

Senate Committee on Education, Health,  
Welfare and State Institutions

March 9, 1977

The meeting was called to order at 8:07 A.M. in Room 323, on Wednesday, March 9, 1977, with Senator Jack Schofield in the Chair.

PRESENT: Chairman Jack Schofield  
Vice-Chairman Joe Neal  
Senator William Raggio  
Senator Richard Blakemore  
Senator Wilbur Faiss  
Senator William Hernstadt

GUESTS: Assemblyman Nancy Gomes, S.B. 247  
Dr. Richard Gilmore, M.D., Psychologist-Washoe Med.  
Jim Parker, Chief of Police, Reno  
Paul Cohen, Chief of the Bureau of Alcohol & Drug Abuse  
Bill Woelitz, Exec. Dir. of NASAC  
Tom Mayer, Bd. of Trustees, NASAC  
Bob Rusk, Washoe County Commissioner  
Russ McDonald, Representing Washoe County  
Ben Akert, Ben's Discount Liquors  
Art Senini, President of Wine & Spirits of Nevada  
Martha Coon, Gov's Advisory Bd. on Alcohol & Drug Abuse  
Dan Norton, A.R.A., Ridge House  
Bob Warren, League of Cities for Nevada  
Ann Hibbs, Nevada Nurses Association  
Milos Terzich, Health Insurance Association of America  
Dave Brady, Psychologist with Rural Clinics & Omega House  
Al Throckmorton, H.I.S. Place  
Mel Harrel, Director of H.I.S. Place  
Frank Daykin, Legislative Counsel Bureau  
Nancy Evans and Campfire Girls, Reno/Sparks Area

S.B. 247

Senator Raggio began the discussion as sponsor of this measure. This bill would appropriate \$1,502,736 for the next fiscal year, and would appropriate it to the Bureau of Alcohol and Drug Abuse. That agency would have the authority to make grants to certified facilities, which have established programs or would be capable of providing treatment. The Senator said the State of Nevada has a great lack in de-tox centers, and as a former District Attorney he was well aware of the problems attendant to alcoholism. This bill is not an indictment to the people involved in the sale of alcohol, the Senator added. The Senator said that the Ridge House facility is limited to the Civil Protective Custody (C.P.C.) individual, with total Federal funding, Senator Raggio also suggested that the funding in this bill should be allocated for the Biennium, and he would not be against an amendment that stated this.

Assemblyman Nancy Gomes spoke first, and stated that she had a bill herself that was related to S.B. 247, which called for 10% of the Liquor Tax (hard liquor) for rehabilitation

of alcoholics. The Assemblyman stated that she has been associated with the Drug Abuse Council for many years, and wanted to emphasize that alcoholism is treatable.

Dr. Richard Gilmore, Chief Psychiatrist at Washoe Medical Center, said that he was interested in this as a private citizen. Dr. Gilmore stated that Mr. Ogren, Administrator of Washoe Medical said that if he had the funding, he had twenty beds available for a special de-tox facility. Senator Raggio concurred that Mr. Ogren had called his office and confirmed this fact.

Senator Schofield asked if the Doctor knew about the cost of the program? Dr. Gilmore stated that the cost is amended by follow-up of successful patients in their gainful employment, and their lack of social problems.

Senator Blakemore asked if there was a new approach to convincing the alcoholic that he is an alcoholic? Dr. Gilmore said that the patient must admit that he is an alcoholic, but most of the treatment centers are staffed by former alcoholics who have had to face this emotional problem themselves.

Senator Faiss questioned if the diet contributes to part of the problem? Dr. Gilmore said that this is true, and this contributes to atrophy of the cerebellum, a part of the brain.

