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THE EVALUATION OF INTERVENTION WITH DRUG DEPENDENTS

In many countries it has been necessary to evaluate health and social services.

At the end of the 1970s in the USA, a number of initiatives were started up to introduce DRG to hospitals in order to measure the cost of the various individual types of in-patient treatment connected to various pathologies. The drive for efficiency was taken to avoid a situation of spiralling service costs, seeking to contain and, if possible, to lower the expense of in-patient care. There was, at the same time, a need to measure the results of the services provided so that the insurance companies footing the bill could not only be able to guarantee remaining within the budgeted costs of each individual intervention, but their clients could also be satisfied with the services received. The insurance companies directed their insured to those places where the best result was obtained at the lowest cost. Clearly a system of this kind will function in accordance with the logic of the free market.

In Europe a similar situation would be difficult to accept because of the principles of solidarity underpinning the welfare state. Insurance is at the most, a supplement to systems of guarantee generally founded on a universal approach. Indeed, the state feels itself obliged to assist the weaker sections of society, unlike the situation which would arise if the free market was in operation. Thus it is that there are an infinite number of regulating factors which limit the possibility of choosing the provision of services from those providing them at the lowest cost and with the best results. It is only necessary to think, in this context, of the importance of local roots for services in the health and social fields and of the tendency to obtain services, not from the person who could be defined as the abstract best, but from the person nearest home. Such proximity also facilitates and maintains relations with the family of origin, enabling visits to relations during the week.

On the other hand, the extent of the advantage to be obtained by choices based on a cost/benefit ratio becomes very difficult when one is not referring to something in the nature of the length of post-operational

hospitalisation required after the removal of an appendix, but rather the treatment of behavioural dependency where emotional and relational aspects of a fantastic and symbolic nature take up so much of the work.

And then again, the financial difficulties experienced by European countries from the end of the 1980s together with the increasing mania for market culture, even before and even more than the purely financial aspects, have lead to the need to assess local health and social services including those for drug dependents.

Indeed, above all for drug dependents!

Since I have now worked in a management role with local services for more than thirty years, I can confirm from my own experience how the demand to take part in evaluation programmes for drug dependency services is much more frequent and pressing than with respect to the past and current demand for such evaluations to be carried out for psychiatric services, for infant neuro-psychiatric services, family counselling or social service provision for multi-problem families. Indeed, so far as concerns this latter provision - social services for low income and multi-problem families, I am not aware of a single invitation that has been made to such services to take part in an evaluation programme or research project.

Invitations to drug dependency services to take part in evaluation programmes have long come (and continue to come) from many different sources (Emcdda, central government, regions, research institutions). Indeed, they are called upon to conduct evaluations on a continuous and systematic basis.

I cannot give a precise and definitive explanation of why this "privilege" is reserved to drug dependency services. I can only hazard conclusions which are not entirely reassuring. Indeed, I would like to be able to say that it is because drug dependency services are at the forefront of their field, that many of the people working in the sector are young with minds open to new ideas, and a predisposition to research; that this is an approach that those in other fields who are more borne down with the cares of age, more inclined to take refuge in routine, have lost. What it boils down to is that I would like to be able to believe that this greater exposure to evaluation and assessment is due to the fact that the overall standard in the drug dependency field is better than that to be found in other services. Such a response does not hold water though.

I know from my position as Director of the Mental Health Department of the Reggio Emilia Health Authority that psychiatric services too have begun to take the same path, although with less insistence and fewer pressures from outside. I could perhaps believe that this is a follow-on from

the drug dependency field. No such request (or if so, only very rarely) is ever made of infant neuro-psychiatric services. As for social service provision for low-income and marginalized families, no-one has yet asked for their participation in (worse no-one has ever even suggested) research entailing evaluation of the service provided.

Still wishing to throw the best light on the situation so far as drug dependency services are concerned, it could be argued that since there is a high degree of participation by medical specialists in the field of infectious diseases (due to the pathologies attendant on dependency) as well as the involvement of a large number of doctors working in general medicine providing overall medical treatment, there is necessarily a greater continuity with medical and hospital services. It might then be argued that such contact gives rise to a culture and mentality favouring the introduction of evaluation procedures.

Sadly though, it is also possible to believe that evaluation is useful for decision-makers when deciding which service they should close. The sector is characterised by appalling conflicts and divisions between professional practitioners of a depth and bitterness that few other fields of medical learning can match. Evaluation can be used to reveal the charlatans, the quacks, the profiteers - generally clearing the field of undergrowth.

