

ASSEMBLY HEALTH AND WELFARE COMMITTEE MINUTES
Wednesday, March 9, 1977

MEMBERS PRESENT: Chairman Chaney; Mr. Weise;
Mr. Bennett; Mr. Kissam;
Mr. Robinson; Mr. Dreyer;
Mr. Ross; Mrs. Gomes;
Mr. Schofield

MEMBERS ABSENT: None

GUESTS: Julie Rodolph, Rehabilitation;
A. R. Martelle, Welfare;
William LaBadie, Welfare;
Mylan Roloff, Amer. Civil Liberties Union;
Jody Martin, Bureau Alcoholism & Drug Abuse;
Paul Alves, Welfare;
John Deward, Welfare;
David Hagen, U.S. Breweries;
Chris Lanpher, Rehabilitation;
John Wallace, NASAC;
Bill Wollitz, NASAC;
Tom Mayer, NASAC;
Paul Cohen, Bureau Alcoholism & Drug Abuse;
Sue Morrow, Carson Appeal;
Robert Holland, Counsel, Welfare Division;
Russ McDonald, Washoe County;
Jim Lien, Tax Commission;
Dr. John Chappel, U of Nevada, Medical Sciences;
Ben Akert, Ben's Discount Liquors;
Arthur Sinini, Beacon Dist. Co.,
Leon Watson, Wines & Spirits of Nevada;
Robert Rusk, Washoe County;
Martha Coon, Governor's Advisory Board on
Alcoholism & Drug Abuse;
Bill Williams, Mineral County Commission;
Marene Blondin
Pat Copple;
Martha Barlow

Chairman Chaney called the meeting to order at 9:30 a.m. Mrs. Gomes explained that AB 362 was not properly drawn and therefore moved that the bill be indefinitely postponed. Mr. Dreyer seconded the motion. The motion was unanimously passed. Mrs. Gomes said that she would notify the other sponsors of the bill.

Chairman Chaney asked for testimony on AB 334 which requires the use of 10% of liquor tax proceeds for alcoholism and drug abuse treatment. Mrs. Gomes, sponsor of the bill, explained that there is companion legislation to this bill in the Senate; that the program, if funded, would be ongoing and would include the cities and counties. The fiscal note indicated that for fiscal '76-'77, \$839,000 would be available, (Budget Dept. had no figures because they did not know when the program would be effective, if passed); '77-'78 \$914,000 (Budget Dept. said \$682,082); and '78-'79 \$996,000. (Budget Dept said \$736,540. Tax Commission and Budget Dept figures differ

because Tax Commission includes all State taxes derived from all alcoholic beverages, Budget Department only includes taxes on beverages containing over 22% alcohol.)

Mrs. Gomes introduced Paul Cohen, Chief of the Bureau of Alcohol and Drug Abuse whose testimony is attached as Exhibit "A". He also stated that the total taxes collected in fiscal '76-'77 will be approximately ten million dollars. The Department of Taxation reimburses back to the cities and counties 5/19ths of this total amount collected on alcoholic beverages containing 22% alcohol or more. This bill is based on the balance which would be approximately \$796,000.00.

Mr. Ross asked Mr. Cohen if he saw any correlation between the 10% and the amount of dollars needed to solve the problems to which the bill is directed. Mr. Cohen stated that 10% is a national average figure for direct services toward alcoholism and drug abuse which would help 16% to 17% of the state population. He stated that the Center has a potential revenue of 1.5 million dollars from client contributions and other private donations.

Mr. Bill Wollitz, Director of the Northern Area Substance Abuse Council in Reno stated his support of the bill. His remarks are attached as Exhibit "B". He also distributed a fact sheet marked as Exhibit "C" and a "flow chart" marked as Exhibit "D". Mr. Ross questioned the validity of some of the "facts" on the factsheet and Mr. Wollitz admitted that some of them may be misaligned. Mr. Dreyer also questioned Mr. Wollitz as to the accuracy of some of the "facts" on the factsheet. Mr. Wollitz stated that many of the facts come from Nevada Statistics, Reno police records, and the "Rand Report". He also stated that the purpose of the fact sheet is to show that there is a problem in Nevada and that the Council has a "just position in coming and asking for additional funds".

