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TREATMENT PLAN FOR THE CHRONIC ALCOHOLIC COURT OFFENDER

This report is the result of the work of the Advisory Committee on Alcoholism of the Community Council of the Atlanta Area, Inc., and was compiled and written by staff of the Council. Approved by the Executive Committee of the Community Council on March 2, 1967.

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TREATMENT PLAN
for
THE CHRONIC ALCOHOLIC COURT OFFENDER

I. Background

The problem of the chronic alcoholic court offender is not a new one in Atlanta. The courts and many other agencies have been aware of it for many years, and attempts have been made to meet it. Over 10 years ago, Municipal Court judges became concerned with the problem because it was occupying an increasing amount of the court's time. It became increasingly evident that repeatedly arresting these individuals, trying them, sentencing them, and having them pay fines, serve time or both, was not alleviating the problem. Even turning these individuals over to a higher court as habitual drunkards helped only to the extent that men spending 12 months in prison could not be rearrested and appear in court during that time. A large percentage of those who did serve 12 months in prison were back in jail for "plain drunk" within days and sometimes even hours after being released from prison.

At about this time, the judges were approached by several individuals, some of whom were ex-alcoholics, who volunteered their services as a Helping Hand Society to do what they could to help these individuals caught in what is regarded as the "revolving door of drunkenness"--arrest-jail-release-drunkenness-arrest, etc. At this same time, Mr. Henry Jackson, who had 18 years of extensive experience working with alcoholics, was added to the Municipal Court staff as the Director of the Alcoholic Rehabilitation Program.

Judge James E. Webb accepted the offers of help and set up a system whereby individuals who were brought to court for plain public intoxication could, by request, be probated to the Helping Hand Society. At the discretion of the judge and representatives of the Helping Hand Society, an individual was accepted on the program, and for a probation period of 60 days he was expected to cooperate with the Society. The program consisted of three essential things: 1) being a friend to the individual with a drinking problem; 2) helping him find food, clothing and shelter; 3) providing fellowship for the individual in a new environment away from drinking establishments.

Because of the lack of proper facilities to carry out the functions of the Helping Hand Society, the program, although successful with some, was unable to reach the majority of the chronic court offenders, and the Municipal Court caseload continued to grow at an alarming rate.

In 1961, Judge Webb and the leaders of the Helping Hand Society decided that if an increase in facilities for the treatment of alcoholism were at their disposal, they could do a better job of rehabilitating larger numbers of chronic alcoholic court offenders. They approached the Community Council of the Atlanta Area, Inc. The Council recommended that further study be done.

The City of Atlanta, Fulton County, and a group of business leaders agreed to provide the funds for a one year study to be made by the Department of Psychiatry of Emory University. The study was designed to gather data,

analyze the data, and make recommendations based on this data to better deal with the problem of the chronic alcoholic court offender and his family. The study began on July 1, 1962 and ended June 30, 1963. The following is a summary of the committee's recommendations:

1. That a new facility, an Intensive Treatment Center, be established with City and County funds to provide inpatient and outpatient services using a multi-discipline approach. That these services be coordinated with all other treatment and rehabilitation services for alcoholism.

2. To continue the present Helping Hand Halfway House, with some City and County funds made available for this facility, as a model for the establishment and development of other halfway houses in the community.

3. That at least one Alcoholic Information and Referral Center be established on an experimental basis, in one of the neighborhood areas of particularly heavy drinking, this Center to be staffed primarily with volunteers.

4. To provide better training to policemen in the recognition of "intoxication" and its various causes.

5. That there be medical screening in the City Jail of all intoxicated prisoners immediately following the arrest of these persons. That those in need of any medical attention be immediately transferred to Grady Memorial Hospital for this medical care.

6. That the legal procedures now existing be revised so that an individual can be processed from the time of his arrest until disposition of his case has been made by the multi-discipline team previously mentioned.