Worse still though, evaluation could be interpreted as a way of taking away from drug dependents who don't want to get better, services which only mollycoddle and protect them. In short, one may find that lurking behind the pretext of evaluation is that burdensome, ever-recurrent and clichéed moral prejudice that drug addicts behave as they do because of lack of will power, dominated by their vice. From such a perspective, the services provided only tend to make them needy, perpetuating their withdrawal from the world and indeed, end up by justifying their perversions and nefarious activities.

Evaluation thus becomes an instrument to be used to demonstrate the ineffectiveness and hence the uselessness of services for drug addicts. So much so, that there has never been a state or manager which, having discovered money going to waste on ineffective services, has then re-used the money so saved in strengthening more effective services. They simply close down the ineffective service, transferring the savings made to pay off earlier debts.

On the other hand, the intensity of ideology is so great in the drug dependency field that one might hope that evaluation, by putting people face to face with concrete results, might put a stop to the stream of bogus truths or of ridiculous invective.

The same thing does not happen to social services dealing with poverty though, and that in spite of the fact that ideology has a large part to play here too.

So one is left with the unspoken judgment that drug dependency services are futile. The so-called therapies are incomprehensible to the common sense approach. In such circumstances evaluation could be beneficial in clarifying what happens during treatment and identifying its usefulness.

I do not want to give too great emphasis to the negative aspects of this question if for no other reason than the fact that evaluation is increasingly seen as an integral part of hospital medicine. If we are suffering slaves, our hospital colleagues are too. This is why we must not be too frightened by these pressures to accept evaluation. We must maintain a healthy prudence.

In the field of social sciences there is a general agreement between experts in the definition of evaluation as a process to measure results obtained through a specific activity carried out to achieve an objective to which value has been attributed.

More specifically, it consists in the study of both the expected and unexpected consequences, desirable and undesirable, resulting from programmes of activities designed to obtain controlled change (at a personal, family, or social level).

Evaluation thus begins life as a verification instrument for programmes of intervention, used to analyse the functioning and results of the activities undertaken, whether good or bad.

In practice evaluation can be used on a series of objectives: e.g., did the work undertaken lead to the hoped-for results, was it financially viable? Were clients/users satisfied? Did it change the social situation positively or negatively? The process may be limited to a single one of these aspects, it may cover more than one or deal with all of them, depending on the intentions of the assessor.

The evaluation culture implies openness to change, the need to make comparisons, search for improvement and competition.

It is no accident that it has found fertile ground in the United States (and Japan).

The spirit that drives it is always the desire to do things better at a lower cost. Continuous improvement at ever lower costs, a process of choice to select out quality.

Clearly this way of looking at things has its limits, otherwise it would lead to the point where the best things don't cost anything.

Nonetheless, while there are still areas of wastefulness, inefficiency and ignorance, the process can still go on. Problems arise with the imposition of absolute limits and with those who impose them. This is because it is clear that solutions to social problems affect and unleash many conflicting interests involving class, race and power.

Evaluation is always connected with power.

If there is no power, at least in some form or other, there is no evaluation. Let us imagine that no use can be made of evaluation results because there is no power attached. In this hypothesis not only can they not be used to cut some service or other, neither can they be used as help for another service or indeed as a basis for criticism or presentation at some conference. Who would carry out such an evaluation programme? Nobody.

Those who propose evaluation do so because they think they might be able to use it in some way. For this reason the concerns of the operators in taking part in evaluation are easy to understand. They need to know what the proposer's intentions are otherwise they might find themselves seriously harmed by it. Once again, it is important to emphasise the need to treat evaluation with great care and prudence.

The underlying culture which has lead to the growth of evaluation does not come from the United States alone, it also comes from business. A car manufacturer needs to build cars at ever lower costs with ever greater quality. This suits the interests of both the manufacturer and consumer. Is it the same thing in health care and social services?

It is not possible to understand the evaluation process if a grasp cannot first be obtained of the fundamental differences between the organisation of services to people and the organisation of the manufacture of material goods.

In a manufacturing organisation the evaluation of the achievement of results consists in the verification of the quantity of goods produced per cost unit. Starting from given human, financial and technological resources, the organisation's effectiveness increases as it produces more at the lowest possible cost. Effectiveness and efficiency are almost always considered as one and the same parameter.

