

## A. Thomas McLellan

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My testimony will be pretty plain vanilla. Three points

1 - Addiction treatment can be evaluated in a scientific manner using exactly the same procedures and standards presently used by the FDA to evaluate new medications and devices. There are over 300 published studies using these methods to evaluate various types of addiction treatments and the findings show that - when properly done - addiction treatments CAN be effective.

2 - Addiction treatment has changed in concept and delivery over the past 10 years and it has significant implications for treatment evaluation. Addiction used to be considered a bad habit and in the 1980's over 60% of treatment was provided in an inpatient setting for a fixed period of time. Discharged patients were expected to emerge "rehabilitated" and the evidence was sustained abstinence measured 6 - 12 months following treatment discharge.

Now addiction is considered to be much more like other chronic illnesses (evidence can be briefly reviewed if necessary) and today over 90% of addiction treatments are provided in outpatient settings for unspecified periods of time.

Consequently, the post-treatment measurement of outcomes in the traditional way is inappropriate, slow and expensive. Traditional post-treatment outcome evaluations cannot provide clinicians with information they need to iteratively improve care - or the policy maker with evidence of accountability about those issues the public is most interested in - crime, employment, ER utilization.

The clinical monitoring approaches used in the treatment of other chronic illnesses are also appropriate in the treatment of addiction. These approaches stress patient responsibility for disease and lifestyle management and the early detection of threats to clinical progress (relapse). These contemporary clinical approaches require modern information management techniques and systems that provide standardized, relevant monitoring information to the clinician and to the payors.

3 - The basic infrastructure of the United States addiction treatment system is in very bad condition. Program closures or takeovers are over 15% per year. Program directors make less than prison guards and have fewer benefits. The great majority of programs have no full time physician, no psychologist and no social worker. Counselor turnover is comparable to that of the fast food industry. There are no standardized data collection protocols designed for clinical use in monitoring patients.

Although there are now well-tested medications and therapies that could be helpful, there are very few physicians or trained therapists in these programs and there are significant reimbursement barriers to the adoption of these evidence based practices. This is not a system that can simply be regulated or audited into shape.

This system ultimately could meet the accountability requirements demanded by the public and could adopt the evidence based treatments developed by NIH - but ONLY if it gets investment to improve information management and to incentivize professional staff