

What we have to present tonight represents a plan evolved as a result of discussion before the City Council on November 9 last year when we presented the CCS Drug Report. At that time, much of the discussion focused around the first recommendation in the report, namely, "the establishment of a single, centralized coordinating mechanism for the planning and development of drug treatment, rehabilitation and education efforts in Cambridge."

Since that time a sub-committee of the CCS Coordinating Committee on Drugs composed of eight people (Dr. E. Khantzian, Cambridge Hospital; Dr. R. Reid, Cambridge Mental Health Center; Mrs. L. Kohorn, Mt. Auburn Hospital; M. O'Connor, Mayor's Committee; J. Seifert, Neighborhood Family Care Center; Miss S. Sucher, Sanctuary; A. Ferrarri, Third District Court; and R. Eisner, Inroads) met several times and came up with the structure being proposed. (I should point out that the earmarking of 21 of the 25 slots was arrived at by consensus--and that there were some individual disagreements on what organizations should be represented.) However, it was believed that it would be impossible to accommodate participation by everyone on the proposed Committee directly, without having an unwieldy structure. The 21 earmarked slots would include 10 from the public sector (Camb. Hospital, Police Dept., School Dept, Community Schools, Mayor, Court (2), Mental Health, Welfare Dept., and legislator) and 11 from the private sector (Mt. Auburn Hospital, Sanctuary, Neighborhood Family Care Center, Cambridgeport Clinic, Street Help, Cambridge Hotline, CCS, Yours I, Harvard, MIT, Family Service). The rationale behind the proposed structure is to bring about a broad base of involvement in planning related to the development of needed services in attempting to alleviate the drug problem.

Involvement of additional people is seen through the various task forces which would operate under the committee. While including some members of the Committee directly, the task forces would be open to a much broader segment of the Community in dealing with specific tasks or issues.

The Sub-Committee also recommended that the newly proposed structure be co-sponsored by the City of Cambridge, Cambridge Community Services, and the Cambridge Mental Health Center--as a means of drawing the public and private sectors closer together in dealing with the drug abuse issue.

We have had the consultation of the American Social Health Association which has had experience in communities throughout the country in consulting on the establishment of community drug coordinating committees. In their experiences, the most successful community planning and coordinating groups are ones that have a high degree of cooperation and coordination between and among public and voluntary agencies, strong community commitment, and top level leadership. It is our hope to achieve these three elements through the structure being proposed.

The structure being proposed was adopted by the full CCS Coordinating Committee on Drugs, by the CCS Board of Directors and by the Cambridge-Somerville Mental-Health/Retardation Area Board.

MARCH 5

MARCH 7

14

*Meeting  
Discussion  
with Mayor* (3)

