

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
ALBANY

LAWRENCE C. KOLB, M.D.
COMMISSIONER

October 12, 1976

Mr. John Martucci
Local 301, I.U.E., AFL-CIO
121 Erie Boulevard
Schenectady, New York 12305

Dear Mr. Martucci:

Governor Carey's policy initiative last year to administratively consolidate alcoholism and drug abuse services into a new agency, the Office of Alcohol and Drug Abuse Services, created significant discussion among all of us concerned with the delivery of alcoholism services in the State of New York.

As policy and planning development begins again for the 1977 Legislative Session, Governor Carey has asked me to call a meeting of individuals interested in alcoholism services. Governor Carey and I are most interested in insuring that the State government properly meets its obligation to high quality alcoholism prevention and treatment programs.

I would like to invite you to join me on October 22 to discuss this important health care area with members of the State Advisory Committee on Alcoholism and the Associate Commissioner for Alcoholism Services. The meeting will be held from 11 a.m. to 3 p.m. in the Department of Mental Hygiene's Eighth Floor Conference Room, 44 Holland Avenue, Albany.

To aid our discussions you will receive prior to the meeting both an agenda and background material. Any needed information can be obtained from Joan Lorensen, telephone 518-474-4533.

I would hope your schedule permits your attendance and I look forward to meeting with you.

Sincerely,

Lawrence C. Kolb, M.D.

Lawrence C. Kolb, M.D.
Commissioner

LAWRENCE C. KOLB, M.D.
COMMISSIONER

ROBERT A. MCKINLEY, M.D.
FIRST DEPUTY COMMISSIONER



JOHN R. DELUCA
ASSOCIATE COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
DIVISION OF ALCOHOLISM
44 HOLLAND AVENUE
ALBANY, N. Y. 12229

October 18, 1976

Dear Mr. Martucci:

We are looking forward to your participation in the October 22 meeting in Albany to discuss organizational placement of alcoholism services within State government.

This meeting will allow open discussion on the most frequently mentioned options for carrying out delivery of alcoholism services: creation of a new agency for alcoholism and drug abuse services; creation of an autonomous agency for alcoholism services; placement of the Division of Alcoholism within the Department of Health; or substantially restructuring and upgrading the Division of Alcoholism within the Department of Mental Hygiene.

We have designed the format of the meeting to allow the large group to break into small discussion sessions where members of the State Advisory Committee will be present to hear your opinions and suggestions.

At the time of the presentation of the 1976-77 Executive Budget, Governor Carey suggested there be a "rethinking" of the administration of alcoholism programs to assure the most effective services possible. He felt State government, through the Division of Alcoholism, must take a leadership role in response to this significant health problem which costs New York State approximately \$1.7 billion annually and is accompanied with unmeasurable human anguish.

Options for Discussion

Creation of an Autonomous Agency for Alcoholism

The creation of an autonomous agency for alcoholism has been suggested as a way to give greater visibility to the problem of alcoholism and alcohol abuse. Proponents of this approach believe the present Division of Alcoholism is overshadowed in attention and dollars because of the larger size

and vested interests of the Division of Mental Health and the Division of Mental Retardation. Advocates for mental health and mental retardation programs have been effective in drawing public attention to these issues. A separate agency would prevent dilution of alcoholism efforts and treatment could be geared to the specific needs of alcoholics.

New Agency for Alcoholism and Drug Abuse Services

An agency responsible for alcoholism and drug abuse services has been proposed as a way to more effectively handle substance abuse and addiction. New developments in services, the growth of locally operated outreach, referral, and treatment facilities and shifts in the needs of the clientele served by alcohol and drug programs seem to suggest this is an opportune time to consider a unified administrative approach to alcoholism and drug abuse. Overlap or duplication of services could be reduced or eliminated and such an agency could also address itself to the needs of polydrug users. The new agency is considered by its proponents to offer more flexibility in services and greater accountability in planning and coordinating of services.

Placement of the Division of Alcoholism Within the Department of Health

Alcoholism ranks among the national health problems along with cancer and heart disease and therefore could be handled in the established health care delivery system. The Department of Health distributes funds through county and city health departments so it has an operating device to handle contractual services for alcoholism treatment. Placement within the Department of Health would give the Division of Alcoholism the advantage of being part of an agency which concentrates on public health issues. The Department of Health would have the ancillary services such as legal and personnel departments and thus would eliminate the need for creation of standard support services. The major drawback in location of the Division of Alcoholism in the Department of Health is, in New York, this agency is not a primary provider of health services nor does it focus on developing new health care systems.

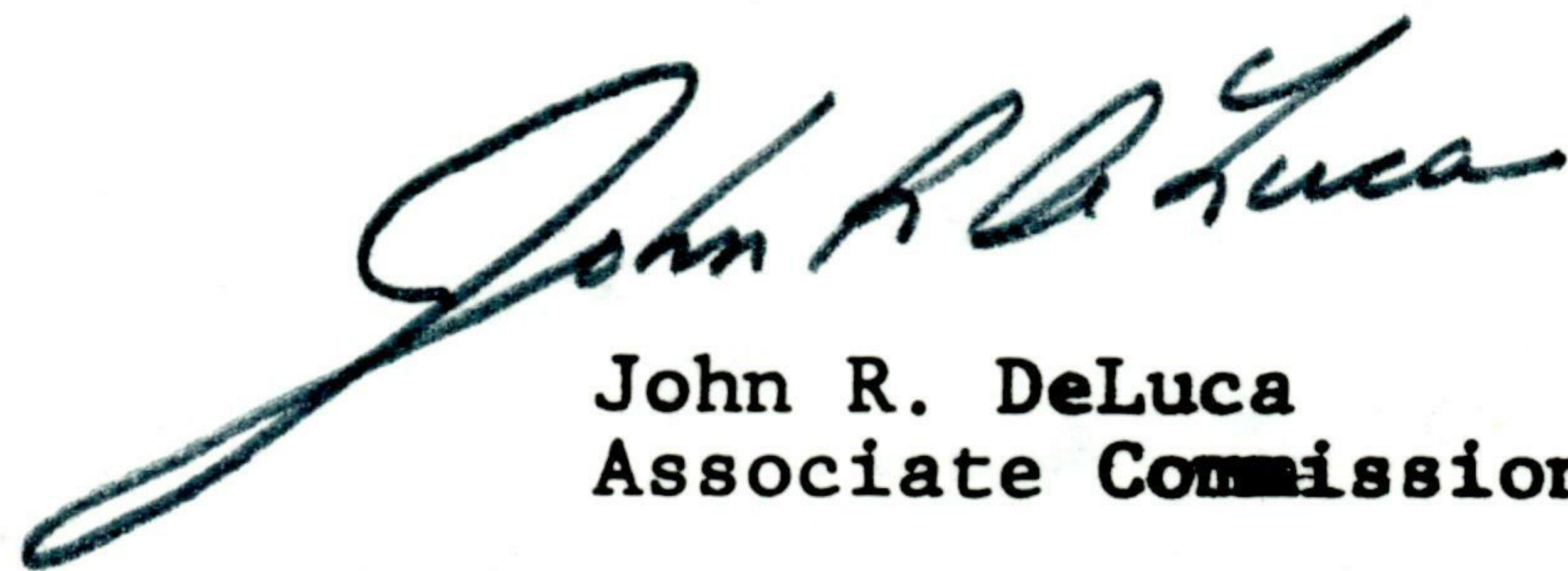
Substantial Restructuring and Upgrading of the Division of Alcoholism Within the Department of Mental Hygiene

Restructuring and upgrading of the Division of Alcoholism would give it its proper place within the Department of Mental Hygiene. Historically, the Division has drawn upon mental health professionals and has received some services because it has been a part of the largest state agency. The Department of Mental Hygiene is the natural agency to handle alcoholism services since such services are authorized through Mental Hygiene Law. Cooperative and coordinated efforts between alcoholism and drug abuse professionals can occur within the present Department of Mental Hygiene umbrella. Proponents also argue the nature of alcoholism is such that psychological consequences make it the concern of mental health professionals.

Additional materials will be provided at the meeting which will be held from 11 a.m. to 3 p.m. in the Department of Mental Hygiene's eighth floor conference room, 44 Holland Avenue, Albany. Please note attached agenda.

If there is any assistance you need for the conference, you may contact Joan Lorenson at 518-474-4533.

Sincerely,



John R. DeLuca
Associate Commissioner

Mr. John Martucci
Local 301, I.U.E., AFL-CIO
121 Erie Boulevard
Schenectady, New York 12305

Attachment

LAWRENCE C. KOLB, M.D.
COMMISSIONER



JOHN R. DELUCA
ASSOCIATE COMMISSIONER

ROBERT A. MCKINLEY, M.D.
FIRST DEPUTY COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
DIVISION OF ALCOHOLISM
44 HOLLAND AVENUE
ALBANY, N. Y. 12229

Summary of Workshop A

Chairman: Nicholas Pace, M.D.
Advisory Committee Chairman

Staff Assistant: Robert Mathews

The group discussed each option, voting on motions in connection with each proposition and, in some cases, presented a minority viewpoint. They focused specifically on how each option would affect delivery of alcoholism services and the feasibility of organizational change. In its vote, the group favored having the alcoholism division restructured within the Department of Mental Hygiene accompanied by certain stipulations.

The restructuring and upgrading the group wanted would include establishment of standards for utilization and program evaluation for alcoholism; autonomy to allow flexibility from departmental policies and procedures required of all the divisions; a chief officer at the deputy commissioner level; and regional alcoholism specialists assigned to each region. The group also asked for increased funding for community based alcoholism programs which would meet the needs of communities and budgetary allowances based on the demonstrated need for alcoholism services. An advisory committee to advise in connection with the restructuring should be appointed and accurately represent the alcoholism consumers and providers.

The group suggested the advisory committee should explore the future expansion of the Division of Alcoholism into a Division of Substance Abuse in the Department of Mental Hygiene. Others of the group considered the upgrading of the Division to be an interim step before creating an independent agency and they opposed any merger with substance abuse.

The group did not focus on the option of placement of alcoholism in the Department of Health.

The majority opposed a combined alcohol and drug abuse agency because of the different legal status of drugs and the different orientation of counselors dealing with alcoholics and drug abusers. Those favoring the option pointed to the 30 states with combined agencies, the status of both as health problems, and the necessity for careful planning to insure the integrity of each perspective. Those who did not favor the new agency for alcoholism and drug abuse services were concerned about creation of an unmanageable bureaucracy, marked differences in patterns of alcohol and drug abuse, limitations imposed on statewide planning, and administration of drug abuse services by the Office of Drug Abuse Services and its predecessors, and maintenance of alcoholism's secondary status.

The minority favoring a separate alcoholism agency justified this position by pointing out the traditional mental health structure had been unresponsive administratively and programmatically in dealing with alcoholism which differs significantly from other mental health problems. They acknowledged certain overlapping responsibility and possible bureaucracy problems might

result but they considered the advantages to outweigh the disadvantages. Others recalled the history of mental retardation and its unsuccessful attempt at a separate agency, the goal of integration of services, and a negative county impact on delivery of service and administration.

Side issues which the group discussed included the role of the state as funding source, administrator, and evaluator instead of as services provider; community control of services; and the status of community based treatment approaches.

The group majority voted against forming an agency of alcohol and drugs.

Although the group eventually favored the upgrading of the Division of Alcoholism within the Department of Mental Hygiene, they focused on the low priority given alcoholism services by DMH, the requirement that alcoholism programs fit mental hygiene models and the failure of the department to use its influence to assure the availability of services for alcoholics. The regional offices were not considered responsive enough to alcoholism nor were funds considered adequate for the Division.

LAWRENCE C. KOLB, M.D.
COMMISSIONER

ROBERT A. MCKINLEY, M.D.
FIRST DEPUTY COMMISSIONER



JOHN R. DELUCA
ASSOCIATE COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
DIVISION OF ALCOHOLISM
44 HOLLAND AVENUE
ALBANY, N. Y. 12229

Summary of Workshop B

Chairman: Joel Bennett
Advisory Committee Vice-chairman

Staff Assistant: Daniel Forget

The group agreed at the start of its discussion that the impact on patient care and the best interests of alcoholism should be the major considerations when deciding organizational placement of alcoholism. They also agreed some action should be taken; doing nothing was unacceptable. In a vote after discussion of the options, a separate alcoholism agency was favored by most and reorganization received the next highest vote. The group discussed each option separately.

Acknowledging the risks involved, the group said a separate agency would give alcoholism more visibility, potentially more funds, and freedom from red tape and the whims of a larger agency although such an agency might encounter financial and political risks not faced by a large state agency.

If alcoholism were to stay within the Department of Mental Hygiene, the group asked for certain conditions: restructuring to allow the division greater autonomy and alcoholism a greater priority and budget with separation from the Department's budget; freeing from constraints applied uniformly to all the divisions; an upgrading of the division chief to deputy commissioner; and rewriting of mental hygiene law so alcoholism is dealt with separately.

The group said the Department of Mental Hygiene had given too little attention or budget to alcoholism and ignored its uniqueness when applying its rules and regulations.

Although the group did not favor placement of alcoholism within the health department or the office of drug abuse services, they called for closer relationships and possible coordination of some efforts.

The health department was rejected by the group because of its public health orientation in contrast to the "private" or individual oriented alcoholism approach and the fear alcoholism could lose its visibility. The health department also would be an unknown bureaucracy.

The group suggested there are more liabilities than assets in the short run but the reverse would be true in the long run for a merger of alcoholism with drugs. Careful study and planning would have to precede any merger. The group said treatment services and programs should remain separate while the state level merger would be in administration, funding, and planning.

Merger with a drug program would link alcoholism with the stigma and strong resistance associated with community drug programs, the group said. The group discussed the problems of poly drug use and felt strong ties between alcohol and drug programs would be advantageous. They opposed any linkage of alcohol and drugs under the department of mental hygiene, suggesting this would make things only worse and alcoholism might gain a stigma without benefits.

General recommendations were made which touched on programs and included: upgrading of services with greater funding and visibility and increased flexibility, allowing communities to organize alcoholism services to fit local needs and existing structures. Existing resources should be examined and then utilized to the fullest extent. If alcoholism were linked to an existing agency the agency should want the state's alcoholism program and have necessary administrative and organizational capabilities. New and stronger relationships between alcoholism and health, mental hygiene, and drugs on state and local levels should be created.

LAWRENCE C. KOLB, M.D.
COMMISSIONER

ROBERT A. MCKINLEY, M.D.
FIRST DEPUTY COMMISSIONER



JOHN R. DELUCA
ASSOCIATE COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
DIVISION OF ALCOHOLISM
44 HOLLAND AVENUE
ALBANY, N. Y. 12229

Group C Workshop Summary

Chairman: Mrs. Alice Fordyce
Advisory Committee Member

Staff Assistant: Barbara Smith

The group spent most of its discussion on the option of upgrading the Division of Alcoholism and including the Office of Drug Abuse Services within the Department of Mental Hygiene and on the option of forming an autonomous alcoholism agency. The options for the Department of Health, merger with the Office of Drug Abuse Services and the Division remaining within the Department of Mental Hygiene with no change received little support from the group.

Discussion also focused on side issues of additional funding and staffing for alcoholism as well as certification of alcoholism counselors.

The group made specific recommendations which included strengthening and upgrading alcoholism with increased funding, staffing, and greater status regardless of the option. If the Office of Drug Abuse Services is brought within the Department of Mental Hygiene, alcohol and drugs should be administered separately and a council or advisory group should be created with equal numbers of representatives of alcohol and drugs; such an advisory group would have a coordinating function for issues such as health education, prevention and training, and cross

addiction.

Study of the structure of the alcoholism authorities in other states including their funding and quality control benefits should be made in connection with the various options.

If alcoholism services are provided by an autonomous agency, a survey might be made of existing alcohol and drug programs and recommendations made for a merger at certain levels, if feasible.

In discussion of the autonomous alcoholism agency, the group suggested medical and psychiatric support services could be made on a contractual basis but the opponents of a separate agency indicated concern that alcoholism treatment might be de-professionalized, contending also the concept was nebulous and non-medical. The opponents also pointed out that funding for research and for financing a separate agency would be a problem. Several members questioned the accuracy of the estimate of cost provided conference participants. While a new agency for alcoholism and drug abuse services was given little group support, the group suggested funding at the local level could be managed easily. Opponents of this option said they feared the influx of drug personnel, the adverse impact upon programs and stigma attached to drug abuse, and the difficulty in managing drug addicts. In addition, some felt alcoholism would inherit the poor image of the Office of Drug Abuse Services.

When the group talked about alcoholism being located in the Department of Health, they conceded it might gain more support from the medical profession and greater possible ability to get

third party payments. Research, however, the group believed would be more narrow in this setting. In contrast, the Department of Mental Hygiene would allow medical and psychiatric services with the quality control necessitated by a large bureaucratic agency. Mental Hygiene's disadvantages were described as problems with certification of alcoholism counselors and development of referral within sobering up stations.

