A BRIEF REVIEW OF THE DEVELOPMENT OF ALCOHOLISM/SUBSTANCE ABUSE PROGRAMS IN NORTH CAROLINA
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Due to the time allowed, I'll just be hitting the Highlights of the history of alcoholism/substance abuse programs in North Carolina.

In 1949 the North Carolina General Assembly set up and appropriated funds to establish the North Carolina Alcoholic Rehabilitation Program under the Mental Hospital's Board of Control which was the forerunner of the Department of Mental Health and the Commission of MH/MR/SA Services. The State Board of Health and the Department of Public Instruction acted in a advisory capacity. Very little advice was given.

The program consisted of two parts. One was Educational and information. The other was treatment. The educational/information part was run primarily out of the Raleigh Office under the guidance of dr. Norbert Kelly and George Adams. As some of you may recall the Norbert Kelly Award was founded to honor the late Leader. One of the most successful parts was the Publishing of the journal, "Inventory" as a product of this program. There were excellent articles and other information, and if you have never seen any of

the Copies you should try to do so. The Division had bound copies available to peruse. Copies were sent across the nation and to some foreign countries. Printing of the "Inventory" was stopped when Mental Health became a part of the Department of Human resources. We received hundreds of letters protesting the stopping but to no avail. I feel this was a real loss for the program.

The treatment part of the program was at the Alcoholic Rehabilitation Center at Butner and was housed in an old army headquarters building. The State Hospital at Butner (now John Umstead Hospital) provided the business aspects and gave medical coverage. The First administrator was a former minister, Roy Barham, who had a lot of interest in alcoholism. He, a Psychologist, Guy Elliott, and a social worker, Miss Roberta Fytle, provided group therpy and psychodrama. As I recall, there were approximately 50 beds and at times the therapy groups were about 30 to 50. Can you imagine that many in a group? There was some individuals therapy provided by staff and physicians. Physicians from the hospital lectured on the medical aspects and also led some groups. A physician, Dr. Forize, was acting clinical director and dicated the discharge summaries. Dr. John Ewing, who many of you know or heard of, was involved. He later became

Chair of the Department of Psychiatry at UNC-Chapel Hill and the Director of the Center on Alcohol Studies.

Later, ARC procured its own director, who was a Psychiatrist and another physician along with nurses and a business manager. At first, there were no nurses, but the attendants were excellent. Physicians from the hospitals continued to give coverage at night and on weekends until the ARC/ADATC moved to John Umstead Hospital a short while ago.

For many years, admissions were strictly voluntary. The patient had to be sober when admitted. The cost was $75 for 28 days. Social histories were provided by local county social service departments. Appointments were given for Tuesday through Friday from 9-5. No weekend nor night admissions were allowed in the early years.

Until 1963 committed alcoholics were sent to Dorothea Dix Hospital. There were chronic patients with severe problems and family complications and usually the ones the Clerks of the Superior Courts were tired of bothering with. These were probably the ones with dual diagnoses, but not recognized as such. There was so much stigma then that alcoholics didn't want to be considered to have any mental problems and mental patients didn't want to be treated with alcoholics. A.A. members didn't want alcoholics to get other drugs

for fear of dependency or addictions. The fact was that many alcoholics had psychiatric problems and many mental patients had alcohol problems. Unfortunately, and for many reasons only the alcohol problem or only the psychiatric problem was dealt with and it lead to revolving door admissions. Fortunately, today, we are recognizing this and trying to tackle both problems. More need to be done.

After 1963 all of the State hospitals began to take alcoholics on a non-segregated basis.

Follow up therapy was referred back to the family or referring physician with recommendations for physical care and attendance at A.A. Over the years A.A. became a more and more essential part of programs.

All of the mental hospitals had treatment programs which included detox, education, and therapy. At times half of the admissions to hospitals were alcoholic or alcoholic-related cases; many complicated with mental problems ranging from psychotic to various levels of depression and personality disorders. Over the years there have been changes in the hospital programs. I understand the change continues from time-to-time.

Money taken from hospitals' alcoholic programs have been given to community programs with the hope

that alcoholics could be treated locally and away from hospitals and closer to home. There continues to be problems about admissions to hospitals and lack of funding for local programs as I understand it. But with many problems involved with polydrug abuse and dual diagnoses, many still are sent to mental hospitals.