7. That some of the approaches to alcoholics at the City Prison Farm be modified so that treatment and rehabilitation can be carried out in this setting. That an effort be made in the City Prison Farm to evaluate the mental and physical condition of the alcoholic prisoners and a program of rehabilitation be instituted for each of these persons.

Some strides have been made in implementing these recommendations, but we still have a long way to go as will be seen in other sections of this report. Lack of funds, shortage of staff and public apathy have combined to hinder progress.

Recent events, however, have made it imperative that we develop and carry out plans for the chronic alcoholic court offender.

There have been two court cases concerning the chronic alcoholic which have grave implications for Atlanta. One decision, in the Easter Case, was handed down by the U. S. Court of Appeals in Washington, D. C., and the other, the Driver Case, by the Fourth U. S. Circuit Court of Appeals in Richmond, Virginia. Both decisions were similar and indicative of what path other courts will take.

The decisions stated that chronic alcoholics could not be charged with drunkenness because they have lost the power of self-control in the use of intoxicating beverages. In Washington, the judge said that a 1947 federal law on rehabilitation of alcoholics described chronic drinkers as sick people who needed proper medical and other treatment. However, commitment for treatment of chronic alcoholics as contemplated by Congress was not mandatory. The accused may be released but he may not be punished. It was also the judge's decision that chronic alcoholism is a "defense to a charge of public intoxication and, therefore, is not a crime, however, this does not absolve the voluntarily intoxicated person of criminal responsibility for crime in general under applicable law."

The case is now coming up before the Supreme Court and there is every reason to believe that the decision will be upheld. Therefore, it is only a matter of time before Atlanta is faced with the problem and some planning must be done so that facilities for rehabilitative services for the chronic alcoholic will be available, otherwise, there will be chaos and confusion with wasted effort, time and money.

The problem is a complicated one. Treatment of the alcoholic--to be effective and lasting--requires coordination of services and a combination of many resources and practices. A multi-disciplinary, as well as a family centered and reaching out approach, must be used.

Treatment should be directed to three main goals:

1. Permanent separation of the alcoholic from alcohol.

2. Repairing the physical and emotional damage and preventing further damage.

3. Changing community institutions, programs and services to meet the special needs and problems of the alcoholic. Community resources should be made as readily available and easily accessible as others.

In addition, any planning for the chronic alcoholic court offender should be integrated with the planning being done for all other alcoholics and for other phases of mental health and physical illness. They are all a part of the same problem and should not be segmented, if at all possible.

II. Target Population in Atlanta

A. Over half of the arrests made by the Atlanta Police Department in 1966 for non-traffic offenses involved public intoxication.

   1. Total non-traffic arrests - 79,092 (does not include juveniles)

   2. Arrests involving drunkenness - 47,305. These consist of approximately 12,000 individuals and that about one-half, or 6,000, of these individuals were arrested on this charge from 2 to 20 times

during the year. It is difficult to say how many of these can be rehabilitated fully or to some extent.

From the experience of the staff of the Emory University Alcohol Project in their three and a half years of operation, it is their belief that with the proper approaches, facilities and staff, a considerable number of these persons might be at least partially rehabilitated. They are not willing to dismiss the possibility of assisting even the most hard-core chronic alcoholic. It is sometimes extremely difficult to determine accurately in advance just who can be helped or how long it might take. They believe that it is essential to at least make a sincere effort to treat each one of these individuals. It is really only through giving each of them an opportunity for treatment and rehabilitation that we can determine whether or not they can be helped. It is conceivable that approximately 10,000 of this group of 12,000 alcoholic offenders can be assisted to improve their total well-being significantly.

B. Characteristics of the Chronic Alcoholic Court Offender

1. General Characteristics:

   a. Product of a limited social environment who has never attained more than a minimum of integration within the community.

   b. Dependent personality without much individual resourcefulness.

   c. Individual who has difficulty in communicating with others.