Ms. Martha Coon, a member of the Governor's Board on Alcoholism and Drug Abuse stated that at their October 1976 meeting the Board voted for the second time to support the concept in AB 334; that it has been a fact for a good many years that the treatment of alcoholism before it becomes a crisis is imperative. She continued by saying that it is tragic when an alcoholic is willing to do something about his problem and can find no resources to help him. She urgently requested approval of the bill.

Mr. Art Senini, representing Beacon Distributing Company, stated his approval of the concept of the bill but didn't feel that the liquor industry should totally finance the problem. Mr. Senini's remarks are attached as Exhibit "E".

Mr. Ben Akert of Ben's Discount Liquors approved of the bill, mentioning the fact that local police authorities must turn people arrested for intoxication out of their jails within 48 hours. He said that 55% of the liquor sold in the State is sold in Western Nevada. Of that, his businesses account for 20% of the total sales. It was his opinion that 80% of total sales are from outside Nevada and doesn't think that Nevadans drink anymore than people from other states. He said that not only does liquor produce taxes for the State, but through supermarkets and liquor stores, 3.5% is also produced in sales taxes. He felt that funds to support the program suggested in AB 334 should come from the General Fund and should be checked on in two years.

To Mr. Ross' question as to how this matter would effect the people paying the tax, Mr. Akert stated that if California drops their Fair Trade on liquor, the approximate 9 million collected by Nevada in liquor taxes would be appreciably less and if the program depends on the present amount of taxes, it would be in trouble if sales drop.

Mr. C. O. Watson felt that the liquor industry should not be solely responsible for this program and that administrators and the legislature should be responsible for the proper distribution of liquor tax funds.

Mr. David Hagen representing the United States Brewers Association, stated his objections to earmarking taxes on segments of the alcoholic beverage industry as being discriminatory and would establish a dangerous precedent. Mr. Hagen's further remarks are attached as Exhibit "F".

Mrs. Gomes expressed her appreciation to the liquor industry for their generous help with detoxification center and wanted to make it clear that it was not the intent of the bill to make the industry responsible for the program. She said the apportionment formula for liquor tax was one reason they looked to this industry.

Mr. Bob Warren representing the Nevada League of Cities felt that this bill would bring more dollars to Nevada in savings from costs of drunk arrests, loss of income to the State caused by absence from jobs because of drunkenness, health and accident costs, and unemployment costs.

Mr. Schofield addressed Mr. Warren by stating that the revenue base in the general fund is being eroded by passing legislation that directs a percentage of the tax base to a specific interest. He asked, "Are we starting something that could steamroll into every agency?" He felt that perhaps the bill should be in Ways and Means to be appropriated from the General Fund. Mr. Warren felt that this could be an alternative, but felt that more dollars would be returned to the General Fund than would be taken out.

Mr. Dan Norton expressed his approval of the bill and said that some way must be found to appropriate funds to treat everyone.

Dr. John Chappel spoke in favor of the bill impressing the importance of long-term funding that would fill the existing gap in this area. He said there needs to be a continuity of programs since conditions require changing needs. He felt it important that professionals be attracted to these treatment programs, but that funds must be allowed to pay reasonable salaries "with dignity". He said that there is a huge gap in funding for substance dependence treatment and that by the time most people in need of this treatment get to it they are indigent and unwelcome in hospitals for treatment.

Mr. Ross asked Dr. Chappel if he wasn't really saying that he wants more dollars from government sources. Dr. Chappel said that most of the funds spent on treatment programs are programs that now operate marginally. He felt that funds must be earmarked. He spoke of an alcoholic rehabilitation program generated in jails by the inmates themselves, but that there is no place for these people to turn when they are released.

Mr. Weise asked Dr. Chappel if this bill would implement existing programs if passed. Dr. Chappel said it would if earmarked for specific programs. He said it would improve the quality of programs already in existence which would not be dependent on the "missionary spirit".

Chairman Chaney stated that because of the fiscal impact, AB 334 would have to go to Ways and Means.

Mr. Robert Rusk, Washoe County Commissioner and President of the State Association of County Commissioners spoke in favor of the bill.

