Jean Michel Delile

Director of the drug study and information centre in Bordeaux
Member of the European group for medical, psychological and socio-educative treatment assessment ERIT.

ASSESMENT OF DRUG ADDICTION TREATMENTS IN FRANCE

As an introduction of the ERIT seminar in Bordeaux (May 4th and 5th 2000) about assessment of drug addiction treatments in Europe, I was asked to present the state from a clinical point of view.
Françoise FACY will deal with the matter from the point of view of the researcher, the epidemiologist.
To be sincere, my work was quite easy. Surely the thought about this matter is new in our country, and there is little to say.
More complex is the analysis about the cause of this delay , the lack of trust and interest in France for assessment in general and within our theme in particular. But, we will begin our work, proposed by ERIT, with the goal to develop an assessment culture in the drug addiction participants.
My introduction will present some generalities about the concept of assessment and will deal with the question of public policy assessment before getting to the assessment state of drug addiction treatments in France.
To conclude we will try to find some of the main obstacles that may have braked the spreading of an assessment culture in our sector in order to overcome them.

I- Generalities:

An assessment is an operation that, based on an information and referred to the valuation criteria of one or several actors, leads to

a judgement about an action, a procedure, a person or an organisation, and that guide the decisions of the actors in question:

- Modification of valuation criteria
- Modification of the action
- Modification of the organisation that performs it

The assessment is composed by a collection of information (survey) but is not identified by it. Its object must be defined and limited with precision (assessment field). The valuation criteria are not always explicit and are sometimes contradictory. For instance, the relation between cost/efficacy of an action will normally be judged more important by who finances the action than by the operator.
Assessment may refer to different themes with different goals (control, audit...) and different modalities (measure, survey, study, poll, satisfaction survey...)
We understand that the diversity of themes, in the assessment goals and modalities may contribute to give an unclear vision and sometimes negative for some operators overall when assessment is perceived as a control mean from the tutoring organisations and as a way to improve practice.

II- Assessment of public policies:

The works of MONNIER (Assessment of public policies, from the project to the evaluation – 1992) and of VIVERET (Assessment of the policies and the public actions, Doc. Française , 1889) show that the first studies of assessment of public policies in France were about efficacy of the educational systems (Alfred BINET, 1904: study about children levels), in the same way

(STARCH AND ELLIOT, 1912: studies about the educational system).

In 1932, Ralph TYLER performed an eight year study comparing a program of secondary studies and a traditional program. This lay the foundations of what is called the TYLER model defining the assessment as a process inscribed in time, based on the notion of reference goals, and assessing the adequacy of the resultant effects of the actions to the goals assigned.

The knowledge of these goals guide the election of variables to measure and the criteria used.

This model outlined three things:

- reference goals
- comparative measure
- secondary effects

It contributed to the birth of a technocratic rationality.

The assessment specialists say that this model is based on three arguable hypothesis:

1. Belief in clear goals: frequently the goals are compromises that mix contradictory logic, social policies... are therefore, frequently ambiguous and have two interpretations: the official goals (explicit) are not always the real goals (implicit).
2. Possibility to build instruments to measure: in this field (public actions, social actions...) the mediation instruments are difficult to refute and in any case cannot be only quantitative.
3. There is a causality relation between the "tested" effects and the public programs (or the institutional projects): When these "effects" may be caused by external factors of the policy applied.

Besides these works, the social science or political science researchers are not interested in the assessment of American public

services. This lack is attributed to the strong legitimacy that the public actions have in USA.

It was necessary says MONNIER to wait until 04/07/1957 the day the Soviet Union launched the Sputnik, for the legitimacy of the American administration was questioned, at least in scientific themes, of education and knowledge. How could the URSS surpass USA in the career to space? This fact led a to a massive assessment practice in these fields and later was generalised to other sectors.

In France, the legitimacy crisis of the State was later (1968), but also massive, with the same consequences but aggravated by an economic crisis that made necessary a budget rationalisation . These two elements contributed to a rationalisation of the decision system (SFEZ) that is based in an analysis of needs, resources, identification of goals... The assessment became a power element influenced by the attribution of loans and the recognition of people and institutions.

This has given place to a multiplication of studies and counter-studies, studies of contradictory experts, to doubt quality and validity of the data, of the logic or people who do the assessment, the rejection to communicate all the information or deliver "corrected" data or mistaken, to control the working groups or "disguise" them.

We have had many examples of this in our field: Who does not remember the reserved reception that some had with the INSERM treatment assessment with methadone? How to forget the radically opposite positions about cannabis of reports written by experts published with an interval of months, but asked by two successive governments (Report of the Science Academy and ROQUES report)? These difficulties have led to a new generation of assessment where the goals must be explicit and shared by different actors in a participant approach.