2. The following specific data has been taken from the original study done by Emory University:

   a. Average age of white male - 48.0 years
      Negro male - 42.9 years

   b. Rate of tuberculosis in this group was found to be ten times greater than the rate in the general population.

   c. 10% of the white males and 3.6% of the Negro males had been hospitalized in a mental hospital previously.

   d. 50% of the white males went beyond the eighth grade in school. In this group, there was no correlation between the number of court appearances and levels of education.

   e. The Negro males did demonstrate a correlation of the level of education with the number of court appearances.

      1) 50% of the Negro males in the 1-2 court appearance group went through the ninth grade.

2) 50% in the 3-6 court appearance group went through the eighth grade.

3) 50% in the 7 or more court appearance group went only through the seventh grade.

f. Employment

1) 77% of the Negro males were classified as unskilled labor; while 32% of the white males were in this group.

2) 40.9% of the white males had had special job training; while only 24.8% of the Negroes had.

3) 52% of both races were unemployed.

4) 26% of the white males and 14% of the Negro males were receiving some type of financial assistance.

5) At the time of arrest, 42% of the white males and only 6% of the Negro males had money available to pay a fine.

III. Elements to be considered in a Treatment Plan for the Chronic Alcoholic Court Offender

A. Legal and Legislative

1. Legislation to give city authority to spend funds for local alcoholic rehabilitative measures.

The city of Atlanta is in a peculiar position. Under the Reorganization Plan of 1951, health functions were made the responsibility of the county and police functions were made the responsibility of the city. Therefore, city police can arrest an alcoholic for public drunkenness, but the city cannot spend tax money to rehabilitate him, since rehabilitation is a health function. The Fulton-DeKalb County Hospital Authority says alcoholism is a chronic illness and it assumes no responsibility for chronically ill. The Fulton and DeKalb County Health Departments have no outpatient clinics for the alcoholic. The State Health Department feels that it has no responsibility for the alcoholic until reasonable rehabilitative measures have been made at the local level.

2. There must be a change in the police handling of chronic inebriate offenders. The following quotation from Peter Barton Hutt, the attorney who presented the appeal in the Easter Case in the Distric of Columbia, gives an indication of some of the problems involved:

"With regard to the police handling of chronic inebriate offenders, it is my opinion that it is not a false arrest for a policeman to charge an unknown inebriate with public intoxication, even after the Easter and Driver decisions. The police should not be required, at their peril, to make a judgment on the street as to whether an intoxicated individual is or is not a chronic alcoholic.

"In the case of known chronic alcoholics, however, this problem raises a far more difficult legal issue. To some, the availability of the defense of chronic alcoholism still seems more properly an issue for the courts than for the police.

"But more important, the community should not place the police in jeopardy in this way. There is no reason why the police should be burdened with the ignominious task of sweeping chronic inebriates off the public streets. I was recently called upon in the District of Columbia to assist a man who had been arrested 38 times since the Easter decision. When you take into consideration the amount of time he spent incarcerated in jail and in various hospitals, this amounted to 1 arrest for every 2 days that he appeared on public streets. Certainly, the answer to the Easter and Driver decisions is not just to arrest derelict alcoholics every day, duly bring them to trial and then immediately release them back on the streets without assistance, only to repeat the process over and over again. This succeeds only in speeding up the "revolving door," and in further persecution and degradation of chronic inebriates. It cannot contribute to the elimination of these abuses, as the Easter and Driver decisions demand.

"In my opinion, the police can and should take two immediate steps to end the revolving door process, pending development of a broader community program that I will discuss later in this talk. First, they should assist any drunken person to his home, whenever that is possible. Second, where an individual is unable to take care of himself, the police should assist him to an appropriate public health facility where he can receive the necessary attention. Under no circumstances should they arrest known alcoholics time and time again.

