

tests, as well as for pharmacy and for other things. This can only be done in the local community and if the person in treatment has a sense of trust and rapport with the treatment team.

I feel that a community resource has a distinct advantage. Ideally the same staff treating the patient during the acute detoxification and rehabilitation phase should be involved with the patient in the followup phase.

The third reason is that cooperative linkages already exist with established community agencies such as police, social welfare, and neighborhood groups through present programs developed in many community mental health centers. The effectiveness of ongoing alcoholism and narcotic addiction programs, I believe, can be increased by strengthening existing linkages rather than having to establish new ones.

Fourth, our experience and the experience of others indicates that the families of addicts have associated emotional problems, and a more comprehensive approach is more readily facilitated.

Fifth, recruitment of qualified and experienced personnel who are scarce. Currently, the areas of alcoholism and addiction do not have made public acceptance. Integration of mental health centers with this program, particularly those linked with medical schools and hospitals will help recruitment.

I have discussed this problem with Mr. Ernest Sheppard, of our department, and with Dr. W. Bloomberg, Commissioner of Mental Health. We all agreed that one of the major obstacles to the development of quality programs in these fields has been the resistance within the health professions to assume an adequate responsibility for these important public problems.

This is evidenced by inadequate instruction upon these topics in medical schools and in training programs for psychiatrists, social workers, nurses, et cetera. Moreover, only a small fraction of mental health professionals are devoting themselves to the sub-specialties.

There is an air of pessimism and an air of pervasiveness that these are hopeless. Our society continues to attach stigma to these conditions.

While this legislation would go a long way to improving this condition, I would like to recommend amending the regulation for mental health centers so as to make the inclusion of facilities of addicts and alcoholics part of them.

The current regulations do not include these important public health areas as necessary components for community mental health centers. In my opinion, consideration should be given not only to permissive legislation, but to a future mandatory requirement, so that a community center with specialized facilities on panels for alcoholic and drug addiction must be included along with the existing five essential components of in-patient, out-patient, emergency, partial treatment and education.

I realize that this proposal may seem radical to some of my colleagues, but it is my prediction that within a decade we will come to expect that just as emergency treatment in today's hospitals is part of the mental health center, so will the treatment of alcoholism.

I also wish to offer my special enthusiasm and support for section 252, which authorizes grants for training and evaluation of programs.