"Special alcoholism programs not administratively part of the center but closely coordinated with it. In communities where adequately staffed alcoholism services already exist, formal administrative integration with the center may be neither possible nor desirable. However, such alcoholism services should work collaboratively with the mental health program to assure continuity of care and appropriate referral and consultation.

"Specialized treatment personnel in the community mental health center, but no separate alcoohlism 'units.' Staff with particular interest and training can be designated as 'alcoholism specialists,' available to work with problem drinkers, as well as other patients. They can also serve as the center's alcoholism consultants.

"Special personnel to function primarily in nonclinical roles, but no alcoholism 'units.' This type of personnel engages in little or no treatment but works primarily to ensure that problem drinkers receive appropriate attention in all the activities of the community mental health center. In this capacity they function not only as consultants and as liaison persons with other community agencies, but also as a kind of 'conscience' for both the mental health center and the total community in relation to alcohol problems. They act principally as 'catalysts' and 'change agents' rather than as therapists."

This presentation appears to cover all possible methods of including alcoholism in the community mental health center complex.

The position of the National Council on Alcoholism regarding the community mental health centers has been enunciated in an address delivered by Thomas P. Carpenter, President of the National Council on Alcoholism, in New Orleans, Louisiana February 9. The following quotation from this statement indicates the thinking of NCA in this regard:

". . . assuming that community mental health centers all over the country become operative with a full range of services as outlined above—both the required and the suggested services—and assuming that alcoholism is included in the services (as I fervently hope) there still remains a critical gap with respect to alcoholism. This gap is the function that the Alcoholism Information Center was invented to perform.

"Dr. Fritz Kant in his treatise on "The Treatment of the Alcoholic" stated it this way:

'Discussions of treatment always assume that the patient is under the care of the therapist. To get him there is often the greatest difficulty.'

"He goes on to note that public education has made some impact and:

'More awareness and better recognition of the impending danger of alcoholism has on the whole improved the situation by bringing the patients for treatment earlier than would have been the case 10 years ago.'

"This, however, is only part of the problem. It is not just the 'increased awareness and better recognition of the impending *danger* of alcoholism' that removes the blocks to effective treatment and prevention. Availability for treatment implies more than the mere getting together of the patient and the therapist, as I am sure Dr. Kant would agree. The major block to effective treatment of the alcoholic and to the establishment of effective programs for such treatment, would seem to lie more in misconceptions of the nature of the problem and therefore what kind of measures are indicated. . . ."

"I think it its apparent that the community mental health center as conceived is in this respect lacking for effective service to alcoholics. I have little doubt but that the prospectuses of many, if not most, community mental health centers will include 'services for alcoholics.' Likewise, I predict, that they will be programmed on the assumption that the patient is already there under the care of the therapist, is there by his own choice and has faith in the therapy offered.

"Obviously, the thing that throws most people off in their thinking and planning about alcoholics is that these are entirely warranted assumptions in the case of most illnesses. Most sick people in our society 'know' that their problem is illness and they 'know' what kind of help is effective and where and how to find it. Moreover, they approach the helping source—person or institution—with faith and willingness to cooperate.

"People are not born with this knowledge or these attitudes; they are taught—very carefully taught—by the society in which they live. In fact, in his respect, we might say that the alcoholic is a very good citizen—he believes implicitly about himself, the same things that his society believes. Unfortunately these beliefs prevent him from availing himself of whatever effective help there is