"The question arises, of course, whether the police may properly assume responsibility for intoxicated individuals and escort them to an appropriate public health facility to receive proper medical attention. If the inebriate does not consent, would the police incur liability for a false arrest? I have long been of the view that the police have duties of a civil nature, in addition to their responsibility for enforcing the criminal law. When a policeman escorts a heart attack victim to the hospital, he certainly is not arresting him. Thus, in my opinion, the police have both a right and a duty to take unwilling intoxicated citizens who appear to be unable to take care of themselves, whether or not they are alcoholics, to appropriate public health facilities. And I might

add that, in the oral argument in the Easter case, all 8 of the judges indicated agreement with this proposition. Nevertheless, law enforcement officers have expressed considerable apprehension about the possible liability of policemen for false arrest under these circumstances. Certainly, this question should be resolved immediately, preferably by enactment of state statutes, in order to lay the necessary legal foundation for the proper medical handling of alcoholics."

3. The court procedure must also be modified. Again, the quotes are Peter Barton Hutt:

"With regard to the judicial handling of chronic court inebriates, once a judge becomes aware, through any information of any kind, from any source, that a defendant charged with public intoxication may have available to him the defense of chronic alcoholism, he is, in my opinion, clearly obligated to make certain that the defense is adequately presented. Cases in the District of Columbia, involving the analogous defense of mental illness, hold that even if the defendant protests, the judge is required to inject the defense into the case sua sponte, which means of his own motion, to make certain that an innocent man is not convicted. Failure to do so is reversible error, as an abuse of the judge's discretion. And a decision handed down by the United States Supreme Court in March of this year is wholly consistent with this position. There is no reason why these precedents should not be equally applicable to the defense of chronic alcoholism.

"This means, of course, increased responsibility for the judiciary. Under the Easter and Driver decisions, each trial judge is obligated to take affirmative action to bring an immediate end to the traditional "revolving door" handling of the chronic court inebriate in his court. No judge, in my opinion, may properly remain neutral, simply waiting for a defendant to raise the defense of alcoholism.

"Indeed, statistics I have reviewed suggest that, throughout the country, approximately 90-95 per cent of the drunkenness offenders who appear before the courts have serious drinking problems. In my judgment, this statistic in itself places upon trial judges an obligation to inquire into the possibility of the defense of chronic alcoholism for virtually every drunkenness offender who appears in the courts. A failure to undertake this inquiry amounts, in my view, to a derogation of judicial responsibility.

"This also means the demise of the so-called court honor or probationary programs for alcoholics which have sprung up all over the country as the judiciary's ad hoc answer to the failure of public health officials to treat alcoholism as a disease. If a defendant is found to be eligible for a court alcoholic program, then obviously he should not be convicted in the first place. The Easter

and Driver decisions are, in my judgment, fundamentally in conflict with any type of judicially-sponsored post-conviction program for the treatment of alcoholism. However benevolent such programs may be, constitutionally they are a thing of the past. For my part, I shall be very happy to see the courts step aside in this area, and to see public health officials take over problems which they should have taken over many years ago."

4. Legislation to provide for involuntary commitment of alcoholic until rehabilitation process is complete. Should be on a health and treatment basis rather than through courts with penal approach.

5. The responsibilities of the state and local communities must be defined and clarified.

6. The responsibility of after-care when the patient has been released from the hospital should be determined. Who follows-up--the state or local community?

B. Treatment Facilities

1. Intake Center and Detoxification Unit

Before any kind of evaluation, diagnosis or therapy can begin, it is necessary that the individual be detoxified as quickly and as safely as possible so that the effects of acute intoxification are no longer present. There is no doubt that the hospital is the best setting for such treatment. Emergency measures are at hand, the staff is available and all necessary equipment is there. In Fulton and DeKalb County, Grady Memorial Hospital seems to be the logical place for a Detoxification Center. It is authorized to take care of emergencies, it has space and is conveniently located. It does take care of alcoholics in its emergency clinic. Experience has shown that there is very little difficulty encountered in treating alcoholics. Records of hospitals that have admitted these patients will confirm the report that most of these patients offer no more difficulty than any other sick person. It is difficult to estimate how many beds Atlanta would need to take care of the problem to a fairly adequate degree. St. Louis, Missouri, opened a 30-bed unit to serve the entire city. Officials reported that in the first two months of operation, the station operated at or near capacity with only the alcoholics from two police districts. It is obvious that if facilities exist they will be used. Based on the St. Louis experience, which was concerned with a lower rate of arrests than Atlanta has, it is felt that approximately 100 beds would be needed. Staff for 24 hour duty would be required. This would mean: 9 registered nurses, 9 licensed practical nurses, 15 attendants (nurses aides or orderlies).