Senator Bill Raggio told the Committee of his 18 years' experience as a State prosecutor; of alcoholism being a major problem in Nevada and the unrealistic methods applied to deal with the problem. "We decriminalized alcoholism, but we didn't deal with the problem of detoxification and provide realistic programs," he said. He said that SB 247, the companion bill to AB 334, was just passed from his committee giving \$1,200,000 to the Division of Alcoholism and Drug Abuse who will make grants throughout the State to build more facilities for treatment. SB 247 must be accompanied by AB 334 to provide maintenance of these programs. He commended the liquor industry for their support of this kind of program.

Mrs. Gomes moved to pass AB 334 and refer it to the Ways and Means Committee. Mr. Schofield seconded the motion. Mr. Weise stated that he feels it philosophically appropriate for this committee to pass AB 334 and also appropriate that the money committee make the proper determination of the fiscal impact. The motion was unanimously approved. Chairman Chaney adjourned the meeting at 10:55.

Respectfully submitted, Phyllis Berkson, Secretary

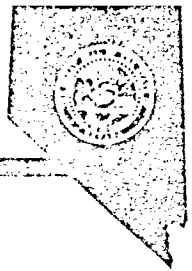
NOTE: Attached at end of minutes is Proposed Resolution for Intern Study or Programs & Patients Rights in Mental Hygiene & Mental Retardation to be discussed Wednesday, March 16, 1977.

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES

ROGER S. TROUNDAY, DIRECTOR

MIKE O'CALLAGHAN, GOVERNOR

Exhibit A



FROST, ADMINISTRATOR

REHABILITATION DIVISION
BUREAU OF ALCOHOL AND DRUG ABUSE
5TH FLOOR, KINKEAD BUILDING
505 EAST KING STREET
STATE CAPITOL COMPLEX
CARSON CITY, NEVADA 89710

TESTIMONY

Paul Cohen, Chief
Bureau of Alcohol & Drug Abuse

A.B. 334
S.B. 247

There is no doubt that Nevada has service needs in alcohol and drug abuse, especially in the area of alcoholism and alcohol abuse.

Specifically, there exists on a statewide basis the need for:

1. Detoxification services
2. Residential programs
 - a. women
 - b. youth
 - c. men
3. Out-patient programs
 - a. women
 - b. youth
 - c. men

The costs of detoxification and inpatient services run an estimated \$30,000 per bed in construction costs and \$10-12,000 per bed per year in operational expenses.

Outpatient services cost an estimated \$1,800 per year per client.

The Bureau whole-heartedly supports the fact that there exists unmet needs in the service delivery system for alcoholics and drug abusers.

Both alcohol and drug abuse are a local problem and for the past three years the State has been emphasizing a partnership concept. This concept is based upon the fact that the State will not place money in a community for service and then one to two years later withdraw its financial part of the partnership. Over the

I am Bill Wollitz, Director of the Northern Area Substance Abuse Council in Reno. While I acknowledge the excellent efforts of the Bureau of Alcohol and Drug Abuse in supporting our programs, I feel we must have additional funding to adequately serve Washoe County clients. I recognize the Bureau has a limited budget and don't feel we can expect them to meet the expanding needs locally.

Washoe County has recognized the desperate need for detoxification services for a number of years. Since the decriminalization of public intoxication the police have picked up several thousand persons each year and detained them under the Civil Protective Custody Law because there has been no detoxification facilities.

The Rand report recommended that Nevada "provide both drug and alcohol detoxification services throughout the state. The present lack of this essential service is a major deficiency in the present service system".

A small Federal grant obtained through the Bureau's efforts allowed Alcoholics Rehabilitation Association to develop a 10 bed alcohol detoxification unit. While this has proven to be an excellent and successful program, it is apparent 10 beds are not enough.

There are some interesting facts. According to the American Businessmen's Research Foundation, Nevada ranks second nationally in per capita consumption, first in per capita revenue generated but only 46th in expenditures per \$1.00 of liquor revenue for alcohol treatment programs.

We are reminded that a number of people from other states purchase alcohol while visiting Nevada thus statistics may be slightly skewed. However, local figures indicate local residents do drink their share. The Bureau's state plan cites figures showing 84.8% of Washoe County residents use alcohol. Reno Police Department statistics for 1976 show that 85% of the drivers arrested for driving under the influence were local residents. 1,202 persons were picked up for DUI during 1976.