The group developed an option which was not specified. This would be the Department of Mental Hygiene as an "umbrella agency" for the Division of Alcoholism and the Office of Drug Abuse Services. The advantages were seen as the availability of supportive services and existing administrative structure, the greater equity possible in funding, and treatment capability in terms of alcohol and drug addiction. Some of the group recalled a similar structure about seven years ago and considered it would be a backward step in reinstating it.

When options are considered, they should be considered in relation to: programs not just administration; the state's role as direct provider of services; and ways that alcoholism can be melded with health service agencies (HSA). Regardless of organizational structure, public information and education are important as is quality control. At the regional and local level, the separation of drugs and alcohol is counter productive. An in-depth study of the Division and the Office of Drug Abuse Services is necessary regardless of structure and it needs to be determined under what structure the most funding can be obtained. Alcoholism funding historically has received low priority.

LAWRENCE C. KOLB, M.D.
COMMISSIONER

ROBERT A. MCKINLEY, M.D.
FIRST DEPUTY COMMISSIONER



JOHN R. DELUCA
ASSOCIATE COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
DIVISION OF ALCOHOLISM
44 HOLLAND AVENUE
ALBANY, N. Y. 12229

Summary of Workshop D

Chairman: William Dowling
Advisory Committee Member

Staff Assistant: Thomas J. Delaney, Jr.

Although the need for further study before any decision was agreed upon, the majority of the group preferred an independent alcoholism agency. Some were willing to support as a second choice an upgraded program within the Department of Mental Hygiene. The group suggested a merger with drugs would result in a loss for the alcoholism field but, should it occur, there should be a larger representation of alcoholism people in the agency's staff leadership.

The group suggested the need to study the experiences of other states where alcoholism has been merged with drug abuse, situated under another aegis, or maintained as a separate entity. The study also should look at the amount going to administration in the agency.

It was suggested that criteria or objectives need to be developed for a strengthened alcoholism program before deciding under which auspice they could be best met. Alcoholism needs to be moved into the mainstream of the health care system and it was noted the health care system is not synonymous with the mental health system. The Department of Mental Hygiene tends to isolate the alcoholism program from other agencies such as corrections and social services.

The group also talked about moving alcoholism into the mainstream with visibility and the development of greater public awareness that alcoholism is a disease and a health problem. It was generally agreed that the Department of Mental Hygiene should continue to treat mentally ill persons who have alcohol problems.

The chairman summarized criteria and objectives as the following: identification of alcoholism as a health problem; the need to move alcoholism into the mainstream of the health care system; and greater public recognition that alcoholism is a health problem. Other issues cited were: the need to study what other states have done to administer their alcoholism programs; the need for broad scope with links to other systems that are affected including the courts and probation departments; the defining of the alcoholism authority at all levels of government; and better communication among all agencies dealing with alcoholism.

When deciding on the agency for the alcoholism program, there should be consideration of what would attract volunteers and professional staff and which agency would promote effective prevention and treatment as well as allow individualization and standardization of procedures and regulations to meet the needs of the alcoholism field. Funding considerations should acknowledge the monitoring and fiscal problems of counties.

Early discussion in the group focused on complaints about the inadequate attention given the alcoholism program by the Department of Mental Hygiene and the policies which do not allow for the special needs of alcoholism programs. Task forces are appointed without sufficient alcoholism representation and the Division of Alcoholism tends to be swallowed in the department as well as

forced to observe inappropriate regulations.

Other issues discussed included the use of alcoholic beverage taxes earmarked for upgrading of the alcoholism program and the capability of an agency to treat poly drug abusers. If a study group were appointed, it should include legislators or their representatives and others from alcoholism rehabilitation units and councils on alcoholism.

LAWRENCE C. KOLB, M.D.
COMMISSIONER

ROBERT A. MCKINLEY, M.D.
FIRST DEPUTY COMMISSIONER



JOHN R. DELUCA
ASSOCIATE COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
DIVISION OF ALCOHOLISM
44 HOLLAND AVENUE
ALBANY, N. Y. 12229

Summary of Workshop E

Chairman: Rev. Peter Young
Advisory Committee Member

Staff Assistant: Karen Zuckerman

The group focused much of its discussion and time on a merger of the Division of Alcoholism and the Office of Drug Abuse Services and talked of the historical and political perspective on the issue. Although they did not take a vote, the majority of the group favored an autonomous agency for alcoholism and there was discussion of upgrading of alcoholism within the Department of Mental Hygiene as an acceptable compromise.

Each of the options would need careful study before any decision.

Whatever agency is given authority for the alcoholism program, it should concern itself with the "other victims" of the alcoholic, the group noted. Group members said they often spent time working with the family as well as with the alcoholic.

The group also discussed hearings conducted by Assemblyman John McCabe who is investigating the issue of merger of alcoholism and drugs. Representatives of the drug field have been invited to the hearings while no alcoholism representatives or a token person is invited to represent alcoholism interests.

The group's opinions on a merger ranged from a merger should be implemented in a phased-in way and be considered as a merger of

both existing agencies to the need for careful study. Others said the merger had no merits and alcoholism would be impeded because it was gaining increasing positive exposure as the interest in drugs was slipping in public attention. It was also suggested that alcoholism people have expertise in administering programs while drug abuse personnel do not.

The group did not spend much time on the option of placement of alcoholism within the Department of Health because they said the health department is concerned with utilization and review of health facilities, not in delivering direct service.

In discussing creation of an autonomous agency for alcoholism, the opponents cited the high cost and the possible short-sightedness of a separate agency when the young alcohol abusers may be abusing alcohol and drugs. Proponents said a separate agency would have more power in obtaining better health insurance coverage for clients in state psychiatric centers and in outpatient programs; accountability would continue; and such an agency might get a fairer share of funding.

In discussion of upgrading alcoholism within the Department of Mental Hygiene, some group members pointed out that alcoholism within the department has been effective in obtaining funding for the New York City area but not in Nassau and Suffolk Counties. Others said alcoholism did not get the money it deserved because it was part of the Department of Mental Hygiene.

There was talk of phasing-in the Office of Drug Abuse Services to the Department of Mental Hygiene with its location with the Division of Alcoholism or the creation of a separate alcoholism agency with a "special" relationship to the Department of Mental

Hygiene. Although New Jersey established a combined office of alcohol and substance abuse, some members said it was not fair to base a decision on one state's experience which might not apply to New York.

LAWRENCE C. KOLB, M.D.
COMMISSIONER

ROBERT A. MCKINLEY, M.D.
FIRST DEPUTY COMMISSIONER



JOHN R. DELUCA
ASSOCIATE COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
DIVISION OF ALCOHOLISM
44 HOLLAND AVENUE
ALBANY, N. Y. 12229

Summary of Workshop F

Chairman: Joseph Sundrum, Ph.D.
Advisory Committee Member

Staff Assistant: Lois Stiglmeier

The group favored a strengthened and restructured Division of Alcoholism within the Department of Mental Hygiene so it could provide strong, flexible leadership in the department and outside. Such restructuring would allow regional comprehensive services and direct links to the range of health care services. A large majority of the group also suggested bringing drug abuse services back into mental hygiene to allow a Division of Alcoholism and Substance Abuse.

The group spent most of its time on its favored options and issues such as accountability, evaluation, experimentation, and alternative services. Little discussion was spent on placing the Division of Alcoholism within the Department of Health or creation of an autonomous agency. The group said an autonomous agency would be too expensive, unwieldy, and probably would not attract community support particularly in rural areas. The same arguments were used in objection to a new agency for alcoholism and drug abuse services although the group believed alcoholism planning must begin to take into account the problem of poly drug use, particularly alcohol and other services.

The group suggested recodification of mental hygiene laws so that alcoholism needs would be better met. Current regulations and standards, the group said, were geared to mental health services and they also inhibit non-medical services.

In recommendations, the group called for a massive public education effort to increase awareness of alcohol and other sedative drugs. The bureaucracy needs to be reduced and delivery of services improved, while any restructuring should come from the bottom up with elimination of duplication. The full range of comprehensive services including prevention and intervention needs to be strengthened, according to the group recommendation, and they want decision makers to have necessary training and education if they lack alcoholism field experience.

In other recommendations, the group asked for a timetable, establishment of goals and priorities, and provision of accountability and evaluation. Regional planning for improved local delivery of services needs strengthening and the Division should consider regionalizing all alcohol services down to the local level so funds can be better utilized. Any improved structure would require a larger portion of the budget to be deployed to alcoholism services.

Other issues the group discussed included the need for more research into the subject of controlled drinking, non-medical models of treatment, and intervention methods. Education and training, the group suggested, should be undertaken simultaneously with improvement measures in treatment. The group also noted that

decisions at top levels of the Division should be assured of implementation at the local level. The autonomy of the state psychiatric center where alcoholism rehabilitation services are located needs to be altered so that quality alcoholism services can be provided.

The group also said careful consideration should be given to putting drug abuse services into the Department of Mental Hygiene in order that the state not be in a "catching up" situation as the extent of alcohol and substance abuse is made public. There was concern expressed about increasing alcohol and sedative use.

Problems such as ineffective leadership, lack of visibility, the nature of the state psychiatric center as a monolith, and lack of needed legislation were discussed by the group. The group cautioned that use of the word drugs or association with a drug agency could diminish grass roots volunteer support. The group also cited as a problem the current system's vested interests of "professionals."

The group also recommended quarterly meetings of this group to keep state bureaucracy informed about issues and problems in the alcoholism field.

LAWRENCE C. KOLB, M.D.
COMMISSIONER



JOHN R. DELUCA
ASSOCIATE COMMISSIONER

ROBERT A. MCKINLEY, M.D.
FIRST DEPUTY COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
DIVISION OF ALCOHOLISM
44 HOLLAND AVENUE
ALBANY, N. Y. 12229

November 16, 1976

Dear Mr. Martucci:

Again, I want to thank you for your participation in the October 22 conference on organizational placement of alcoholism services in State government. I found the day to be enormously helpful and hope it was productive for you. Enclosed are summaries of each of the workshop sessions.

As you know, any summary, by its nature, is interpretive and does not present all discussion points covered. The reporter tried to give a fair and concise account of what occurred.

Three of the five groups favored the restructuring and upgrading of the Division of Alcoholism within the Department of Mental Hygiene, generally choosing it as the most pragmatic option; one group considered this option as their second choice. The other most favored option was the establishment of a separate alcoholism agency. One of the variations was a suggested Division of Alcoholism and Substance Abuse within the Department of Mental Hygiene, thus bringing the Office of Drug Abuse Services back to the Department.

Many of the groups acknowledge the need for study of all the options before a firm commitment is made to any one; such a study might include a look at the experience in other states.

It is apparent the majority of participants have reservations about a new Office of Alcohol and Drug Abuse Services, although many cited cross concerns with increasing polydrug use. A certain amount of discussion centered on the history of the merger concept and its disadvantages.

Almost every group spent time on the problems in the present system -- a Division of Alcoholism with low visibility and funding in a large bureaucracy which, by its nature, is oriented to its mental health mission. However, many participants still seemed to prefer change in this structure which they knew. The placement of alcoholism within the Department of Health was rejected by all the groups. There was little discussion of this option because the general feeling was the Department of Health is not an agency designed to deliver direct service.

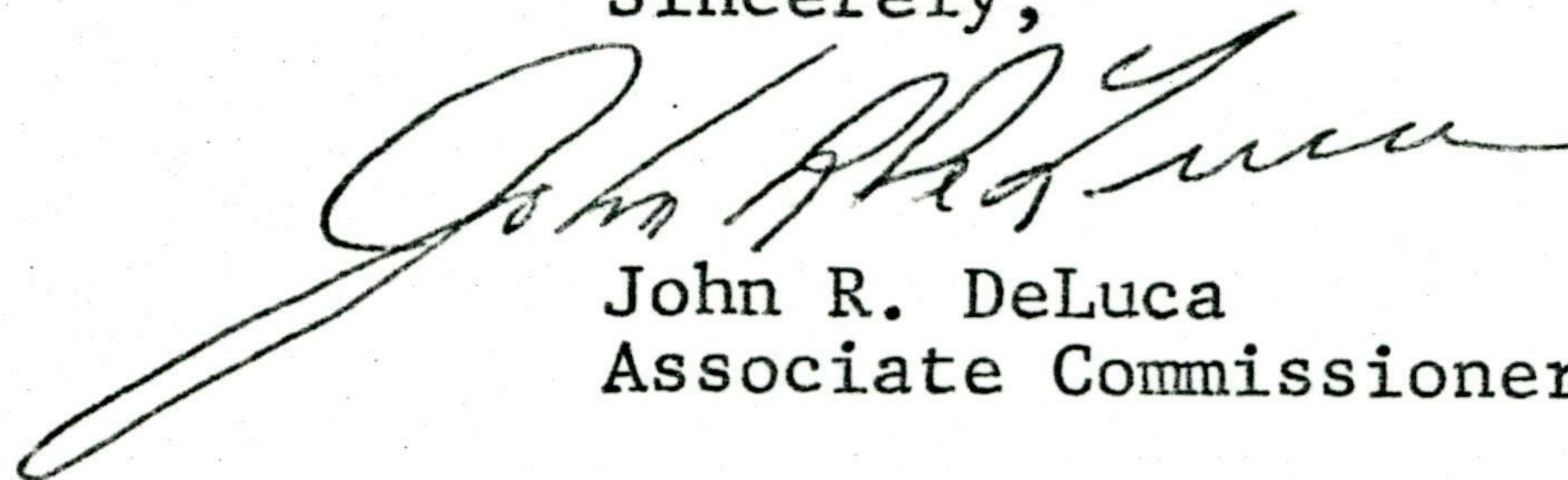
One of the issues commonly mentioned was the need, no matter whatever agency was chosen, to initiate more links and ties to other agencies and the health service system. Concern for accountability for alcoholism services and improvement of quality received attention from many of the groups who also called for more administrative flexibility in rules and regulations applied to alcoholism services.

The State Advisory Committee on Alcoholism met on November 15, reviewed the workshop reports, and discussed the October 22 meeting at some length. The Advisory Committee voted to create a Task Force of the Advisory Committee to pursue a more detailed review of what they felt were the most favored options stemming from the October 22 conference. This Task Force will study the possibility of establishing a separate alcoholism agency as well as restructuring and upgrading the Division of Alcoholism within the Department of Mental Hygiene. Members of the Advisory Committee who will serve on the Task Force include Joel Bennett, Chairman of the Task Force, Dr. Nicholas Pace, William Dowling, Dr. Joseph Sundrum, Rev. Peter Young, and Alice Fordyce.

Finally, I would like to reiterate that the October 22 meeting was the beginning of discussions on the organizational placement of alcoholism services in New York. It is hoped that additional discussions can take place and I urge you to send any written comments or position papers to my attention at the Division of Alcoholism.

Once again, thank you for your interest in and support of New York State's alcoholism program.

Sincerely,



John R. DeLuca
Associate Commissioner

Attachments

Mr. John Martucci
Local 301, I.U.E., AFL-CIO
121 Erie Boulevard
Schenectady, New York 12305

April 5, 1977

Mr. John Marticci
Local 301, I.U.E., AFL-CIO
121 Erie Boulevard
Schenectady, NY 12305

Dear John:

It was good seeing you at the luncheon at the Van Dyke.

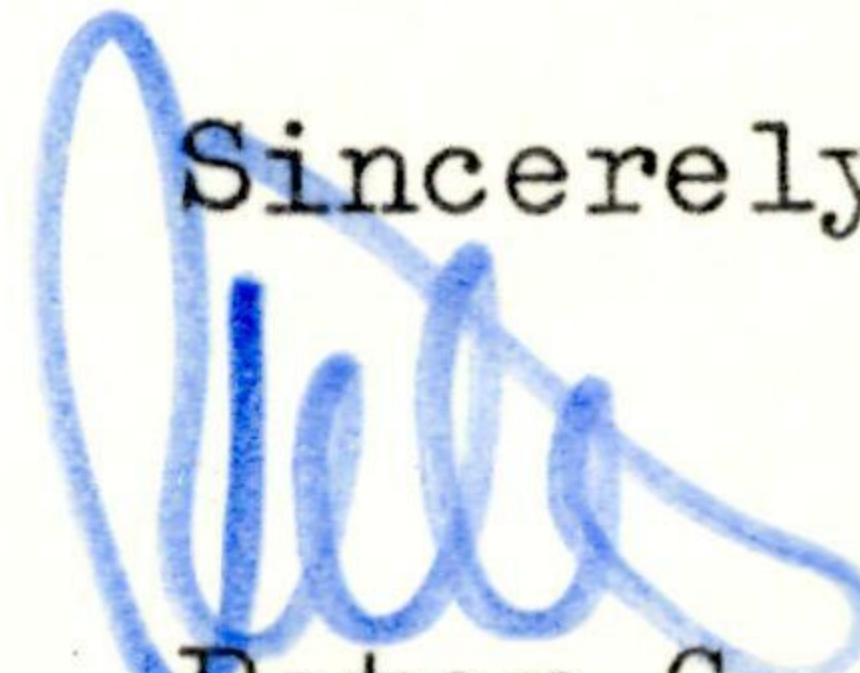
Because of the concerns of our New York State Association of Councils on Alcoholism to get a strong and constructive voice in the evaluation of the proposed Agency of Alcohol and Substance Abuse bill, we would like you to advise us.