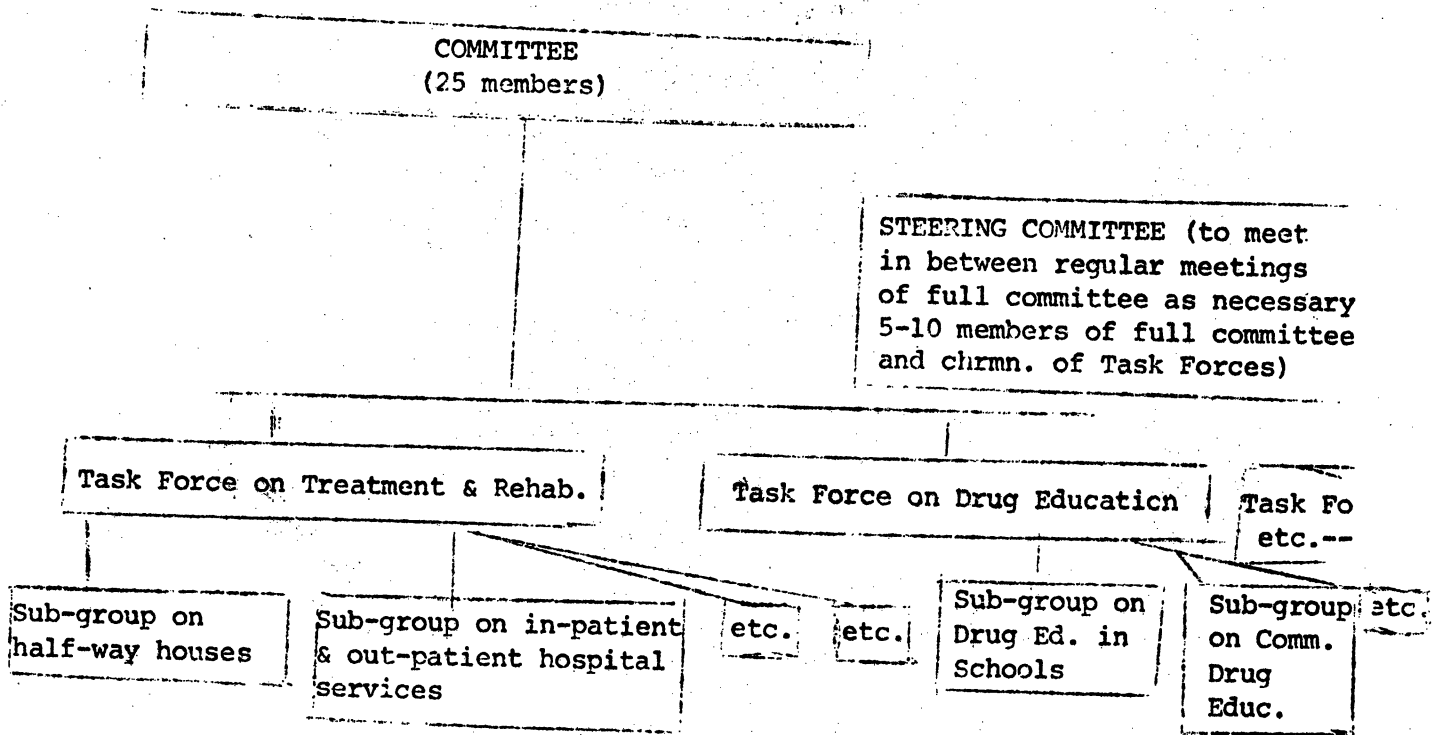
We should also point out that the proposed structure, to work effectively, will need adequate staffing. The OCS committee which has functioned up to this point has had approximately 60% of John Mac Phee's time, which is clearly not enough to keep up with everything and launch the task forces envisioned under the proposed structure. The mental health center is willing to make available a sizeable portion of the time of a drug coordinator, a recently acquired and as yet unfilled position. It may well be that another position will be needed in time to move the planning and coordinating effort along, particularly with the writing of grant requests. If and when that point arrives, we would hope that the Council and/or City Manager would give favorable consideration either to funding or making a slot available within an appropriate City agency.

In summary, then, we are asking tonight for the support and endorsement of the City Council on the proposed structure and the co-sponsorship of the City of Cambridge.

Recommended Structure for  
Cambridge Drug Coordinating Committee  
(As voted by 9 members of Sub-Committee on Structure)

1. Cambridge Hospital
  2. Mt. Auburn Hospital
  3. Sanctuary
  4. Neighborhood Family Care Center
  5. Cambridgeport Clinic
  6. Police Dept.
  7. School Dept.
  8. Street Help
  9. Cambridge Hotline
  10. Court (Prob.)
  11. Court (Judge)
  12. Mental Health
  13. Welfare Dept.
  14. CCS
  15. YourVI
  16. Harvard
  17. MIT
  18. Family Service
  19. Community Schools
  20. Legislator
  21. Mayor
  22. ~~Cambridge Police Dept.~~
  23. ~~Cambridge Police Dept.~~
  24. ~~Cambridge Police Dept.~~
  25. ~~Cambridge Police Dept.~~
- 4 open slots

SUGGESTED STRUCTURE FOR  
DRUG COORDINATING COMMITTEE



(Note: It is not possible to include all people and all interests on the 25 member central coordinating committee. Strive for as broad a base as possible, but leave room on the task forces for everyone in the community who has something to contribute to a specific or specialized area. It is in the working task forces that actual programs might begin to emerge with specifics. Each task force or sub-group would have some members of the central committee, but would be made up largely of others in the community who have something specific to contribute, including ex-addicts and the drug involved.)