In a survey conducted through our office last year we gathered figures from medical facilities, law enforcement agencies, legal entities and mental health and social agencies. Figures gathered for February of 1976 showed that out of a combined total of over 12,000 cases seen by these collective agencies, 4943 were deemed to have problems with drugs or alcohol.

We in the Central Intake Unit have seen nearly 400 individuals—some with drug problems, the greatest percentage with alcohol problems since August of 1976. We are acutely aware of the difficulty of finding treatment for many of these people. Since most of our clients are not wealthy, we realize the burden placed on local treatment programs to just maintain. Yet we know service gaps exist. With the Bureau's assistance, Washoe County programs identified

serious treatment gaps including need for:

1. a women's residential program;
2. juvenile residential programs;
3. expansion of male residential facilities;
4. a minority youth program;
5. expansion of alcohol detoxification facilities and development of drug detoxification services.

We received nearly \$30,000 from Reno last year plus about \$60,000 in CETA slots from the county. We cannot expect additional funding to any great degree locally as they are limited in their resources. We haven't even touched upon the number of clients we would be serving if we got into treating criminal justice clients. Suffice to say we need your support if we are to insure quality treatment to those who require it.

Facts

1. The disease of alcoholism is costing Nevada's business and industry at least \$25 million annually.
2. The alcoholic employee is absent from the job 16 times more often, with 2.5 more absences of eight days or more.
3. The alcoholic employee has an accident rate of 3.5 times higher.
4. The alcoholic employee files five times more compensation claims.
5. The alcoholic employee is involved repeatedly in grievance procedures.
6. The alcoholic employee functions at 60% of the work potential.
7. 105 million Americans drink alcohol. Over 9 million are alcoholics or problem drinkers. The risk factor is thus 1 in 10.
8. The annual industrial cost of alcohol is \$15 billion in the United States. When you add health, criminal justice, treatment, welfare, accident and other costs, the economic impact is \$25 billion.
9. An alcoholic or a drug addict is a person who has lost freedom of choice.
10. The person with an alcohol problem is five times as likely to miss work from gastro-intestinal problems, four times with respiratory problems, three times with musculoskeletal problems as is the person without an alcohol problem.
11. 50% of the 40,000+ automobile accident deaths in the United States annually involve a drinking driver.
12. 60% of pedestrians killed have significant blood/alcohol levels.
13. 50% of urban adults admitted to a hospital with a fractured bone, fractured it during or after drinking.
14. Cigarette-induced bed fires commonly involve a drunken person.
15. Violent behavior is a feature of alcohol intoxication more than any other drug, and commonly results in homicide.
16. 50% of murder victims have significant blood/alcohol levels, suggesting that a drinker incites others to violence against himself.
17. Organ damages and diseases are caused directly by alcohol and drug abuse or inadvertently by nutrition and vitamin deficiencies or both - i.e., fatty liver, cirrhosis of the liver, gastritis, pancreatitis, ruptured esophagus, nerve and brain damage, heart muscle and skeletal muscle damage, infections of many kinds, and anemia.
18. If you must drink, or use drugs know the risk factors and try not to kill yourself, your family, your friends or some other innocent people.