We know you're interested in the Program Bill and we're gathering data to present ideas to assist the planning of the final draft of the new agency bill or to oppose it. They are attempting to plan for a finished copy for this legislation at the end of the month of April, and we're hoping to have you assist in the leadership of the event by being a resource person.

We are grateful for the past cooperation that you've given to the Council and hope you'll call or write with remarks to our Council on Program Bill Agency mandated Services

To get additional information call the New York State Association of Councils on Alcoholism at 716-842-0151.

Sincerely,



Peter G. Young

bas



April 14, 1977

Rev. Peter G. Young
Goodman Avenue
Box 266
Bolton Landing, N. Y. 12814

Dear Father Young:

I want to convey my personal thanks for accepting the invitation to speak at our February meeting. As usual, you impressed us with your vast knowledge in the field of alcoholism, an area of mutual concern.

The specific mission of your visit was to bring us up to date on the status of the Carey Administration's proposed Agency of Alcohol and Substance Abuse Bill.

We were all enlightened by your explanation. It helped most of us to reach a decision regarding the far reaching implications of the proposed legislation authorizing a "marriage" of the Division of Alcoholism with the Office of Drug Abuse.

You asked me in your letter of April 5 to provide input to NYSACA regarding my assessment of the Program Bill. Inclosed is a copy of my views which have been forwarded to Mr. Richard J. Gallagher.

With warm, personal regards, I remain,

Sincerely,

John A. Martucci

JAM/ejb

Encl.

April 14, 1977

Mr. Richard J. Gallagher, Exec. Coordinator
NYS Assoc. of Councils on Alcoholism, Inc.
238 Main St., Room 605
Buffalo, New York 14202

Dear Mr. Gallagher:

I've been asked by Rev. Peter Young to act as a resource providing your Association with my assessment of the Carey Administration's proposed Program Bill designed to affect a so-called "marriage" between the Division of Alcoholism and the Office of Drug Abuse.

May I begin by telling you that my involvement and concern with the problems of alcoholism date back to 1967 when I was appointed, as a labor representative, on the Board of Directors of a pilot project in Schenectady County.

With the help of many concerned people in our community, from all walks of life, we have emerged from a humble beginning to an agency that has attained tremendous credibility and respect. Our excellent services have benefitted thousands of people. While we are proud of our past and current accomplishments, our sights are set for bigger and better things that will enable us to provide services to the alcoholic community we serve.

While the existing alcoholism program under the aegis of the Department of Mental Hygiene leaves a bit to be desired, it is, nevertheless, a more coordinated and cohesive unit than an amalgamation of two State agencies would be in terms of the ability to properly administrate and effectively provide necessary services to the alcoholic. Having a choice, I believe our objective would be better realized under the current setup.

I could go on to cite a litany of reasons why, in my judgment, it would be chaotic to move in the direction of a "marriage" proposed by the Program Bill. Suffice to say, my concerns, along these matters, leaves me very apprehensive in terms of the eventual fate of the alcoholism program in our State.

Mr. Richard J. Gallagher

-2-

April 14, 1977

I trust when your Association completes its assessment of all the information it has been provided with, it will reject the Program Bill in its entirety.

Sincerely,

John A. Martucci
Schenectady County Council
on Alcoholism

JAM/ejb

cc: Rev. Peter G. Young

SHORT TERM TRAINING COURSE TO STRENGTHEN ALCOHOLISM INFORMATION
AND REFERRAL ACTIVITIES

Madison, Wisconsin

July 20, - 25, 1969

The writer arrived in Madison, Wisconsin on the night of July 20th where an informal orientation took place in the lobby of one of the dormitories. On Monday morning at 8:30 A.M. there was a formal institute orientation with 100 participants in this program. About half the persons were on Federal grants; the others were paid for by their local communities. It will be noted that there were only two other eastern persons, one from New Hampshire and one from New York City. The rest were from Michigan, Illinois, Minnesota, Colorado, Oregon and Washington. Most of the persons were new in the field, operating State-sponsored Information Centers, generally in connection with State Hospitals. Most of the persons present were also A.A. oriented and obviously were recovered alcoholics. Marty Mann, former director of the National Council on Alcoholism, was the first speaker and it was her job to set the tone for the meeting. Dr. Glen Pulver of the University staff told us there were 33,000 students on the Madison campus and 15,000 on the Milwaukee campus.

No doubt the outstanding speaker of the institute was Marty Mann, who founded the National Council on Alcoholism. She gave us the usual historical view of A.A. nationally and also presented many platitudes pertaining to A.A. and drinking in general.

Later in the morning Mr. James Ray, who was director of the council in Milwaukee, Wisconsin, spoke on the need for community action. He decried the apathy regarding Alcoholism programs and described ways and means of stimulating the public to action. Mr. Ray particularly emphasized the importance of publicity and stated that every Alcoholism Council should get a strong piece of publicity at least once weekly in either a local newspaper or on radio. He also stated that forty-three states now have some of alcoholism program. It was also mentioned, too, by Mr. Ray that in many states part of the cost of a bottle of liquor includes the cost of rehabilitation. He stated that this more or less guarantees the budget and that we should urge our legislators to include such a tax on liquor.

During the same day we heard from Mr. John McConnell who is associate director of education at Michigan State Department of Health. Mr. McConnell spoke on education for alcoholism as it is handled in the State of Michigan. It is his impression that we are only reaching 10% of the population in our education and that the people who feel they are not alcoholics or actually do not drink are not inclined to read our publicity. He felt that if we could present more case histories to the media we may influence more people. He referred to alcoholism as an underground disease. However, drinking problems rarely exist alone, and that sometimes there may be five or six community problems settled only after we resolve the problem of alcoholism. Mr. Ray also took over the next session devoted to the establishment of working relationships with other community agencies. He gave examples of Family Societies and Welfare Departments that would shun alcoholics until such time as their cases were presented to them for solution. In their ignorance they would return them to the alcoholism program. He gave examples of the mobilization of community agencies and how they could save each other time and money by providing specialized services such as that offered by the alcoholism services.

That evening we attended a dinner honoring Marty Mann at which she again spoke, after which the writer attended an A.A. meeting at 511 Carroll Street in Madison. This is an air-conditioned house owned by A.A. with meetings practically around the clock.

On Tuesday, July 22, representatives of A.A. and Alanon spoke and answered questions thereafter. They were followed by Dr. Sam Stillman who is now chairman of the Department of Social Work at the University of Wisconsin. It will be noted that Dr. Stillman is a somewhat controversial person who formerly headed the poverty program in Columbus, Ohio. On the day he left Ohio he told the Mayor to expect a riot and, actually, one occurred that night. Some persons felt that Maybe Dr. Stillman had planned the riot but he felt the time had come when the demands of the black people needed to be met and since the Mayor had refused to meet them, the riot became inevitable. Dr. Stillman did considerable joking during his talk and pointed up to the group the need for better trained people in the field of alcoholism. This did not set too well. He thought that the A.A. people had motivation and inspiration but that was not enough and that workers with alcoholics need not necessarily have been in jail or rolled about in the gutter to understand human problems. He was followed by a panel on the role of voluntary agencies working together. We had Mr. Frank Cugan, State director of the alcoholism program and Mr. Schuh of the School of Social Work, together with the A.A. and Alanon. They discussed how the official and the voluntary agency may work together giving examples of difficulties which might readily be resolved by good communication and frequent meetings. In most western states, it will be noted, there are agency meetings almost weekly when actual cases are discussed. This, it would seem, does help considerably. One of the reasons for this is the fact that distances are so great it is better for the workers to come together rather than to expect the clients to travel.

On Tuesday night we had a film forum for two hours during which many of the more recent films on alcoholism were presented. The next morning Dr. Stillman again spoke of comprehensive social planning and again mentioned the importance of using trained personnel only. He gave examples of agencies previously unpopular, which, because of a good theme, may increase their interest and their integrity. He mentioned, particularly, the agencies for retarded children because of the Hubert Humphrey interest, and cancer because of the deaths of certain prominent persons in the baseball world. He urged us to find a gimmick for alcoholism and to strengthen this as our appeal for money and community interest. All the speakers on this day emphasized the need for a clearing house for information, as well as an index of known alcoholics in the community. It will be noted that we rarely have this in New York State since the tendency is to eliminate social service exchanges. They felt that in the western states, however, this was essential.

Mr. Schuh, on the same afternoon, speaking on the role of community workers in teaching about alcohol, stated that voluntary agencies create a climate for change to occur and which does not always exist in a public agency. He gave examples of how voluntary agencies such as TB, Heart, Cancer and rehabilitation have paved the way for official agencies.

That same night there was another film forum and the writer saw "Don't Walk". This seemed to be a rather pointless film but one entitled, "For Those Who Drink", is an excellent educational media narrated by Dr. Bell, a psychiatrist in Canada. On July 23, much of the time was devoted to social case work, interviewing and counseling. We had Helen Lockhart from Chicago and Margaret Rudolph who operates a half-way house in Michigan. Both of these women gave illustrations of how to win the confidence of the client, to get information and to make certain the client will return for additional service. Their presentations were excellent.

Mr. McConnell spoke to us again about presenting alcoholism programs in the classroom. He thought the teacher should do this and not the alcoholism worker. He also

stated that only qualified people should enter schools and other persons regardless of how well motivated, had no business in schools unless they were certified to teach just as well as the salaried teachers. He mentioned teaching guides provided by the State of Michigan but stated these would not be available to us at this time. Among the comments of Helen Lockhart, who does social case work with alcoholics in Chicago, were: (1) don't take a long social history with an alcoholic, (2) don't pursue immediate causes, (3) use a chart on the wall; let him see it, (4) don't alleviate his anxiety, (5) how you feel, (6) balance friendliness with firmness, (7) ask him if he really wants help. By all means, never use the all-American advice "pull yourself together."

Miss Rudolph spoke on the addicted woman. It will be noted that although this woman is a qualified teacher, she is a recovered alcoholic and she had some tape recordings she has had with addicted women showing how she very carefully reeducated them to assume new responsibility in the home and in the community. Most of the women, she stated, were without goals, each had a poor image and most of them had the disrespect of their parents and children. By working on family members she did enhance the role of the woman and made her a better person. She stated that every case of alcoholism should be handled as a crisis and that no sick alcoholic should be told to come back another day. Service should be immediate.

Mr. James Ray again took over on the administration of alcoholism information centers. He stated the purpose of such centers are (1) to attract the clients from a wide range, (2) there should be the element of assessment, (3) where are they coming from, (4) how did they learn about us. He again stressed publicity. He stated we should keep careful records and showed us many forms. Members of the class, however, felt that he was bogged down with paper work and, therefore, had an inadequate amount of time to work on his clients. He stated that persons in the field of alcoholism not only should have professional training but should be emotionally stable and have considerable technical knowhow. Mr. Ray emphasized that under no circumstances should an office secretary ever give information. Such a secretary may listen but is not qualified to give any advice or information over the telephone.

On Thursday, July 24, Dr. Dan Dukelow spoke on the public health aspects of alcoholism. Dr. Dukelow, it will be noted, is director of public health education for the American Medical Association. He stated that in health education we should transfer knowledge about health so that the client can use such knowledge and benefit from it. We should get him to accept desirable health behavior and get people to do something about their own health. This is done through motivation. We should build on the patient's religious beliefs, his cultural beliefs and his emotional feelings. We should use the principles of learning; get him to participate. Have him make contacts with other persons and eventually have him accept change which most humans find very difficult to do.

A representative of the local TV Station then spoke for an hour on public relations and publicity which was somewhat of a repetition of the previous information. He stated that most radio and TV stations are very happy to accept material on alcoholism if it is carefully done. He stated that even though we may submit copy once weekly these may not necessarily be used but it is worthwhile trying. A Mr. Schuh spoke on visual aids and showed us some wonderful examples on pamphlets and posters. It was emphasized that pamphlets should not be promiscuously distributed but rather displayed and only sent to people upon receipt of their name and occupation.

In that way we build responsible mailing lists and we save throwaways. He especially advised displays and thought that we should use vacant store windows in the various cities for displays of materials.

On Friday morning, Mr. Charles Stack, who had been to Schenectady recently as our employee, spoke on industrial programs. He is now with the Stark Corporation in Milwaukee as director of training. They have 5,000 employees with 2 physicians and 4 nurses. Apparently they do a good industrial health job; they do not fire anyone for drinking; they have A.A. meetings on company time; they have counselling services available whenever the plant is open. He mentioned Kennicott Copper as also a leader in the field of Industrial Alcoholism Programs. He stated that one of the most difficult jobs was the reactivated alcoholic who, because of his apathy, was difficult to reach. Mr. Stack did admit, however, that in some cases it was necessary to separate some alcoholic employees who were either vicious, pernicious or hypochondriacs.

Dr. Daniel Anderson closed the institute with a stunning one hour talk on the future of alcoholism; where we're going. He stressed the need for training such as that we were getting, the selection of stable people for the field, better salaries, better fringe benefits, etc. He will be known as one of the pioneers at Yale School and also teaches at Rutgers and is known to many people. He is also known in this area. Among the highlights of his talk were the fact that there are 90,000,000 drivers, 60,000,000 of whom drink. Thirty million of them get drunk and drive. Therefore, we have a great challenge ahead of us and that we should feel alert to drinking and driving situations and let the police and sheriffs know we are concerned and do attempt to beef up laws regarding motor vehicle violations wherever possible. At 12:00 noon the awards were presented and the writer returned home at midnight on the same day.

Thomas E. Connolly, ACSW
Executive Director
Alcoholism Council of Schenectady County, Inc.
277 State Street
Schenectady, N. Y. 12305

THE TAVERN AS A SOCIAL INSTITUTION

By Tom Connolly

The tavern of today is rapidly becoming similar to its counterpart in early history. No doubt you are familiar with lithographs depicting the arrival of stagecoaches at friendly historical taverns both in this country and in Europe. The tavern is visualized as a veritable oasis -- a place where strangers were welcome, where food, drink and hospitality were available. The tavern was truly a place for the exchange of information, for protection of the wayfarer and generally, a socially acceptable institution.

Prohibition days changed the picture somewhat and of necessity. Patrons refused to permit the tavern to go out of business despite the Twentieth Amendment. Some persons met the public clamor for drinking places by operating what commonly became known as the speakeasy.

Those speakeasys became somewhat unsocial institutions in that they operated in defiance of the law and of the general public good. Their profits were not channeled into the public coffers; they operated behind closed doors and despite any claims to the contrary, they were unable to discriminate in their patronage. Therefore, the average speakeasy became known as a gathering place for criminals, drug users and other undesirable persons. Frankly, they operated behind a lock and key in a dark, drab area conducive not to good will and conviviality, but to the manifestation of man's poorest social potential. The speakeasy, no doubt, was the worst social blot on our history and the police, the liquor industry and society in general may well be very much ashamed of them.

Perhaps the less said about Prohibition and its deleterious effects, the better. This was a terrific political faux pas and we cannot permit it to occur again.

When the Twentieth Amendment was repealed in 1933, a minimum of planning was done by the Federal Government or the states. So urgent was the need for increased revenue in those depression days and so imminent was the need to obliterate the speakeasy from American life, that officials took the attitude that any type of drinking establishment would be better than the speakeasy. The main objective was to create legitimate drinking establishments immediately and to bring about regulations at a later date.

And regulations have been perpetrated upon taverns by the hundreds. There is no industry in America with so many inhibitions inflicted by officialdom as the tavern industry. The Health Department is concerned; the Police Department, the State Liquor Authority, the local ABC Board, the Treasury Department and a multitude of private organizations representing a variety of humanitarian endeavors. All of these regulations are well intended despite the fact that many of them have considerable nuisance value. Some of them may have been justified in the initial days of repeal, but is it not true that taverns have proven their willingness to submit to a variety of regulations and by their personal integrity have proved that they are fit persons to operate under a minimum of community supervision - for example, Police Dept., Fire Dept., etc.

The American tavern, and I am influenced by my own observations in New York State, and more particularly in Schenectady County, has reached a position in American life which makes it a very definite component of government. It has needed to

grow up and earn its way through cooperation and acceptance of the many regulations imposed upon it by a variety of organizations. Certainly, if you wish to open a hardware store, a church or a medical practice, you only need to conform to a minimum of public regulations, but not so in the tavern industry. You need to be knowledgeable on the aims and objectives of every arm of government and in one way or another, comply with those objectives. But, strangely enough, taverns have complied despite the nuisance value of all of these community restrictions.

Must this go on eternally? Has not the time arrived when the tavern industry, instead of being talked at may try talking to? Instead of having policemen enter the establishment peering into the faces of legitimate customers, has not the time come when the tavern industry may take a look at the police department? Is it not as well established in the neighborhood as the so-called "cop on the beat?" The tavern pays more taxes, contributes more to humanitarian organizations and perhaps it is just as equally law-abiding because it is heavily insulated with restrictions. The practice of permitting policemen to enter taverns, peering into the faces of customers is insulting to those customers as well as to the entire industry. Just what does he expect to find in an establishment owned and operated by a respectable individual? The continuation of this practice indicts the owner and his customers as persons suspected as to morals or criminality. It would seem that law enforcement personnel might better be used on other assignments.

