

A Weekly FAX from the Center for Substance Abuse Research

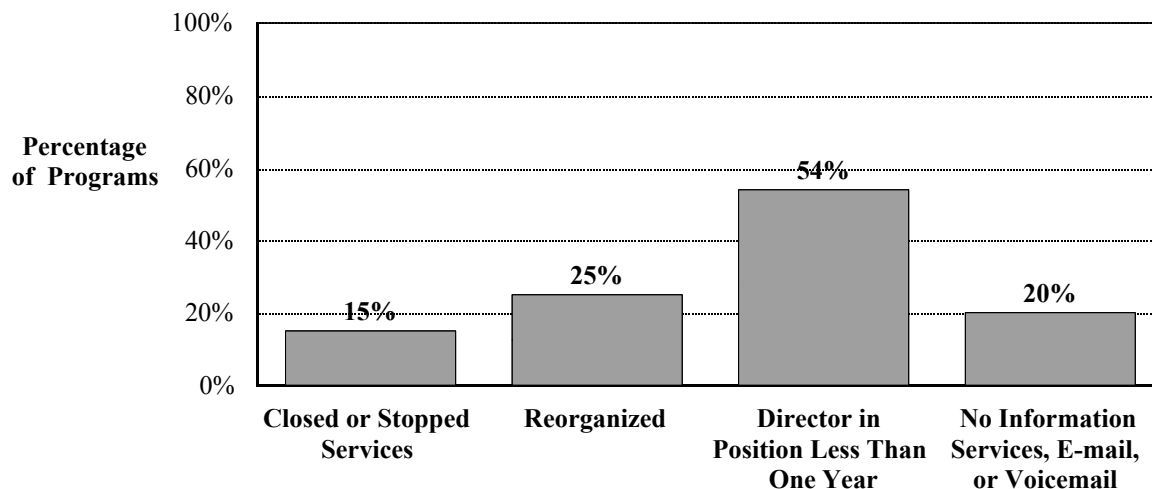
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Report Questions Ability of National Treatment Infrastructure to Deliver Quality Care

During a span of sixteen months prior to February 2003, 15% of the nation's drug and alcohol treatment facilities had either closed or stopped offering addiction counseling, according to a study of a nationally representative sample of drug and alcohol treatment programs. In addition, nearly one-fourth of the facilities had been reorganized under a different administrative structure—generally a mental health firm or agency. Researchers also noted an “extreme instability of the workforce at all levels within the national treatment system” (p. 120). For example, more than one-half (54%) of the directors had been in their positions for less than one year. Other problems included a lack of information services, e-mail, or voice mail systems necessary to assist in data collection and reporting requirements. The authors conclude that, “These findings are disturbing and call into question the ability of the national treatment system to meet the complex demands of both the patients that enter this system and the agencies that refer to it” (p. 117).

Characteristics of U.S. Drug and Alcohol Treatment Programs, October 2001-February 2003

(N=a nationally representative sample of 175 substance abuse treatment programs)



NOTES: The sample was drawn from a subset of the 13,484 treatment facilities listed in the 2000 edition of the National Survey of Substance Abuse Treatment Services, including government-owned, private nonprofit, and private for-profit programs from all 50 states and the District of Columbia. Given the time lag in publication, changes in state-operating budgets, and other political and economic factors, the sample may not be representative of the treatment system at the time of publication.

SOURCE: Adapted by CESAR from the McLellan, A. T., Carise, D., and Kleber, J., “Can the National Addiction Treatment Infrastructure Support the Public’s Demand for Quality Care?” *Journal of Substance Abuse Treatment* 25(2):117-121, 2003. For more information, contact Dr. A. Thomas McLellan at tmclellan@tresearch.org.

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