Development of Harm Reduction and Methadone Maintenance in Europe

Editor: M. Krausz (Hamburg)

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Editorial

New Developments towards Differentiated Treatment Programmes

Michael Krausz

The initial impulses for the development of maintenance treatment of opiate addicts came from the United States, and even now, international addiction research greatly benefits from the work by American scientists. Addiction treatment and addiction research of various European research groups have been strongly influenced by American experience. The degree of autonomy and innovation that has now been achieved could be the subject of a very interesting discussion. In any case, important trends highly relevant for maintenance treatment are emerging and should be closely examined. Both in the United States and in Europe, increasing efforts are made to combine research and care, and the quality of research is judged by the degree of improvement it adds to patients' treatment. The issue has been discussed controversially for many years, leading to important consequences both in the United States and in Germany. According to the main sponsors of research, the orientation towards treatment must be structurally established, and transfer of scientific results into clinical practice must be secured by a good cooperation in the field of education, qualification and consultation. For this reason, the National Institute of Drug Abuse (NIDA) and the Bundesministerium für Bildung und Forschung (Ministry of Education and Research) in Germany have started a structuralised promotion programme with the aim to sponsor 'research networks' with a focus on treatment. The research networks in the United States and Germany will focus on the pressing questions concerning the care and treatment of patients and on an improved infrastructure for clinical addiction research. These procedures could even serve as an example for other medical sectors where clinical research is decreasing. Both programmes will be implemented in the next few months, and the research networks will start work at the beginning of next year.

Public attention in different European countries like Spain, Belgium, Denmark, The Netherlands and Germany continues to be drawn to the discussion on medical heroin prescribing. A pilot project in Germany has been discussed for some time, and in March 2000, the responsible institution will be named so that work could start at the beginning of 2001. Related and complementary projects are discussed also in other European countries like Spain and Belgium.

Whatever the attitude towards these research approaches and projects, in any case they represent further development and differentiation of maintenance programmes which, by now, is a successful and well-established therapy of drug addiction. Since the mid-nineties, maintenance treatment has been accepted by the clinical and scientific community in most European countries, entailing an impressive decrease of HIV infections and other harmful consequences of heroin dependence in Southern Europe and in France. These international experiences are

an important epidemiological base for further discussion on addiction treatment.

60,000 treatment places for buprenorphine maintenance in France and the licensing of buprenorphine for maintenance treatment in Germany and other countries is a further milestone in the development of maintenance treatment and a challenge to European addiction research. Similar to medical heroin prescribing, the essential experiences could also be useful for a diversification of addiction programmes in the United States and other parts of the world. The fact that this treatment is administered by general practitioners in many parts of Europe, especially Great Britain, France and Germany, is an unusual feature much discussed in many parts of the world. An evaluation of addiction treatment applied by general practitioners could be important for the development of addiction treatment worldwide.

Differences engender an increase of knowledge. Negative experience can be avoided by learning from other persons' experience. Therefore, efforts should be increased to establish a common culture of exchange in addiction research and addiction treatment, especially between Europe and the United States. The International Society of Addiction Medicine (ISAM), whose second congress is held in Jerusalem in November 2000, could greatly contribute to this cooperation and to a networking of publishing activities and a systematic organisation of scientific and clinical exchange beyond the boundaries of cultures and states.

One of the journal's concerns is to present contributions describing experience and work from those parts of the world that are not often represented in scientific literature. Thus, the article on the relationship between drug addiction among gypsies and specific treatment experience in Spain holds great epidemiologic and anthropologic interest. The cultural diversity of Europe is a fact that influences all kinds of psychosocial treatment, but that is also a stimulus for the creation of models in treatment research by studying consumption patterns as well as social and family patterns. The research group of Anna Kokkevi from Athens systematically investigates the trends of illegal drug use according to a general population survey. This kind of survey reveals the great differences of consumption patterns and prevalence rates within Europe.

A special worldwide problem for maintenance treatment is the addicted use of further psychotropic substances such as alcohol, cocaine and benzodiazepines. This additional consumption considerably influences the course of consumption patterns as well as the treatment outcome and is often the cause of drug emergency cases and other complications. One third of patients in maintenance treatment fulfill the criteria of a severe addiction syndrome with its own consequences and treatment implications. Specker and Finkbeiner from Essen investigated the cognitive motor performance of methadone patients as a treatment outcome criterion. All articles stress the need for differentiated maintenance research, as well concerning treatment goals as outcome criteria and course-affecting variables. Treatment of addiction patients becomes more and more differentiated, including treatment aims as well as specific cultural, social, mental and other factors. The studies presented in this issue follow this trend and will find great interest also in the United States and other research groups. In connection with the interesting new developments in field of research support, they give rise to the hope that addiction research will contribute more than in the past to a diversification of addiction treatment.