

Dear Nicole,

As requested you will find my testimony following and I will take 50 copies to the hearing. Thank you, I remain

Sincerely,

Benjamin Martin  
Executive Director  
Serenity House Inc

Testimony  
February 4, 2004

My name is Benjamin M. Martin Jr and I am the Executive Director and Founder of Serenity House Inc, a recovery house serving both men and women with substance abuse problems. I am also affiliated with Drug Free Dekalb County, and Drug Free Noble County, a coalition which received the #1 coalition award by CADCA for 2001. I have no letters behind my name; I'm not a licensed anything. In working with other alcoholics and drug addicts over the past 22 years, it has become undeniably evident that nothing proves more successful in arresting the progression of addiction than the testimony, instruction, and support of other recovering alcoholics and addicts. Please note: ***Most of the success stories in my line of work involve protagonists who are unlettered, unlicensed, unheard of, and to a puzzling degree, unheard from.*** A differential worth noting; Recovery is not treatment, it is a way of life as outlined in the "Big Book" of Alcoholics Anonymous, treatment on the other hand is medical oversight with scientific and medical information given to the person being detoxed and then educated in the ways to prevent relapse. However there is very little chance of treatment alone working for sustained recovery without the peer support that a structured recovery support group offers. It makes the scientific numbers of success look real good because they get the recognition for this success numbers when in fact, because there is no differential between treatment and recovery by the federal beauracracy, all the credit goes to the scientific and medical community. However, without these recovery programs they would be largely unsuccessful. Hence, funding is only given to those in the scientific and medical community for prevention, treatment and research)

We presently have 2 homes for men and 1 for women and a second home for women with children due to open later this month. I have been clean and sober since April 10<sup>th</sup> 1980 and have worked in the field of recovery indirectly for the past 22 years and directly for the past 9 years. I have never used "Meth" personally; however we have seen an ever increasing number of our clients with a problem with its use. It first started showing up in our clients approximately 6 years ago and has increased to roughly 30% of those served today have demonstrated an addiction to this devastating drug. It has been our experience that their recovery is not significantly different than that of the person only affected by alcohol, however the average age of our clients has significantly

dropped as a result of this being a more juvenile friendly drug, as is Crack Cocaine hence, these clients are more prone to relapse. (The younger the client, the more difficult for them to believe they might have a problem, and more difficult for them to understand that their so called friends, are not true friends and that, in return leads back to peer pressure to use again) Drug addiction and Alcoholism are diseases of denial; usually the last person to know they have a problem is the addict/alcoholic.

The specific purpose of this testimony as stated in your invitation letter to me was "examine the state of methamphetamine trafficking and production in the Midwest region, and how the federal government can assist state and local authorities in combating this growing problem". First and foremost, we must stop recidivism among offenders. We spend billions of dollars on research and largely disregard our incarcerated population who by the National Institute of Justice's Arrestee Drug Abuse Monitoring Program (ADAM) has evidenced that 70% of all males and 67% of all female arrestees for felony crimes ranging from larceny/theft to homicide test positive for illicit drug use at the time of their arrest- **and this figure does not include alcohol.**

([http://nij.ncjrs.org/publications/pub\\_db.asp](http://nij.ncjrs.org/publications/pub_db.asp).) Shelving if one can, the cost of human life and the collateral damage inflicted upon families and dependents and the communities in which the alcoholic and addict reside, it is clear that just in the area of public and fiscal policy, both in terms of prevention (research) and treatment (incarceration), our current efforts are proving an abject waste.

So what do I believe the federal government can do to help us at the state and local level?

1. Make it mandatory for all Federal, state and community prison and jail facilities to provide both treatment and recovery programs available to the incarcerated individuals. These inmates aren't going anywhere, why not treat them and get them in a recovery program.
2. Train and educate prison and law enforcement employees that drug addicts and alcoholics that they are not to be treated as scum but as people who have an affliction as they would with anyone that suffers from diabetes or heart failure.
3. Train the treatment communities to identify those individuals addicted to alcohol and drugs to ask specifically about sexual abuse especially in their childhoods. (It has been my experience that approximately 70% of all women who seek treatment and 50% of men suffered some form of sexual abuse. However I have no data to substantiate these figures, they are however my best guess from my experience. At the present time 7 of the 9 female residents and 11 of the 24 men have sexual abuse issues. Why this is important to know most people who come to us state they were never asked this question while in treatment and those who do not address this issue are much more likely to relapse). It also indicates a very large contributing problem to addiction beyond just low self esteem from other areas of the

alcoholics and addicts life. (These figures only speak to the number seeking help from addiction, considering that it is largely believed that only 10% of all alcoholics and addicts ever seek help, how big is this problem really?)

4. Specifically fund research on the sexual abuse correlation to alcohol and drug abuse. I believe if my figures are even remotely accurate, and many think I'm way low, this needs to be addressed.
5. Fund recovery based programs such as ours to further the recovery rate by enabling more people to be served. (Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous, by tradition can not take outside contributions), however facilities such as the one we operate is operated under the 12 step recovery principle. There are thousands of facilities like ours in every state of the union and the recovery community will help if asked.
6. Offer a reward system for the persons willing to locate, identify and testify against those who would manufacture and/or distribute illegal substances other than just Crimestoppers. This program would be self sufficient if the fines levied against offenders were directed towards the informant.
7. Increase the penalty for supplying minors with any controlled substance including but not limited to alcohol. (presently a misdemeanor)
8. Increase the number of excise officers to regulate illegal sales and fund police departments with more money to be dedicated to investigation of Meth labs and other illegal drug distribution points.
9. Most importantly, decrease the billions of dollars going into research and redirect it to the aforementioned programs. If you read "the Doctor's Opinion" (page xxv) in the "Big Book of Alcoholics Anonymous", you will find through all the research that has been done we still don't know much more about this disease (other than the chemical imbalance and how it relates to the synapse) than Dr. Silkworth did in 1939 when this book was authored. Not a very good return on our dollars spent. Further, I can state irrevocably that I've never met the first alcoholic or addict that would take a pill offered to relieve his addiction or to drink normally...that's not why we afflicted individuals drank; we drank and/or used to get drunk!!!!

In summation, I would like to also say that I have attended the past 5 CADCA conferences and while I sat through some wonderful, informative and outstanding workshops, specifically regarding methamphetamine, I regret to say that for the last 2 years not a single "recovery based" workshop has been offered. Moreover, much of the professional discussion that did take place proved inadequate,

misinformed and factually and occasionally just plain wrong. This is worth attention as there is a valuable resource that scientists, doctors, counseling professionals and the greater legal communities have left largely unmined and which your district in particular would benefit immeasurably from. Please believe me when I say I don't discount what the scientific community believes to be the best they can do, nor do I think they are short of passion or dedication, however I do believe unless they themselves have walked in the boots of the alcoholic and/or addict they should give serious consideration to including the recovery community in whatever they are investigating. This should not be about degrees and how much smarter one is or the other, but about how we as a community of dedicated scientists, doctors, clergy, and recovering people can do to help one another understand each other and what is the best way to serve the people, both addicts and victims of their actions. I also want to acknowledge how grateful to Congressman Souder I am for the work he has done to eradicate the substance abuse problem in the United States. It's through his leadership that Congress is striving to do the right things. I, and my colleagues are very, very grateful. I also thank all concerned for the opportunity to address this committee, it says to me even we little guys count.

I would ask a "Power Greater Than My Self's" peace on all of you.

Benjamin Martin