Chief Jim Parker, of the Reno City Police, spoke next, and submitted Resolution #3184 (Exhibit "A") from the Reno City Council that requested favorable consideration of S.B. 247 and A.B. 334 (Assemblyman Gomes legislation). The Chief also submitted a letter from Reverend Thomas E. Wright of the Nevada Catholic Welfare Bureau, (Exhibit "B"), which gives suggestions on the operation of a de-tox center. The Chief stated that the police have the jurisdiction to hold an inebriate for 48 hours which creates a "revolving-door" situation. In 1975, the station held 5,017 people for C.P.C.; and in 1976 it went up to 6,044, which is a twenty percent increase. The Chief gave a breakdown of the 1976 figure: 69% of the total were one and two time offenders, etc. (Exhibit "C"). Chief Parker said that out of his total arrests, only about 10% are out-of-state people, so the problem is local. Chief Parker stated that C.P.C. arrests amount to about one-half of his detentions. It averages about two man-hours to process these arrests, and this constitutes a minimum of 12,000 man-hours for 1976. Chief Parker suggested that there be some type of legislation accompanying this appropriation that creates a mandatory time-frame for the length of stay. Senator Raggio said that the length of stay would be part of the structured program conducted by the State Bureau. Senator

Hernstadt thought that the Committee should consult Frank Daykin of the Legislative Counsel Bureau to see if people can be incarcerated without a legal statute. Chairman Schofield said he would ask Mr. Daykin to testify at the close of the hearing.

Mr. Paul Cohen, Chief of the Bureau of Alcohol & Drug Abuse, spoke next, and stated that Nevada does lack service needs in this area, especially in residential and out-patient services for women, youth and men. In terms of construction costs, the de-tox in-patient facilities are approximately \$30,000 per bed, and operational expenses are approximately \$10,000 to \$12,000 per bed/year. Out-patient services cost an estimated \$1,800/year per client. The past three years the State has been emphasizing a 'partnership' concept based upon the fact that the State does not place money in the communities for services, and then at a later date withdraw the finances. If the State does not maintain the funding after the year stated in this legislation, what will happen? History shows that the communities have not demonstrated the capability of generating local funds which will be necessary one year from now. It is worth noting, however, that the approximate \$1.5 million that is given out by the Bureau is almost matched penny-per-penny on a statewide basis by the local communities. What is really needed is long-term planning, which would enhance the concept that alcohol and drug abuse is a local problem; and, that the State is a partner in the planning, development and implementation of the delivery-service system. Mr. Cohen stated that without the sister-bill introduced by Assemblyman Nancy Gomes, the Bureau would not be able to develop a quality-control mechanism for the funds in S.B. 247.

Senator Raggio asked if Mr. Cohen would approve of an amendment which would distribute the funding over the Biennium. Mr. Cohen said yes. Mr. Cohen added that in NRS 458, it was clarified that the Bureau has an administrative responsibility for certifying the people who provide the service, accrediting the service-delivery system, and licensing that facility.

Senator Raggio said that he did not want to write into the law that someone must be kept in a facility, he did not want to get away from the de-criminalization of alcohol and couldn't the Bureau build into their program requirements a minimum length of treatment? Mr. Cohen said yes.

Senator Raggio: Motion that the 'fact sheet' submitted by Mr. Cohen be made part of the minutes, (Exhibit "D")  
Senator Blakemore: 2nd the Motion.

The Motion passed.

In answer to Senator Hernstadt, Mr. Cohen stated that S.B. 247 is basically an appropriation that would allow the Bureau to provide monies to those programs that would be built into that milieu of services. Mr. Cohen said that this funding would become part of the same system that has currently been in operation for the past 25 months, and the funding goes to non-profit organizations that are community based.

Mr. Cohen said to Senators Hernstadt and Raggio that there is no matching Federal funding for this type of service. In the discussion following, Mr. Cohen stated that Nevada is one of thirteen minimally Federally funded states, as it has high per-capita income and low population. Mr. Cohen said that Senator Paul Laxalt was introducing a bill to consolidate the two incidences of alcohol and drug abuse at the Federal level and the savings could go into treatment services opted to the States.