Exact plans would have to be worked out in detail with Grady Memorial Hospital and other professional people who are concerned and working with the problem.

2. Inpatient Diagnostic-Evaluation Center

Following the individual's detoxification, he could be transferred to an inpatient diagnostic-evaluation center where a complete work-up could be prepared on his medical, social, occupational, family and other personal history.

This could conceivably be the present City Prison Farm, which, when alcoholics can no longer be incarcerated there, would have room. Alterations and modifications in the structure would have to be made, but this would not present much of a problem.

The Center should have a multi-disciplinary team approach. Its staff should consist of medical, psychiatric, psychological, social work, vocational, and rehabilitation personnel. The individual would stay approximately 5 or 6 days or until plans were complete for future treatment.

It is hoped that as much as possible treatment would be on a voluntary basis and that commitment would be only used when absolutely necessary. Full cooperation and willingness of the individual to undergo treatment would facilitate the rehabilitative process.

3. Outpatient Rehabilitative Treatment

The success of the Emory University Vocational Rehabilitation Alcohol Project demonstrates that these men can be treated successfully in an outpatient setting. Even those who will become only partially self-sustaining should be treated as those who eventually will be fully rehabilitated.

The most important and unique feature of the proposed method of treating the chronic alcoholic court offender is based on the recognition that these individuals are totally dependent upon others to take care of them. Knowing and accepting this makes the task of rehabilitation less difficult and more certain.

Any outpatient service should be based on the Emory Project and its experience should be fully utilized. The service should use a multi-disciplinary approach. Represented on the staff should be vocational rehabilitation counselors, social workers, clinical psychologists, chaplains, physicians and psychiatrists. The main emphasis in rehabilitation should be on "reaching out" for the clients rather than the traditional waiting for the client to request services. This reaching out is necessary because of the passive, dependent nature of the alcoholic. Once he is involved in the rehabilitation process, he must be continuously supported until his total dependency can be changed so that he is sufficiently independent to function in society and to maintain employment.

4. Inpatient Extended Care Program-Rehabilitative Service

The Georgia Health Code Act No. 936 (H.B. 162) 1964 session of the General Assembly, 88-403, states:

"The administrative responsibility for alcoholic rehabilitation as provided herein shall be vested in the Department of Health. The Department of Health shall study the problem of alcoholism, including methods and facilities available for the care, custody, detention, treatment, employment, and rehabilitation of alcoholics. The Department of Health shall promote meetings for the discussion of the problems confronting clinics and agencies engaged in the treatment of alcoholics and shall disseminate information on subject of alcoholism for the assistance and guidance of residents and courts of the State. The Department of Health is hereby authorized to establish and maintain hospitals, clinics, institutions, outpatient stations, farms, or other facilities for the care, custody, control, detention, treatment, employment, and rehabilitation of alcoholics, and is further authorized to accept for care and custody alcoholics voluntarily applying for treatment or ordered hospitalized by court order as hereinafter provided, and is further authorized to confine and detain such alcoholics for treatment and rehabilitation."

This, then, definitely places the responsibility on public health and any planning should be done with this in mind. Also, as with all other phases of the plan, this should be integrated and coordinated with the state and local plans for mental health.