This practice also harps back to the tenderloin era -- when policemen sought tid-bits of sorts. Certainly, a modern, progressive policeman aware of your philosophy of your job must find this type of duty offensive to his intelligence.

In many editions of our newspapers we are given the erroneous impression that taverns and their patrons provide sources of trouble to local police departments. Does it occur to you that there are fewer police calls to taverns than to private homes? A breakdown of the records of the Schenectady Police Department reveals that there were many calls to taverns but there was no specific breakdown as to the reason for the call. Should a person become ill on one of our streets or should one become injured or should he suddenly feel the need of help of one sort or another, it is quite unlikely that he would ring the door bell of a private home. Instead, the tavern stands out as a beacon - it is brightly lighted until a late hour at night; it has running water, toilet facilities, telephone, and above all, a cooperative manager. The police admit that many of the calls to taverns are necessitated because taverns ask for help for sick people, lost children and strangers in need of a variety of services. The newspaper account, therefore, of a police call to a tavern does not necessarily mean that the tavern itself is in difficulty. The tavern, therefore is a community institution with the distinction of having its doors open more hours than other places and having the facilities and the "know-how" of helping people.

Those who work in the neighborhood tavern operations are aware of the many troubled persons who come to them for help. It has been rightly said that there is more psychology practiced over a bar than on the psychiatrist's couch. People come to the tavern with family problems, financial problems, job problems, and health problems. They know of no other place to go. Hence, they turn to the place that is brightly lighted, warm in winter, cool in summer and above all, interested in them. The tavern is not necessarily a drinking place. It is a gathering place where people meet and socialize and perhaps to stabilize themselves.

It behooves the industry not to consider its establishments as "saloons" or "bars" or "joints". It is something entirely different because during the past 25 years they have been emerging into something more similar to the English pub where persons are welcome regardless of color, race or creed. What more democratic environment exists in any other business?

The tavern man knows why individuals come to his place; what their needs are and, of course, what their potentials are for giving difficulty. Therefore, one cannot run a strictly impersonal place; one must individualize the service, making the customer feel welcome but also making him realize that the establishment is yours for keeps and it shall not be abused by him or anyone else. The owners dignity and his sense of well-being truly reflect the kind of place he is operating. He gets the kind of behavior he asks for - and remember, he still does the asking. He is the Captain of his ship and which way it rolls depends upon him.

In my meandering around the City of Schenectady and Schenectady County, I wonder just how many people use service-men's clubs, social clubs, fraternities, union halls and church basements? Invariably the lights begin to dim at an early evening hour. They are not being used to their maximum capacity and yet many of them enjoy generous tax-exemption privileges. The liquor establishment, rather highly taxed, has competed with the so-called endowed institutions and has come out on top. The American tavern has fought its way into public confidence where we find it today. It can only be kept there so long as owners obey the existing laws and cooperate with their own local, state and national trade associations, which were created for their individual good as well as the protection of the public. An unaffiliated tavern is like an orphan child -- well meaning and good, no doubt -- but with no provision for proper parental direction. It is because some of your far-sighted people in the business have seen fit to band together for self-education as well as education of the community that the tavern has reached its present high standards in the public mind.

Their cooperation with the various forces of government and the voluntary social and health agencies of the community have set a pattern for many other industries to follow. Do not turn back. The taverns should preserve the level of integrity it has attained because it has shown society that it is not just a drinking place, an establishment where brawls are perpetrated or tolerated, but truly a social institution.

Thomas E. Connolly, ACSW
Alcoholism Information & Referral Center
277 State Street
Schenectady, N. Y. 12305
372-3371

BUSINESS IS PEOPLE

People today are spending a great deal of time studying our environment with a view to finding ways of making life more pleasant and satisfying. Researchers, economists, town planners, sociologists are gathering mounds of data on urban renewal, industrial planning, trade, transportation and every facet of our modern way of life. No matter how many neat figures and facts are gleaned, this is, basically, a study in human relations.

Human relations might be described simply as "interaction of individuals in a community." I prefer the description used by a top industrial consultant, who declared to the Vancouver Chamber of Commerce some years ago that "Business is People."

Think of what this means! The community that we have attempted to fit into a pattern now becomes an aggregation of people! - people who are competing for status, position and security; people who are threatened by the very nature of the industrial community in which they had hoped to gain security; inflexible people who are unable to cope with changing conditions; and flexible people who are frustrated by the apparent inertia of the industrial community.

Considering Alcoholism in Industry, we must keep this image of individual people in our minds, for it is not enough to talk about situations, problems, and conditions without considering human factors.

Under today's rapidly changing economic and trade conditions, business executives must find new methods of production, sales, distribution, automation and general procedures. Cost factors also dictate more economical use of personnel along with retraining and relocation programs. And in the face of these new business methods, the labor force (another community) is justly concerned with job security and opportunity.

A certain unease is evident, and for the most part management has found it prudent to move with caution where the welfare of the employee is concerned. Fortunately, at least in Canada, enough cooperation exists between business and labor to permit frank discussion on how these new conditions are to be met, and the responsibilities of each group in making the transition with the least possible upset.

Such consultation is bound to benefit a majority of people involved in commerce and industry. Nevertheless, there are people who present special problems which must be dealt with on an individual basis. There are the handicapped; the elderly; the the disabled workers; the unstable workers; the uneducated; and among others, the chronically ill. In the latter category are those with such illnesses as diabetes, epilepsy, arrested or cured tuberculosis, and Alcoholism. It is with Alcoholism with which we are primarily concerned.

Although the person with Alcoholism is most certainly chronically ill, and may appear to be a liability to his employer, he can be restored to a productive place in the industrial community.

It is almost impossible to obtain an accurate estimate of the cost to society of the illness Alcoholism... Much of this cost is borne by commerce and industry through absenteeism, wasted materials, accidents, reduced work efficiency and lowered morale.

Most of these are hidden factors--hidden because the alcoholic worker is able to conceal his illness for many years.

Why is the alcoholic able to cover up his condition so effectively for so long a time? A study reported by Dr. Milton Maxwell may hold some of the answers. It indicates that the alcoholic has a great deal of help in concealing his problem. Although 44% of respondents in the study claimed they received no assistance from fellow employees in covering up, a similar number had received cooperation from a variety of fellow-workers, including their supervisors!

Some supervisors ignored the condition, ruling out any corrective action. Others made excuses to their superiors or told outright lies to account for the poor work record of the alcoholic employee. Fellow employees helped to maintain secrecy by helping him avoid contact with his superiors.

The results of this line-management collaboration were evident in the opinion of executive management that incidence of alcoholism in their industry was insignificant, whereas more than 75% of supervisors believed the rate was two percent or higher.

Failure to recognize the serious proportions of the problem, indicates management is also unaware of the high cost of alcoholism in industry. The cost IS high.

In another study of alcoholics, medical records of one company revealed some very startling information. Comparing a problem group of employees to a control-group, it was revealed that the problem drinkers had two and a half times as many cases of illness or injury-caused absence lasting eight days or more, as the control-group.

Sickness payments for alcoholics were three and a half times those paid to the control-group. In the case of women, the ratio was about two to one.

These figures show that, in terms of sickness payments only, alcoholics cost their employer almost three times as much as the controls.

Regarding accidents, on and off-the-job, the total number recorded by alcoholics was 3.6 times as large as that of the controls.

Briefly, then, the alcoholics in this study were absent $2\frac{1}{2}$ times as many days, cost three times as much in sickness benefits, and had 3.6 times as many accidents as the matched controls.

The effect of having an alcoholic in their midst can also have serious consequences of lowered morale for other employees. They are expected to operate at peak efficiency, yet they see their supervisor or immediate superior covering up for an obviously inefficient alcoholic employee. Lowered morale means reduced productivity, higher scrap rate, discontent, higher accident rate, and inferior product. If the alcoholic happens to be at executive or management level, his whole area of responsibility suffers, yet management may look elsewhere for the trouble, seeking causes where they do not exist.

The key to solving the problem in one's own business lies in recognizing alcoholism for what it is -- an illness -- being able to detect alcoholic employees, and knowing what to do about it.

Obvious cases are spotted easily, but what about those people in earlier stages of alcoholism and more difficult to detect? The secret here is to balance off present-day performance against what it was in previous years. If there is indication that it is something less than it used to be, in spite of the person's efforts to compensate, then it will pay to investigate further.

Management often finds it difficult to be objective about a person who is seriously disrupting their operation. There are a few things to be considered about the alcoholic employee which will help to clarify the problem:

- . He was hired originally because he had talents that were useful.
- . He was intelligent, loyal, a hard worker, ambitious, a self-starter, honest, reliable (the sort of person needed in the business), and likely still is.
- . He is a family man, and needs the job.
- . He may be difficult to replace, because of the nature of his work.
- . He likely doesn't drink on the job.
- . The business has a big investment in him.
- . It's going to cost real money to train another man.
- . These facts don't rule out the possibility that he may also be unpopular and you're well rid of him. This isn't too likely, because it would be hard to justify why he had been kept on the payroll for any length of time.

Firing the alcoholic employee may not be the answer - in fact it may be extremely expensive. If nothing else, one must consider the cost of re-hiring and training, along with the general disruption in the department concerned.

There are some steps that can be taken to deal with alcoholics now on staff, and to prevent future problems. It is essential first to recognize that alcoholism is an illness - an illness that is treatable, even under duress. Next, the company should establish policy and procedure to encourage the alcoholic employee to come forward for treatment. In addition to recognizing alcoholism as an illness, the policy should explain how the company will aid the alcoholic employee, setting out specifically how this will be accomplished.

The policy should also set limitations on this aid but clearly stating that no punitive action will be taken unless an employee refuses treatment or if treatment is unsuccessful. It would also be stated explicitly that "covering up" a case of alcoholism by other personnel is a serious breach of policy that will result in strict disciplinary measures.

In order to remove the stigma from the illness alcoholism, the company's medical scheme should not make any distinction between alcoholism and any other illness that comes under the scope of the plan. Finally, and possibly most important, executives and supervisory staff must be oriented to the illness alcoholism so that they can recognize it when they see it, and deal with effectively.

What does a company gain by instituting such a program? First of all, respect--respect of employees, of labor unions, of the medical profession, of the rest of the business community including customers, and of the alcoholic employee himself. Also accrued to the company are all the benefits of improved moral - higher efficiency, improved productivity, reduced accident rates, loyalty, and a smoother operation.

Finally, the responsibility in the matter of alcoholism now rests where it belongs. Supervisors and foremen will be relieved to know that in all likelihood they will be doing the alcoholic a favor by sending him for treatment. The alcoholic employee will also be able to maintain his dignity and integrity by voluntarily seeking help under a plan that is not punitive but therapeutic.

This is Human Relations at its best - individual interaction that seeks to preserve human dignity and basic rights, while at the same time providing every opportunity for free expression and maximum growth.

DISTRIBUTED BY THE
ALCOHOLISM INFORMATION CENTER
OF THE
COMMUNITY WELFARE COUNCIL

277 STATE STREET, RM. 420

PHONE 372-3371

TODAYS HIDDEN PROBLEM

BY

(cont.)
Tam Connolly

For many years the American people have spent billions of dollars on a variety of health causes. Those billions of dollars have certainly paid excellent dividends. Particularly in the area of Tuberculosis and Poliomyelitis have we in recent years seen great advances. Only because of the generous mothers who rang doorbells year after year on the behalf of Polio do we now have such stunning results. In the area of Tuberculosis, people purchase Christmas seals, proceeds of which are channeled into research and service programs that have now produced results. Heart, Cancer, Retardation, Muscular Dystrophy, Multiple Sclerosis, Cerebral Palsy - a veritable litany of health causes are now being actively worked upon in one way or another by citizens as well as official agencies. In the not too distant future we will find a better way of life for the American people as a result of their neighbor's interest.

There is one chronic illness, however, which is not getting its due share of attention. And that is ALCOHOLISM. Either because it bears a stigma, or because many of us have personal feelings of guilt, Alcoholism suffers. Persons will generously give to almost any health cause, but when asked to give for Alcoholism, there is considerable hesitation, as though the solicitor of the gift was suspicious of the prospective donors behavior. Alcoholism is truly hidden, and until it is brought to the forefront, it will remain so.

Few persons are aware of the vast and destructive effect of Alcoholism in every segment of community life. Few persons are aware of the nature of the disease. Some strides have been made in the past thirty years. There is a growing availability of accurate information and increased facilities. One rarely reads in the obituary that one died of Alcoholism, although the death rate is a fairly high one. Neither does one, in reading the wills of wealthy persons ever see any mention of money set aside for Alcoholism. We, do, however, have the Smithers Foundation in New York City which did provide a large sum of money for an Alcohol Research Center at Rutgers University. This, perhaps, is the first such recognition on the part of a wealthy person or foundation of the needs in this area.

Some reasons why Alcoholism is hidden are, in the first place, there is ignorance of the disease. Most persons believe all alcoholics to be comparable to "Winos" or "Panhandlers" whom they see on the streets. Oddly enough, such persons are not always alcoholic and they actually represent only one to three percent of the total alcoholic population of any community. However, the fact that alcoholics manifest bizarre and anti-social behavior causes most persons to dislike them and to shun the company of drinking individuals. Most persons drink, anyway, if they are adult, and they feel that they handle their alcohol without too many problems. They therefore resent those who become intoxicated. They feel that this is a willful, almost sinful thing, and will have no part of it. In short, the public attitude has long condemned such people, and they are impatient with them. Alcoholics, themselves, lose their self-respect, lose their families and become disassociated with their environment. Families actually move from one community to another to avoid being identified with the alcoholic relatives. Most of our attitudes towards alcoholics are based on rather early conditioning. We have known alcoholics in college or in our jobs; we became impatient, particularly if we tried to help them, because material help is generally very hazardous to the individual.

We, therefore, lose interest and decide to have nothing to do with them. The alcoholic, however, has amazing tenacity because he loses his scruples and his inhibitions; he will be able to "con" money from people. He frequently steals family heirlooms and sells them for alcohol. He frequently comes almost on bended knee begging for another chance. So sincerely is this done, that many of us who should long since have learned a good lesson, will again extend funds or other help, only to have the alcoholic let us down. The alcoholic will insulate himself in various ways so that we are not initially aware of his problem. Many alcoholics use perfume in order to cover up the odor of alcohol on their bodies. Female alcoholics would use very heavy makeup so that the wrinkles that follow excessive drinking are pretty well-covered. They will refer to aches and pains which they claim are only helped by alcohol despite the fact that physicians may have warned them against using such beverages as a form of treatment.

Alcoholism has traditionally borne the connotation of weak-will, weak-character and moral degeneracy. Families have attempted to conceal the "shame" in their midst. They have actually financed their alcoholic members in distant communities in order to avoid notoriety. The fact that the alcoholic is capable of unusual behavior keeps one guessing constantly as to the next episode in which he may become involved. There are numerous instances of alcoholics who have developed what is known as "telephonitis" and who persist in telephoning such persons as the President of the United States, the Mayor of the city or the Chief of Police and complain about otherwise innocuous situations. This not only gets them into trouble, but causes considerable embarrassment to families. Friends and relatives very often are misguided in attempting to help the alcoholic by giving him money. This is extremely dangerous because presumably this helps to finance another binge or some other episode which will lead to arrest or embarrassment. The alcoholic should always be referred to a professional person trained and competent to evaluate his situation and do something about it. There is frequently a physiological cause for the disease. He should, of course, be under medical care. Social workers, counsellors and others rarely will become involved with an alcoholic until they are certain he has had a complete physical examination including a complete blood-sugar examination and a chest X-ray.

We are prone to look upon the alcoholic as some unusual, rundown character similar to those seen on skid-rows about the country. We conceive of them as people who live in jungles and under railroad bridges or in abandoned buildings in the urban areas. This, however, represents a very small minority of the alcoholics in the United States at this time. The motion pictures and television invariably depict the alcoholic as a downtrodden, unshaven, unkempt clownlike person who evokes laughter wherever he appears. Actually, there are very few such persons and the alcoholic who presents a community problem is a more sophisticated, serious, monied individual. It is reliably stated that there are about 5 million chronic alcoholics in the United States. The skid-row population is approximately 500,000. Of the people on skid-row, 25 to 32%, or 3% of them represent the total drinking population.

This means that 97% of the American alcoholics are apparently normal individuals plugging to keep up the facade of normalcy. They have families, belong to clubs, contribute to community endeavors and ostensibly lead normal lives. Their drinking may disrupt some of the usual patterns of living. The alcoholic may cancel appointments on very short notice; he is unpredictable, not always reliable, he

is quite likely to overdraw his checking account and not pay his bills on time. They generally have jobs because they are capable of skill, but attendance is generally poor. They know they are sick, they know they are alcoholic; but actually they do not know how to escape from the clutches of this disease. This makes it a hidden problem. Unfortunately, employers very often "cover-up" employees because they are valuable people and they feel that perhaps part-time service is better than none at all. This is not always good for the alcoholic because it provides a crutch. He knows that he can drink constantly and get protection from his employer or other persons. In some of the large industries, although there may be firm personnel policies regarding chronic drinking, the foreman and other subordinates take it upon themselves to protect individuals partly out of sympathy and partly because of paternal feelings developed down through many years of association.

