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Written Testimony on Proposed Bill No. 5058

I am writing in strong support of Proposed Bill Number 5058 which would amend Title 19a of the CGS to prohibit licensed substance abuse treatment facilities from limiting admission or treatment to persons currently under the influence of alcohol or drugs. I am a forensic psychologist and a clinical psychologist with extensive background in the treatment and evaluation of persons with substance abuse problems. My clinical internship took place at the Hazelden Foundation in Center City, Minnesota, and I was the first doctoral student in the University of Michigan's Department of Psychology to write a dissertation devoted primarily to psychological factors in substance abuse. I have performed evaluations and clinical interventions and consulted on several hundred cases of substance abusers in Connecticut and other states. I have received research grants from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). I have published several articles in refereed professional journals on etiological and typological issues in alcoholism. One of my professional positions in the substance abuse field was as the director of the Stonington Institute during the late 1980s.

The requirement that a person must be actively under the influence of alcohol or drugs in order to obtain admission to a licensed substance abuse treatment facility is a highly counterproductive policy that should be eliminated by way of statutory revision. It is very common for persons requiring substance abuse treatment to have been able to achieve short-term sobriety (typically of a few days, but sometimes for somewhat longer periods of time) on their own and then realize (in a perfectly accurate fashion) that the achievement of longer-term abstinence will require formal treatment. The policy of requiring active intoxication as a criterion for admission to a licensed substance abuse facility prevents such highly motivated persons from having direct access to needed care. I have even known situations in which individuals who have managed to attain some early level of abstinence have been directed by admissions staff at treatment facilities to "go out and have a few drinks" in order to obtain access to treatment. Needless to say, such a paradoxical and counterproductive policy has no place in a well-regulated system of substance abuse treatment. Active intoxication is in no way necessary for making an adequate diagnosis of a substance use disorder. Such diagnosis is properly made on the basis of a detailed personal history taken at or near the time of admission. Needless to say, the acute intoxication with either alcohol or drugs of admittees to substance abuse facilities impedes the appropriate establishment such a diagnosis as well as delays the initiation of psychological services to address the substance use disorder.

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