In a conference Community Council staff had with the State Mental Health Division, it was pointed out that it was the policy of the Mental Health Division to require that all local mental health programs should include some provision for the care or handling of chronic alcoholics. The exact methods to be utilized are not specified, but this problem must be considered and provided for in some manner in any mental health program at the local level. Dr. Donald Spille, Executive Director of the Metropolitan Atlanta Mental Health Association, Inc., is a member of the Community Council's Committee on Alcoholism and will help keep the Committee advised on mental health program plans.

The inpatient extended care rehabilitative service could be part of a regional hospital or a center by itself. The stress should be on rehabilitation to prepare the individual to be a self-sustaining member of society.

Treatment techniques should include:

a. Counseling and evaluation
b. Physical therapy
c. Work therapy
d. Group therapy

e. Self government
f. Lectures and films
g. Drug therapy
h. Recreation therapy
i. Pastoral counseling

Specific plans should be developed by experts in the field.

At present, we have the Georgian Clinic located in Atlanta and supported by the Georgia Department of Public Health. Fees charged to the patient are based on income. It is a 50-bed resident patient hospital and also provides day care and night care. This serves all residents of Georgia and the patient must be free of alcohol for 24 to 48 hours. There are also a few private hospitals or sanatoriums that accept chronic alcoholics but facilities are extremely limited and almost nonexistent for those who cannot pay.

C. Supportive Services

1. Housing - a great many of these individuals have no place to live. Some need temporary shelter while undergoing treatment. Some place must be provided for them which will give them support and keep them from drinking. Others will need more permanent arrangements if they cannot return to their own homes or live independently.

   The following are some of the kinds of housing that are recommended:

   a. Hostel - a semi-institution preferably in town. Should have a structured program with some medical personnel in attendance. Can be large, serving several hundred individuals. There is nothing like this in Atlanta.

   b. Halfway homes - smaller, more individual, less structured.

      St. Jude's House, Inc., is at present the only halfway house in Atlanta. It is supported by rents from residents, contributions from churches, individuals and foundations. It has beds for 40 residents and provides meals for an indefinite period of time in a protective setting. The men must be 20 years and older, must have an arrest record for drunkenness, must be screened psychologically and physically by the Emory University Alcohol Project. They must also be suitable for employment.

   c. Shelters for homeless men that include alcoholics.

      The Atlanta Union Mission which is supported by individual contributions and fees. The Mission provides shelter, food,

clothes, Christian counsel and employment for indigent men. On the average, 200 men are taken care of per night. Approximately 85% of these are alcoholics.

The Salvation Army provides over 700 men with shelter a week. About 90% of these are alcoholic. It does not accept anyone in a severe drunken state since no medication or special treatment is available. These are sent by cab to Grady Hospital or turned over to the police. The men from the Emory Project will occupy a special section. The Army staff is responsible for giving the medication prescribed and will see that the men cooperate with treatment.

Women alcoholics are housed at 242 Boulevard, N.E. Since August, 1966, there have been 4. Women are always referred to Grady Hospital, the Emory Project or the Georgian Clinic.

d. Individual rooming houses or hotels. The Emory University Alcohol Project now has a staff member developing these facilities. With help and supervision, many of these places could be made acceptable, kept from deteriorating and provide pleasant places to live. In most of the "flop houses" and cheap hotels, the man is exposed to other drinkers and the atmosphere is not conducive to a healthy state of mind.

e. Social clubs where individual can go when not in treatment or when not working. A.A. meetings provide a form of this.

f. Facility for individual who cannot be rehabilitated but will always remain partially dependent on treatment. Social improvement, even if it implies dependency upon the hospital, is perhaps the most that can be expected as a goal of therapy for this group.

1) Farm where he can be self-supporting.

2) Work outside of facilities with aid of treatment, but return to facility for night and free time.

Atlanta Union Mission Rehabilitation Farm for alcoholics and the aged will open in May. It will house 32 alcoholics to begin with and the master plan calls for 64. In order to be accepted, the client must be without a drink for at least 48 hours, sign a statement of his own free will of intent to stay a minimum of 60 days, to cooperate with the staff and its program of worship, work and education. The client will not be permitted to leave the mission farm for the first 2 weeks and afterwards only when accompanied by Mission Farm personnel. There will be a charge of $62.50 per month for every man. However, his ability to pay will not determine his acceptance.