Mr. Bill Woelitz of the Northern Area Substance Abuse Council (NASAC) spoke to problems in Washoe County. Mr. Woelitz said that Washoe County has recognized the need for de-tox facilities. Mr. Woelitz said that "Ridge House" was started with a \$62,000 Federal grant, and are not sufficiently funded. Mr. Woelitz said that 85% of the Washoe County residents use alcohol, and out of 1,282 persons picked up for driving under the influence, 85.4% were local residents. Figures from various service facilities showed that in February, 1976, out of 12,000 cases, 4,943 were deemed to have problems with drugs or alcohol. Within the NASAC office, there have been 400 individuals with these problems since August of 1976.

Mr. Tom Mayer, President of the Board of Trustees for NASAC, distributed an organizational chart, a fact sheet and a fictional budget for the Committee, (Exhibit "E", "E-1", "E-2"). Mr. Mayer said that there has been a great deal of cooperation between NASAC and the Bureau, and also the liquor industry. Mr. Mayer also suggested that some of the funding could go towards education. Senator Hernstadt asked Mr. Mayer, if in his opinion, he felt that 48 hours was enough to hold an individual for treatment? Mr. Mayer answered that he felt that the time length should be done in degrees in accord with the individual. Senator Hernstadt asked if an increase in the liquor tax would help in rehabilitation? Mr. Mayer said that would be termed an "ear-marked tax" which is not appealing, and the program was more in favor of Assemblyman Gomes' bill to use 10% of the existing tax.

Mr. Bob Rusk, Washoe County Commissioner, said that he supported S.B. 247 and Assemblyman Gomes' bill. Mr. Rusk said that he agreed with the amendment that would extend the funding over a two year period. Senator Neal asked what would be wrong in taxing alcohol? Mr. Rusk stated that a great many tourists purchase liquor by the case in Nevada because it is less expensive, and this may decrease if the the cost were increased.

Mr. Russ McDonald, representing Washoe County, said that he had three observations: 1) local support of de-tox centers, is difficult because it is not locally budgeted, 2) the one shot legislation, whether one year or two years, must be accompanied by the Gomes' bill, and not have the funding layed back on the local governments who cannot respond, 3) as County Manager studied to see if County Welfare rolls would be reduced by rehabilitating the alcoholics and getting them back into the work-force, and Mr. McDonald said that he felt this could be demonstrated. Mr. McDonald also stated that in regards to the C.P.C. arrests, perhaps the law could be changed so that the committing judge could make the decision that the 48 hours is not enough, and within legal custody, the patients could go to a treatment center.

Mr. Ben Akert of Ben's Discount Liquors, said that the alcohol beverage industry pays the highest tax, second only to the Federal Income Tax. Northern Nevada has about 55% of the alcoholic business for the State. Mr. Akert said that 80% of his volume is out-of-state business, and he estimated that his company has 20% of all the alcoholic business in Northern Nevada. The State of Nevada grosses approximately \$10 million in alcohol taxes.

Mr. Arthur Senini, President of Wine & Spirits of Nevada, said that consideration must be given to rehabilitation of users, however, the alcoholic beverage industry does not want new agencies and bureaus created, but the funding should go to existing facilities, and this funding should not be provided solely by the alcohol beverage industry. Senator Hernstadt made the point that California may reduce its tax and then Nevada's trade would be hurt, and it may occur that Assemblyman Gomes' bill would be projecting 10% of a decreasing income.

Ms. Martha Coon, member of the Governor's Advisory Board of Alcohol and Drug Abuse, said that during the Board's meeting of October, 1976, they approved in concept, the legislation of S.B. 247. Ms. Coon said that it is expensive to create an effective de-tox center, as RN's and MD's must be on immediate call, and treatment is most effective when done during a crisis moment for the alcoholic.

Senator Raggio asked Mr. Dan Norton, associate Director of Alcoholics Rehabilitation Association (ARA) if "Ridge House" was Federally funded? Mr. Norton said yes, and although there will not be any increases, the appropriations have been guaranteed for the next six years.



