care, the ex-addicts have to date demonstrated a reassuring willingness to work hard and well in discovering and caring for other men currently using drugs. It is our belief that the Boyle Heights program has had an impact upon the rate of drug use in the area, and concomitantly the rate of crime, particularly crime against property. The employees of the Boyle Heights project report that meaning has been imparted to their lives, and their clients note that the object-lesson of successful former addicts, the opportunity to remain in the community while they deal with their addiction, and the clear understanding of their problem by those who once shared it, all have contributed to their own willingness and ability to refrain from drug use.

It is in terms of experiences such as that which we are having in Boyle Heights, as well as a review of previous experiences with prison programs, federal public health operations, and civil commitment that the proposed legislation to incorporate narcotic addiction within community mental health center programs seems preeminently decent and desirable.

Mr. ROGERS. Mr. H. Leonard Boche, director, Department of Social Welfare of the Board of Christian Social Concerns of the Methodist Church; and president, Association of Halfway House Alcoholism Programs of North America.

STATEMENT OF H. LEONARD BOCHE, DIRECTOR, DEPARTMENT OF SOCIAL WELFARE OF THE BOARD OF CHRISTIAN SOCIAL CONCERNS OF THE METHODIST CHURCH, AND PRESIDENT, ASSOCIATION OF HALFWAY HOUSE ALCOHOLISM PROGRAMS OF NORTH AMERICA

Mr. BOCHE. Thank you, Mr. Chairman. It is a pleasure for me to have this opportunity to meet with you.

Mr. ROGERS. We will make your prepared statement a part of the record following your remarks.

May I interrupt just a minute? I see one of our distinguished members on this committee, Congressman Stuckey, of Georgia. We are always delighted to have colleagues of this committee come in and visit.

Mr. BOCHE. I would like to highlight only a few points from my prepared statement. I come before this committee primarily out of my experience. Previous testimony has clearly indicated the value of a complete continuum of care in the treatment of alcoholism.

I would like to point out that the halfway house, or the aftercare facility has theoretically come of age, but in practical terms there is a social lag which has not included the halfway house, in fact, in the total continuum of care.

This has largely been related to the inadequate philosophy of funding that has been associated with halfway house programs. These programs have grown up out of the concern of individual citizens and have not been fully incorporated into the community plan.

Hence, I come before you in support of this bill, especially that section dealing with halfway houses and aftercare facilities.

I raise with you for your consideration that the existing halfway house alcoholism programs, be seriously considered to be included within the act as well as new and expanded facilities.

The crisis of the halfway house is that it is unable to do the task under the financial structures that presently exist. The halfway house is an economical way of protecting the public investment in detoxification and inpatient treatment.