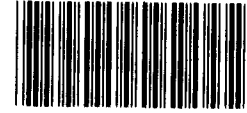


GAO

Testimony



142402

For Release
on Delivery
Expected at
10:00 a.m. EDT
Wednesday
October 10, 1990

**DRUG ABUSE:
Research on Treatment May
Not Address Current Needs**

**Statement of Mark V. Nadel
Associate Director for National
and Public Health Issues**

**Before the
Select Committee on Narcotics
Abuse and Control
House of Representatives**



040685/142402

DRUG ABUSE TREATMENT RESEARCH

SUMMARY OF GAO TESTIMONY

Although drug abuse is one of our most serious domestic problems, knowledge about drug abuse treatment is limited in significant ways. The National Institute on Drug Abuse (NIDA), the principal federal agency charged with furthering research on drug abuse treatment, has had a four-fold increase in its budget from 1986 to 1990. However, to better assure that such increases will advance knowledge on drug abuse treatment, NIDA needs to take a more proactive approach to planning its research and training programs. GAO's principal findings are:

- Research knowledge applicable to drug abuse treatment has advanced slowly in the last decade. There are no recently completed national evaluations of treatment programs, and earlier evaluations may have limited applicability to today's population of drug abusers.
- Gaps in knowledge have not been overcome partly because NIDA has not had a strategic planning process to assure that the research it funds is targeted at the most critical needs. Moreover, research has not been fully relevant to treatment practice because NIDA has not systematically involved treatment practitioners, who will ultimately use the results of treatment research, in its decision-making regarding treatment research priorities.
- NIDA's relatively low research budget during most of the 1980s also accounts in part for the slow progress on knowledge on how to treat drug abuse during a time when the nation's system of drug abuse treatment as well as patterns of drug abuse were undergoing fundamental changes.
- Despite recent increases in funding for drug abuse research, funding for training of drug abuse researchers has lagged behind.

GAO has made recommendations for improved strategic planning of research and for a more systematic approach to the training of researchers.

Mr. Chairman and Members of the Committee:

I am pleased to be here today to discuss our recent report¹ on federal support for research on drug abuse treatment. I will be discussing three issues:

- the current state of knowledge regarding drug abuse treatment,
- what has influenced the state of knowledge on drug abuse treatment, and
- current activities at the National Institute on Drug Abuse NIDA aimed at developing such knowledge.

We found that knowledge about drug abuse treatment is limited in significant ways. This area of knowledge advanced slowly during the 1980s, while the nature of the drug abuse problem fundamentally changed. NIDA's relatively low research budget during the first part of that decade accounts in part for this slow progress. The lack of a strategic plan to direct drug abuse research and the lack of emphasis on the training of drug abuse researchers also slowed progress in understanding how to treat drug abuse.

¹Drug Abuse: Research on Treatment May Not Address Current Needs
GAO/HRD-90-114 (September 1990).

BACKGROUND

Widespread drug abuse is not a new problem. What is new is how drugs are being used and who is using them. Cocaine and its crystalline form, crack, are now more widely used than heroin, which was previously the larger problem. The emergence of new drugs, such as "ice" (smokable methamphetamine), and the use of combinations of drugs have confounded attempts at treatment. In recent years many women have become addicted. All of these trends further strain the capabilities of the treatment system, which was designed primarily to treat male heroin addicts, and point out the need for research targeted at these new problems.

The National Institute on Drug Abuse, an agency within the Department of Health and Human Services, is the key federal agency responsible for supporting research on drug abuse treatment. Until 1986, NIDA's budget was relatively small. Since then its budget has increased dramatically due to concerns over the growing drug abuse problem and the absence of information on the effectiveness of drug abuse treatment. The Institute's funding grew from about \$85 million in fiscal year 1986 to about \$380 million in fiscal year 1990.

KNOWLEDGE REGARDING DRUG
ABUSE TREATMENT IS LIMITED

NIDA funded research has led to significant advances in knowledge of the behavioral, biomedical, and neurobiological factors involved in drug abuse. These discoveries may eventually lead to the development of new treatments for drug abuse. Despite such advances, however, knowledge applicable to drug abuse treatment is limited. In particular, we found three problems.

First, no large-scale evaluations of drug abuse treatment programs have been completed in recent years. During the 1970s and early 1980s, NIDA funded two broad long-term studies of treatment results: the Drug Abuse Reporting Program, which tracked a sample of clients who were enrolled in treatment from 1969 to 1973, and the Treatment Outcome Prospective Study, which tracked clients who were enrolled in treatment from 1979 to 1981. NIDA also funded a large effort to collect data on the characteristics of treatment programs. The studies were completed in the early 1980s and because of a lack of funding no new studies were initiated. The data collection effort was terminated with the advent of block grants. While the two long-term studies showed that treatment was effective in reducing drug abuse, reducing criminal activity, and increasing employment, these may have limited applicability to today's treatment system and population of drug abusers due to dramatic changes in patterns of drug use and treatment.

In addition, treatment evaluations are limited by methodological problems such as the lack of a standard measure of treatment effectiveness. Second, little is known about the effectiveness of certain components of treatment programs, such as the use of relapse prevention strategies in aftercare. Relapse prevention is intended to prevent patients from returning to drug abuse by providing them with strategies to ensure that they can maintain a life free of drug dependence. There is also limited knowledge on how to match patients with the most appropriate treatment. This is considered important given major differences among patients and treatments and because better matching could potentially increase effectiveness and efficiency in providing treatment.