In services to people though, on the one hand effectiveness and efficiency are hardly ever the same, on the other, effectiveness, that is, the achievement of pre-set objectives, is not obtained directly. It is mediated by a multiplicity of factors and processes giving rise to the various service activities. With respect to the evaluation processes used in the organisation of material production, based mainly on productivity parameters, the evaluation of services to people has to extend to other evaluation criteria

such as effectiveness, satisfaction, equity and accessibility. What use would the provision of high quality service at a low cost be if nobody accepted it because of rejection on moral grounds? It brings to mind the failure of birth control through the offer of free condoms in a situation where maternity had a high social status.

In the organisation of services to people there is also an additional organisational component which has no place in the organisation of the production of material goods. The outcome or final result obtained in terms of the individual, as the result of a series of processes of service provision. Indeed, the objective for the organisation of services is not so much the production of material goods (what could I suggest, the administration of methadone?) so much as the stimulation of change at an individual and social level. Instances might be the reduction of treatment drop out rate or risk behaviour etc. Not only will the intervention have been designed to produce such change, it will also be seeking to reduce the disadvantage experienced by a particular segment (whether large or small) of the population and hence through the provision of a service designed to satisfy what is seen as a need. We thus return to the problem of establishing who decides which need is to be satisfied and which not, choices tied up with the equilibrium of power, with ethical considerations and so on.

It is extremely interesting watching the progress that the subject of evaluation has made.

These days operators opposing evaluation are looked at askance, while its promoters are convinced that they are, by that reason alone, modern.

Evaluation is used to distinguish between progressives and reactionaries.

There is nothing more modern than evaluation.

Anyone standing on the side of evaluation is said to be at the cutting edge of innovation.

Evaluation is a new requirement.

Indeed, evaluation is presented as an ultra-specialist field of knowledge which requires sound teaching methods to gain widespread acceptance, encountering a multiplicity of barriers restricting its expansion.

In reality, in spite of the attitude of modernists and resisters alike, I do not believe there are many other human activities as old and natural to the human being as evaluation.

In fact, it is impossible to stop one's self from making judgments, at least internally. Nobody can ever turn off the process of evaluation.

People are constantly making evaluations when attending to the world around them, otherwise they would cross the road when a traffic light is

against them or would continue eating chocolate until they burst. In other words they would simply be unable to survive without someone to decide for them.

This obviousness is worrying. How on earth has it been possible to make an activity which is so obvious and basic into a ground-breaking speciality?

Above all else a tendency towards ever greater sub-division and specialisation of knowledge has its roots in contemporary technological society. New branches of knowledge normally result in new professions. That is why nowadays there is such a great requirement for co-ordination between different areas of professional knowledge, otherwise they would be unable to communicate with each other.

In addition to the ultra-specialism that makes evaluation of drug dependency services or projects its battle-ground, the meaning of evaluation in this context means something more than the process of evaluation which we all use all the time.

It means the teasing out of a judgement which would otherwise remain isolated within the individual or the organisation. How many organisations are there that boast of incredible skills which only they believe in?

An initial degree of speciality consists in identifying, isolating out and circumscribing the category of things that are to be assessed as against those that are not to be so assessed. This latter category is thus fated to remain part of that wealth of personal evaluation which everyone continues to carry out on their own.

At a later stage the specialist will declare the result of the evaluation undertaken.

The questions both of what is then to be subjected to further evaluation and how, and the way in which the results of the evaluation undertaken are to be set out are further fields of specialisation in evaluation according to the modern understanding of the subject.

Evaluation passes in this way from a common individual activity to a social tool identifying and diffusing values.

And yet all operators understand full well that the decision of what to evaluate and how to communicate the results at a later date is an activity that is far from

Neutral.

It is a specia lity in which rightly, they want no part.

It does not escape their notice indeed, that initiatives that are supposedly purely scientific are based on precise financial, political or ethical requirements.

For example in the United States privatisation of the health care market and protection guaranteed on the basis of insurance premiums paid by the individual to private insurance companies has resulted in the need to discriminate against services provided to people in receipt of assistance so as to give greater recognition to those with higher yield provided at a lower cost.

From that point on evaluation has become a science of its own!

It has become fashionable to profess views tending towards the privatisation of health care and social services so they are managed at least "as if they were private companies". This has tended to favour the spread of methods applied with success in competitive business and the market place.

When one is concerned with an individual, his or her difficulties and manner of behaviour, there is never an over-lap between the efficient provision of services (short waiting list, time not wasted etc.) and effectiveness (the difficulties overcome or significantly reduced, behaviour changed etc.).

Worse still for those interested in measurements, effectiveness or the achievement of pre-determined objectives, results when working with people are carried through by mediation, not directly.