Mr. Norton said to Senator Raggio that with this additional funding, a de-tox center could be started for individuals who are not CPC's, and the ARA has a location located near "Ridge House" that if acquired, could house about thirty to fifty beds and counseling offices. Mr. Norton said to Senator Hernstadt that Ridge House could not keep someone who was very ill, as their main function was to "dry-out" the clients and then refer them to other treatment programs, and the maximum number of patients at Ridge House was ten beds for three days. Mr. Norton said that this could be changed so that the minimum stay at a de-tox center could be three days, and the maximum would be for seven days. Mr. Norton said that the ARA cannot mandate the length of stay, but 68% of the Ridge House clients have had continued treatment in residential and out-patient clinics.

Mr. Bob Warren, Nevada League of Cities, said that the money that would be spent on rehabilitation, would be only a fraction of the money saved. Mr. Warren said that Ms. Pat Bates of the Bureau said that \$64 million in costs could be attributed to alcoholism by way of welfare, medical expenses, arrests, etc. Senator Raggio said that these costs were given in a breakdown of the "Fact Sheet" (Exhibit "E-1", Fact #11).

Ms. Ann Hibbs of the Nevada Nurses Association said that they support this legislation.

Mr. Milos Terzich of the Health Insurance Association of America said that they approve the concept of the bill, however the bill should contain specific guidelines for new facilities, education and treatment. Mr. Terzich suggested that a state insurance program be set-up with this money and have that fund provide the above mentioned services. Senator Raggio said that this appropriation will be for an existing program that has already developed specific guidelines, and he could not see the sensitivity of the insurance groups for this type of program. Senator Raggio pointed out that the insurance groups have been strongly opposed to S.B. 182, which would require health insurance policies to cover alcoholics.

Mr. Dave Brady, psychologist with Rural Clinics, and member of Omega House, conducted a survey with 80 key informants throughout the State who continued to state that alcoholism is a serious problem in each of their agencies. Mr. Brady also supported the concept of distributing the funds over the Biennium.

Mr. Al Throckmorton, of HIS Place in Reno, testified that the State of Colorado went through the same legislative process of establishing alcoholic de-tox centers. With a budget of \$8 million, they established a de-tox center with a two week program. The success rate was relatively low

initially, however when a voc-rehabilitation program was instituted, the average stay went up to ninety days and the success percentages increased significantly. In one year's time, 300 patients went through de-tox, and their unemployment rate was less than ½%, they made over \$1 million in salaries, and they no longer called any welfare services in the State. Mr. Throckmorton said that these 300 patients had an average length of unemployment, prior to hospital admittance of 18 months, and none had been employed for the previous six weeks, and all required approximately \$1,500/month/person in social services. However, during the long-term program, the State received \$3.00 for every \$1.00 spent for rehabilitation.

Mr. Mel Harrel, Director of HIS Place, said that his facility is a licensed facility by the Bureau, who treat men of 18 to 30 years of age. In 1976, HIS Place took in 80 patients, and the time length is for three months, 24 hours/day. Senator Raggio asked if there is a facility like HIS Place in Las Vegas? Mr. Harrel did not know.

Senator Raggio explained to Mr. Frank Daykin of the Legislative Counsel Bureau that Senator Hernstadt expressed concern if the law regarding CPC's could be amended to allow the committing magistrate to impose an additional sentence beyond the 48 hours. Mr. Daykin said there was a problem, because you are saying on the one hand that public drunkenness is not a crime, but to hold an individual beyond that he must be allowed some type of court proceeding. Senator Hernstadt suggested that perhaps there could be a law whereby the minimum length of stay could be 48 hours, up to seven days, if the client wishes to stay, with the option to transfer to various facilities when they become available. Mr. Daykin said that this is possible, if the individual requests the treatment. It was decided by the Committee that this problem could not be handled in S.B. 247.


Senator Raggio: Amend S.B. 247 to extend the  
funding over the Biennium and Do Pass  
Senator Hernstadt: 2nd the Motion.

The Motion passed. (Exhibit "F")-- Senator Blakemore  
was absent for the vote.