Going back in time, the North Carolina Alcoholic Rehabilitation Program received $99,500 annually from the legislature. Leadership here was through Representatives John W. Umstead of Chapel Hill was Chairman of the Hospital Board of Control (now equivalent to Commission on MHDDSAS) and John Ruggles of Southern Pines who was the first chairman of Alcoholic Committee of the Board. $22,500 went to community programs for educational and public relations to start new local programs. The grants usually ranged from $5,000 to $6,000 to pay for a social worker or health educator and to start up a new program. $77,000 was divided into clinical services grants to local funds would become available to pick up the funding. We often received letters from local programs thanking us of the generous grants of $5,000-$6,000. Although the grants were small in comparison to today's funding, they were greatly appreciated and were the basis for many area programs today. The funds went

primarily to local alcoholism information and education centers that were separate from the Department of Mental Health. The earlier centers Were as follows:

Asheville (Dr. Marjorie Lord a PH physican)

Wilson – Bill Jennings

Burlington – Bob Cook (later Roney Cates)

Charlotte – Jody Kellermann

Durham – Olga Davis

Jamestown – Ben Garner

New Bern – Gray Wheeler

Wilmington – Margaret Davis

Greensboro – Worth Williams

Winston-Salem – Bob Charlton

Gradually, most of the programs merged into the area mental health programs. A few of the original remain. These programs were very important in the development of alcoholism programs and provided an excellent basis for programs available today.

I named the above people because they did so much to make North Carolina a great program and the forerunners of community alcoholism and substance abuse programs today. They were strong advocates who established the original APNC known then as the

Alcoholic Programs of North Carolina with a few physicians involved including Ted Clark, Tommy Jones of Durham, Norman Desrosiers, Donald MacDonald. Many other states visited North Carolina to observe our program and take ideas back home. North Carolina was recognized as having top progress in Alcoholism and Mental Health.

In the 1960's the Summer School of Alcohol and Alcoholism was started by Dr. Norbert Kelly in conjunction with UNC (Dr. Hiawatha Walker) and continued for many years by North Carolina Rehabilitation Program and later by the Division of Mental Health. The local programs and APNC were important in the development and the success of the school. As I understand it, the Division of MH/DD/SAS is no longer responsible for the school but contributes funding and participates in planning. It is held at UNC-Wilmington every summer and is one of the best in the nation.

In 1965, the need to expand the treatment program was realized and plans for additional ARCs were started. The General Assembly passed a bill to place five cents tax on each bottle of whiskey to build an ARC in the west and one in the east, plus a new one at Butner which was an old army building left from Camp Butner in World War II. If time allowed, I could tell

you some tall stories about the selection site process. I'll tell a couple now.

In 1967, Dr. Eugene Hargrove, the Commissioner of Mental Health, recognized the need for more emphasis on Alcoholism. The Commission of Mental Health set up a Division of Alcohol with a Deputy Commissioner, Dr. Blackley, on Alcoholism. At first, the Director of the ARC at Butner (R.J. Blackley, M.D.) and the Deputy Commissioner were the same person. Later a physician was hired to direct the ARC (Dr. Peter Holden) leaving the Duputy Commissioner to direct the state program. Now each ARC has an administrator as director and a physician as clinical director. The roles and programs of the ARCs, now called ADATCs, have changed to some extent and are not all voluntary as in earlier days. I understand that a new program at Butner was proposed to deal with pregnant drug abusers and their children, but it was later started at W. B. Jones ATATC. Perhaps staff from the S.A. section can give the status of this program.

It's interesting how things change and yet don't change. I recall in the late 1970s attempts were made to work more around Alcohol Fetal Syndrome. A lot of effort was made to get public health leaders and legislators interested, but to little or no avail. More recently some things have been done.

Efforts were made to get prisons involved in alcohol programs and I understand more efforts in recent months have been made. What goes around comes around.

In 1969, the three centers in Greenville, Black Mountain, and Butner were completed and the General Assembly appropriated funds to operate the Centers. About that time the General Assembly also provided 7.5% profit tax to be turned over the County Commissioners to be used as they saw fit for local alcohol programs to include councils, information centers, and local area mental health programs.

The South Central Region opted to have local funding rather than have an ARC. Later the Commission on Mental Health allowed South Central patients to go to the ARCs, (now ADATC's).

There have been many changes since the Old North Carolina Rehabilitation Program started. Besides those mentioned, a Drug Commission was established by the General Assembly in 1971 with its goal to address:

1. Needs in Education
   Prevention
   Treatment
2. Set up rules and regulations for programming

The late Representatives Chris Barker of New Bern was

first chair. Other members included lay and professional members as well as legislators. Later Dr. Jonnie McCloud of Charlotte, and Al Greene of Appalachian State University became chairs. (Note: Lody Faircloth and Roy Epps were staff to Drug Commission).

Prior to that in 1967 the Alcohol Advisory Council was established to advise the Department of Mental Health on alcohol and alcoholism problems and offer possible solutions. This too, consisted of lay people, professionals, and members of the General Assembly. The first chair was Harry Barrett of Charlotte.

In 1970 the Center on Alcohol Studies was created And located at UNC-Chapel Hill. The first director was Dr. John Ewing. Later it was directed by David Janowsky, Chair of the Department of Psychiatry. Varied types of research has been carried out. The late Senator Skipper Bowles of Guilford County was a figure in getting this program established. Now there is a Bowles Center in Chapel Hill, primarily for research in alcoholism.

Research in alcoholism has been carried out at Dorotha Dix Hospital under the leadership of Dr. Art Prange of UNC and Dr. J. C. Carbutt.