CITY OF CAMBRIDGE  
MASSACHUSETTS  
Mayor's Advisory Committee on Drug Abuse  
"TRUST"

ALFRED E. VELLUCCI  
MAYOR

RICHARD BICKFORD  
GEORGE DAVIS  
CHARLES HORN  
MICHAEL O'CONNOR  
PETER PANCHY  
PHELPS ROBINSON, M.D.  
MARY ANN ROFFIN  
WILLIAM WOOD

21 April 1971

To The Honorable Mayor and City Councilors:

Enclosed is a current status report of the Mayor's Advisory Committee on Drug Abuse. You will note from our report that in addition to considerable research, we have been, during the past months, involved in realistic action for drug program development. We plan to continue this policy until such time as technical and research assistance is made available.

Sincerely yours,

*Michael O'Connor*

Michael O'Connor  
Chairman

The Mayor's Advisory Committee on Drug Abuse was appointed in June of 1970 for the purpose of studying the drug abuse problem in Cambridge and developing a comprehensive program to deal with that problem. The Committee saw as one of its functions the encouragement and support of program initiation by public and private agencies. The Committee met weekly and sometimes as often as four times per week in its efforts to carry out this charge. The following is a report of some of the more major activities of the Committee.

The Cambridge Hospital: Immediately upon its formation, the Mayor's Advisory Committee on Drug Abuse began to seek ways in which the hospital could respond to the critical need for a local detoxification program. The Mayor set up meetings with the Commissioner of Health and Hospitals and the hospital staff to discuss the problem with the Committee. At our request, the Commissioner established an interdepartmental drug committee to study how the hospital might respond. As is well known, this led to setting aside four beds for the purpose of detoxification, which in turn led to the submission of an application to the Governor's Committee on Law Enforcement which was funded and is now in operation under the direction of Dr. Edward Khantzian. The Mayor's Committee participated in writing and submitting the application and was invited by Dr. Khantzian to participate in the program's organizational advisory committee.

At this time, the Mayor's Committee would like to publicly express its appreciation to the hospital staff for the speed, smoothness, and success with which they have moved forward.

Middlesex County Hospital: In response to a request from one of the County Commissioners, the Mayor's Committee did a study of the possible use of Wellington Hall at the Middlesex County Hospital as a drug unit. The Council received our report and recommendations on this matter which was subsequently



défeated in the State Legislature. The Mayor's Committee did not let the matter conclude there and has pursued it to what promises to be a very satisfactory conclusion for using available space for critically needed drug programs.

Youth Organization: Most experts in the field of drug abuse feel that one of the most important elements in any community's comprehensive program should be the involvement of youth. The Mayor's Committee has made several efforts to organize this, some successful, some not. The intention is to continue to do this particularly difficult task in the months to come until each neighborhood has such a group.

Funding: As mentioned above, the Cambridge Hospital's Program is partially funded by Law Enforcement money through the Governor's Committee on Law Enforcement. The Commonwealth Department of Mental Health has made small grants to some Cambridge organizations, Your One, Sanctuary, Mt. Auburn Hospital. The Mayor's Committee was active in reviewing and making recommendations with regard to some of these proposals and also some which did not get funded on the first round of contract awards. We have recognized that the Department of Mental Health funds are not going to be anywhere near sufficient, and we have begun a systematic exploration of other funding sources.

Coordinating Committee: We strongly supported the findings and recommendations of the Cambridge Community Services' Report on Drug Abuse. We agreed that the coordination of all programs was the most important long-term problem which we had to solve. We devoted considerable study to this matter, we participated additionally in the meetings of the Cambridge Community Services' Sub-Committee on Coordination and, subsequent to the failure of this joint effort, have devoted still greater amounts of time to further study of this matter. (See attached separate report and recommendation).