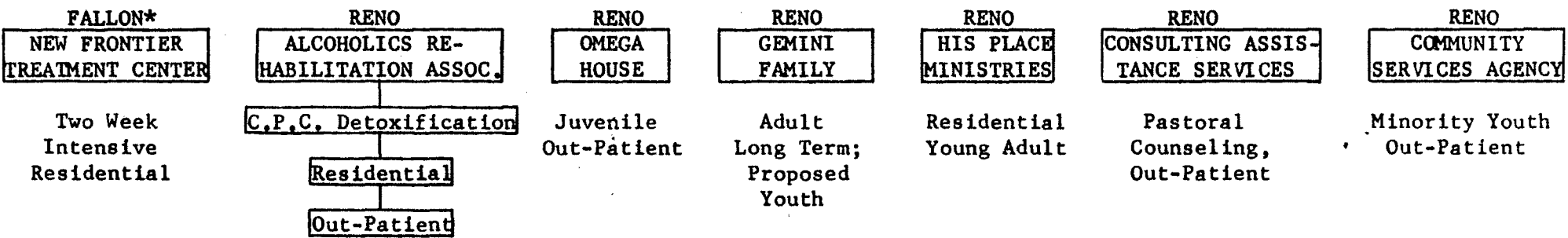
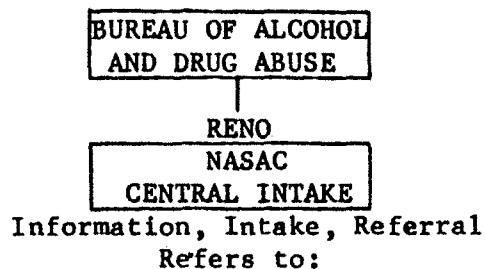
19. For treatment, it's best to recognize alcohol problems early and get strong counseling - job-related, if possible. Cure rate - 0%, improvement and "dry" rate - 40 to 86%.
20. Reasons for Drug and Alcohol Abuse are: availability, anxiety, loneliness, boredom, need for euphoria, drug-based society, peer pressure, experimentation, profit motive, permissiveness, protest and rebellion, inferiority complex, great to be high, escape from reality, and other.
21. There is no reason to believe that there will not always be drug abuse in this chemical age of ours, but informed use can be taught and promoted.
22. In 1974, according to the National Center for Health Statistics, 33,319 Americans died from Cirrhosis of the liver. This is higher than murders (21,415) or suicides (25,683). Although some non-drinkers have cirrhosis, a dropout study found that the rate between heavy drinkers and non-drinkers is 29 to 1.
23. Industrial, Economic, health, accident, criminal justice, welfare, emergency room, unemployment, treatment and other factors cost Nevadans \$68 million a year for alcohol abuse. Drug abuse escalates this figure even more.
24. The American Businessmen's Alcohol Report states that Nevada is 47th in the amount of money compared with revenue from alcohol that the state sets aside to take care of the problems of alcohol.
25. Nevada UCR statistics show that over 22,000 persons were either arrested or put into Civil Protective Custody last year for drug and alcohol related offenses.
26. In 1975, UCR statistics show that 74% of drug related arrests were for possession and or sales of Marijuana.
27. Possession, use, and sale of Marijuana are felony offenses in Nevada.
28. UCR statistics show that 9 out of 10 persons arrested for drug law violations in 1975 were under 30 years of age. 25% of those arrested were juveniles.
29. There are more than 3,000 heroin addicts in the State of Nevada.
30. Nevada is the third leading state in the number of addicts per capita.
31. According to State Narcotics officers, Nevada is the third chief transmittal point for drugs from Mexico.
32. In a 1976 Social Advocates for Youth Study, it was found that alcoholism begins as early as 4th grade and of the 4th-6th graders survey, 45% considered themselves to be current users of alcohol.
33. In Clark County last year, 520 students were apprehended for drug and alcohol abuse.
34. Students who participate in drug education programs tend to use drugs in responsible ways and have more positive self-images than students who do not.
35. Heroin use is highest in the 18-29 age bracket.
36. Alcohol Abuse is the highest in the 36-41 age group.

- 37. With few exceptions, more males use drugs irresponsibly than females. However, females report higher usage of depressants, sleeping aids, and tranquilizers.
- 38. It can be dangerous to mix drugs. Always let your doctor know all the drugs you're taking when getting a new prescription.
- 39. Never mix alcohol with any antihistamines, sleeping aids, tranquilizers, over-the counter drugs, or prescriptions without consulting a knowledgeable source. You may be running into danger.
- 40. If you decide to use any drug or alcohol, learn the facts for responsible use.
- 41. A responsible host serves food with alcohol, does not let the abuser drive his car home, and limits the amount available. The purpose of his party is social - not drinking to get drunk.
- 42. We are living in a chemical age. By the time a modern youngster is 18 years old, he will have heard 180,000 prime time commercials telling him to swallow, drink, or inhale something to ease his stress, headache, sleeplessness, stomach ache, or whatever. This impact of chemical advertising means responsible decision making or he may have to pay a price.