In 1972, the National Institute on Alcohol and

Alcohol Abuse held a training conference in Pinehurst. There were two students selected from each of the 50 States. They were known as the "Thundering Hundred" (Dick Rhyne and Iredell Hutton were named by the Deputy Director for Alcoholism to represent North Carolina). This was the forerunner of the Employee Assistance Program. Later each Mental Health region had a supervisor to help enlarge the program in government and private industry. The State of North Carolina has its own EAP. Ed Minnich was the first director. Having started with three persons in the Division of Mental Health, it has spread into many other departments and private industry. It is very effective. SA section staff can give you the updates.

In 1973, the General Assembly established the Alcoholism Research Authority under the Department of Administration. There was little involvement in the Mental Health Division. I don't know the status at the present.

In 1981, the General Assembly decided to consolidate the different commissions, councils, and advisory groups in North Carolina. The Drug Commission, Alcohol Advisory, Council and the Mental Health Commission were consolidated and some members of each became the Commission on MH/MR/SAS. Dr. Bruce

Whitaker from the Mental Health Commission became chairman and Al Greene from the Drug Commission became Co-chair.

As an aside. I would like to mention the establishment of the First Step Farm located out from Asheville, at first, in order to be admitted, men had to go through the 28 day program at the ARC at Black Mountain. This farm program keeps clients for a long period of time. There were a lot of activities: farming, crafts, and vocational rehabilitation. Many of the clients who had not breathed many sober breaths nor had a good job in many years were able to get jobs and remain sober. We convinced the legislative that the outcomes were more that worth the cost. This continues now, but is operated through the Blue Ridge Mental Health Center. Expansion of the program to include raising poinsettias and tomato plants to be sold to help finance the program has been successful.

For many years, I felt that there was a need for a First Step Farm for Women and need both in the west and in the east. Now I understand the one in the west, about 6 to 7 from the original male facility is now a reality. I hop we can get similar programs in the east. Maybe this commission can convince the power to be.

As an aside, about the original First Step Farm, I would like to mention that the program was on the side of a mountain and too steep for a tractor to be used for plowing. I went to the General Assembly and asked for funds to buy a mule. You should have heard the snickers and laughs when I made my request. One person said, "now Mental Health wants a mule." We got the mule. Years later after my retirement from full-time work, I visited the farm with Mike Pedneau and one of the staff stopped me and said, "Dr. Blackley, we still have that old mule up on top of the mountain".

There have been a lot of changes since the North Carolina Alcoholic Rehabilitation Program started. For many years the typical alcoholic was white, male in the late forties. Few females came for treatment. This has changed. There were few severe behavior problems and dual diagnoses. Waiting lists were not as long as today. Relationships with communities and families were present but not as much as needed. As group work, family therapy, education, and prevention programs became more prevalent and more A.A. and Alanon Programs were developed and more people received help.

The problem and complications with mental illness, Poly drug abuse and dual diagnoses either were not recognized as they are today or didn't exist, at least

in a recognizable form. Now there are programs for families, spouses, and children of alcoholics.

In the 1970s a lot of federal funding came to North Carolina. Most of it came through the Division primarily for local programs. As I recall funds went to the Governor and were approved by the General Assembly. There were a variety of programs, but none for medical inpatient services. This came from State funding. The Governor selected the Division of Mental Health and Alcoholism as the Alcohol and Drug Authority to administer the programs. These included education, counseling, halfway houses, non-medical detox and social detox.

General statutes have changed over the years along with Divisional policies justified under cultural and judicial environments. There are statutes dealing with dangerous substance abusers who can be committed to 24 hours facilities through area mental health centers.

Management has been more complex due to dual diagnoses, including mental illness, drug addiction, alcoholism, and sometimes mental retardation. It's tough to deal with a manic depressive with alcohol or substance abuse problems and mental retardation. Now there is the problem with HIV-AIDS.

Advocacy groups starting with APNC has mushroomed into numerous groups. I understand there is a group of these banded together by former Director Mike Pedneau, known as the Substance Abuse Federation. In early years, APNC was the only group. Now there are more than twenty. APNC in early years had problems with various conflicting recommendations, but members worked together to form a firm basis for future programming. We learned to help each other rather than fighting each other.

Now we have certified workers and a certification board.

This presentation had provided a chronological series of events. I had the opportunity to witness a part of it from 1951-1988.

The exciting and heart warming part was seeing progress being made, sharing experiences with others who dedicated (and some still do) their lives to:

helping others

the "in fighting"

the "back slapping"

seeing people being helped and helping themselves the heartaches and the victories

seeing budget requests cut or denied but coming back and getting it the next time

pleading with legislators and governors

You needed to be there to appreciate it. Maybe the new health care system will help. Personal communication will help. Perhaps some of the present Staff can give you an update on the status and improvements over the past 10-12 years since the presentation gives early history and "how it was back then".

Thank you for allowing me to share this.

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