Editorial

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Comparative cross-national studies on policy-making and policy evaluation have a long tradition in addiction research, but comparative analysis of the treatment response to drug problems has been neglected. The contributions presented here offer an interdisciplinary and systemic view of changes in drug treatment in a wider, including a political, context. In the first part, an attempt is made to reformulate issues of research into treatment systems and reposition them within the frameworks of anthropology, political science and social policy. More specifically, Hunt and Barker [1] advance an anthropological approach that includes a view of the world of treatment through the eyes of the clients, usually portrayed as 'passive commodities' in the treatment referral system.

Klingemann and Klingemann [2] discuss endogenous factors (e.g. political elites or the varying segmentation of treatment systems) and exogenous factors (e.g. international and economic integration) that affect the diffusion of treatment policies between countries. This perspective goes beyond the 'closed system' approach, which has been limited to domestic influences directly related to treatment, and the 'search for the most cost-effective treatment model'. Finally, by applying a comparative social policy perspective to drug treatment research, we learn how much can be gained by placing drugs at the center of social policy, and that such an analysis enables us to see current policy developments in a new light.

In the second part, the focus is on the relationship between social change and the drug treatment response, drawing upon reports from selected Central European states and outlining the most recent developments and trends in eleven European countries. Far-reaching socio-

economic changes have taken place in the newly independent states, exemplified by the Baltic region (see the contribution by Subata [3] in this issue), and their impact on healthcare systems in general is at times profound. Their consequences for the treatment response to drug users are only touched upon in the contributions included here. The introduction of new healthcare systems in many Central European countries, such as Poland and the Baltic region, will result in public hospitals and clinics becoming autonomous, to be managed like enterprises, basically following the US managed-care model. The extent to which the needs of drug users and alcohol dependents as badly paying clients can still be met under those circumstances remains to be seen.

Important changes are occurring also at a less concrete or obvious level. The general thrust of globalization, which tends to produce a double context for national policy regimes, is amplified and complicated by the changes brought about by the drug initiatives that are launched within the framework of the European Union (EU). The relation between the policy dimension and the organization and content of actual treatment is filtered and transformed via the different layers of policy articulation.

The EU discourse on drugs and drug treatment represents in itself a weakening of national policy regimes of the member states of the Union and consequently also a strengthening of the influence of the local, but also the global, context.

As this editorial is being written, bombs are falling on Serbia and so-called 'ethnic cleansing', with an element of genocide, is being perpetrated, bringing to mind the effect of extreme changes such as man-made or natural disasters

on the development of treatment systems. The use of illicit drugs by soldiers and civilians in the Vietnam war has been widely discussed [4]; *Psychology and Psychiatry of War* [5] – which was presented to one of the editors in the mid-1990s during the war in Bosnia by a colleague from Croatia – outlines ‘Wartime mental health protection doctrines’, describes the use of psychoactive substances to cope with the effects of war and battle experience, and stresses the *increased* need to provide cure, care and control for drug dependency in such circumstances.

The present issue of this journal is the outcome of the meeting of an expert group on the future of the International Drug Treatment Research Network, which had evolved around the editorial project ‘Drug Treatment Systems in an International Perspective’ [6]. Hosted by the European Monitoring Centre for Drugs and Drug Addiction and sponsored by the Swiss Federal Office of Public Health (grant # 316.98.8107), this expert group indicated priorities for future research. They include the ‘social change’, ‘open system’ and ‘basic disciplines’ perspectives taken up in the contributions discussed above. In addition to these broad directions, specific research topics would include:

(1) consequences of the adoption of specific treatment models in various cultural contexts;

(2) qualitative research approaches, looking into ‘the black box of treatment’;

(3) the role of social movements, lay help, self-help and professional help in various treatment systems; and

(4) the extension of ‘policy diffusion studies’ to 12-step models (following the example of Mäkelä et al. [7]), therapeutic communities and the adoption of monitoring schemes.

Recent or planned ‘Special Topic Sections’ of this journal reveal a trend toward ‘macro-societal’ or ‘aggregate-type’ approaches: ‘Qualitative Research in the European Union’ outlines the networks of scientific communities in Europe; ‘Treatment Monitoring and Reporting Systems’ describes and compares patient data collection systems from an international perspective; and finally, the focus of this issue on central Europe will be much further elabo-

rated in the planned topical issue on ‘addiction research in central and eastern Europe’.

The macro-orientation of drug treatment research can also be understood as a change in the relative influence of different agents in the drug policy arena. Even though, as Foucault and others have taught us, science has always been intertwined with politics, it can nevertheless be claimed that the present development clearly entails a strengthening of the influence of the scientific community. Such a transition may represent the beginning of ‘the end of history’ in terms of drug policy as a project with an articulated political character. This may be valid in the EU context in particular, where there is a strong tendency to adopt an expert or scientific perspective on the whole drug issue.

It remains to be seen whether this network approach and the integration of ‘addiction treatment research’ in a truly comprehensive and cross-cultural perspective can serve as a model for other domains of addiction research, which only too often are cut off from nourishing theoretical roots.

References

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