WHEREAS, the Mayor's Advisory Committee on Drug Abuse is actively studying the drug problem and viable programs to deal with it; and

WHEREAS, the Committee has established that there is a clear and immediate need for in-patient facilities for acutely disturbed patients with drug problems; and

WHEREAS, the Committee is of the opinion that some one place is needed to integrate and coordinate a comprehensive program, not only at the state level and at the local level, but also at the intermediate level which corresponds to the currently developing regional plans of various state departments of human services; and

WHEREAS, the Committee intends, in behalf of the citizens of Cambridge to vigorously pursue the best possible of any and all programs dealing with the drug abuse problem; and

WHEREAS, the Committee, in the following issue sees itself as dealing with a concept of treatment which it tentatively approves pending the development of a specific program;

WE, THEREFORE, recommend to the Mayor a conditional endorsement of the Majority Report of the Special Commission to study the feasibility of a Center for the treatment of drug addicts at the Middlesex County Hospital. The Committee further recommends that the Mayor request the City Council of Cambridge to so resolve and in turn to notify the legislative committee considering the proposed bill in the State Legislature, the Governor's office, the Special Commission, the Drug Rehabilitation Division of the Department of Mental Health, and the Cambridge delegation to the State Legislature.

The following conditions are stipulated as necessary to the specifics of the program:

1) That the Center be conceived most explicitly as a coordinating center for widely scattered community based programs and agencies. The emphasis should be shifted from the treatment aspect (the 108 beds) to the coordinating aspect of the commission's report (the second paragraph of the introduction).

2) That the intent of the Center be clearly stated and implemented as exclusive of taking over the management of the drug problem from the local communities. Particularly dangerous is the concept of isolation, alluded to in regard to removing the "infector" from the population (paragraph 6, page 7 of the report). Last century this concept led us to the long and unfortunate experience with the large asylum removed from society. These large institutions were designed to provide more efficient management of patients with mental illness, but their distance from the community often provided a ready ally to the community's wish, as it were, to be rid of its problems, and the institutions became easy receptacles for the rejects of society. It must be spelled out as explicitly as possible that the facility will get treatment and rehabilitation started but that the local facilities will be carrying the burden of the long range welfare of its citizens; that local service agencies, schools, industry and business, etc. are no less involved in the drug problem because some hospital on a lonely hill out in the suburbs is the place the patient goes first.

3) That the Center be designed to treat and coordinate programs for all drug abuse problems, not merely addiction.

4) That the Center Proposal be adapted to the more functional boundaries of the state's regionalization plan (i.e. Region III) instead of the Middlesex County boundaries. This, then, would fit nicely into the Governor's proposal for regional hospital beds to be provided for acutely ill patients, for detoxification and for intensive care in each of the seven Mental Health Regions (bottom of page 3 of Governor's Press Release of July 2, 1970 and Item II of the Governor's Fact Sheet Release of July 2, 1970).

5) That certain state service departments (i.e. their regional or area offices) should have at least one representative working at the Center. The Welfare Department, the Massachusetts Rehabilitation Commission, the Department of Education, the Department of Mental Health, the Department of Corrections, the Youth Service Board, should each put their expertise and departmental authority at the disposal of the center in the form of a full-time worker assigned 'on-loan' to the Center. Moreover, to ensure case-oriented team work and coordination, rather than department-oriented service and hence fragmentation of care, these workers should be accountable to the Center and not their departments (probably to the person directly responsible for and in charge of the management of the particular case; e.g. on a ward of 25 patients run by Ward Director X, all articulation with community facilities through the Rehabilitation worker, the Welfare representative, etc., should be under Director X's supervision). Thus each department would allocate the salary and the person (subject to the Center's approval) to provide the necessary expertise with which the unit directors can effectively coordinate the community facilities and follow through on patient programs.

6) That clarification be made regarding the provision of adequate security (for those cases remanded by the court, committed, dangerous, etc.).

7) That adequate staffing be provided (the report makes mention of the appointment of "a trained psychiatrist and psychologist" and of "a full-time director of patient activities" -- these would be woefully inadequate for a program involving 100 patients, not to mention those patients still involved but no longer as in-patients).

8) That clarification be made that staffing is non-civil-service.

9) That a follow-up research program be specified as mandatory.

10) That there be meaningful learning opportunities in the activities and rehabilitation programs provided--not simply time-filling recreation as suggested by the reference to day-rooms, picnics, and walks. "Occupational therapy" in the usual sense of making belts and wallets is next to worthless and what is required is job-training, schooling, work-shop opportunities, vocational counseling and on-the-job-supportive counselling (trained rehabilitation workers are necessary).

11) That the training programs also include non-ex-addicts among the non-professionals, i.e. besides the ex-addicts mentioned.

12) That without the adoption of the bulk of these conditions, the Mayor's Advisory Committee on Drug Abuse cannot in good faith endorse the Commission Report.

Phelps M. Robinson, M.D.
Charles M. Horn
Richard Bickford
Mary Ann Ruffin
William Wood
Michael O'Connor
George Davis
Peter Panchy

PMR:rth
August 10, 1970

C. C. 106

City of Cambridge

Mayor Vellucci

In City Council,
August 10, 1970.

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In City Council August 10, 1970.
Adopted by the affirmative vote of 7 members.
Attest:- Paul E. Healy, Temporary City Clerk.

A true copy,

Attest:- Paul E. Healy

Temporary City Clerk.

201

ORDER

Relative to Center for treatment of drug addicts

August 10, 1970

Mayor Vellucci