

## DOLLIVER STATEMENT

October 4, 1972

(Prepared and presented by the Washington State Council on Alcoholism to James M. Dolliver, then Governor Evans' Aide, at a personal meeting on the above date.)

Dissatisfaction with administration of the State's alcoholism control program broke into the open when the EVERETT HERALD published two articles, Control of Alcoholism Programs Sparks New Fight and Alcoholism Split Favored, on September 21 and 22. This publicity was triggered by release of PROPOSED RULES AND REGULATIONS FOR IMPLEMENTATION OF COMMUNITY MENTAL HEALTH, DRUG ABUSE AND ALCOHOLISM LEGISLATION by the State Department of Social and Health Services, without prior consultation with local alcoholism control workers.

Although the Washington State Council on Alcoholism did not inspire these two articles and hopes that the disagreements that exist can be worked out without causing irreparable harm to the State's campaign against alcoholism, the Council believes that the proposed rules and regulations are unworkable and strongly objects to the way in which they were developed and circulated, and to certain other recent actions of the Department.

The reasons for the Council's dissatisfaction are numerous and deep-seated. They may be summarized, however, under the following three headings:

1. There is a widespread fear that placing alcoholism under the mental health administrative umbrella will inevitably lead to a treatment approach that seeks to uncover underlying personality problems rather than encouraging sobriety. The mental health or psychiatrically oriented approach necessarily calls for a program loaded with highly paid but, often, impractical professionals who seldom are experienced in working with alcoholics and usually have no desire to use the largest, most widespread, and least expensive resource available, namely, Alcoholics Anonymous. Treatment, under such a program, is not only bound to cost the taxpayer more money but has proved to be almost totally ineffective and often fatal.
2. Although the Department has voiced support and admiration for public participation and the "grass roots" approach to the alcoholism problem, it has welcomed cooperation solely on its own terms and has deliberately ignored advice on policy matters. (Please note letter to Governor Evans from Father James E. Royce, dated September 14, 1972.)

3. Both alcoholism and mental illness are highly stigmatized in the public mind. Combining them in one program doubles the difficulty for those who work with alcoholics and their families and for those engaged in community education and fund-raising.

#### DOCUMENTATION

No recovered alcoholic on the staff of the State alcoholism program, and no state staff member with appreciable experience in a local alcoholism program in the State of Washington.

In September of this year, the Washington State Council on Alcoholism unanimously adopted a resolution expressing its concern about the proposed rules and regulations and asking for a meeting with Sidney E. Smith, Secretary, Department of Social and Health Services.

This attempt to meet with Mr. Smith, like several other attempts in the past, was unsuccessful.

On June 29, 1972, however, J. Vernon Williams, Chairman, State Social and Health Services Advisory Committee, had requested Mrs. Alice Ralls, President, Washington State Council on Alcoholism, to outline the position of the Council.

Consequently, a Position Paper was adopted by the executive board of the Council and was endorsed by a number of local alcoholism councils. The paper states in clear, unmistakable terms why there is so much opposition to the mental health approach to the treatment of alcoholics as opposed to other types of treatment, such as aversion therapy and Alcoholics Anonymous.

Placing the State alcoholism program under the office of mental health was done without consulting alcoholism workers in the local communities and directly against the advice of the Governor's Advisory Committee on Alcoholism.

All during the months of negotiations and study which preceded the re-alignment of the Department of Social and Health Services, there was no attempt to involve representatives of local alcoholism agencies, although

Department representatives were invited to attend local alcoholism agency meetings. In fact, the organizational chart of the new department did not even mention alcoholism.

Local alcoholism groups strongly criticized the policy of denying payment for treatment of alcoholics. When this practice was corrected, mental health boards were notified, but not alcoholism agencies.

The proposed rules and regulations were not discussed with local alcoholism councils, the Governor's Advisory Committee on Alcoholism, nor, so far as anyone can determine, with anyone at the local level. Only after these Proposed Rules and Regulation .... were presented at a meeting of county commissioners did any one at the local level in the field of alcoholism learn about them.

Placing alcoholism in the office of mental health, the method by which it was done, and the continuing efforts to force local alcoholism programs under community mental health and mental retardation boards had created dissension among a group of dedicated people. Many of these people have worked hard at low salaries, often without fringe benefits, for many years. They have, until now, been loyal supporters of the State alcoholism program. The Department's action has also undone the progress that had been made on a voluntary basis to achieve cooperation between alcoholism councils and mental health centers.

As the Nations's number three health problem, alcoholism should not be submerged in another major health problem and should not be pigeonholed as merely a symptom of another disease. Alcoholism is a complex illness with sociological, physical, emotional, ethnic and, perhaps, genetic aspects. Placing alcoholism in Mental Health, in effect, closes the door, at least psychologically, against the many professionals and paraprofessionals outside the mental health profession, especially members of Alcoholics Anonymous.

Because of the complexities of alcoholism those in charge of the State's attempt to control it should be free to involve sociologists, psychologists, psychiatrists and other physicians, social workers, recovered alcoholics and other paraprofessionals, and should be free to support any of the treatment modalities that have been or can be proven effective.

We strongly urge that the Governor use his ~~able~~ influence to insure that the State alcoholism program be returned to the Division of Health or be placed in some division, other than ~~the~~ Division of mental health.

WASHINGTON STATE ~~ON~~ ALCOHOLISM

  
Mrs. Alice ~~Ralls~~ President

(Mrs. Alice Ralls, President)

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