There are many definitions of Alcoholism provided by a variety of organizations and individuals. However, since the American Medical Society has submitted a definition, it may be well to be guided by that one. The A.M.A. states that "Alcoholism" is a chronic, progressive disease, which if left untreated, leads to disruption of normal patterns of living and eventual insanity or early death." Since scientific and professional interest is so recent, there is confusion of terminology among workers in the field. When the writer had the experience of attending Rutgers University for a three weeks course in Alcoholism, the matter of confused terminology became quite apparent. Persons from various parts of the country used different terms to describe alcoholics and certainly their definitions of the disease varied markedly. Alcoholism is a disorder of behavior characterized by either drinking to the extent that it exceeds customary dietary use or ordinary compliance with the social drinking customs of the community. That, of course, interferes with the drinkers health, interpersonal relations or economic functioning. Certainly, excessive use of alcohol does offset one's nutrition so that in the drying-out process, considerable attention must be given to the need for adequate vitamins and this should only be provided under expert help.

60 Quies

As a result of chronic Alcoholism, a variety of complications naturally arise in the human body. These can be physical or psychological due to, perhaps, any excess. Acute Alcoholism is a state of intoxication and an acute alcoholic state is a physical and mental disorder of alcoholics associated with, or immediately consequent to, a prolonged bout resulting in delirium tremens or psychomotor agitation.

Treatment of acute Alcoholism is primarily a medical problem which is best handled in a general hospital setting because of physical symptoms such as: dehydration, extreme nervousness, tremors and general physical discomfort. Since the general hospitals do have the facilities for treatment of the total person, it is essential that the alcoholic be assigned to such an institution. It is debatable as to the type of ward or room to which the alcoholic should be assigned. Many persons feel he should be treated as any other medical problem. Some authorities feel that because the alcoholic is unpredictable and likely to be mentally deranged, he should be in a secured environment.

The treatment of the chronic condition is an entirely different matter. This becomes a psychological factor with strong social implications. The personnel essential for the treatment of the chronic alcoholic should be of a different discipline.

(Clartg a series!)

-4 -

Part of the treatment requires re-educating the alcoholic to a life of total abstinence. The treatment requires a long relationship with the persons involved. All the elements of the world in which the alcoholic lives needs to be reorganized; that is, his family, his pastor, his employer, his social contact, fraternal contacts and organizations related to his job such as professional societies and labor unions.

Out-patient Clinics with multi-disciplinary approach and heavy emphasis on the role of the social worker has proven a most effective method. Alcoholics Anonymous, which is rather loosely structured, permits the alcoholic to meet new associates who have problems similar to his. The usual Alcoholics Anonymous meeting is a group therapy session operated on a somewhat lay level. The tools of A.A. are spiritual, social and psychological. They work for the majority of persons provided, of course, they have seen their physicians and they are ready and willing to accept the kind of help that Alcoholics Anonymous affords. In addition, of course, there is the fact that communities are lessening the old hostility and condemnation of the alcoholic and are giving him some hope for his eventual sobriety.

The etiology of Alcoholism still remains unknown. There is actually no cure although the disease can be arrested. The great variety of elements involved in successful treatment is indicative of the possibility of a broad variety of causes. Many of these remain unknown. However, the fact that no alcoholic can safely touch alcohol, has given impetus to a search for a psysiological cause.

Psychological theories about Alcoholism abound, but research still leaves much to be desired. Good psychiatric research on Alcoholism is badly needed. Too many theories have been accepted without sufficient evidence. Social facilities have advanced only recently gaining widespread attention and show promise of making real contributions.

The whole area of research is expanding not only in Alcoholism and its causes, but effects on the body and the social and cultural aspects of drinking in relation to the evidence of Alcoholism. As previously indicated, considerable research into the etiology and treatment is being attempted at this time. This is only part of the work being done in a vast and complex field. Research, however, needs to be stimulated by interest and public demand. This is a result of community health education, and, of course, the submission of proof that something needs to be done.

The advent of Alcoholics Anonymous in 1935 has been, perhaps, the most stimulating force in arousing an interest in Alcoholism and in proving that actually something can be done for this disease. The fact that there are about 250,000 recovered alcoholics as a result of Alcoholics Anonymous activity has helped to change community attitudes towards the alcoholic. In 1940, Yale Center of Alcohol Studies opened and this, of course, helped to educate physicians, social workers, psychologists and others. In 1944, the National Council on Alcoholism with its educational program, its clearing house of information, reference library and consultation service and the organization of local community affiliates has helped considerably. Connecticut, in 1945, established the first state-wide program devoted specifically to Alcoholism. At the present time over forty states in the Union do have state-wide Alcoholism programs.

The American Medical Association has spent considerable money for community

to end →

education and at this writing there are television spot announcements being viewed daily by millions of people across the country. These spot announcements are intended to obviate hostility towards Alcoholism and the alcoholic. They also point up the availability of community resources and the fact that some more of them are essential. The American Medical Association has released some specific statements, that is, a definition, of Alcoholism. They have categorized the disease for which there is no known cure, but which may be greatly relieved by use of community resources. The A.M.A. also called upon hospitals to cooperate in the treatment of acute Alcoholism. It will be noted that even hospitals in this area have refused to accept alcoholics until quite recently. At the present time over forty states in the Union do have state-wide Alcoholism programs. Educators, clergymen, businessmen and organized labor are all taking another ^{look} at Alcoholism and are adjusting their approaches to it in the light of modern scientific findings. Also, professional organizations are holding special sessions on Alcoholism. Local Health Departments have divisions on Alcoholism and are orienting particularly interested employees to work in this field. There are many good materials now available, usually free, and these may be found in pamphlet racks in churches and public buildings.

The hidden problem is being observed, studied and is beginning to be dealt with. Control and even prevention have thereby become a good possibility in the United States.

MEASURE YOUR MENTAL HEALTH

*Alphaleen
Project*

Tom Connolly

What are some of the characteristics you expect to find in a person with good mental health?

Keep in mind the fact that "people are different." Nowhere in the world will you find two persons who are exactly alike. Our bodies are unique - each one in some way is unlike any other. From a physical aspect, the average or normal person is one who in a general way is not very different from the rest of us.

In looking for the person who has good mental health, we find the same thing - "people are different." They think and feel in their own individual way. Not only bodies, but minds are unique - each one unlike any other mind.

However, there are certain attitudes (habits of thinking and feeling) which, to a reasonable degree, are found in all normal people - those with good mental health.

1. You will find that a person with normal mental health is able to deal with the demands of life as they come. He does it by attacking the problems of the day as they arise. One cannot solve the problems of tomorrow by worrying about them today. This is a far different thing from planning new techniques or trying to avoid problems before they arise. There is a vast difference between planning and worrying. Utopian day-dreaming does not solve problems. You must face reality. Life is neither a rose garden, nor a garbage dump. It may be either or both. You will never solve your problems by running away from them. Challenge every new obstacle you meet, rather than yield to it. Give any situation all you have; then be satisfied when you reach your limit.
2. People with good mental health have at least one thing in common: They like themselves. You cannot be happy and do good work unless you have a good opinion of yourself. Good mental health and happiness are two sides of the same coin. This does not mean that you must have an inflated opinion of yourself. Nor does it mean that you are perfectly satisfied with yourself. It simply means that way down deep inside, you must approve of yourself. You can't hate yourself and do good work. If you hate yourself (or anyone else) you limit your ability and may destroy your physical as well as your mental health. Love, in itself, is both dynamic and therapeutic.
3. People who have good mental health accept their responsibilities. If the demands of life are too great or unfair, then they begin planned changes. And, when they discover that situations cannot be altered, they simply adjust to (accept) whatever is necessary. This "adjustment" is not a resignation that is like a defeat. It is, rather, a healthy facing of reality. If the adjustment that must be made is too severe, then they plan for new work or start a long-range program to change their environment. Do your best with what you have where you are.
4. Healthy-minded people plan for the future. They attempt to mold it to their own size. They do not know what will happen any more than anybody else does, but they do not fear the future. They have confidence that each new day will provide solutions for the problems it brings. By planning for the future you can make your own destiny. You can write your own ticket. Everything we have done, thought, and felt in the past makes us what we are today. In this way we build our personality. What we will be and have in the future will be the result of our actions, thoughts, and feelings in the past and today. We get what we earn - no more and no less. It is a true fact of experience that you

(continued)

tend to become what your mind pictures, provided you give the mental picture strong, emotional support, and if the objective is sound. You can reach your goal; your best dreams can come true. You can get to where you want to go, if you just know where it is. Many people get nowhere simply because they do not know where they want to go. This is true because we live in that kind of a world.

5. Men and Women who have normal mental health welcome change and new experiences. It is impossible to stand still. We are - whether we like it or not - always changing. The flesh and blood of our bodies change within a short period. We are always going forward or backward. Change is a definite part of life. The one essential thing in a normal person's life is his ability to adjust himself, without frustration and failure, to changing situations.
6. To have mental health is to find a reasonable amount of happiness and satisfaction in your work and in day by day activities. Within your mind are all the resources needed for successful living. Unhappiness is an illness of the mind. Like tuberculosis, it is communicable - it is passed from one person to another. Like opium, it is habit-forming. Like all habits it is self-induced - we think and feel what we want to think and feel. You are the boss of your mind.
7. People who are healthy-minded are able to think for themselves. They make their own decisions and then accept the responsibility for making them. When they make mistakes, they acknowledge them. But instead of crying over them, they resolve never to make the same mistakes again. They are not like the person who makes the same mistakes over and over with the same unpleasant result. You can profit by your mistakes.
8. People with healthy minds have faith in themselves, in others and most important of all, in God. "Nothing walks with aimless feet." If in the depth of your mind you visualize the best and employ the powers of faith and energy, you will get the best.

Onondaga Health Association, Inc.
(Local Christmas Seal Association)
502 McCarthy Bldg., Syracuse 2, N. Y.
Tel. HA 2-1241

Change of address:
Onondaga Health Association
Midtown Plaza
700 E. Water St.
Syracuse 3, N. Y.

5/11/61

MEASURE YOUR MENTAL HEALTH

What are some of the characteristics you expect to find in a person with good mental health?

Keep in mind the fact that "people are different." Nowhere in the world will you find two persons who are exactly alike. Our bodies are unique - each one in some way is unlike any other. From a physical aspect, the average or normal person is one who in a general way is not very different from the rest of us.

In looking for the person who has good mental health, we find the same thing - "people are different." They think and feel in their own individual way. Not only bodies, but minds are unique - each one unlike any other mind.

However, there are certain attitudes (habits of thinking and feeling) which, to a reasonable degree, are found in all normal people - those with good mental health.

1. You will find that a person with normal mental health is able to deal with the demands of life as they come. He does it by attacking the problems of the day as they arise. One cannot solve the problems of tomorrow by worrying about them today. This is a far different thing from planning new techniques or trying to avoid problems before they arise. There is a vast difference between planning and worrying. Utopian day-dreaming does not solve problems. You must face reality. Life is neither a rose garden, nor a garbage dump. It may be either or both. You will never solve your problems by running away from them. Challenge every new obstacle you meet, rather than yield to it. Give any situation all you have; then be satisfied when you reach your limit.
2. People with good mental health have at least one thing in common: They like themselves. You cannot be happy and do good work unless you have a good opinion of yourself. Good mental health and happiness are two sides of the same coin. This does not mean that you must have an inflated opinion of yourself. Nor does it mean that you are perfectly satisfied with yourself. It simply means that way down deep inside, you must approve of yourself. You can't hate yourself and do good work. If you hate yourself (or anyone else) you limit your ability and may destroy your physical as well as your mental health. Love, in itself, is both dynamic and therapeutic.
3. People who have good mental health accept their responsibilities. If the demands of life are too great or unfair, then they begin planned changes. And, when they discover that situations cannot be altered, they simply adjust to (accept) whatever is necessary. This "adjustment" is not a resignation that is like a defeat. It is, rather, a healthy facing of reality. If the adjustment that must be made is too severe, then they plan for new work or start a long-range program to change their environment. Do your best with what you have where you are.
4. Healthy-minded people plan for the future. They attempt to mold it to their own size. They do not know what will happen any more than anybody else does, but they do not fear the future. They have confidence that each new day will provide solutions for the problems it brings. By planning for the future you can make your own destiny. You can write your own ticket. Everything we have done, thought, and felt in the past makes us what we are today. In this way we build our personality. What we will be and have in the future will be the result of our actions, thoughts, and feelings in the past and today. We get what we earn - no more and no less. It is a true fact of experience that you

(continued)

tend to become what your mind pictures, provided you give the mental picture strong, emotional support, and if the objective is sound. You can reach your goal; your best dreams can come true. You can get to where you want to go, if you just know where it is. Many people get nowhere simply because they do not know where they want to go. This is true because we live in that kind of a world.

5. Men and Women who have normal mental health welcome change and new experiences. It is impossible to stand still. We are - whether we like it or not - always changing. The flesh and blood of our bodies change within a short period. We are always going forward or backward. Change is a definite part of life. The one essential thing in a normal person's life is his ability to adjust himself, without frustration and failure, to changing situations.

6. To have mental health is to find a reasonable amount of happiness and satisfaction in your work and in day by day activities. Within your mind are all the resources needed for successful living. Unhappiness is an illness of the mind. Like tuberculosis, it is communicable - it is passed from one person to another. Like opium, it is habit-forming. Like all habits it is self-induced - we think and feel what we want to think and feel. You are the boss of your mind.

7. People who are healthy-minded are able to think for themselves. They make their own decisions and then accept the responsibility for making them. When they make mistakes, they acknowledge them. But instead of crying over them, they resolve never to make the same mistakes again. They are not like the person who makes the same mistakes over and over with the same unpleasant result. You can profit by your mistakes.

8. People with healthy minds have faith in themselves, in others and most important of all, in God. "Nothing walks with aimless feet." If in the depth of your mind you visualize the best and employ the powers of faith and energy, you will get the best.

Tam Cannally
"Alcoholism"
277 State St

Change of address:
Onondaga Health Association
Midtown Plaza
700 E. Water St.
Syracuse 3, N. Y.

Scherer

Onondaga Health Association, Inc.
(Local Christmas Seal Association)
502 McCarthy Bldg., Syracuse 2, N. Y.
Tel. HA 2-1241

5/11/61

Narcotic Addicts - Prisoners or Patients?

by Thomas E. Connolly, ~~Executive Director~~
~~Onondaga Health Association~~

Alcoholism Project

Narcotic addiction is not only one of the most dreadful and contagious of all diseases confronting civilization today - but it is by far the most menacing.

It is an evil which strikes anywhere, anytime, in the large cities as well as most rural communities, and an evil which has no regard for color, creed, social or economic standing.

This problem of narcotics has become most troublesome to the law enforcement agencies; it has become a thorn in the side of the medical and social professions and is responsible for the self destruction, family disintegration and social disorganization of any community wherein it strikes.

Narcotics first began to plague society in this country in the early 1900's. It was during these early years that opium began to find its way into the rapidly growing illicit market.

From opium came morphine - a drug widely known for its blessings in the treatment of the sick and injured - yet this very drug when placed in the hands of the addict becomes a highly dangerous drug.

From morphine - the chemists discovered Heroin, the enslaving drug that has been responsible for thousands of addicts both young and old.

From 1914 when the U. S. passed the Harrison Narcotic Act, which was essentially a tax producing and non-criminal law to control incoming drugs, to 1922 the problem steadily increased to a point where the condition was a serious problem. It was during that period that the clinic system of doling our narcotics was attempted. As we all know, this system rapidly fell by the wayside as a complete failure, leading to the establishment of federal hospitals at Lexington, Ky. and Fort Worth, Texas for the treatment of addicts on commitment basis.

Before and during World War II, Europe had amassed huge stockpiles of illicit drugs - these later fell into the hands of the German Armies who literally "dumped" them as the allies closed in. These drugs soon began to find their way into the United States and it was then that the U. S. passed the Boggs Law to punish narcotic traffickers.

U. N. followed by establishment of the U. N. Opium Protocol to limit production of Heroin; and until a few years ago the U. N. Commission on Narcotics was making progress in keeping the world supply of opium and Heroin within the legal bounds and in the responsible hands of the medical profession - but when the Communists took over China - the market became flooded with illicit narcotics again - and we have every reason to believe that the Commies deliberately encouraged an increase in the production of narcotics and made them available for shipment to the "gangsters" in this country who sold them at extremely high prices.

Of course there are other channels of narcotic supply. Addicts have robbed and burglarized drug stores or doctors' offices. Occasionally they find an unprincipled nurse or doctor who for a price will supply them. They will steal, they will do most anything to get their narcotics.

(continued)

Now You May Ask - Why All The Fuss?