Hotline: The Committee has given continuing support and assistance to the Cambridge Hot Line in the form of organizational advice and assistance in forming



a private non-profit corporation and its Board of Directors. Among our suggestions regarding the latter was the inclusion of members of the City Council and the School Department so that a Councilor and a School Committeeman are now members of the Hot Line Board of Directors.

The preceding is an account of what has happened. It may be summarized as follows: the urgent crisis needs have been partially met by funded hospital programs at Cambridge Hospital and Mt. Auburn Hospital, and counselling and information programs funded at the Hot Line, Sanctuary and Your One; the work of developing coordination is proceeding.

There remain, then, three major unmet needs: 1) long-term residential treatment for those who cannot be treated on an out-patient basis; 2) development of programs of rehabilitation which include job training, job counselling, job placement, educational rehabilitation, etc.; and 3) preventive drug education that will keep kids off the stuff in the first place.

DRUG EDUCATION: Shortly after the Committee was formed, a sub-committee on drug education was formed which included Committee members Mr. Charles Horn, a teacher at Cambridge High Latin School and Mr. George Davis, drug educator at the Neighborhood Family Care Center and Mr. Charles Cremens of the School Department.

The sub-committee has assisted in the development of the current in-service training program for all the teachers in the school system. The sub-committee also developed numerous other ideas for drug education approaches. A comprehensive program is described below.

An exciting development has taken place in the past week which relates to the drug education efforts. Members of the Mayor's Committee became aware on Wednesday of the sudden availability of large amounts of Health, Education and Welfare and Office of Education money for community drug education programs. However, the

deadline for applications was Friday, April 16, two days later. Since there was a real possibility that no one was applying for Cambridge, two committee members (who worked for two days, staying up all night Thursday night), using the plans developed by the drug sub-committee, wrote a proposal and submitted it before the deadline. This effort, hopefully, will bring \$128,000 of drug education funds into the city for each of three years and with no commitment of funds by the city. The plan is comprehensive and will fill, if funded, perhaps the most critical current areas of need.

TREATMENT: The Mayor's Committee has assisted Mass. Residential Programs, Inc. in the writing of a proposal and in the necessary community organization to bring a program of residential treatment near to opening. This includes the nearly final negotiations with the County Commissioners and Middlesex County Hospital for the use of a small building. It also includes a commitment by a private philanthropist for interim funding until government grants and other funding are forthcoming.

The Mayor's Advisory Committee on Drug Abuse recognizes a dilemma; on the one hand, the need for immediate action in coordinating drug programs in Cambridge, and on the other hand, the need for answers to many questions about the most likely permanent mechanism for doing that job. In the spirit of meeting both needs simultaneously, the Mayor's Committee, with the concurrence of the Cambridge Community Services' Drug Committee, proposes the following:

1. PROPOSE that the City of Cambridge give its full endorsement, sanction, and support to the coordinating committee as proposed by the Cambridge Community Services to facilitate its effectiveness immediately in both public and private sectors.

2. PROPOSE that the City Council recommend the formation of a joint sub-committee comprised of four (4) members each of the Cambridge Community Services Drug Committee and the Mayor's Advisory Committee on Drug Abuse to search for the most suitable form of a coordinating body for a comprehensive drug program in Cambridge.

3. PROPOSE that the City Council recommend to the City Manager the allocation of funds to said joint sub-committee for professional consultation and related services in an amount not to exceed \$5,000.

4. PROPOSE that said joint sub-committee be prepared no later than six (6) months hence to submit its final recommendation to the City of Cambridge for action on a permanent coordinating body for drug programs in Cambridge.

12.

273

Report from Mayor's Advisory Committee  
on Drug Abuse

4/26/71

Tabled w/o Time  
Limit on Motion  
of Councillor  
MORCHOFF -

12/31/71

Placed on File  
No Action Taken by  
1971-1972 Council -