Ms. Nancy Evans introduced herself and the girls in her  
Campfire Troup, who were from the Reno/Sparks area.

The meeting adjourned at 10:40 A.M.

  
Sen. Jack Schofield, Chairman

  
Sheba L. Woolley, Secretary

RESOLUTION NO. 3184

*Police*  
Exhibit "A"

INTRODUCED BY COUNCILMAN \_\_\_\_\_

RESOLUTION TO THE NEVADA STATE LEGISLATURE  
REQUESTING FAVORABLE CONSIDERATION OF SENATE  
BILL 247 AND ASSEMBLY BILL 334.

WHEREAS, the Reno City Council is well aware of the need  
for the funding proposals as contained in Senate Bill 247 and  
Assembly Bill 334; and

WHEREAS, the Reno City Council desires to go on record as  
supporting the passage of these two bills; and

WHEREAS, it is also the desire of the Reno City Council  
to point out to the Nevada State Legislature that funding for a  
physical facility to house a complete detoxification center in the  
Reno area is desperately needed;

NOW, THEREFORE, BE IT RESOLVED, that the Reno City Council  
supports the passage of Senate Bill 247 and Assembly Bill 334.

BE IT FURTHER RESOLVED, that the Reno City Council requests  
that the State Legislature provide funding for a physical facility  
to house a complete detoxification center for the Reno area.

On motion of Councilman \_\_\_\_\_, seconded by  
Councilman \_\_\_\_\_, the foregoing Resolution was passed  
and adopted this 7th day of March, 1977, by the following vote  
of the Council:

AYES: \_\_\_\_\_

NAYS: \_\_\_\_\_

ABSTAIN: \_\_\_\_\_ ABSENT: \_\_\_\_\_

APPROVED this 7th day of March, 1977.



# NEVADA CATHOLIC WELFARE BUREAU

Exhibit "B"

275 EAST FOURTH STREET  
RENO, NEVADA

TELEPHONE (702) 322-7073

MAILING ADDRESS - P. O. BOX 5415 - RENO, NEVADA 89503

March 8, 1977

Dear Chief Parker:

For one year in 1973-1974, I was chief counselor of the St. Louis Detoxification Center, the first such center in existence in the U.S.

I received my Masters Degree from St. Louis University with my main concentration in Addictions.

It has come to my attention that the Nevada Legislature is considering a bill to establish Detoxification Centers in Nevada. I heartily endorse such a proposal. It is a much needed facility.

However, I wish to convey to you some requirements for such a program.

- 1) The hospital setting is not appropriate. Medical Services should be available 24 hours a day with a physician on call. But the expense involved in the hospital setting is exhorbitant.
- 2) The director does not have to be a doctor. A medical social worker with specialized training in addictions (preferably a recovered alcoholic) is better.
- 3) A definite required period of stay is essential. In St. Louis, we found that seven days was acceptable. This seven day stay should be mandated by the police department. In St. Louis, they had worked out an arrangement by which no charges would be brought against the person committed for care if he stayed the full seven days. If the person left before that time against staff advice, a warrant was issued for his arrest.
- 4) A work period should be incorporated into the treatment time. This should be paid work time at the minimum hourly wage. Half the money to be paid to the person; half to go toward his treatment. The only conditions I would suggest here is that the work period not exceed 3 hours a day. Two hours a day is ideal.



MEMBER OF UNITED WAY

427

I hope these ideas are helpful to you. If the committee should like to hear from me, I will be back in town on Saturday.

Sincerely yours,



Rev. Thomas E. Wright, MSW,  
Executive Director

Nevada Catholic Welfare Bureau, Inc-  
North.