Well, simply because narcotic addiction is something so remote from most people that it is given little consideration.

We look at the addict as a movie or TV character - But He Does Exist - He or she may be riding in the bus with you each day - seemingly perfectly normal. And as long as the addict has his daily ration he might appear normal on the surface and it is difficult to distinguish him.

The narcotics addict is a serious problem to our law enforcement agencies because he must in so many cases support his terrible craving with a life of crime. Illicit narcotics are expensive, costing the average addict more per year than the amount required to keep a family in comfort and security.

But What Is An Addict?

Specifically a narcotic addict is a human being who for some reason has become chemically and nervously adjusted to a state of existence in which life is intolerable unless his body is infused with a narcotic drug. The make-up of the human body cries for normalcy and changes are constantly taking place to bring abnormalities into life. We adjust readily to changes in temperature, different foods, water and air. But when we deliberately inject a substance which creates a thrilling abnormality like a "jolt," the addict enjoys in the early stages of his addiction, the body rebels. It tries to adjust back to normal. This makes it necessary for the addict to inject greater quantities of dope each time to get the effect he craves. It also causes him greater misery to be without his drug. After a while there is a leveling off process. His body has learned to live with the invader - but NOT without it.

Life now becomes a state of existence in which only one thing has any meaning - the next "fix" or "shot".

The love of husband or wife, friends, morality, religion, country, even simple things like good food and good times - all are nothing. Only narcotics occupy the body.

Is There Any Hope For The Addict?

We feel there is. But only a small percentage of the addicts treated ever achieve a permanent cure and these are the young, strong and the determined. And the tragedy is that while well adjusted people seldom become addicts in the first place, the weak, the diseased, the unhappy, most easily fall victim to the lure for drugs. And for them the road is downhill.

What Is The Answer To The Problem?

There is no question that the control of narcotic addiction and narcotic traffic is both a public health problem as well as a police problem. That the addict is a sick person - no one will contradict - and while some feel that the addict has been handled too long and too exclusively as a police problem and that in dealing with the addict we should take into account the medical and public aspects of the problem - we must not lose sight of the fact that the pusher, the supplier who deliberately sets out to reap a profit from the plight of these unfortunates should be exterminated, should be removed from society and should receive the severest of punishment.

(continued)

Narcotic Addicts - Prisoners
or Patients - page 3

The police have always done a thorough job along these lines, especially in the local areas. The courts have on occasion been dissuaded from meting out the just punishment of these "pushers" by fast talking lawyers. I don't feel the necessity for increasing penalties - all we need is the execution of the penalties now provided, and I refer now not to the addict, but to the "profiteer," the "racketeer," the "drugiteer," the unscrupulous nurse or physician who stands to profit from the sales of narcotics to addicts.

Additional information may be secured from the Onondaga Health Association (local Christmas Seal agency), 113 E. Onondaga St., HA 2-1241.

Change of address:
Onondaga Health Association
Midtown Plaza
700 E. Water St.
Syracuse 3, N. Y.

WHAT ARE THE ESSENTIAL CRITERIA FOR SUCCESSFUL RETIREMENT?

Retirement has historically been that time in life when a person terminated his usual occupation because of age or illness. The age for retirement is generally considered to be 65 - although this may vary. Chronic illness may force a person to relinquish his job at any time - although chronicity is related to the aging process, rather than to youth.

Most cultures have placed a high premium on age. The advancing years provided seniority since age was associated with wisdom. The Biblical admonition about honoring one's Father left little alternative but to respect the elder's judgment as final. Older women, too, have been held in high respect. Their knowledge of household management, child-rearing and cooking have been held indisputable.

During the past twenty years, however, the oldster has assumed a different role. He has not fitted into a pattern of sedentary living. Instead, thanks to new drugs, efficient eye glasses and hearing aids, grandpa has been able to remain active and alert. He competes favorably in social relationships, sports and industrial and agricultural output with younger persons.

Much retirement now is mandatory rather than voluntary. Annuities, Social Security and other insurance plans were geared to age 65 - when that age was arbitrarily selected as a suitable one for retirement. Medical science has outdistanced business and industry in keeping older workers mentally and physically fit to meet life's tensions.

Present day retirement is not looked upon favorably by those approaching age 65. The need for social, psychological and economic adjustments can be terrifying, indeed. Among the specific challenges confronting a candidate for retirement are:

1. The sudden separation from fellow workers - and the need for making new friends.
2. The loss of regularity due to job requirements. The termination of a lifetime chore - responsibility to his job.
3. His need to feel important, useful and wanted.
4. The fear of potential physical limitations.
5. The death of and separation from old friends.
6. Since public and private facilities are geared to youth, the oldster is at a loss to find his recreational niche.

It is axiomatic that retirement should not be attempted unless the individual wants to retire. Forced retirement can certainly sound a death knell for many persons. It therefore, becomes necessary that the retiring individual accept the matter of retirement as a normal sequel in the scheme of life. It should not be a time for the termination of activities, but rather a period of re-awakening and advance, if you will, into newer fields where one may best use his accumulated knowledge and skills.

Many industries are now sponsoring pre-retirement classes as well as pre-retirement counseling. Although spearheaded by medical directors, representatives of personnel, labor unions and other interests are participating.

Retirement is a time for a stock-taking of one's economic, health and social condition. It is time for complete physical check-up, the results of which may determine what part of the country the person may best live in. Can he withstand the rigors of the northern winter or should he move to a warmer climate? This, of course, would necessitate separation from friends and relatives as well as fraternal organizations. The person may not be psychologically in condition to make the adjustment and, therefore, it behoves his physician to assist him with such a decision.

Church affiliations, too, are very important in the lives of some persons since all of their social life may revolve about the church program. Should he, or should he not, divorce himself from a church situation wherein his roots are deep. In another part of the country he may be forced to attend a church of a different denomination, lacking in those traditions that have so forcefully influenced his life.

Since recreation is essential to mental and physical well-being, the retiring person needs to determine whether he can continue the same kind of recreation on a scale consistent with what he has previously enjoyed. That is, can he continue to afford a country club membership, or maintenance of a summer camp. Can he afford to buy expensive fishing tackle or guns and ammunition. If he has always had the advantage of marine sports, certainly the individual may be very unhappy moving to an inland environment affording a different kind of recreation.

The matter of adjusting one's finances is perhaps more appropriate to retirement than any of life's other adjustments. Since retirement income is generally smaller than full-time salaried income, it becomes necessary to curtail many luxuries. Certainly the man who has been accustomed to two cocktails daily, good cigars and choice seats at sporting events may find it extremely difficult to eliminate these things from his life. Yet, it still remains an important decision for him to make. It necessitates a complete review of one's finances in order to establish a retirement budget within one's means. It must be remembered that during retirement one's credit potential is poor since he has an almost non-existent earning power.

If the individual chooses to pursue a new kind of productive work or even a hobby, it may be necessary for him to pursue certain academic studies. These may best be attempted, according to our informants, about five years before retirement. Universities maintain many courses appropriate to the needs of older persons. Also, local boards of education and adult education programs provide many craft courses appropriate to persons who wish to use such crafts either for income or for pleasure.

One of the hazards to a successful retirement are the many advertisements appearing in magazines and newspapers which endeavor to lure older persons into separation from their funds. The smiling middle-aged couple basking in the sunshine on a palatial cruise steamer is generally used as a "come-on" for other top-heavy retirement insurance programs. Real estate advertisements emanating from certain southern states give only a partial story regarding the purchase of land and construction of homes. They fail to mention the increasing taxes and assessments which the persons can ill afford to provide for.

The plethora of a chicken farm is notorious among retired persons. Many older people are induced to purchase rural property and then to engage in the breeding of chickens. Unfortunately, according to our informants, there are more failures among the potential chicken breeders than among any other retired group.

Retirement is actually an opportunity for new activities, new interests and new freedom for a more satisfying life. It is not an escape from life or reality. Happiness is not thrust upon one when he leaves the customary employment for good. He needs to know what he is after, and then plan for it and work for it. Leisure can be a real friend if used properly; but a formidable enemy when abused. One of the most prevalent myths today is that retirees die soon after quitting their jobs. Their mortality is not necessarily correlated with retirement; again, retirement success does depend on attitudes, finances, activity plans and health.

Specialists on retiring do not claim to have reduced their studies to an exact science, but on this, they do agree: Success or failure in retirement depends on how well the retirement program is planned ahead and how the retiree works to make the most of his plans when he quits his regular job. The well filled retirement is good retirement; the hit or miss retirement may lead to physical and mental disintegration. It is obvious that it takes from three to five years to plan a good retirement program and it takes just as much energy to hope as to plan!

Thomas E. Connolly, ACSW
Alcoholism Information and Referral Center
277 State Street
Schenectady, N. Y. 12305

THE CATHOLIC LAYMAN ⁱⁿ A CHANGING SOCIETY

By Thomas Connolly

My intention is to point out the role of the Catholic man in his community. In the first place, it is safe to say that our country would not have reached its present greatness without Roman Catholic influence in which our Church has exceeded others in providing the best in medical care, education on the elementary, high school and university levels, fine programs of social welfare, music, art and literature. We have demonstrated family stability by discouraging divorce and birth control and emphasizing the importance of the family as the basic unit of society. These things in themselves have been fundamental to the growth and development of this country. We must bear in mind, too, that many of the Catholic people who emigrated to America were severely handicapped by language difficulties, lack of formal education and poverty. Yet with those handicaps they have emerged to a position of integrity as Catholics and as Americans. We have little to be ashamed of because of the great contributions we have made through our Church.

Our Catholic education system is growing at a tremendous rate. Our people are ready and willing to build and maintain schools; more would be constructed if only Religious personnel could be found to staff them. And remember our Catholic schools are not only unusual because they recognize God in the classroom; but because scholarship standards are maintained at a very high level. No blackboard jungles can possibly be tolerated in Catholic schools because of the kind of training being afforded pupils.

Our Catholic hospitals and related medical and social institutions around the nation have set a pattern for others to follow. One is always mindful that the Mayo Brothers Clinic at Rochester, Minn. would hardly have come into being were it not for the self-sacrifice of the Nuns who had sufficient faith in the original Mayo Brothers to maintain a setting in which the doctors might work. The fact that the Sisters of Charity were the only group of woman with sufficient courage to nurse the lepers in this country is an inspiration to all of us. For over 100 years they have managed the U. S. Leprosarium at Carville, Ia. and interestingly enough, not one of the Nuns have ever contracted leprosy.

All such programs in this country are unique because for the most part they represent contributions of the laity with, of course, the wise counsel of the clergy. It has not been so in other countries, however, where government alone has been responsible for advances in social welfare. In Europe practically all social organizations are under government supervision. Royalty down through the centuries has contributed heavily to the construction of cathedrals and other church buildings. The little man like you and me have not been given the privilege of creating agencies and institutions as is the case in the United States.

Construction of a church, school or hospital does not terminate the layman's responsibility. He must go on from there and maintain that institution. He must defend it and keep it at a high standard of operation.

We Catholics have not only a stake in Catholic programs but because we are so well integrated in the population, we are responsible for a variety of other programs since the Red Cross, Civil Defense, Hospitals, the public schools, parks playgrounds and highways all belong to the people at large and we are people. The Roman Catholic member of the community not only supports his own Catholic programs but he also supports related public programs. He has a dual role. He takes greater responsibility than many other persons and therefore becomes a more valuable member of the community.

The importance which is now attached to the concept of Catholic Action has helped to reinstate the laity in its proper position as a definite "order" within the Church with its own specific function. As Pope Pius XII has declared, "the faithful, and more especially the laity, are in the front line to the life of the Church; by them the Church is the vital principle of human society."

The Church has its structure consisting of the clergy and bishops, etc., where administrative functions rest. But the means by which this life is able to penetrate into the world, to become the leaven of human society, to reconstruct the world according to the principles of the Gospel, is the laity. In the past perhaps, the emphasis has always tended to be on this hierarchial structure and every effort has been made to perfect it in every detail. It is obvious that this could be dangerous since it makes the Church appear to stand apart from the world. Perfect, no doubt, in its own structure of liturgy, theology, and organization, but separated by a great gulf from the ordinary world.

We have much at stake as Catholic men because we carry considerable responsibility. Did you ever realize that you are essential to the operation of good public schools, a good police department, fire department, etc? You pay for them. They are yours. They are established for your welfare and your protection and if they are not functioning adequately, it becomes your obligation to do something about them.

Very seldom do Catholics ever complain about their Church and Civic obligations. In the first place, we in America have always taken responsibility for our programs and because we are proud of them we see no reason to object. We can hardly be other than good citizens because we are so deeply involved with community institutions. It is almost inconceivable that a Roman Catholic could become a good Communist, because to become a good Communist his whole nature would need to change. He would need to remake his personality which our psychiatric friends assure us is a most unusual thing for anyone to do. So while you are involved in supporting your Church, aiding and abetting your Reverend Pastor in his program, helping Community Chest, Red Cross, Civil Defense, hospitals and other organizations you are fulfilling your mission on this earth and you are certainly heeding the admonitions of Pius X by making yourselves felt and heard as Catholics and as Americans.

It is we, the laity, who form a bridge between the Church and the world. The layman belongs integrally and vitally to the Church; but he also belongs to the world. Nowadays we realize, perhaps more than ever in the past, the immense need there is to redeem the world - not merely to redeem people from the world but to redeem the world itself, to enter into its economic, social and political life and to strive to bring the principles of the Gospel to bear on it; to enter into its intellectual life and try to make the influence of a Christian philosophy felt in the universities, the arts and in the whole pattern of its culture. We live in a world which has become progressively alienated from Christianity and which needs to be redeemed on almost every level of existence. This must be above all the work of the laity and it is for this reason that the lay apostolate has become a matter of such importance. Certainly, the laity is the "kingdom of priest" which makes you a lay priest in your parish.

It is now recognized that there is a need for the laymen and the new concept of sanctity, a sanctity which is deeply and fully engaged with the world and for which the Sacrament of Matrimony has a unique importance. This is not to say that the ideal of the religious life has lost any of its value, but it has to be seen in the wider perspective of the Christian life as a whole. Many Christians today confronted with the problem of being radically detached from the world and dedicated completely to Christ, and yet at the same time to be engaged with the world, implicated in its essential problems and working for its redemption.

It is upon the layman that the primary responsibility falls for bringing the Gospel directly into the heart of the world and forming a Christian society there.

What is demanded of the layman is not only knowledge and zeal for the principles of the Gospel, but also a very close and exact study of the facts of any situation, economic, social or political, in which he is involved and of the feelings of the people affected by it. This means that he may have to work with people whose ideology is very different from his own and cooperate in movements which may have no specifically Christian character and yet need to be injected with the spirit of the Gospel. The problem is present in nearly all political parties, in the trade union movements and in those many spheres of social welfare where Catholics are found to play no little part.

This penetration into the world demands intelligence on the part of the laity; it requires people to think for themselves and to be prepared to act independently, while still keeping to the guidance of the Church and its general principles. Thus the great need is for the intellectual formation of the laity. It is here that the immensity of the task which is set the laity in modern times becomes apparent. During the past two or three centuries the world has made advances beyond all precedent in science, history, philosophy - indeed, in every sphere of knowledge. In almost every case these advances have been made without any reference to the Church and often in direct opposition to it. Yet all this knowledge belongs of right to the Church, because all truth, whether human or divine, derives from Christ and can be properly understood only in relation to Him.

The Catholic, therefore, has a double task. He must first assimilate all this new knowledge; he has to master its technique and submit to the rigorous requirements of its methods. But at the same time he has to exercise a continual critique of all its principles and conclusions. He can never accept the presuppositions which underlie much of modern thought, but has to submit them to a drastic revision. A good example of this is to be found in the Catholic attitude toward the psychology of Freud. The Catholic must be prepared to learn everything that is to be learned from the psychoanalytical method of Freud and from its basic insights, and at the same time must reject entirely the materialistic basis on which Freud constructed his system.

A great threat and challenge has come upon the American people during the past few years and that is automation. Briefly, it is a push-button age. Whereas automation tends to increase the demand for persons with high mechanical skills, it decreases the usefulness of average people. We hear of an automatic pill being used to heat our homes, frozen menus of a thousand and one varieties ready for heating and serving in restaurants; vacuum brushes which clean the streets of large cities, each brush displacing 40 street cleaners; the use of supersonics frequently controlled by one or two persons instead of 100 persons. What happens to the little man in all this? Frankly, he finds himself off the periphery of meaninglessness.

Walter Reuther of the CIO-AFL has promised a $3\frac{1}{2}$ day work week in his industry in the very near future. The use of mechanized bookkeeping and filing equipment we are told may cut down the workday to 4 hours in many offices.

Needless to say, this new leisure which we are told will not affect our living standards particularly, will give us all much more free time - and what to do with that time? The recreation people are attempting to speed up construction of parks, swimming places, bowling alleys, etc. because of the new leisure. The police are frankly terrified, because historically, as leisure increases the crime rate advances.

What are we as Roman Catholics to do should we have a $3\frac{1}{2}$ day week - a 4 hour day, mind you - 18 hours of labor a week perhaps with a higher salary and better living conditions and with perhaps no chores whatsoever to be done about the house because everything will be controlled by pushbutton.

