ALCOHOLISM

Let me turn now to the problem of alcoholism. There seems little need to document the wide prevalence of this disorder or the need for intensified action. In New Haven, we have recently become aware that a moderate sized group of homeless, white males constitute a hard core in need of rehabilitation and social adjustment. As in other cities, surveys in New Haven indicate that a significant proportion of the efforts of the police and other law enforcement agencies are tied up in arrests for drunkeness and related problems. Here, as is also the case with narcotic addicts, the police, courts, and probation officers perform medical and social welfare activities to an unrecognized extent. This involvement with problems of alcoholism prevents the use of their limited resources for their primary tasks of law enforcement and crime prevention. Of course alcoholism is not found exclusively in these areas, but also among industrial workers, professionals, and housewives. Here again, the limited specialized facilities in New Haven has restricted our activities. The efforts of the local Alcoholism Clinic, the Salvation Army, and the Yale Hope Mission have proven inadequate to meet the need. Just as for drug addicts, the only detoxification and inpatient treatment unit exists at the Connecticut Valley Hospital thirty miles away. As I will detail later, our attempts to diagnose, treat, and rehabilitate patients with these problems at our new Center with existing facilities and staff have been limited.

THE NEED FOR FACILITIES AS PART OF THE COMMUNITY MENTAL HEALTH CENTER

I have not described these circumstances in New Haven because they are unusual. On the contrary, I believe they are illustrative of what is probably the pattern in every medium and large size city in our nation: great need, damaging social consequences, inadequate resources, and over burdened efforts by clinics, police, and other agencies. The situation is made worse by a lack of integration and coordination of existing facilities.

In view of this experience, we welcome the proposed bill. In particular, I wish to support the provisions which link these new, specialized facilities for alcoholic and narcotic addiction to the newly developing community mental health centers. Why make these facilities part of the community mental health centers? Why not create separate, independent centers? My belief is that development of separate facilities unrelated to community mental health centers would be a serious error. I can offer a number of reasons why.

One, there is substantial evidence that alcoholic and narcotic addicts have a high proportion of associated medical and psychiatric conditions. These require active consultation and collaboration with neurologists, internists, psychologists, and other specialists. The Connecticut Mental Health Center, like other community mental health centers, is located adjacent to a general hospital, the Yale-New Haven Hospital, to which it is also linked architecturally, administratively, and programmatically. Through this linkage, the mental health center has available x-ray, laboratory, and other adjuncts to treatment.

Second, in addition to this need for medical, surgical, and laboratory services, I wish to emphasize the desirability of treating the alcoholic and drug dependent individual in his community. Treatment at distant facilities, such as those at Lexington and Fort Worth, results in a high rate of relapse when the individual returns to his community. Programs of rehabilitation and after care are needed, and these require involvement of the patient's family, neighbors, clergyman, and local institutions. This is particularly true where modern drug techniques, such as methadone for narcotic addicts and Antabuse in the case of alcoholism, are being tried. These often require long periods on a maintenance drug dosage, up to five years or longer, with frequent laboratory testing of urine or blood. Ideally, the same staff who treated the patient during the acute detoxification and rehabilitation phase should also be involved with him in the follow up phase while he is readjusting to the community.

Third, cooperative linkages with the police, social welfare agencies, and rehabilitation centers already exist through the network of community mental health centers. It would increase their effectiveness to incorporate alcoholism and narcotic addiction programs.

Fourth, experience indicates that the families of alcoholics often have associated emotional problems, especially their children. There can be a more comprehensive approach, involving group and individual psychotherapy and