CITY OF RENO  
Inter-Office Memo

Exhibit "C"

Subject: CPCs

SUMMARY OF ONE-TIME AND HABITUAL RECIDIVISM

<u>Person(s)</u>		<u>Number of times detained for CPC</u>
<u>1975</u>	<u>1976</u>	
2459	2809	1
946	1356	2
430	529	3
176	192	4
180	185	5
103	108	6
85	105	7
90	96	8
75	81	9
87	90	10
65	90	11
58	96	12
65	66	13
25	54	14
23	30	15
31	22	16
28	34	17
24	36	18
21	38	19
23	10	20
12	3	21
1	1	22
1	2	23
0	1	24
2	1	25
2	3	26
1	1	27
1	1	29
1	0	30
0	1	32
1	1	38
1	1	46
0	1	57
<hr/> 5017	<hr/> 6044	Totals

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.

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#### 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

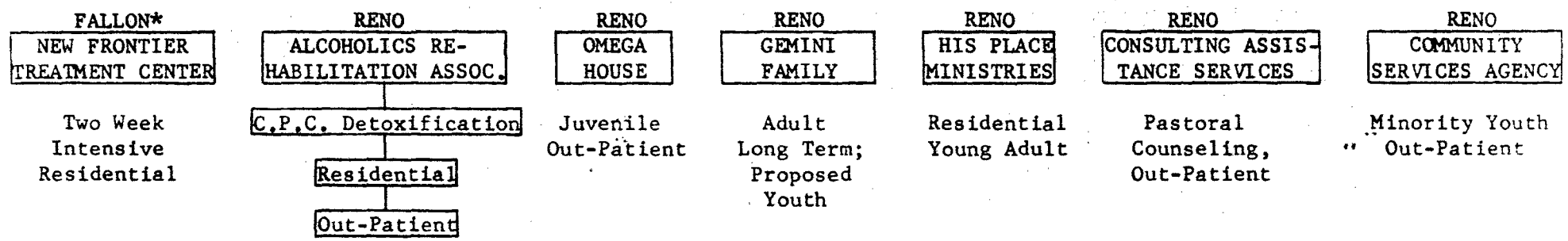
BUREAU OF ALCOHOL  
AND DRUG ABUSE

RENO

NASAC  
CENTRAL INTAKE

Information, Intake, Referral  
Refers to:

433



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.

1. NASAC-CENTRAL INTAKE: A screening, intake information, and referral agency placing clients in appropriate programs.
2. NEW FRONTIER: An intensive two week treatment program for adults. Excellent introduction to longer term treatment.
3. 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.
4. OMEGA HOUSE: An out-patient counseling program for juveniles with drug and alcohol problems. Includes education and prevention components.
5. CONSULTING ASSISTANCE SERVICES: Out-patient pastoral counseling services.
6. HIS PLACE: A 3 month residential facility for young male adults, 18 to 30, with outreach and education components.
7. COMMUNITY SERVICES AGENCY: Proposed expansion of existing minority youth programs to include outreach and drug/alcohol counseling.
8. ALCOHOLICS ANONYMOUS: While not a funded program through BADA, this program is active and utilized widely by the community.
9. 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 facility for juveniles or for women.

\*Rural

FACT SHEET

Alcohol Abuse is the most persistent and serious health and social problem facing Nevadans. No less than 30,000 of our citizens suffer from alcoholism, an illness which has been called our most treatable, untreated disease.

QUESTION: What is Nevada doing about it?

- Fact 1 - Nevada is No. 2 in the nation in per capita consumption of absolute alcohol . . . . not too good.
- Fact 2 - Nevada is No. 1 in the nation in per capita revenue generated by alcohol . . . . so.
- Fact 3 - Nevada is No. 46 in expenditures per \$1.00 of liquor revenue for alcoholism program expenditures . . . . not too good.
- Fact 4 - Nevada generates more Federal revenue per capita than any other state . . . . so.
- Fact 5 - Nevada ranks No. 46 in Federal funds received to combat alcoholism . . . . not too good.
- Fact 6 - 73% of all Nevadans over 12 years old currently use alcohol and 81% of all Nevadans over 12 have used alcohol . . . . so.
- Fact 7 - Nevada ranks No. 48 in total revenue spent on alcoholism programs . . . . not too good.
- Fact 8 - In Washoe County alone, of 14,000 total local arrests in 1975 (including CPCs and DUIs), 9,000 involved alcohol abuse . . so.
- Fact 9 - Alcohol abuse costs Nevada in Criminal Justice System expenditures alone \$1,377,000 . . . . not too good.
- Fact 10 - Nevada collects millions per year in alcohol taxes . . . . so.
- Fact 11 - Alcohol abuse costs Nevada about:

\$25,245,000	in lost production
22,383,000	in health and medical costs
17,388,000	in motor vehicle accident costs
1,725,000	in alcoholism programs and research
1,377,000	in Criminal Justice System costs
<u>378,000</u>	in social welfare costs
\$68,499,000	Total

ANSWER: WE'RE NOT DOING TOO GOOD!!!

This and additional information can be found in:

1. Survey of Nevada Rehabilitation Needs, 1975
2. VIEWPOINT: American Business Men's Research Foundation (Feb., 1976)
3. ALCOHOL ABSTRACTS: American Business Men's Research Foundation (June, 1976)
4. Nebraska Division of Alcoholism (STATISTICAL NOTES, Nov., 1976)
5. Nevada Bureau of Alcohol and Drug Abuse
6. Washoe County Areawide Criminal Justice Data (November 23, 1976)
7. THE COUNTY LINE; Volume I, No. 2, 1976
8. NASAC Substance Abuse Survey, July, 1976
9. Second Special Report to U. S. Congress on Alcohol and Health

## BUDGET

Detoxification Monies

Yerington	\$ 5,000	
Hawthorne	10,000	
Elko	25,000	
White Pine	10,000	
Lovelock	5,000	
Churchill	30,000	
Carson	<u>18,500</u>	\$ 103,500

Position Salaries

Yerington	9,600	
Hawthorne	9,600	
Elko	36,600	
White Pine	9,600	
Lovelock	9,600	
Churchill	36,600	
Carson	<u>25,500</u>	137,100

Establishment of detoxification North and South @ \$250,000 each		500,000
Staff - North		279,060
Staff - South		279,060
Food, medicine, miscellaneous lab, etc. - North		94,920
Food, medicine, miscellaneous lab, etc. - South		94,920
Training, supervisory, insurance - North		7,088
Training, supervisory, insurance - South		<u>7,088</u>

TOTAL PROPOSED BUDGET

\$1,502,736

(REPRINTED WITH ADOPTED AMENDMENTS)

FIRST REPRINT

S. B. 247

SENATE BILL NO. 247—SENATORS RAGGIO, ASHWORTH, ECHOLS, BRYAN, YOUNG, DODGE, SCHOFIELD, BLAKE-MORE, CLOSE, GOJACK, SHEERIN, FAISS, WILSON AND NEAL

FEBRUARY 21, 1977

Referred to Committee on Education, Health and Welfare and State Institutions

SUMMARY—Makes appropriation for alcohol rehabilitation and treatment programs. (BDR S-860)

FISCAL NOTE: Local Government Impact: No. State or Industrial Insurance Impact: Contains Appropriation.



EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is material to be omitted.

AN ACT making an appropriation to the bureau of alcohol and drug abuse in the rehabilitation division of the department of human resources for use in alcohol rehabilitation and treatment programs.

*The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:*

- 1 SECTION 1. There is hereby appropriated from the state general fund
- 2 to the bureau of alcohol and drug abuse in the rehabilitation division of
- 3 the department of human resources the sum of \$1,502,736 for the fiscal
- 4 years beginning respectively on July 1, 1977, and July 1, 1978, to be
- 5 used by the bureau to furnish financial assistance to certified facilities,
- 6 programs and personnel for the purpose of providing education, preven-
- 7 tion and treatment which is directed toward achieving mental and physi-
- 8 cal restoration of alcohol abusers.
- 9 2. The money so appropriated may be expended during either fiscal
- 10 year. After June 30, 1979, any unencumbered balance of the appropria-
- 11 tion made by subsection 1 shall not be encumbered and shall revert to the
- 12 state general fund.

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Original bill is on file at the Research Library.