Third, although cocaine abuse became a widespread problem during the 1980s, knowledge on how to treat it is in the early stages of development. NIDA's support of extramural research on the development of new treatments places greatest emphasis on opiate abuse, although cocaine/crack abusers now far outnumber opiate abusers. NIDA only more recently has placed added emphasis on developing therapies for cocaine abuse.

NIDA is taking action in a number of areas to address limitations in knowledge. However, the results of most of these initiatives will not be available for several years.

NIDA HAS NOT IMPLEMENTED A
STRATEGIC PLAN FOR ITS RESEARCH

Gaps in knowledge on drug abuse treatment have not been overcome partly because NIDA has not had a strategic planning process to assure that the research it funds is targeted at the most critical needs. This process is particularly important given substantial increases in NIDA's research budget since fiscal year 1987. Up to 1987, NIDA's research budget was smaller than the budgets of any of the research institutes within the National Institutes of Health. As a result of low funding levels for drug abuse treatment research during most of the 1980s, little new knowledge on treatment services and clients was generated during that decade. This was at a time when the nation's system of drug abuse treatment as well as patterns of drug abuse were undergoing fundamental changes.

With a four-fold increase in NIDA's budget between 1986 and 1990, the Institute now has the opportunity to significantly advance knowledge on drug abuse treatment. Recognizing a need for overall long-term planning of its research, NIDA did begin in 1989 to design a strategic planning process. However, the Institute has not yet fully implemented this process and has not yet developed a long-term strategic plan for its research program.

Such a plan is particularly important for the drug abuse treatment area, which must address changing patterns of drug use. Planning

is also critical for ensuring that the large recent increases in NIDA's budget are allocated in a manner that maximizes the development of knowledge in this area.

However, NIDA's planning of its overall research priorities has not addressed the long-term future direction of NIDA's research program. Its planning has been driven by its annual budget process. That is, much of NIDA's funding is a "continuation base," determined by past priorities. The setting of new priorities tends to focus on new funds resulting from budget increases. Thus, planning usually takes place on the margin. While NIDA has developed some long-term plans, these are focused on specific areas of research and do not comprehensively address NIDA's overall research priorities.

Another issue in setting priorities is the role of practitioners. NIDA has been criticized by representatives of the drug abuse treatment community for not considering the needs of practitioners, those who will ultimately apply the knowledge gained from research, in planning its treatment research agenda. NIDA officials acknowledged to us that they have not systematically involved practitioners in their decision-making regarding treatment research priorities.

NIDA has recently taken steps to establish a strategic planning unit and an advisory board in order to help plan the direction of

its research for the next 5 years. NIDA officials have told us that this new strategic planning process will include the active participation of members of the treatment practice community. We hope that NIDA will follow through on these initiatives and implement an improved planning process that will give us more knowledge to improve drug abuse treatment.

FUNDING FOR RESEARCH TRAINING HAS
NOT KEPT PACE WITH RESEARCH FUNDING

Research progress depends not only on funding projects today, but also on nurturing graduate students and new researchers to assure continued progress and the vitality brought by entry level researchers. Therefore, training funds are a necessary part of a comprehensive system of research support.

Funding for the training of drug abuse researchers has not kept up with increases in funding for drug abuse research. This limited funding for training has slowed progress in the development of knowledge on drug abuse treatment. Training is important to maintain an adequate supply of researchers capable of conducting drug abuse treatment research, particularly in light of the increased availability of research funds. For example, the need for qualified clinical researchers has grown as a result of recent increases in funding for the development of pharmacologic therapies.

NIDA recognizes that low funding for training has been a problem and has recently begun to increase this funding. However, neither NIDA nor the Alcohol, Drug Abuse, and Mental Health Administration, which oversees NIDA, has information on the current supply of and future need for drug abuse treatment researchers. This information is needed in order to plan the appropriate amount of funding to be allocated to research training.

RECOMMENDATIONS

In summary, although drug abuse has been identified as one of the nation's leading domestic priorities, there are significant gaps in understanding the relative effectiveness of existing treatments and in developing new treatments. This lack of knowledge is due in part to the lack of a strategic planning process at NIDA. Other factors include low levels of funding for drug abuse research before fiscal year 1987 and limited funding for the training of researchers. These recent budget increases will not necessarily lead to advances in knowledge on drug abuse treatment unless NIDA takes a more proactive approach to planning its research and training programs.

In our report, we made two recommendations concerning these issues. First, to help ensure that NIDA-supported treatment

research addresses the treatment needs of the drug-abusing population, the Secretary of Health and Human Services should direct NIDA to implement its strategic planning process and develop a plan that sets forth its long-term overall treatment research objectives. This plan should specify the relative priorities assigned to the different categories of treatment research. It should consider current and anticipated trends of drug abuse and the needs of practitioners from the drug abuse treatment community.

In addition, the Secretary should direct ADAMHA or NIDA to determine how many researchers are needed to carry out planned research and take appropriate action to ensure their availability.

- - - -

This concludes my statement, Mr. Chairman. I would be happy to answer any questions you may have.