Service production characteristics exert their influence in a way that is difficult to identify.

Indeed, those results that can be surveyed will be obtained through the summarising, mixing up and confusion of a series of factors referring to the individual or group, their different environments and histories.

It is often difficult, if not indeed impossible, to disentangle effects due to the activities of a service and those independent of such activities.

It follows therefore that there is a degree of uncertainty in surveying the effectiveness of a service.

This perhaps explains why preference is given to concentrating on efficiency, an aspect that lends itself to the checking process.

Unfortunately, it is also what is often described as evaluation. It is undeniably evaluation but only one part of the story. It is an aspect that is of particular interest to those with their hands on the purse strings.

Isolation of effectiveness from efficiency leads to service provision with perverse effects.

They may work in the most perfect way possible while still neglecting the end client.

There is absolutely no guarantee that a service rendered efficiently is useful. How many futile services are provided? Indeed, how many are actually harmful? It has not passed unnoticed that morbidity and mortality from iatrogenic diseases and the misuse of prescribed drugs are extremely high.

Concentrating on efficiency is easier and more practicable (it is easier to measure the services provided, the time Employed in carrying them out and their cost) but it is at the same time a concern with futile and insignificant boundaries.

Even in the best cases.

Indeed, its increasingly self-serving nature distorts power within the services themselves. Who is better placed within a speciality to identify the best way of providing services within it than the specialists themselves? Evaluation though seeks to take power away from the services in such a way as to get specialists used to accounting for their work with their clients.

Fortunately, the separation between efficiency and effectiveness is an extreme case, rarely encountered. Often a service that works well is also good quality and as such probably more effective.

As compared with the evaluation of manufacturing organisations, the evaluation of people-based services is concerned with criteria such as effectiveness, client satisfaction, equity of distribution and accessibility, not being confined to the quality and efficiency of production.

In manufacturing the "outcome" is not considered. This is the final result seen through its impact on individuals, deriving from a series of processes involving service provision.

It should never be forgotten that the purpose behind the organisation of services for people is not so much the production of a material good as individual and social change.

Such services seek, through their intervention, to reduce the situation of disadvantage experienced by smaller or larger sections of the population.

A fundamental point in the understanding of the concept of evaluation as a tool, is that of planning. It is impossible to understand whether, and if so, in what way, the objectives of an organisation have been achieved if the organisation itself does not make its own objectives and the processes for achieving them explicit.

Planning must therefore be a cardinal point in any discussion of evaluation.

In other words, evaluation cannot be introduced just at the final verification stage of the programme undertaken or the work carried out. It

is necessary to see the evaluation process as a continuing inter-twining between planning and moments of evaluation. This process already has its origins in the initial planning stages, that is, the evaluation of the value choices inspiring the service activity.

It is a common error to seek evaluation at the end of a project or year.

No real benefits can be expected from such an approach.

Evaluation should be requested and organised before activities begin. Indeed, it must form part of the activities programme.

To verify the true effectiveness of an organisation requires the evaluation of the achievement of the objectives for which it was set up and, at the same time, to evaluate the extent to which such results have satisfied the expectations and needs of those using it.

It is thus understood that the introduction of evaluation is not simply the addition of an activity (whether or not appreciated) to the others already carried out by the service. It is a frequent complaint of operators that with all the things they have to do already, they cannot find the time to do the evaluation as well. To put the problem in such terms is at best a partial view. Looking at the issue from the operator's stand-point, it is not so much a question of finding time to devote to evaluation. Evaluation is not an additional activity.

It would only be a form of additional resource if evaluation was to be imposed through staff external to the services under evaluation.

If though, the evaluation programme envisages the operator's role as fully participatory (collecting information, filling in forms, participating in discussions on the results) this represents a true methodological revolution.

Using the operators to carry out evaluation of their own services requires making them the instruments of a cultural revolution- giving them help in its achievement. This is the main reason for their resistance.

This then is the core of the problem which justifies the existence of the ERIT group which I have the honour of directing.

It is hoped we can train operators to assist them in the acquisition of a new procedural model.

The revolution lies in the fact that it is necessary to work towards explicit goals.

On occasion, elements are left undisturbed in the intimacy of an operator's mind or within the confines of a clinical group. Unless it is something startlingly out of the ordinary, such ideas/thoughts tend to be left to the unfolding of the activities for their expression. Instead, provision must be made for such aspects, they must be explicitly recorded.