2. Financial Assistance - part of society's basic obligation is to provide for the destitute. This allows them income while undergoing treatment and supplements income of those who need permanent care.

   The Fulton County Department of Family & Children Services cooperate completely with the existing facilities for treatment of the chronic alcoholic. The individual receives temporary financial assistance as long as he is cooperating and undergoing treatment. The Special Service Section, which carries a reduced caseload, takes care of most of the alcoholics so that they can be given more intensive case work. When an individual applies for financial help and is an alcoholic, every attempt is made to get him to treatment.

D. Public Education

Public apathy has been one of the most severe obstacles in working with the chronic alcoholic court offender. As a rule, he is a forgotten man, relegated to a flop house or prison and given up as a hopeless case. He remains a burden to society and is one of the most important contributors to the reservoir of poverty in this country. Once the public understands and its interest is aroused, the resulting action can become a powerful force in accomplishing a constructive objective.

A public education program should concern itself with the following aspects:

1. Develop community leadership to alert people to the needs and potential of an adequate and sympathetic approach to the problem.

2. Acknowledging that alcoholism is a public health problem and, therefore, a public responsibility.

3. Showing that the penal approach to the public alcoholic is expensive and inhumane. It has only perpetuated the problem and in no way eased it.

4. Demonstrating that there is no simple solution. That treatment of the public alcoholic to be effective and lasting requires coordination of services and a combination of many resources and programs.

5. Understanding of the public alcoholic and homeless individual.

6. Explaining of problems arising in developing programs and service.

   a. Legal and legislative
   b. Economics or funding
   c. Facilities and services that have to be developed

7. Describing and explaining kind of comprehensive plan Atlanta needs, elements involved and how we go about implementing such a plan.

A public education program should be directed at public officials, special interest groups, as well as the general public.

The Metropolitan Atlanta Council on Alcoholism, working with the Community Council, could be the motivating force behind an education program.

E. Central Registry and Information Retrieval

The full extent of Atlanta's alcoholic problems is not known. The United States Public Health Service considers alcoholism the fourth most serious health problem in the country and the picture in Atlanta is most likely no different than that in any other city. According to the national average, it is estimated that there are from 20,000 to 25,000 alcoholics in Metropolitan Atlanta. This is far from a complete number for statistics are not available for those using private facilities and for those that never come to the attention of the public. We know that in 1965, 48,783 arrests were made in Atlanta involving drunkenness. We have these isolated figures but nothing complete, and some agency should be charged with the responsibility of keeping accurate statistics on alcoholics and facilities available for rehabilitation.

In addition, the need for a central clearing house has been felt by many agencies. Alcoholics seek help in many places and often at the same time, and there is no way of knowing where they have been or what treatment they have received. A central clearing house or central registry cannot succeed, however, unless it receives the full cooperation of all participating agencies. The Metropolitan Atlanta Council on Alcoholism might be able to organize one under a special grant so that money would be available for trained staff.

F. Staff Training

Before any kind of service or program can be instituted, personnel on all levels must be available. At the present, there is a severe shortage of staff and there is a pressing need for training in the field. Inducements must be made so that individuals will be interested in working in the area of alcoholism. All facilities and programs concerned with the treatment of the alcoholic should be involved with the training program and this should again be coordinated with the State's comprehensive plan for mental illness of which training is an important part. The Georgian Clinic has an extensive training program which could be expanded. The Clinic could possibly act as the coordinating agency for a training program.

G. Evaluation

For a program of this kind, there should be a built-in system of evaluation of services. Only on the basis of such an evaluation would we be

able to strengthen and develop the program, accomplish any worthwhile long-range planning, and establish accurate guidelines for the further development of the program.

The Research Division of the Community Council will help develop the evaluation and the plan for it will be incorporated in the final report.