirectly through contracts, are hospital programs and intermediate care facilities.

Initially, it is proposed that there be six model detoxification facilities established in hospitals in selected communities. The purpose of these hospital detoxification programs is not to serve geographic regions but rather to provide demonstrations that will gradually spread to other community hospitals. Each of these hospitals should have a minimum of ten beds for the treatment of the acute chronic alcoholic person and any detected medical complications. Affiliated with each one of these hospitals as an extension of in-patient care as well as an alternative to it should be an intermediate care facility. This concept has already been tested and proven in Toronto, Ontario, as a way of reducing the excessive cost and needless hospitalization of alcoholic persons who are not in need of medical supervision but who are sick enough to require close supervision in a non-threatening environment. The advantage of the post-detox intermediate care facility is that it provides the transition and the unstructured environment that will enable the alcoholic to resume normal productive living and to avoid the experience upon discharge referred to as "institutional shock."

The other community administered program would be a State-wide residential treatment program for the re-employable recovering alcoholic person. Initially, twenty-two such facilities should be established. These facilities are designed for those alcoholic persons, men and women, who are in need of a stabilizing influence of the homelike environment simply because they lack such a place or because the place to which they could return would be harmful to their recovery. During their residence, which may extend to as long as six months or more, the recovering alcoholic person is assisted and encouraged to find employment or retraining. He lives under rules and regulations, he is required to perform certain domestic tasks, and he accustoms himself to living up to the expectations of others. All this is designed precisely to provide the final curative touch and is aimed at minimizing the occurrence of a relapse.

Judicial commitment of alcohol abusers or alcoholics for treatment and rehabilitation would be restricted greatly. Built into the program would be beneficial alternatives to incarceration as well as modalities with the capability of identifying alcoholism early through public education and early intervention services at the local community level. The plan provides the professional supervision of the Commission on Alcohol Problems, but also turns over to the local community the administration of a significant part of the treatment process.

In order to finance this program of alcohol abuse, prevention and treatment a special alcoholic rehabilitation trust fund is established by the proposed legislation in Article 8. Appropriations to this trust fund would be made from two sources. A three million dollar transfer from the undistributed profits of the Virginia Alcoholic Beverage Control Board, and a three million dollar transfer from the general fund of the State treasury would result in a six million dollar annual fund to provide local community based treatment centers for alcoholics. While there was some uncertainty of the precise amount required to begin the program of local community based health care facilities for alcoholics, it was the view of the Committee that a definite determination

of the amount necessary could be established after the program had been in operation for some time and the cost and needs established and recognized. The Committee is of the opinion that the six million dollar appropriation would be adequate for the program in its formative year.

For the sake of brevity and in order to emphasize the essentials, the foregoing discussion necessarily omitted many of the practical details. The proposed legislation in S. B. No. 337 supplies these details. However, as a final word, it should be emphasized that this proposal is not intended to equal the absolute need; however, the Committee does believe that its recommendations represent a reasonable and balanced beginning with the problems of providing for the prevention and treatment of alcoholic abuse and rehabilitation of alcoholics in Virginia.

In order to implement the recommendations contained in this report, the Council proposes that the legislation contained in Senate Bill No. 337, as prepared by the VALC Study Committee, should be considered by the General Assembly for possible enactment.

Respectfully submitted,

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Lewis A. McMurrin, Jr., *Chairman*

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Willard J. Moody, *Vice Chairman*

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Russell M. Carneal

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Joseph V. Gartlan, Jr.

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