The challenge of Catholic Action, the admonitions of Pope Pius X may be the answer to this new era which is rapidly approaching. There will now be more time available for Church and community service on the part of all of us.

Among the many opportunities available for the Catholic layman are primarily assisting our Reverend Pastors with their multitude of duties. In a large city parish with which the writer is familiar, a retired food broker asked his Pastor if he might volunteer his services to in any way help the Parish program. The Pastor admitted it was impossible to find a suitable cook and the Curates were frankly suffering from poor nutrition. After carefully evaluating the situation, the retired food broker recommended a plan by which the meal each day is catered and hot plates delivered to the rectory at a scheduled time. This has been found inexpensive in that it saves the cost of a full-time cook. The Priests are much happier with their food and it has improved their health.

In another incident, a retired woman social worker remains on duty two hours each evening at the rectory, screening persons desiring interviews with the clergy. Since many persons may only be shopping for service, the woman social worker is well equipped to head them off. She is veritably saving the valuable time of the clergy by referring parishioners to appropriate organizations for help and only referring cases to the Priests which appear to her to be essentially spiritual.

These are examples of services which the laity may render with or without fees in this, our changing world. How we use our new leisure depends upon one's spiritual and civic motivation.

**SUGGESTED OUTLINE OF GENERAL AREAS IN THE FIELD OF PREPARATION
FOR MARRIAGE AND FAMILY LIFE EDUCATION**

This outline is intended for Parents,
Teachers, Clergy, Social Workers,
Physicians, Nurses. Anyone teaching this
material must be able to wholesomely relate
to persons with concerns of Marriage - Sex
Education and Family Living, and have the
necessary preparations to do so.

This document has been made possible
because of the active cooperation of
Miss Rosamond Praeger, formerly Director
of Kindergartens, Syracuse, N. Y. Public
Schools, Rt. Rev. Monsignor David C. Gildea,
formerly Supt. of Catholic Schools - Diocese
of Syracuse and Rabbi Irwin I. Hyman, Pastor
Temple Adoth Yeshurun, Syracuse, N. Y.

Thomas E. Connolly, ACSW

277 State Street

Schenectady, N. Y. 12305

Experience has proven that there is no one set of methods and techniques for teaching family life education, but adequate preparation is an essential.

Many teachers have been somewhat unconventional in their approach to family life education in order to best pursue their goals.

Persons who best relate to pupils frequently do the best family life education job. A relaxed and informal environment, frequently provides the best learning climate in this area. The discussion method is one of the best ways of approaching this material.

1. Autobiographies, profiles, or self-portraits written by students and used with discretion.
2. Check-lists used as "ice breakers" for student-teacher conferences.
3. Debates.
4. Discussion technique, with the following variations:
 - a. Buzz groups
 - b. Circle discussion (each person contributing in turn)
 - c. Open discussion
5. Films.
6. Novels, short stories, poetry, drama, television.
7. Opinion Polls
8. Problem-solving approaches.
9. Personal counselling - resulting from teaching situations
10. Problem-detecting inventories to serve as guides in planning course content.
11. Participation in nursery school laboratories.
12. Panels.
13. Using photographs to stimulate discussion (one teacher has sent such pictures home with students for family discussion.)
14. Studying needs of wider community in planning broad family life program.

15. Sociodrama skits, with variations.
16. Role playing, with variations.
17. Senior seminar idea.
18. Student panels going on to tell community groups about family life classes. Also sample classes for student body or community groups.
19. Team-teaching.
20. Tape recordings.
 - a. Of resource persons from the community.
 - b. Of class discussions, then listening to them again.
 - c. Of role playing sessions.
21. Watching TV programs, then following with discussion.
22. Working with P.T.A. or other community groups in planning family life programs.
23. Using resource persons from wider community.
24. Individual or group research projects by students.

SUGGESTED OUTLINE OF GENERAL AREAS IN THE FIELD OF
PREPARATION FOR MARRIAGE AND FAMILY LIFE EDUCATION

I - THE FAMILY

- 1.. What is the family? Now, then, and future.
 - A. The family - a natural society - the basic unit of life
 - B. The family today compared with the family from the days of the past until the present
 - C. The future family - forms, varieties, changes.
2. The foundation of the primary social institutions.
 - A. A desirable social structure
 - B. The family as the foundation stone of standards, attitudes, ideals
3. The family and society
 - A. Background for family living and growth
 - B. Family living as a cooperative process
 - C. Family and the communtiy
 - D. Family and the state
 - E. Family and the nation
 - F. The family of mankind (World - universal family)
4. Customs, law, morality
5. Factors in successful family life
 - A. Leadership and loyalty
 - B. Authority and obedience
 - C. Virtues and their practice
 - D. Sound religious life
 - E. Self-control as the companion of personal growth
 - F. Development of sound character and wholesome personality
 - G. Security and love
 - H. Firm dealing with obstacles to a well-ordered family life

6. Members of the family in their proper relationship
 - A. Father and mother - parenthood, a two-way job
 - B. Children
 - C. Grandparents
 - D. In-laws
 - E. Other members of household groups
7. Obligations and rights of membership in family circle
 - A. Responsibility of being a parent
 - B. Responsibility of the children in the family; Towards parents.
 - C. Respect for the individual; for the common good
 - D. Consideration of others; spirit of cooperation and helpfulness
 - E. Duties of authority in the home; acceptance of direction
 - F. Maintenance of high standards in the family head and in its members

II - NATURE AND CONDITIONS OF MARRIAGE

1. Marriage as a contract
 - A. Definition of marriage
 - B. Definition of a contract
2. Conditions of a valid contract
3. Matrimonial contract
 - A. Nature, purposes, conditions
 - B. Requisites for a valid marriage contract
 - i. Persons capable of marrying
 - ii. Mutual consent
 - iii. Matter subject to contractual relations
 - iv. Observance of prescribed formalities
 - C. Effects of matrimonial contract
4. Factors affecting marital state
 - A. Freedom in choosing life partner

- B. Unity and permanence
 - C. Physical and moral health
 - D. Reasonable economic security
 - E. Religious harmony
 - F. Ability to make adjustments in marriage
5. Purposes of marriage
- A. Procreation and education of children; fulfilling divine command
 - B. Mutual fidelity, devotion, and assistance
 - C. Sanctification of love
6. Blessings of marriage; offspring, conjugal loyalty, permanence state, affection, companionship
7. Obligations of the married
- A. To each other as life partners
 - B. To children as their own flesh and blood
 - C. To society as its smallest social unit
8. Impediments to marriage; nature, state, religion, age, economic status, education
9. Elements strengthening marriage - the keystones of marital success
- A. Personal sacrifice
 - B. Unselfishness
10. Marriage - a private relationship? a public trust? a Divine mandate? or mixed source of duties?

III - PREPARATION FOR MARRIAGE

1. Remote preparation
- A. Development of emotional maturity and stability
 - B. Good life and personal habits of virtue
 - i. Happy homes promote happy marriages
 - ii. Ability to face and work through problems

- C. Sense of responsibility arising in marriage
- D. Knowledge of skills and duties of married life
- E. Financial preparation

2. Proximate preparation

A. Dating, company keeping and courtship

- i. Purposes of dating and companionship; current dangers
- ii. Nature of love and how recognized
- iii. Length of courtship
- iv. At what age to marry?
- v. Aids in choosing a good partner - social contacts arising from family, church or community events
- vi. Ideal qualifications of good life mate in man and in woman
 - a) Community of tastes, ideals and social standards
 - b) Community of education, religion and good morals
 - c) Comradeship, respect, admiration and pride
 - d) Health, good disposition and family heritage
 - e) Character resulting from long training
- vii. Understanding types of adjustments in married life - biological, social, economic, emotional, moral, religious

B. Engagement

- i. Conditions of worthy engagement
- ii. Meaning of engagement
- iii. Conduct during engagement
- iv. Study of virtues of good mate
- v. Safeguard of moral integrity of both persons
- vi. More complete knowledge of marital duties
- vii. Exchange of views on married life

- C. Effects of marriage on the personality
 - i. Series of adjustments
 - ii. Increase in bond of affection, mutual cooperation, constant support
- 3. Immediate preparation
 - A. Civil - a) License; b) pre-marital tests
 - B. Religious - fulfillment of religious requirements
- 4. The marriage - a solemn event; importance of
 - A. Time
 - B. Place
 - C. Circumstances

IV - QUALITIES FOR HOME AND FAMILY

- 1. A healthy environment
- 2. Mutual Respect
- 3. Wholesome home atmosphere conducive to good life
 - A. Congeniality, friendliness, hospitality, cooperation and confidence
 - B. Good housekeeping, cleanliness, order, and understanding - sharing work
 - C. Good literature, entertainment, companions, sharing of interests and recreation
 - D. Affection, protection, security, mutual trust, a safe place to be
 - E. Home is most important influence in the formative years of the child, in moral health and in physical health, in educational and social aspects in practice of Religion
- 4. Respect for authority and rights and duties of the individual through understanding of the
 - A. Laws of God - manifest through nature and the guardians of Religious worship
 - B. Parental-child relationships.
 - i. License versus discipline - goal is self discipline

- ii. Good example and spirit of cooperation
- iii. Consistent discipline by both parents
- C. Laws of the land
- D. Consistency in standards and regulations in home, school, and in the community
- E. The protecting member
- 5. Financial security
 - A. Just wages
 - B. Sound social and labor legislation
 - C. Family Allowances
 - D. Provision for family independence through planning
 - E. Place of voluntary savings

V - CHILD CARE AND DEVELOPMENT

- 1. Mental health of childhood
 - A. Parental preparation for training the child
 - B. Importance of the first years of life
 - C. Social and emotional growth of children at various age levels
such as: infancy, pre-school years, early school years, and adolescence
- 2. Religious and moral training in the home
- 3. Social training in the home for successful membership in society
- 4. Emotional development from infancy to maturity
 - A. Understanding children's emotional reactions: fear, anger, jealousy, affection
 - B. Help in dealing with emotional needs

CHILD CARE AND DEVELOPMENT

- 5. Sex education as one aspect of his total education
 - A. Recognition of sex as a noble and normal part of life

- B. To be woven into child's training and not made a separate and distinct area
 - C. A wholesome approach to sex as a key to greater family understanding
 - D. Concept of right and wrong with respect to sex
 - E. Sex training: Outside home? By whom? In what manner? When? Wherever best done
 - F. Group discussion for parents to gain understanding
 - G. Leadership and responsibility in sex education
 - H. Social diseases
6. Preparing a child for adolescence
 7. Stress on the child as an individual who needs parental love, affection and recognition
 8. Awareness on the part of parent that the child learns by precept, reason and example - and from his peers today

VI - THE ADOLESCENT AND THE YOUNG MARRIED ADULT

1. The adolescent - the between age (13 - 21)
 - A. Meaning of adolescence - stepping stone to maturity and marriage
 - B. Understanding the young at this age - motivating youth to wholesome habits and attitude
 - i. Family councils
 - ii. The adolescent's outlook
 - C. Tasks of adolescence - choice of vocation, independence from family, adjustment to the opposite sex, development of philosophy of life, and in some the selection of a mate.
 - D. Reasons for parental restraint on adolescent activities
 - E. Facilities for recreation in community, school, and religious centers
2. The adolescent
 - A. Mental, emotional, physical, spiritual problems and needs

- B. Danger points in youthful ignorance
 - i. Common mistaken ideas and attitudes towards sex
 - ii. Petting
 - iii. Unlawful sex experiences
 - C. Control of the sex impulse through development of engaging interests
 - D. Respect for the opposite sex
 - E. Sex information suited to adolescent needs
3. Young adults in marriage
- A. New responsibility and care
 - B. New adjustments in life
 - C. Future happiness and success
 - D. Marital status and work, recreation, religion, home life
 - E. Rights and privileges
 - F. Duties and restrictions

VII - HOME ECONOMICS - FAMILY MANAGEMENT

- 1. Household management
- 2. Newer implication of nutrition
- 3. Consumer skills
- 4. Meal planning
- 5. Table service
- 6. Food preservation
- 7. Home nursing and first aid
- 8. Clothing
- 9. House planning and decoration
- 10. Budgeting
 - A. Family councils
 - B. Allowances
 - C. Food and rent

- D. Clothing
- E. Recreation
- F. Church and community obligations
- G. Credit, borrowing, lending, lures of advertising
- H. Health maintenance
- I. Savings and Insurance
- J. Luxuries
- K. Cultural enrichment

VIII - MODERN ERRORS CONCERNING MARRIAGE AND FAMILY LIFE

- L. Attitude toward children
 - A. Lack of understanding prior to marriage about children
 - B. Are children really wanted
 - C. Rejection of children by parents
- 2. Reasons for marital strife and family disintegration
 - A. Unfaithfulness to wedded spouse
 - B. Shunning duties and burdens of married state
 - C. Incompatibility - an excuse for severing marriage ties
 - D. Divorce and broken homes
 - E. Emotional immaturity
 - F. Finances - keeping up with Mrs. Jones - effect of ads in magazines and TV commercials
 - G. Interference by relatives
 - H. Weakening of religious ties and effects on family
 - I. Variance in religious affiliation
 - J. Alcohol
 - K. Error in selection of mate
 - L. Rejection of authority
 - M. Individualism based on self interest
 - N. False appraisal of values
 - O. Easy Divorce laws
 - P. Refusal to accept marriage as a permanent state

THE IMPORTANCE OF GOOD MENTAL HEALTH IN THE MODERN FAMILY

BY

Thomas E. Connolly, A.C.S.W.

Family is a word for destiny. The family circle surrounds the globe. In our country the daily routines of forty-one million families generate and give direction to the driving force of democracy. In all countries, government reflects, in some degree, family patterns, hopes and aspirations.

In the past, concern with the family has varied. There have been those who have regarded the family as bedrock, and have ardently promoted its social health and longevity. Other groups have regarded the family as the stubborn, inflexible barrier to all social progress, and have sought its destruction -- sometimes on a grand scale.

Inevitably, however, the family manages to survive and quietly defeats its foes. It remains the primal community, the earliest school, the basic government. It is the institution behind the community council as well as the mob, behind the university as well as the reformatory.

Presently our churches and other community agencies see the need for strengthening the family. A united family is a defense against Communism and other social and political forces attempting to change our way of life. The family unit is a weapon against attack. It strives to protect and nurture each member so that he may realize his fullest potential as a useful citizen of the community.

The family is taken for granted in our society. It does not come to public attention until it deviates from established patterns of community living.

As young married people begin to see that their feelings towards people and situations are rooted in their childhood experiences, they will need help in resisting the temptation to evade responsibility for their current behavior by rationalizing. The immature husband or wife may all too readily conclude that he is a victim of childhood experiences, and for that reason neither responsible for nor able to change his present behavior. Hence, early marriage conflicts are bound to arise. The short engagement, excessive petting and perhaps premarital sexual experience may tend to discourage the newly-weds. The glamor and romance of marriage may already be destroyed, leaving only the more practical matters. Budgets, in-laws, nights out, Church attendance, association with friends, all need careful rationalization. Without complete understanding, tolerance for the other's philosophy of life and deep emotional attachment are essential to keep the couple together.

One fundamental of good mental health is that the individual must recognize the role of emotion in human life in order to understand, focus and control his feelings and thereby achieve his own and society's goals.

He can develop that recognition in group discussions which emphasize that in the process of growing up one increasingly gains the satisfactions of self-realization, even though one must relinquish some of the attitudes and behavior patterns of immaturity.

It is essential to good mental health that one understand basic human emotional needs and drives and the morally and socially acceptable ways of satisfying them.

A primary guiding principle for all people striving for sound emotional health is that they should gain insight into themselves, their own behavior and its motivations.

Mental health received its first great stimulus in World War I. When increasing numbers of "shell shocked" men were returned from the front, it became apparent that the screening they had received as draftees had been inadequate. The screening, for physical fitness and gross evidence of mental illness or deficiency, had excluded personality factors.

This experience, which showed that personality problems and their genesis needed exploring, gave great impetus to the mental health movement in this country . . . a movement aimed at preventing mental ill-health rather than at mere diagnosis and treatment.

By World War II the Armed Forces realized that personality deficiencies can be more crippling to an individual and to the services than loss of limb. From the outset, each selectee in World War II was carefully screened for personality factors which under stress or radically changed living conditions, might precipitate him into neuroses or psychoses.

It quickly became apparent that the mental health movement, despite every effort to reach into the lives of all our people, had not as yet achieved vital significance in the homes, schools and other institutions that influence the growth and development of young people.

More than 865,000 men (17.7%) between 18 and 37 years of age were rejected for mental disease out of 4,828,000 total rejections from the beginning of Selective Service to August 1, 1945. This figure does not include rejections for neurological conditions nor for mental deficiency. Moreover, the term Mental Disease as applied to those rejected did not in all instances mean acute mental illness; it included those personality disorders that made the individual a poor risk for military service.

Since no screening process is perfect, many service people in World War II were still to be found in military hospitals, in the guardhouse or brig - in difficulties because of deep-rooted mental habits and attitudes.