RESOURCES

- 1. State Plan for Nevada
- 2. American Businessmen's Alcohol Reports
- 3. White House White Paper on Drug Abuse, 1976
- 4. 1st and 2nd Report to Congress from NIAAA
- 5. Nevada Crime Commission
- 6. Clark County Metropolitan Police
- 7. NCA bulletins
- 8. National Center for Health Statistics, 1974
- 9. Social Advocates for Youth Study, 1976
- 10. Prevention in Perspectives, Schapp, Cohen and Resnick
- 11. USC DUI Study
- 12. Occupational Statistics from Various sources (National)

NORTHERN NEVADA SUBSTANCE ABUSE TREATMENT PROGRAMS



Program Information: The following programs are accredited by BADA or are in the process of accreditation. The staff of these programs are or will be certified by the State.

NOTE: Each program has a distinct treatment mode and each has an identifiable client population. There is no real duplication of services. Through the certification and accreditation process there exists fiscal and programmatic accountability.

- NASAC-CENTRAL INTAKE:** A screening, intake information, and referral agency placing clients in appropriate programs.
- NEW FRONTIER:** An intensive two week treatment program for adults. Excellent introduction to longer term treatment.
- ALCOHOLICS REHABILITATION ASSOCIATION:** A three pronged adult alcohol program which includes: (a) a 10 bed federally funded detoxification unit only for those picked up on the CPC (Civil Protective Custody) law; (b) a 90 day residential program for adult males; (c) an out-patient treatment program.
- OMEGA HOUSE:** An out-patient counseling program for juveniles with drug and alcohol problems. Includes education and prevention components.
- CONSULTING ASSISTANCE SERVICES:** Out-patient pastoral counseling services.
- HIS PLACE:** A 3 month residential facility for young male adults, 18 to 30, with outreach and education components.
- COMMUNITY SERVICES AGENCY:** Proposed expansion of existing minority youth programs to include outreach and drug/alcohol counseling.
- ALCOHOLICS ANONYMOUS:** While not a funded program through BADA, this program is active and utilized widely by the community.
- SERVICE GAPS:** Several areas of need exist. Since the present detox center is limited to 10 beds and only CPC clients are eligible, an expanded center is necessary. Also there exists no residential treatment.

3/9/77

Mr. Chairman and Members of the Committee:

I am Art Senini, representing Beacon Distributing Company in Reno, and I am here as a representative of the Wine and Spirit Wholesalers of Nevada. With me is C. O. Watson of Southern Wine and Spirits.

We are not appearing to oppose this legislation, Bill number SB 247, but to convey to you some thoughts regarding this trend.

There is no question that consideration must be given to finding some realistic way to assist those who are alcohol or drug abusers. While some treatment clinics have been successful, others have not. In the state of Nevada we are fortunate that some of these programs are showing promise. We hope that during your consideration of how best to address this need you will view favorably the concept of assisting with funding organizations who, in your judgment, are qualified and now in existence, rather than creating whole new departments and bureaus which have the effect of diluting the dollar reaching the patient in need.

Our industry, while certainly aware of social problems, wants it made clear that we do not believe any approach to resolving the problems should be financed totally by the industry. As one of the state's largest tax generators, approximately \$10 million per year, we feel it is important for you to know that with legalized gaming now a reality in other states we have no way of knowing just how this might affect our industry or the taxes it produces.

Also, along that vein, there is a possibility of some economic leveling off in the northern part of the State due to restrictions being placed on construction and expansion of existing facilities.

A third item of consequence is the possibility that the elimination of fair trade laws in California will make their prices more competitive with Nevada, thereby reducing sales and the total tax dollar.

We should also indicate that we are not just talking about direct liquor taxes, but about sales tax as well. We are not trying to paint a dismal picture, but wish to have you know the factual information and concerns of our industry. The programs that can be funded out of the General Fund will give the Legislature an opportunity in the next two years to determine what success a pilot program can have. We can assure you we will work with the administrators of the programs in a positive way to help insure their success. Thank you.

UNITED STATES BREWERS ASSOCIATION, INC.,
Western District Hdq.

235 Montgomery Street
San Francisco, California 94104

FROM: UNITED STATES BREWERS ASSOCIATION, INC.,
San Francisco, California

RE: POSITION OF THE UNITED STATES BREWERS ASSOCIATION
IN RE SENATE BILL #204

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In order that there be no misunderstanding of our position, it should be stated at the outset that the United States Brewers Association is in no way voicing objections to programs designed to combat alcoholism and to help rehabilitate the alcoholic. This Association makes unconditional and generous contributions annually to the National Council on Alcoholism and makes grants to various universities engaged in studies on the effects of alcohol consumption. We have also for many years sponsored educational programs encouraging moderation in drinking, such as our youth program undertaken in conjunction with the Department of Alcoholic Beverage Control in California.

