

**Statement of Rep. Denny Rehberg to the Ways and Means Subcommittee
on Human Resources
Hearing on “Improving Programs Designed to Protect At-Risk Youth”
June 16, 2011**

Chairman Davis and Ranking Member Doggett, thank you for the opportunity to speak today on an issue that is of great importance to me and my home state of Montana – that of addressing the methamphetamine crisis and the importance of family-based drug prevention and treatment.

All rural areas of our nation have struggled with the devastation caused by rampant meth abuse, and Montana has been no exception. I have long supported the efforts of organizations that are at the forefront of drug prevention and treatment efforts in our states. In Montana, I have worked closely with the Montana Meth Project, an organization that does outstanding work conducting research and running statewide multi-media public awareness campaign aimed at significantly reducing first-time meth use. The Meth Project’s campaign of preventing kids from using meth “not even once” has led to a dramatic shift in the perception of meth use, and led to a 33% decrease in teen use of meth between 2007 and 2009. The Meth Project’s campaigns have also led to more frequent parent-child communications about the dangers of meth – an important component of educating kids on the dangers of this addictive drug from a young age.

While I think we have come a long way in improving efforts to combat drug use in the first place, I think we can still improve in the way we provide treatment for those who are struggling with substance abuse issues. I have strongly advocated for family-based meth treatment – an approach which dramatically increases the effectiveness of long-term recovery, employment, and educational enrollment. This kind of treatment yields consistently positive outcomes in child well-being, family stability, and lower recidivism rates. Family-based treatment centers provide essential needs for the entire family, including children, rather than just the parent.

I appreciate the fact that the 2006 reauthorization of the child welfare programs under the committee’s jurisdiction provided dedicated funds for states to work with parents and caregivers with meth and other substance abuse issues, and I’m proud that two of these grants went to Montana organizations. The bottom line is that families provide the best support systems, so making the family the center of addiction treatment whenever possible is just plain common sense.

The purpose of today’s hearing is to evaluate how key pieces of our nation’s child welfare system are working. I hope that as you delve into specific programs under your jurisdiction, like the “the Promoting Safe and Stable Families program” that are designed to address child safety and the stability of families facing substance abuse issues, you will focus on opportunities for family-based prevention and treatment whenever possible. My hope is that one day I will be able to report that meth addiction is no longer an issue for rural America. Until then, I thank the committee for the opportunity to share my perspective, and for its time on this incredibly important issue for families and communities everywhere.