

STATEMENT OF DR. WALTER BARTON, MEDICAL DIRECTOR,
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H.R. 15281 (S. 2989) now before the Congress, would amend the Community Mental Health Centers Act by providing for specialized facilities for alcoholics and narcotic addicts.

In the view of the American Psychiatric Association the purposes of this legislation are altogether laudable and its detailed provisions are entirely satisfactory with a single possible exception noted below.

Recently, the Joint Information Service of the American Psychiatric Association and the National Association for Mental Health published a report of a comprehensive study of psychiatric treatment facilities for persons with alcohol problems. (See *The Treatment of Alcoholism* by Raymond Glasscote, Thomas F. A. Plaut, et al, American Psychiatric Association, Washington, D.C., 1967). Perhaps the most salient observation of the report is quoted as follows: "Services for alcoholics must be greatly expanded in quantity. There is no city in the United States where the amount of service begins to approach the already manifest need."

In several states alcoholism is the largest single diagnostic category for male first admissions to the state mental hospitals. In Maryland, for example, the figure reaches 40%. Some forty different states have alcoholism programs, but a number of them are limited solely to public education. Other states have some limited grant funds to assist outpatient clinics and occasionally some inpatient services. Altogether there are about 125 outpatient clinics for alcoholics in the nation as a whole, but many of these are part time only and offer very limited services. Many general hospitals in our country will not admit alcoholics as such, and when they do, the services they render tend to be brief, superficial, and inadequate. As for the community mental health centers now getting under way, it is too early to evaluate how effective they may become in treating alcohol problems, but one may confidently expect that this legislation, if passed, will further ensure the success of their efforts.

Specifically, the legislation provides for grants to suitable agencies in areas where a need for special facilities for inpatient and outpatient treatment of alcoholics is demonstrated and when the proposed plan is adjudged satisfactory according to various sensible criteria.

There is just one provision (Sec. 241(C)) which in our judgment needs some modification. It is stated "that the application (must have) been approved and recommended by the single state agency primarily responsible for care and treatment of alcoholics in the state . . ." The problem here is that in many states the "single state agency" is in fact a politically appointed commission whose responsibility is confined largely to public education programs. The members of these commissions are not representative of the expertise in the treatment of alcoholism to which this legislation primarily addresses itself. Experts in treatment problems are rather to be found in the offices of mental health authorities, departments of institutions and corrections, etc. This provision should, at the very least, in our view, eliminate reference to the "single state agency designated by the state as being the agency primarily responsible for care and treatment of alcoholics." Rather a phraseology should be substituted to the general effect that a state will appoint a single agency to administer the program and comprising the essential expertise that should be brought to bear on the execution of the entire program.

No exception is taken to the mode of financing that is proposed for construction and staffing. It is most especially praiseworthy that the legislation allows funds for a variety of treatment modalities such as specialized residential facilities, half-way houses, day care centers, hostels for homeless alcoholics, and the like. In short, the more flexibility governing the use of the grant monies the more promising and effective the program will be in our view.

Title II of H.R. 15281 provides for grants for constructing, operating and staffing treatment centers and facilities for narcotic addicts, including the development of specialized training programs for personnel involved in treating addicts and the evaluation of programs for the prevention and treatment of addiction. No exception is taken to any of the provisions of Title II.

In sum, the American Psychiatric Association strongly supports this legislation hoping that the provision about approval of grant programs by the "single state agency" may be further refined to ensure that appropriate professional expertise is brought to bear on the total program. The growing and widespread