ployment and career opportunity for the above population. I would like to urge the committee to emphasize in this legislation the use of local residents and former addicts as subprofessionals in New Careers in these programs.

Mr. ROGERS. Thank you very much.

Our next witness is Dr. Gerald L. Klerman of Yale University and director of Connecticut Mental Health Center.

STATEMENT OF DR. GERALD L. KLERMAN, ASSOCIATE PROFESSOR OF PSYCHIATRY, SCHOOL OF MEDICINE, YALE UNIVERSITY, AND DIRECTOR OF CONNECTICUT MENTAL HEALTH CENTER

Mr. ROGERS. We appreciate your presence. We will make your statement a part of the record, following your summary.

Dr. KLERMAN. We welcome the proposed legislation, and in particular I wish to support those provisions which link these new specialized facilities for alcoholic and drug-dependent and narcotic individuals to the newly developing mental health centers. I will not read the entire statement, but I would like to address myself to one question that came up earlier.

The question has come up: "Why make these centers part of the community health centers?" "Why not create separate centers for alcoholism and drug addition?"

My belief and experience indicates that the development of separate facilities unrelated to community health centers would be a serious error, and I would like to offer a number of reasons for this judgment.

First, there is substantial evidence that alcoholic and narcotic addict patients have a high proportion of associated medical and psychiatric conditions. These require active involvement, consultation, and collaboration with neurologists, internists, and other health specialists.

Our Connecticut Mental Health Center, like many other centers, is located adjacent to a general hospital, to which it is linked architecturally, and programmatically. Thus we have available X-ray, laboratory, surgical, and other treatment resources on an immediate basis without red tape.

Second, I wish to emphasize the desirability of treating the individual in his own community. Treatment at distant resources, even such excellent ones as Lexington and Fort Worth, have unfortunately resulted in high rates of relapse when individuals are returned to their own communities.

Programs of after-care are needed, and these require the continued involvement of the patient's family, neighborhoods, clergymen, and local institutions.

This is true where the new drug techniques are being used.

Mr. ROGERS. May I interrupt there?

How is methadone used. You say you are using this?

Dr. KLERMAN. We are about to initiate a project on long-term methadone therapy.

Mr. ROGERS. Have you not yet gotten into this program?

Dr. KLERMAN. Not yet. We have used methadone in the withdrawal phase. In order to initiate such projects, you must be in continual contact with the addict, there must be facilities for special laboratory