We feel, however, that the concept of earmarking tax on segments of the alcoholic beverage industry for the treatment, prevention and rehabilitation of alcoholism is not only discriminatory, but would invite penalties in the future of an industry already burdened with an overwhelming share of taxes.

The United States Brewers Association feels that the proposed earmarking would establish a dangerous precedent as well. To begin with, it is well known that alcohol does not cause alcoholism, any more than the manufacturer of an automobile causes a highway crash, or sugar causes diabetes. Yet by this bill it is tacitly implied that the alcoholic beverage industries are responsible for the disease of alcoholism, which is simply not the case. Therefore, we strenuously oppose the singling out of the alcoholic beverage industry as the one source of fresh revenue to combat alcoholism and help rehabilitate the alcoholic.

This type of taxation could easily lead to every industry serving the public becoming a target or being penalized because of individual indiscretions in using certain products. To help the victims of highway accidents, the automobile industry could be assessed. To help the diabetic, the sugar industry could be assessed. To help those who suffer coronary attacks because of obesity, the food industries could be assessed. Is this reasonable?

Beer and malt beverages are beverages of moderation. In itself, beer is not a direct contributor to alcoholism.

In his paper, "The Definition of an Intoxicating Beverage", Dr. Leon Greenberg, Director of Laboratory Research, Center of Alcohol Studies at Rutgers University and an internationally recognized authority in the field, makes this statement:

"...even the maximum amount of beer which can be consumed without marked distress does not provide sufficient alcohol to produce an intoxicating level in the blood...The conclusion...was that beer is not an intoxicating beverage."

It is interesting to note that many foreign governments are encouraging beer as a beverage of moderation - Japan, Russia, Sweden, Italy and France, to name a few.

We are not implying that an alcoholic can drink beer with impunity. It is believed that an alcoholic cannot tolerate any alcohol in any form nor in any quantity. But it is rather difficult for a "normal" person to become grossly intoxicated on beer, because the amount required to produce such drunkenness is usually more than the human stomach can accommodate without extreme discomfort. For these reasons, it seems unreasonable to assume that beer should be taxed in the belief it shares a responsibility toward the development of alcoholism. It does not.

The problem of alcoholism rests with the one who uses alcohol. The problem is not in the beverage. Used in moderation by the normal adult, alcoholic beverages have many beneficial properties. The medical profession is well aware of this.

Our industry is as eager as anyone else to alleviate the problems of the individual who is physiologically unable to consume alcoholic beverages. We recognize alcoholism for what it is, a costly and tragic disease. We agree that funds in the treatment programs are needed. But we oppose the earmarking of alcohol taxes for that purpose. It is a problem of our State as a whole and not that of a single industry.

TO: Legislators

FROM: Richard Siegel

SUBJECT: Proposed Concurrent Resolution for Interim Study of Programs and Patients Rights in Division of Mental Hygiene and Mental Retardation

Proposal:

To establish special joint committee to study programs and patients rights in facilities administered by the Division of Mental Hygiene and Mental Retardation. Emphasis shall be placed on the Nevada Mental Health Institute, Sierra Developmental Center, Children's Services, and rural services.

Whereas,

1. The legislature is aware of substantial deficiencies in mental health and mental retardation programs identified in the 1976 report of The Rand Corporation, and that these deficient programs center on the programs at Nevada Mental Health Institute, the Sierra Developmental Center, various children's programs, and rural services;
2. The legislature is aware of the finding of various deficiencies and denial of accreditation for the mental retardation unit of the Nevada Mental Health Institute (now the major unit of the Sierra Developmental Center);
3. Numerous issues of patients rights and inadequate programs have been raised by ~~the~~ individuals and groups;
4. The Division of Mental Hygiene and Mental Retardation offers indispensable services for large numbers of citizens;

Resolved, that a special joint committee be composed of eight (six?) members, four from each house to be appointed by the speaker of the assembly and the president of the senate respectively, including one member of the minority party in each house. The special joint committee shall be authorized to investigate the adequacy of present patient's rights legislation and regulations as well as the relationship between budgets and programs being made available.

american civil liberties union of nevada

401 E. Fremont, Suite 11, Las Vegas, Nv. 89101 386-4837

February 28, 1977

TO: Members of Committees on Judiciary and State Institutions

FROM: Richard Siegel, Northern Chapter Chairperson
American Civil Liberties Union of Nevada

SUBJECT: Rights of Patients

The American Civil Liberties Union of Nevada identifies the following pressing patient rights issues in the wake of 1975 passage of SB374.