III – Assessment and drug addiction: the French situation.

Since the 60´s, the will of the administrations and the political responsible to assess the results obtained by the important quantities invested, was more evident.

In the 70´s this rationalisation reached late to the health field and with little implantation in the social world.

In 1978, the PELLETIER report was the first study of the set of problems linked to drugs. Its goal was to assess the drug addiction phenomena and assess the solutions adopted. This first and notable synthesis did not deal with the matter of treatment assessment but it dealt with the drug phenomena in general.

In 1986, as an initiative of the DGS and the ARGILE Centre of Mulhouse, the public powers decided to initiate the care centres for drug addiction, in the use of an assessment logical called "Argile". Representatives of all the teams in France met in Paris several times to elaborate a common and consensual version of this logical. Computers and programs were given to some teams and later everything disappeared "Argile" became powder...This first attempt lasted a short time but opened a new field of reflection for the participants, and specially in the difficult matter of the elaboration of an evaluative criteria. This gave place to many interesting a never ending debates, and far from closing down the matter, "Argile" at least, was the cause to set out the problem.

In 1989 LERT and FOMBONNE published: "Drug addiction, towards treatment assessment" revising the matter in a national and specially international magazine . The same year the SULLEROT report of the Economic and Social Council (" the problems raised by drugs") did a short mention of treatment assessment and only from the medical point of view.

The chapter that studied the efficacy of the different therapeutic approaches, concluded that the group of therapists was reluctant to any assessment of their practice, that the criteria seemed unimportant, specially the healing one and that they rejected any comparison between institutions and different practice.

And the same for prevention

So the practitioners are to blame....

This same report sets out an epidemology assessment project for 1993... (that never saw the light).

In 1990, Mme TRAUTMANN publishes a report about "the fight against drug addiction and narcotics". Little things are found about

assessment in this report that intended to be an assessment about the model of the PELLETIER report. In 1990, M. PADIEU, General Inspector of I´INSEE, publishes its report about "the statistics about drugs and drug addiction". For the first time a document evaluates what there was and had a first methodological analysis of particular difficulties of information and assessment in the drug addiction field and (and without giving all the responsibility to the practitioners...).
It is interesting to observe that M. PADIEU said that against a preconceived idea, the health mechanisms were the more assessed ones, an others never or seldom (repressive policies, trafficking, consume...) for the lack of reference, appreciation criteria, limits to experimentation.

In1991, The Démoscopie Institute performed for ANDEM (who was followed by The National Agency of Health Accreditation and Assessment, ANAES) and The General Health Agency (DGS), an assessment of reception centres specialised in drug addiction. This work consists in a descriptive analysis to allow a better knowledge of these to help tutoring to decide what guidance to give. The study was particularly deep in residential therapeutic centres.

One of the most evident results was the elaboration of the report of standardised activity that was started and that improves visibility and the comparison of the activities of the centres with the national plan.. This report allowed to pick up efficacy criteria for residential treatment (duration, rotation rate...)

The decree that defined the specialised centres to attend drug addicts (CSST) makes reference to the assessment in an indirect way (revision of therapeutic projects every 5 years for example).

In a recent work (Report about the Commission of Reflection about Drug and Drug Addiction, March 1995) professor HENRION noticed the global insufficiencies of assessment practice and research about drug addiction to the point that the Commission he presided considered a priority its development (chapter 1: "improve the efficacy of the policies applied").

Similar observations were done in a public and particular report of the "Cour des Comptes" about "The mechanism to fight against drug addiction", July 1998.

One of the propositions of the HENRION Commission was to create an Observatory of Addictive Behaviour that was born as the French Observatory of Drugs and Drug Addiction (OFDT) that at last allowed our country, to have, under the Inter-ministerial Mission to fight against drugs and drug addiction (MILDT), an organisation that centralises and impels the studies that allow to improve the statistic and qualitative knowledge about drugs and its use, analysing its evolution and appreciating the results of the current programs..

In the treatment field, the development of substitution treatment programs from the beginning of the 90´s (methadone) and specially from February 1996 (Subutex authorisation), include an assessment action. The DGS asked the INSERM (Mrs. FACY) an assessment study about methadone treatment and the use of Subutex (SCHERING PLOUGH laboratory). This last case is a good example of what we said before about the ambiguity about assessment. (What to think about an assessment directed, built and financed by the action promoter?). There is little or none assessment about other ways of residential programs, specially those less mechanised: psychological support, social monitorization... The research organisations seem not to be interested in these themes.

