CONCLUSIONS

In conclusion, I wish to offer my special enthusiam and support for Section 252, which authorizes grants for training and evaluation of the program. As our nation in general, and the mental health professions in particular, have come to realize the extent of the problem of alcoholism and drug addiction, we have also become aware of the inadequacy of trained personnel and the limitation of existing treatment methods. As regards training, it is increasingly apparent that because physicians, social workers, psychologists, nurses, and other professionals are poorly trained in their fields, they have insufficient knowledge about the nature of narcotic addiction and the newly developed methods for detection, treatment, and rehabilitation.

Most important, we must acknowledge that our current treatments have only limited efficacy. New and exciting treatments are being developed, and there is promise that they will be joined by other new techniques. For example, the availability of methadone and cyclazocine, drugs I have mentioned previously, has attracted bright young professionals and scientists into this field by generating new optimism. However, research is needed to undertake field trials and to assess the efficacy of these programs. This investigation should include follow up studies to ascertain the long term consequences of alcohholism and drug addiction and the success of treatment programs in promoting a healthy life of abstinence and family, social, and occupational adjustment. The National Institute of Mental Health has recently strengthened its research programs in these areas and the activities of its staff is having a beneficial effect throughout the mental health field. It is my conviction that the enactment of this legislation will further strengthen these programs.

Thank you very much.

Mr. ROGERS. Thank you very much, Dr. Klerman.

In your mental health center, could you let us have your staffing and the number of people you serve?

Dr. KLERMAN. I would be delighted to.

(The information requested was not available at time of printing.)

Mr. ROGERS. Is the number of people you serve connected with any number of alcoholics?

Dr. KLERMAN. We do not have the specialized facilities we would like. Our estimates indicate that about 10 percent of our admissions have associated problems of alcoholism and drug dependence, but we know we are turning away people with these problems. And large numbers of them still go to the State hospital at Middletown, which is 25 miles away.

One facility was originally planned for 100 beds, but because of financial difficulties, only 50 beds were finally constructed. So we do not have the specialized facilities that this legislation would allow to be included and for further construction and staffing.

Mr. ROGERS. Actually, there is a provision that psychiatric services could be provided.

Dr. KLERMAN. I realize that that was the intent. I would submit that in practice——

Mr. ROGERS. This hasn't been done.

Dr. KLERMAN. It would be like ours. We had underestimated the magnitude of the problem and also the desirability of specialized facilities.

Mr. ROGERS. Thank you.

Our next scheduled witness is Dr. Walter Barton, who is medical director of the American Psychiatric Association.

Is he present?

Dr. Barton is not present but he has submitted a statement for the record.

(Dr. Barton's prepared statement follows:)