The newly married couple should ideally give careful consideration to the creation of a family. Child-birth should not be accidental. In fact, it should be carefully anticipated, financially, spiritually and economically.

The importance of the creation of a human being cannot be overemphasized. For is it not true that we plan our houses, car repairs and other essentials of today's living?

Few persons, indeed, have had the benefit of premarital instruction. Such information is available from Physicians, Clergymen and Social Workers. The Cana Conferences for engaged couples sponsored by the Roman Catholic Church are said to be most helpful. Other community groups also provide similar services.

A prominent Catholic Clergyman recently informed the writer that 10% of engaged couples break their engagements after attending the Cana Conferences. Although the reasons vary, many couples feel they are not ready to assume marital responsibility.

The Cana Conferences are mandatory. "No punches are barred," said one Priest. "We give them the works on sex, in-laws, finances and toleration of each other." Instead of marrying on a wave of passion," he continued, "they are made to realize this is a serious business. They are pro-creators."

Every child brings into the world a gift from his parents . . . complexion, color of eyes and hair, skeletal structure, stature tendencies, facial characteristics. Some of one's father and mother, grandparents and great-grandparents - of even more remote ancestors - is in everybody's physical make-up.

But the total personality of a human being also owes a great deal to his environment. From birth, the people around a child; the care love and protection they give him, his needs and the degree to which they are adequately (or inadequately) met - all exert their influence on his personality and his feelings towards the world.

Physical factors can affect mental attitudes and conversely, mental attitudes can affect physical health. A well-rounded personality is easier to achieve when one has excellent health. Headaches, upset stomachs, malnutrition, poor muscle tone and fatigue may have destructive effects on one's ability to get along with people and to function at one's best.

The foundations of physical health and fitness are laid in an individual's childhood by the care and nurture he receives; by the exercise he gains by crawling, walking, running and later playing with other children; by the many health and safety measures his parents take. Later it becomes his responsibility to maintain maximum physical health and fitness. The extent to which he accepts this responsibility indicates his emotional maturity.

Family background, customs and traditions; national and community codes; economic, educational, cultural and religious patterns affect the individual as a social being and contribute to his philosophy of life.

The child's development begins as he first plays with other children and learns to know his relatives and friends. His personality is influenced by these relationships and by the things his playmates - and adults - consider important. Their values cause noticeable group and social consciousness, even in a young child.

Later, the groups become increasingly important, fostering one's opinions on movies, recording and fashion fads, one's feelings about school and one's ideas of what constitutes a good time. The attitudes of the group have cogency for the growing boy or girl and motivate much of his or her behavior.

Generally speaking, young people tend to share their parents views on moral values. But since their friends may also influence their attitudes, young men and women need to realize that they should not buy good standing in the group at the cost of their principles. By following the group to the detriment of one's convictions, one fails to acquire a sound, mature personality.

Emotions - feelings - influence people strongly. The emotion of love, for example, influences men and women to make great sacrifices for each other. A child's love for his parents may make him carefully hoard his pennies and nickels (that might otherwise go into bubble gum or ice cream) for their Christmas or birthday presents. Mature love of country and affection for his buddies will make a man willingly risk his life in combat.

Emotions can also influence people in destructive ways. Anger can motivate harsh and cruel words or acts. Fear can create such envy and jealousy of another's success that it embitters the individual and makes him ungenerous and unkind to a competitor.

To develop a mature personality it is necessary to understand emotion and its powerful influence in one's life - an influence that can make one work for fine goals and help one in achieving them.

One often hears the expression, "He's his own worst enemy." Many people are their own worst enemies because they let emotion guide their behavior to the exclusion of reason, judgment and experience.

Fear, for example, is a normal emotion experienced by everyone. Fear can serve human beings; it alerts them to danger. But the man of proven ability who won't take a better job for fear of possible failure is allowing emotion to rule his life to his own detriment.

Emotional growth is part of total personality development. It is of such vital significance in both civilian and military life that the Armed Forces consider the individual's emotional tone to be as important as his physical health and fitness. The Armed Forces try to determine the feelings of prospective recruits about people and things, and try to estimate their use of emotion to build or destroy, and brought out in initial interviews, are clues to the likelihood of an individual's successfully adjusting to military life.

In much the same way, increasing numbers of civilian personnel directors are attempting to forecast (through pre-employment interviews by psychologists or psychiatrists) the degree of success they may expect their employees to achieve in meeting day-by-day job responsibilities, in getting along with both colleagues and supervisors, and in handling pressures and emergencies.

More and more wives are interviewed with husbands by employment counsellors. For certainly the kind of wife one selects, their "oneness" (if observable) are important. The attitudes displayed by man and wife to each other can be measured to a degree, however. A wholesome family situation is more likely to aid in a good job adjustment, better production and better mental health. Hence, the role of the husband in his family situation becomes of increasing importance.

The spiritual growth of an individual is extricably tied in with his emotional growth and social development . . . and with his environment. His aspirations, and values, creative abilities and aesthetic appreciation, and his ability to relate himself to his Creator and his fellowman will be deepened and enhanced by happy emotional growth.

Early in life a child begins to make choices of behavior, exhibiting the root development of conscience. His first choices - whether, for example, to eat a piece of candy now or wait, as his mother has said, till after dinner - are motivated by his desire to hold his parents love and approval and by his fear that they may withdraw that love and approval.

Later the child adopts his parents' values about right and wrong and begins to use considerably more thought and judgment in making his choices. He is also influenced by the example, aspirations and ideals of his parents and other adults he admires.

As he grows up, his church experiences or his contacts in clubs and young people's groups with spiritually oriented people his own age or older continue to affect his spiritual growth and development.

One of America's most famous clergyman, the Reverend S. Parkes Cadman, the Rev. Norman V. Peale or the Bishop Sheen of his day - left the writer with two very meaningful statements. They were delivered at my High School graduation exercises - "Faith cannot be taught, it is only caught." And in religion "we cannot teach, we only reach."

It becomes evident that one's Spiritual life is the sum of his moral standards, his respect for his fellowman, his self control and his belief in the God of his choice.

Mental or intellectual equipment differs from person to person. Personality reflects the way people regard their intellectual equipment and the use they make of it.

As a factor in personality, brilliance of intellect is important only to the extent to which the brilliant person uses his mind constructively and accepts brilliance for what it is . . . a gift he has not earned, a personal responsibility. Normal intellect must be similarly regarded as an endowment that carries personal responsibility.

No one should belittle a person of limited intellect. We all know people whose kindness, consideration and generosity so far outweigh their intellectual limitations that one nevertheless respects, loves and enjoys them. Furthermore, everyone knows people who gain respect and relative success by putting their capacities and talents, however limited, to fullest use.

In contrast is the naturally gifted individual who fritters away talent because he has no worthwhile goals or ambitions. Immature or spoiled, he may believe he is superior to hard work; his philosophy may become "the world owes me a living." His mistaken self-appraisal may lead him to shirk the responsibility of his talents by lazy, wishful thinking.

The human mind, like the rest of the human organisms, responds to repeated experience, to habit. The contributions intellect makes to a mature, stable and wholesome personality depend essentially on good habits of study, reflection and thought. The best mind in the world would be like a runaway horse - out of control and even potentially dangerous - unless tempered by good habits and self-discipline.

One field of psychology has made it possible to test individual skills, aptitudes and intellectual capacities with considerable accuracy and success. But testing provides only broadscale measurements, not a complete assessment of a person's capacities and ability to use himself productively.

Unfortunately, we have no test for marriage. For mating, yes; but for the many hours of social companionship in marriage only two persons can best adjust themselves.

"Money" is said to be the root of all evil. And so it is in the causes given for family break-up. In earlier times families were built on faith in God, family and each other. Now, however, much depends upon one's credit potential. Such material objects as automobiles, television sets and automatic laundries are now accepted as essential to normal living. A few years ago they constituted luxuries available only to the rich. Our American system of economy has made these items available to all persons on the simplest terms. It is well that families have modern conveniences. They allow for more time together. The financial burden may have sound advantages. The young husband and father who needs to meet due dates on his bank note is less likely to loiter in bars or seek companionship outside his home. Financial obligations like emotional and spiritual obligations can be compelling and therefore inspiring.

It is only when tragedy strikes, addiction to alcoholism becomes evident, or emotional interests outside the home interfere - does the spell break. All too often indeed, family breakdown occurs at this point. The weight of economic pressure becomes greater than mutual love and respect and the structure is beyond repair.

It is at this point that society learns exactly what makes a family tick. Community agencies, relatives, the clergy etc., are frequently helpless in rebuilding families. Guilt feelings supercede fond memories in their intensity. Wild recriminations lead to violent accusations and the spell of love, romance and sometimes even parenthood cannot be recaptured.

Careful economic planning therefore, is important to family life. Advice of friends and relatives should be sought and used.

Family is a word for destiny? The writer still believes so. The readings completed for this document provide no blueprint for the normal well-adjusted family. Instead, many criteria are offered. How these are used depend upon the emotional maturity, intellectual capacity, Spiritual balance and economic positions of the individuals involved.

Does not one's place in life depend upon the use of his potentials? Since these vary, we cannot determine the model family. Relationships between men and women are sacred and therefore not measurable. Unfortunately, again, we know little about family life until it breaks down.

The majority of American families, however, continue to survive because they are using the best equipment God gave them; Spiritual, emotional, cultural and economic.

That is their destiny.

Tam Connally
R W #4 - Rowland St.
Ballston Spa

885-4658

Chert's Tractormen

NOW THAT

YOU ARE

A

BOARD

MEMBER

ALCOHOLISM COUNCIL OF SCHENECTADY COUNTY, INC.

277 State Street

Room 418

Schenectady, N.Y. 12305 Telephone: 372-3371

Many organizations bring new Board members together for "orientation" or other briefing intended to make them more effective. For the time being, however, we will attempt to "orient" you through the medium of this brief statement.

Won't you please review the following pages and give us your reaction? This will not completely orient you, but it may be a good beginning toward active Board membership.

WHY YOU WERE CHOSEN . . .

Actually because other Board members through the medium of a Nominating Committee felt that you were interested, useful and willing to serve. You may have special skills or you may represent a particular profession or industry which may be of value to the community through this Council.

There may be some other specific reason for your being chosen such as a personal interest in Alcoholism, community organization or health education.

At any rate, here you are on the Board, so let's make the best of our relationship.



YOUR PREREQUISITES . . .

In addition to the interest and skills you bring to our Board, there is one very important factor in the ability of citizen-sponsored groups to improve health conditions. You have become the "public" in the mental health movement. From the beginning of that movement, the citizen has played a very important part. His interest, his enthusiasm and his willingness to realistically face local issues and to exert his influence for the common weal are all essential.

The Board member must believe in the organization. There is no point in being part of a team unless one likes the team. No attempt was made by the Nominating Committee to represent people culturally, religiously, racially or economically. You were selected because you are you - and that's that!

Our Board truly comprises a good cross-section of the residents of Schenectady County. This is your opportunity to rub elbows with Mr. Average Citizen on important civic issues.

Time is expensive, but unfortunately Board members are called upon to give of it freely. Every effort is made by the office staff to save the time of volunteers but there are occasions when only the volunteer and his integrity can save situations.

The Board member should be counted upon to express his opinions at meetings, to interpret the agency's program among his friends and associates and to keep abreast of developments within the organization.

WHAT EVERY BOARD MEMBER SHOULD KNOW . . .

A Board member of the Alcoholism Council of Schenectady County, Inc. should know that our organization is a private corporation licensed by the State of New York.

OUR PURPOSES . . .

The AGENCY, desiring to assist in the planning and coordination of community services for Alcoholism in the Schenectady County area shall seek to perform the following services:

- A. Provide a direct service to families and individuals affected by the problem of alcoholism by the operation of an information and referral center for alcoholism.
- B. To organize a community wide program for combating the problem of alcoholism through a broadly representative committee on alcoholism.
- C. To study the needs of alcoholics, as well as services available, and develop and recommend a program of care and rehabilitation for the alcoholic.
- D. To undertake a program of education and information in the community around the needs and services relating to alcoholics.
- E. To develop and recommend suitable referral procedures and arrangements for the continued follow-up of persons using the services of cooperating agencies.
- F. And to render any services related to problems caused by alcoholism.

OUR STRUCTURE . . .

The Council operates under a yearly contract with the Schenectady County Mental Health Board. That Board provides funds for our total budget. Fifty per cent of the funds are reimbursable by the State Department of Mental Hygiene, Division of Community Services.

Other Alcoholism Councils in New York State are similarly structured, particularly Albany and Rensselaer.

Consultation services are available to us by the aforementioned groups, as well as the Division of Alcoholism in the State Department of Mental Hygiene. We are also an affiliate of the Community Welfare Council of Schenectady County, Inc.

The National Council on Alcoholism in New York City has solicited our affiliation. This has not been consummated because of our budgetary limitations. The National Council, nevertheless, has been most cooperative in providing us with materials and consultation services.

Our local council is affiliated with the New York State Association of Councils on Alcoholism and the North American Association of Alcoholism Programs, Washington, D. C.

JUST WHAT ARE WE DOING?

A day in the life of a professional staff member of the Council would probably be a frustrating experience for a New Board Member because of the variety of activities going on. The active committees at this time are - -

Education Committee
Executive Committee
Nominating Committee
Finance Committee
Homeless Men and
ad hoc committees
as needs arise.



Considerable counselling is provided to clients and their families prior to referring them to Alcoholics Anonymous and the various social agencies, Hospitals, Clergy, etc. Staff members are participating in Community activities such as:

Executive-Supervisors Committee
SCAP, and the
Community Welfare Council
National Rehabilitation Association
National Association of Social Workers

JUST WHERE ARE WE HEADED?

A veritable fountain of information, the Council offices are used considerably by students in the various educational institutions hereabouts for information on Alcoholism and related subjects. A library is maintained as are numerous films which are constantly in use. Film forums and speakers are provided schools and organizations without cost.

Meetings are held frequently in order to give our various committee members a complete understanding of community problems before action is recommended by the Board of Directors.

HOW IT ALL WORKS . . .

Approximately two months prior to the Annual Meeting the president, with the approval of the Board of Directors, appoints a Nominating Committee of five members who will present the names of candidates for election to the Board of Directors at the Annual Meeting.

The Board of Directors in turn selects an Executive Committee from Board membership with in 30 days after the Annual Meeting. The Executive Committee consists of the officers and four other persons. The Executive Committee meets at least once monthly to consider the business of the Council and to make recommendations to the Board of Directors for action.

The President appoints all committee chairmen, who in turn are free to select their own members.

Committee chairmen generally comprise the Program and Budget committees, thereby giving themselves an opportunity to satisfy the needs of their particular committee.

The Council, in addition to its national and state affiliations, is also involved with the New York State Department of Mental Hygiene, the City Health Department, the various hospitals, Churches, schools and social agencies of the community. In fact, every segment of the population is in one way or another influenced by the Council during the year. In addition to their daytime meetings with community groups, serving as consultants and supervisors, staff members give innumerable talks before interested groups throughout the County. Whereas more recently, the wisdom of such talks is being questioned, (what with the competition of radio, television and other educational media), nevertheless, such programs are being continued for the time being for public relations reasons.

Board members, too, meet from time to time with community groups to discuss the role of the Council and just as soon as you are ready and willing to accept any such commitment, the staff will be very glad to give you all possible assistance.

AND TO COMPLETE YOUR "ORIENTATION"

No doubt by this time many of you have received a copy of our Constitution and By-Laws and a list of fellow Board members. A copy of our last Annual Report, and those covering previous years, are on file at headquarters if you care for them.



We also have the Minutes of the various functioning committees of the Council. All these are like bits in a mosaic which go to make up the total pattern of good community public health which is the goal of the Council on Alcoholism.

WHERE DO I GO FROM HERE?

All this is intended, of course, to make you a good Board member. You should attend all Board meetings and make yourself heard. If anything is not clear to you, please feel free to have a member of the staff visit you for elucidation. Feel free to call the President, too.

As a representative of the Council (and it is a distinction), feel free to attend any open community meeting related to any of our objectives. Community people are glad to know of your interest and your presence will always add considerable to the importance of an occasion. Furthermore, it could be educational.

There are active Board members and obituary Board members. We hope you will continue in the first category and take a live, genuine interest in the affairs of the Council. If there is anything which dissatisfies you, please refer it to the President or the Executive Director. The Staff members are your employees and your representatives in the community. They are safeguarding your integrity. If there is any reason to question their activities, please feel free to do so.

CONCLUSION . . .

This brief document cannot answer all your questions. No such document can, for new questions constantly arise; but it is intended to serve the immediate purpose, particularly for new members of the Board. You are the mind and will of our organization and you, therefore, have a big job. The more you know about the Council on Alcoholism, the better you may serve it and the more challenging and rewarding you will find the experience.

What Greater Reward Could You Have For Your Efforts?

Prepared by:

Thomas E. Connolly, ACSW, Executive Director
Alcoholism Council of Schenectady County, Inc.
277 State Street
Schenectady, N. Y. 12305



Just how good
are you?