

acknowledgment of alcoholism as a disease (including the tendency of the courts to so label it) together with the appalling poverty of the nation's resources for treating it, is evidence enough of the urgency of such legislation. The same massive need exists in relation to the addiction problem.

Mr. ROGERS. Dr. Gilbert Geis, California State College in Los Angeles. Is he present?

Dr. Geis has submitted his statement for the record.

(Dr. Geis' prepared statement follows:)

STATEMENT OF GILBERT GEIS, PROFESSOR OF SOCIOLOGY, CALIFORNIA STATE COLLEGE

COMMUNITY TREATMENT OF NARCOTIC ADDICTS

Narcotic addiction, we now know, can best be controlled in community setting. It will probably remain necessary to incarcerate some addicts either in prisons or under the auspices of civil commitment programs, particularly addicts who perform criminal acts of a nature not directly associated with their addiction or of a kind that society cannot reasonably tolerate. But, for the most part, it appears not only important, but also imperative that future efforts toward controlling and reducing narcotic addiction be included as part of the work of community mental health centers.

The reasons appear compelling. For one thing, we have consistent evidence that the incarceration of addicts produces only minimal rehabilitative results. In California, we have learned that incarceration in prison of narcotic addicts plus routine parole aftercare will bring about a success rate (measured by abstinence from drugs and lack of criminal difficulty for one year subsequent to release to the community) of about thirty percent. There has been no substantial increase in this success rate when parole caseloads are reduced, nor when parolees are placed in a halfway house. Neither, for that matter, has the massive civil commitment program for narcotic addicts, pioneered in California, managed to improve upon the success rate of earlier approaches to the problem.

We believe now that the reason for the failure to increase success rates is tied rather intimately to the fact that the addicts' success and failure to remain abstinent is closely tied to their self-image. This self-image most usually is one defining addiction as an intransigent behavior and establishing the myth that "once an addict always an addict." For substantial rates of cure to be realized, it appears necessary that the addict not become immersed in prison or civil commitment cultures and not be allowed to wallow in the self-justifying rationalization that his difficulties are insurmountable.

Support for the validity of this thesis can be derived from the experience of Synanon, a self-help program originated in California, which transmits to its recruits the idea that addiction can and will be conquered. Synanon does this by putting on display its own successes, men who were addicts, but have been clean for many years and have made their way in "square" society.

The Synanon program, community-based, indicates clearly that addicts can be helped without the constraints or lessons imposed by institutional life.

The Synanon experience is further supported by data from California which show that medical doctors who become addicted to drugs are able to cease their use of such drugs in some 92 percent of the cases, though the penalty imposed on them is nothing more than the withdrawal from them for five years of their prescription-writing privileges. Allowed to remain in the community, allowed the opportunity to retain the prerogatives of their professional performance (including status and money), the medical doctors in an overwhelmingly large number of cases conform to social demands. We would argue that incarceration of the same doctors would produce a much lower rate of subsequent abstinence.

It seems apparent, therefore, that community-based programs for rehabilitative work with addicts offer the most hopeful opportunities for success. Such programs can provide counseling, can refer persons for employment, can deal with family difficulties as they arise. Equally as important, they can permit the addict to retain his self-confidence in his ability to ultimately live a drug-free existence.

I would finally call attention to the early success that we have been having with a community-based program in Los Angeles which employs 28 ex-addicts to work with practicing addicts in the Boyle Heights area, a neighborhood with the highest addiction rate in the State. Paid decent salaries, supervised with some