While those arrested for public drunkenness account for only a small proportion of any community's alcoholics, they do present a very substantial and highly visible problem. The proposed grants for residential and other special facilities for homeless alcoholics will go a long way toward providing help and hope for these persons who have in the past been handled primarily by the courts and police.

NARCOTIC ADDICTION

The problem of narcotic addicts likewise calls for special attention. The number of such addicts is relatively small in comparison with the 5 million or more alcoholics. The Bureau of Narcotics records some 62,000 who are addicted to narcotics, and there are unquestionably countless thousands who exist anonymously.

As in the case of alcoholics, there is today a grievous lack of adequate community services to provide care and treatment. The local community presently offers only minimal help. There is a pressing need for special funds for the construction, staffing, and operation providing treatment facilities, as well as for training of personnel, field trials, and demonstration projects related to improved treatment techniques. As in the case of alcoholism, there is a need for integrated treatment and rehabilitation services. Here, too, we believe the needs can be best met by building on the Community Mental Health Centers Act.

The proposed legislation would amend the Community Mental Health Centers Act by transferring to it the authorities now contained in section 402 of the Narcotic Addict Rehabilitation Act of 1966.

This section provides for project grants to States, communities, and nonprofit agencies for construction, staffing, and operation, and training of personnel for facilities for the treatment of narcotic addicts as well as related surveys and demonstrations.

The proposed transfer will not affect the relationship between this program and other activities authorized under the Narcotic Addict Rehabilitation Act.

Professionals have long believed that narcotic addiction is, to a great extent, a symptom of underlying mental illness, and therefore that recent advances in treatment and rehabilitation of the mentally ill should be extended to the addict. The Narcotic Addict Rehabilitation Act of 1966 was an important step in advancing this concept.

Let me describe briefly the program envisioned in such a narcotic addiction treatment center.

A model comprehensive treatment program would provide care for approximately 400 narcotic addicts per year. Such a program would include a 10- to 12-bed inpatient unit to be used for withdrawal. Residential treatment or partial hospitalization services, such as day care, would be another element of the program.

Outpatient treatment and followup services, including rehabilitative, vocational, or educational programs, would also be provided. Preventive and diagnostic services should also be provided either directly or through cooperation with other community agencies.

A halfway house or residential treatment center located in the community would house 30 to 40 patients. One or two outpatient facilities connected with each center would serve addicts and their families and would be staffed by two or three mental health professionals, a