We must point out that the "Triennial Plan to fight against drugs and addiction prevention, 1999, 2000, 2001" of the MILDT (Mrs. MAESTRACCI, June 1999) sets out the assessment matter as its first priorities (" to know, to understand"). The assessment will seems stronger than ever, its a real " Assessment Order" (chap 1.4.1.) elaborated by MILDT and trusted the OFDT the links with the (OEDT) European Observatory.

In the same way, the matter of improvement of the service quality, treatment and its assessment is clearly expressed and as a priority (ANAES (chap. 5.2). In drug addiction (ANIT) offered several times to establish a common program. This call has yet no response...

It is a pity for we also consider the assessment of our practice as an urgent and imperative need and we believe that, for the reason previously exposed, only a set of elaborated assessment over the base of clearly defined goals may be fruitful. The assessment quickly

imposed find their limits with the reluctance of the operators, and its not on fashion in a world where rigid hierarchy tends to disappear.

IV – Assessment and drug addiction: specific problems:

- The epidemology is a reference discipline for treatment assessment. It is based on a medical model (illness/healing) extremely reductive when applied to behaviour so complex and with many factors as drug consume. For instance, How can one talk about healing? This implies to build multiple tools (medical, psychological, social, legal, etc) and complex, as ASI, that are ver difficult to apply out of the research context.
- The standardisation of the indicators is a difficult goal to achieve in an intervention field that is characterised by the diversity of professionals, institutions, projects, methods, means...
- The comparative studies between therapeutic methods are in practice impossible because the treatment strategy and goals are sometimes very different. So the most serious American studies (DARP, NIDA studies...) have given up to comparisons as “methadone or therapeutic community” for it was impossible to define common goals and final results. Finally the only result of all these studies performed in the 80´s is related to the duration of the treatment in relation to the therapeutic efficacy (believed as drug abstention) the longer a treatment whatever treatment, the higher its efficacy. Another obstacle for these comparative studies between therapeutic methods is the impossibility to influence the patients that generally choose the type of treatment and that are reticent to start a treatment they did not choose, which strongly influences the prognostic. The necessary adhesion of the patient to the treatment appears frequently as a prognostic criteria of efficacy superior to the nature

of the treatment. This observation leads the professionals to individualise the process and reject the standardised treatment, making the comparisons and the assessment a more delicate fact.

- The treatment assessment is inscribed in a more medical logic, but the specialised sector did not have in France many doctors until the end of the 80´s. From this date of AIDS development and after the substitution treatments the number of doctors increased. Until that date, the staff of CSST was essentially of psychosocial training and value assessment approach essentially qualitative, with a great and public reticence to any standardised and computerised assessment. The normative and reductive character was reported frequently with a fear to normalisation, the police, or more realistic, the power of technique, doctors, in an anti-psychiatrist environment of the epoch.
- The drug addiction field, more than others is fertile in ideological confrontation in detriment of "logic deduction obtained in an assessment" (HENRION). It is also politics what stops the serenity of assessment in this matter.
- The research organisations concentrate the efforts over the "hard" sciences (neurobiology in our field) and do not make any effort in the field of human sciences nor in the clinical or psychiatric medical science. On the other hand, the drug addiction matter is necessarily transversal and multidisciplinary which ends with the good will. Drug addiction does not implicate a specific competence field so it is not useful for academic competence. Maybe Adictology will change this?.
- The public powers have been happy for a long time just stating that they were spending x millions francs to fight against drugs without always worrying about how the money is used. It is lately that they are asking about it.

- The specialised institutions are characterised by a certain precarious budget and this fragility leads them not to trust the tutoring organisations. It is a supplementary reason to want participate assessment and not only normative. From this viewpoint, the recent inspection report of the residential centre “Bois des Loges” wory us a lot because it is based on criteria and references unknown by the professionals offering a space for a random risk. On the other side, CSST are small institutions many times overflowed by the daily tasks and relatively not available for a lack of time, means, competencies to compromise with the assessment.
- And on the other side we must remember that the frequency of behaviour disorder in drug addicts (impulsive, unstable...) and their frequent social deprivation makes assessment studies difficult . On the other side the illegal character of these behaviour (Law 31/12/70) makes this assessment even more complex.

We see that drug addiction treatment assessment sets out several problems (the list exposed is not exhaustive) linked more to drug addiction and its treatments that treatments than to professionals, institutions, the current law... So this assessment is necessary and possible, but it is necessary an important elaboration work to which this seminar contributes with the help of our friends of ERIT.