family work, with a community mental health center than if the alcoholism facility or drug addition center are separated administratively, geographically, and architecturally.

Fifth, recruitment of qualified and experienced personnel to separate facilities for these groups is difficult. Currently, these areas do not have the professional prestige and community acceptance they merit. Integration with community health centers, especially those linked to medical schools and general hospitals, will facilitate recruitment. It would also contribute to the needed cadre of experienced workers who can train others while also educating personnel in associated health and social welfare fields.

The question may arise as to why mental health centers and general hospitals cannot treat these patients within existing facilities and programs. We have learned that specialized facilities and equipment, properly trained staff, and an accumulated body of knowledge and experience are required. Our attempt to treat alcoholics and narcotic addicts in our regular adult programs have proven frustrating and ineffective. Experience indicates the desirability of specialized units with associated laboratory facilities and trained personnel devoted to these problems.

I have recently had discussions about this problem with Mr. Ernest Shepherd, Director of the Drug and Alcoholic Dependence Division of the Connecticut Department of Mental Health, Dr. Wilfred Bloomberg, Commissioner of Mental Health, and other leaders in the Connecticut area. We are all agreed that one of the major obstacles to the development of quality programs for treatment and prevention in the fields of alcoholism and drug dependence has been the resistance within the medical professions to assuming responsibility for these important areas. For too many decades, alcoholism and drug dependence have been stepchildren within the mental health family. This is evidenced by inadequate instruction on these topics in medical schools and in training programs for psychiatrists, psychologists, social workers, and psychiatric nurses. Moreover, only a small fraction of mental health professional have devoted themselves to these important subspecialties. Within the mental health profession there is a myth of fatalism and pessimism because of the pervasive conviction that these are hopeless conditions for which no effective treatment programs exist. While our treatments have their limitations, pessimism and fatalism are unfounded. The evidence indicates that properly integrated and supported programs can achieve substantial results in reducing mortality and morbidity, returning patients to the community, and facilitating their social and vocational readjustment.

These professional attitudes are related to the stigma which our society continues to attach to these conditions. Alcoholism and drug depedence have long been regarded as legal, rather than medical, problems. I am concerned that current attitudes toward alcoholism and drug dependence are similar to the attitudes toward the psychoses and other mental health problems held by our society a hundred years ago. Let us remember that when Dorothea Dix began her crusade for humane treatment of the mentally ill, many were being treated as criminals, housed in jails and county poor houses, rather than in medical facilities. I think we are at a similar historical point in the social attitude toward alcoholism and drug dependence. A crucial turning point would be the transfer of these problems from purely legal and correctional approaches to medical and social welfare programs.

While this legislation will go a long way towards improving this situation, I would recommend that, ideally, consideration be given to amending the regulations for community mental health centers so as to make the inclusion of programs and facilities for alcoholics and narcotic addicts among the essential and required services of community mental health centers. The current federal regulations do not include these important areas as necessary components of community mental health center programs. In my opinion, consideration should be given not only to permissive legislation, such as is proposed here, but also to mandatory requirements so that to be truly considered a community mental health center, eligible for federal funds for construction and staffing, specialized facilities and programs for alcoholic and drug addiction must be included in the plans. I realize that these may be radical proposals for today, but it is my prediction that within a decade we will expect this, as we now expect that emergency treatment and day hospitals are parts of mental health centers along with in patient care and out patient care.