Clinical and Methodological Aspects of Treatment Outcome

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Editorial

Addiction Treatment Works – How Research Helps to Overcome Ideology

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Even after many decades of scientific preoccupation with addiction, very fundamental debates are being conducted, both in public and among scientists, concerning the efficacy and success criteria of addiction treatment. During decades, nihilism prevailed concerning the possibilities and effects of addiction treatment; now, this nihilism is slowly giving way to more differentiated views, e.g. based on the WHO goals, with a broader range of offers and goals for specific groups of patients. This approach is all the more difficult because, during decades, hardly any research has been done on the effects of treatment. Internationally, research funds are very limited, and they have mostly been spent on basic research in the biological sense, which is hardly relevant for or related to the requirements of addiction treatment systems. The situation was particularly strained in Europe where resources for systematic treatment research or health system research have hardly been available until the mid-nineties.

Perhaps this was the reason why political disputes concerning maintenance treatment of heroin dependents continued even when impressive results from the New York drug scene were reported; maintenance treatment was only broadly accepted and applied in the mid-nineties. The experience made with the introduction of methadone and other kinds of maintenance treatment shows that decisions concerning treatment offers or the organisation of help systems are not based on the evidence of efficacy. In-patient detoxification and withdrawal treatments also suffer from increasing costs and restrictions, and their efficacy is increasingly under discussion.

The entire line of research was promoted by the milestone studies of great American treatment research scientists like D. Stimson and T. McLellan, and it is due to the DARP and the TOPPS studies for instance that addiction treatment in its various forms could achieve decisive results. Treatment works! There were also long-term follow-up reference studies, e.g. by Vaillant, and other long-term and intervention studies which, today, represent a pool of reliable knowledge in addiction treatment research. There is no doubt that these important studies, which were only possible because of extensive sponsoring in the USA, contributed considerably to the development of the help system. Many important methodological experiences and standards as well as diagnostic instruments like the Addiction Severity Index, developed by the Philadelphia research team, that are still important today, go back to this period. The research work of the American Addiction Research Center, which favours clinical addiction research

networks that are supported by the National Institute of Drug Abuse (NIDA), has had great impact e.g. on the support strategy of the German government for addiction research. In Germany, too, these networks will help to change the direction of addiction research, giving greater importance to the care of dependent patients.

Also in Europe, care and health research evolved into an important part of addiction research during the last 10–15 years, even if it is not nearly as substantially sponsored as the so-called basic research, both on national and European levels. The most extensive study and that which received the greatest international interest was carried out by the so-called NTORS group (National Treatment Outcome Research) around Michael Gossop in London; its starting point were deep-rooted doubts on behalf of the sponsors concerning the efficacy of various offers in the help system. The main message of this study, conducted over several years and investigating treatment results of the main care services and treatment offers, is that treatment significantly contributes to improve the state of health. Addiction treatment is effective in a wide range of approaches according to a wide range of clients' needs. Particularly effective treatment settings and interventions can be identified; on the whole, the message is positive! Treatment Euros are not money that goes down the drain! Subsequently, important progress has been made in the fields of diagnostics and operationalising, as shown in the paper by Marsden and colleagues on the Maudsley Addiction Profile and the Treatment Perceptions Questionnaire.

Another paper from the Maudsley group highlights a different aspect of treatment outcome by the intensive preoccupation with treatment drop-outs and their situation after 2 years. It has always been a relevant aspect of addiction treatment that one third to one half of the patients discontinue in-patient treatment and often completely drop out of the help system.

Optimising various treatment modalities and observing their course and long-term outcome is the focus of the paper by Stewart and colleagues.

Not only Great Britain but also Switzerland and the Netherlands present very interesting contributions on the research of health systems and care from a European point of view. Hättenschwiler and colleagues concentrate on the efficacy of detoxification treatment, which is still the main gateway to the help system for many dependent patients.

It is rather unfortunate that a lot of interesting research work from different European countries is not available to the international community because of language problems. Comparing the experiences of a variety of treatment systems in different parts of Europe could certainly contribute enormously to improve the help systems. *European Addiction Research* welcomes reports from various countries in Southern, Eastern and Central Europe on activities concerning these research issues in order to support this important branch of research.