upon the reduction of illness and human suffering, but also in the reduction of crime and the alleviation of poverty.

Treatment of drug addiction is still a very perplexing and difficult problem. It requires more than an inpatient program. The experience of hospital programs alone has been that fairly prompt relapse into drug addiction occurs upon the release of the patient back to the community.

An effective spectrum of services would require treatment of addicts in the community with such measures as methadone, counseling by cured drug addicts, vocational rehabilitation, vigilant monitoring of urine for evidences of relapses, appropriate involvement of courts and probation officials, ministers, general practitioners, public health nurses, family agencies, and Narcotics Anonymous.

Facilities should include hospital programs, clinics, self-help groups such as Syn-Anon and related residential treatment centers and half-way houses.

Many addicts who are incarcerated after having committed a crime should be prepared for return to the community by appropriate programs in the penal institutions. Many addicts have concurrent problems with alcoholism, and both problems need to be treated by professionals knowledgeable in both fields.

It is imperative that research and evaluation be an important part of the approach to the treatment and prevention of alcoholism and drug addiction.

Education of industrial leaders and management is important in enabling both addicts and alcoholics to regain effective roles as citizens through appropriate employment.

As is the case with the alcoholics, the community mental health centers would be in a strategic position to coordinate and integrate a great variety of programs and resources in behalf of the addict. However, I would want to emphasize that many such programs for the addicts may need to start prior to the development of community mental health centers and then become integrated into the total program of the community mental health center as it evolves.

It is my hope and concern that facilities and programs for the alcoholics and drug addicts, which are a part of comprehensive community mental health centers, will not compete with the amount of money available to such centers, but will attract sufficient funds from the Federal sources to add to available financing for existing comprehensive community mental health centers and community mental health centers which will come into existence in the future.

As in the case for the alcoholic, so would it be in the case of the addict, that Federal support and stimulation of programs in behalf of drug addiction will encourage professional personnel, hospitals, community mental health centers, community mental health services, to bring to bear whatever talents are available in coping with a serious threat to the health and social well-being of this Nation.

I now wish to address myself, Mr. Chairman, to a particular section of the bill, page 6, section C, starting at line 6 and ending at line 14.

This matter involves the efficient administration of the new program.

The section on page 6 says that an application for a grant for construction of alcoholism facilities may be made only if it contains satis-