1. Right to Refuse Treatment: Court Action Taken

A conflict has developed between the state District Court in Clark County and both the legislature and Division of Mental Hygiene regarding compulsory treatment for court committed clients. ACLU supports the Division's position that clients have a right to refuse specific treatments to which they object. SB374 and its regulations essentially limit compulsory treatment to persons adjudicated incompetent or those who pose an immediate danger to themselves or others. Las Vegas District Courts ignore SB374, and routinely include in commitment orders a judicial directive that clients may not refuse any treatment offered.

The legislature should hear from Judge Paul Goldman, Dep. Att. Gen. Shirley Smith, Richard Siegel and others and proceed to take a position on the issue.

2. Right to Refuse Treatment: Administrative Problems

It seem to ACLU that the right to refuse treatment has become, at best, effectively the right to appear in a "denial of rights report". SB374 gave excessive discretion to medical personnel. "Emergency" treatments, according to the testimony from clients and Division personnel, often extend for weeks. Subtle pressures and threats make rejection of drugs and other treatments virtually impossible.

This statute should be amended to require more specific justifications for emergency treatment. Penalties should be assessed for patterns of denial of rights and there should be a requirement that "consent to medication" forms be explained in person by the prescribing physicians.

american civil liberties union of nevada

February 28, 1977

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3. Mental Health Service for Children

This has been an area of great lag in Nevada. Only now are certain problem cases being returned from out-of-state facilities, and appropriate treatment does not exist for all types of this patients. At least one case exists of a young child being housed on an adult inpatient unit in Nevada for several years.

There should be some amendment to insure separation of children from adult mental health clients.

4. Chronic Clients

The Rand Corporation Report (1976) noted: "In reducing the number of mental health residents at Nevada Mental Health Institute from about 380 to less than 100, long-term patients receiving chronic residential care were released to the care of their families or other residential facilities that usually have no mental health service." Geriatric, alcoholic and retardation clients are among those involved. Clients transferred to private residential facilities are no guarantee the same rights they had in state facilities, although the state continues to pay for their care.

There should be amendments and funding to assure that all clients transferred to long-term private facilities or released to relatives receive the benefits of a well-conceived program of training and follow-up care in their de-institutionalized residence. They must receive services and rights comparable to those they enjoyed in Division facilities.

5. Security Problems at Las Vegas Mental Health Center

Recent policies of the Division of MH-MR have resulted in more serious, and sometimes dangerous, clients being treated at LVMHC, on an inpatient unit not designed or intended for such clients and staff, including the death of one technician.

There should be legal protection against Division assignment of clients to wards or facilities that pose threats from other clients. There should also be separation of short-term and voluntary clients from long-term or dangerous clients in Clark County.

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6. Adequacy of Commitment Proceedings

Present mental commitments are a sham regardless of improvements resulting from SB374. The criteria for commitment are too broad. The public defender's office is usually unable to provide meaningful representation. The technicalities of the process are often ignored.

The legislature should study these procedures and determine which specific steps can be taken to improve the role of the public defender, the courts and the Division of MH-MR. At the minimum, Full legal rights for review of commitment should be available at intervals of 6 months or less.

7. Unqualified and Unlicensed MH-MR Personnel

At present the Division can function with physicians that are not licensed in Nevada. They can and do allow high school graduates to provide "counselling" and other psychological services.

There need to be tighter controls on qualifications of personnel for specific roles and physicians should be required to be licensed in Nevada.

8. Applicability of SB374 to Retarded Clients

At many points the rights of the retarded are defined as if they were mentally ill. We should have a study group established that will work on a separate bill of rights for the retarded: a group with distinguishable needs in the area of training, education and other areas. Florida and other states have led the way in this course of action.