

Part B would provide a similar program for narcotic addict rehabilitation. This section, in effect, supplants that portion of the Narcotic Addict Rehabilitation Act which seeks to assist States and communities in programs of aftercare. It amends the Community Mental Health Centers Act to provide grants for specialized prevention, treatment, and rehabilitation services. Again, we applaud the move to integrate treatment and aftercare for an identifiable group of sick persons in to the totality of community services. We note, however, that there is no provision for the homeless addict similar to the provision for homeless alcoholics. We believe that communities, irrespective of whether they have comprehensive mental health centers, should be encouraged to make adequate shelter facilities available for narcotic addicts and we recommend to this subcommittee that a provision for grants for this purpose be included.

As we have stated with respect to the provision for alcoholic rehabilitation, we support Federal assistance in grants for the construction of the necessary facilities, but would urge that funds for operation and staffing be the responsibility of the participating communities.

Finally, we suggest that the subcommittee specify the sums to be authorized under both programs, rather than the open-end authorization as stated in part C.

Mr. Chairman, with regard to both the alcoholic and narcotic addict rehabilitation amendments, we are hopeful that this legislation will reinforce the determined efforts of all of the health professions to prevent, to control and to treat all aspects of drug dependence, of which alcoholism and narcotic addiction are a part.

Mr. Chairman, both Dr. Cannon and I thank you and the members of your subcommittee on behalf of the American Medical Association for this opportunity to comment on this important legislation. We will be pleased to attempt to answer any questions the subcommittee may have.

Mr. ROGERS. Thank you very much, Dr. Brill, for your statement, too, and these statements that have been presented on behalf of the American Medical Association.

As I recall, too, Dr. Brill, didn't you help us on the Drug Abuse Control Act?

Dr. BRILL. Yes, sir. I remember well.

Mr. ROGERS. We appreciate your coming back to help us again.

Mr. KYROS?

Mr. KYROS. Thank you, Mr. Chairman.

Dr. Cannon, on page 3 of your statement, sir, you say that any evaluation that will be made of the effects of the regional medical program you prefer should be made by a nongovernmental agency.

Whom are you suggesting?

Dr. CANNON. There are agencies that do evaluations of programs. There is the Stanford Institute. I think that the administrators of the program would want to select a nongovernment agency anyway for its evaluation.

I think objectivity of such an evaluation would be of more benefit to them. I think they realize that.

Mr. KYROS. What is there so far in the operation of this act, especially the section on evaluation, that concerns you at all about this