It is only where a result (or more than one) has been planned for, made explicit through statement or writing, that information can be gathered subsequently to identify whether it has been achieved. Where it has not been achieved it is then possible to ask why not, introducing corrective action likely to make it possible in the future.

The operator (the operational group, the service) must learn to acquire skills in planning in addition to their clinical abilities.

When planning becomes part of clinical practice it leaves a permanent imprint. This is another reason explaining operator resistance. It is essential that they are convinced that planning does not worsen or reduce the quality of their clinical work. Indeed, it is often said that making something explicit removes the warmth, sensitivity to the therapeutic atmosphere or limits observations to external behaviour, reducing the impact of emotional depth which is difficult to express through data or words.

Having established that it is essential to plan the desired goals prior to setting up the evaluation project, I have not yet touched on the question of how planning should be carried out in practice.

Planning can be, in short, either the result of unilateral decisions imposed from on high or of shared expectations identified through democratic processes.

This first kind of planning is not often encountered in reality because of the existence of the democratic system. I have mentioned it more than anything else for instructive purposes so readers are able to understand how planning has been introduced into the areas and subjects of interest to them. In effect, planning which is adopted within the higher reaches of a hierarchy precisely assumes the existence of an authoritarian structure with great power. It pre-supposes the existence of a kind of supreme command which is separate from other social structures.

In reality though, our societies are experiencing a crisis of authority. Even though this certainly does not mean that one never encounters examples of excesses in the form of naked authoritarianism, it does make it difficult to believe that decisions taken entirely divorced from the complexity of social structures can still be made and maintained over time in their original form (a further essential aspect of the process). Indeed, the fragmentary nature of decision-making is both the effect and cause of the oft-cited complexity of the decisions themselves. On the contrary one is often involved in a wearing and almost interminable objective setting process in an on-going social negotiation.

Thus it is that planning cannot be completed once and for all at any given moment. In practice it is always in a state of flux. It is easy to find the whole process slipping from under you.

Having said that, even the concept of a totally democratic method is not very credible.

Since we are not in a situation which can be even remotely compared to the Greek 'þolis", decisions which can be shared or even accepted on a universal basis simply do not exist.

In fact, complexity itself gives rise to a state of permanent conflict while the influence of mass media creates and exacerbates controversy (the more bitter the conflict the better this is for viewing figures!).

This all means that objectives are produced as a result of compromises between different parties and players. These objectives then establish expectations which are more in the nature of directions to be taken rather than absolutely fixed points.

It is normally possible to agree that objectives should be reviewed at pre-set dates so they can either be confirmed or re-defined.

If they are to be re-defined, they should not depart too far from their earlier definition since In such circumstances, all the work previously carried out to achieve the original objectives will be undermined or wasted.

In order to produce effective planning, it will be necessary to verify a series of important points.

- The first requires that there must be both a level of dissatisfaction with things as they stand combined with a willingness to change. In effect this involves the evaluation both of the achievement of the objectives and the path already taken (including the distance along it) realised by the earlier state of things.

Evaluation is carried out where there is a desire for improvement.

Gifts such as criticism, self-criticism, openness, optimism, the belief in the possible, trust and self esteem need to be fostered. It is no accident that working for change accentuates the need to create a mental vision.

All work involving training whose results favour the creation of the attitudes set out above, while not in itself evaluation, lays down the ground work required to allow the evaluation to thrive.

It clearly follows that those involved in the management of the process have to make a substantial investment in this type of training to ensure that such attitudes are wide-spread in the staff concerned with the practical side of evaluation.

- The second point concerns the abilities of the planner. Lack of skill on his or her part may lead to the definition of objectives going beyond what is realistically possible. This means that it is necessary to be aware, and to undertake a careful and competent analysis, of the objectives at the start to decide whether it will be necessary to introduce changes to the direction they propose. In the same way it is necessary that there should be a sufficient grasp of scientific principles to understand what can be done or achieved.

So, objectives must always be realistic and determined on the basis of historical principles.

It will be easily conceded that these methodological aspects are far from obvious. It means that one has to be pragmatic (how many idealists are there out there?), the interpretation of the situation must be based on historical fact (how many metaphysicists are there?, one must be ambitious but moderate in one's approach(how many utop8ians do we know?).

It is now possible to see a little more clearly the vast extent of the research into the history of values fundamental to our society and different visions of the world entailed in the introduction of the practice of evaluation.

The introduction of such a procedure is far from the simple process of technological modernisation.

There are always biological factors hiding behind the techniques. With this very paper I hope to be able to contribute to the clarification of the culture behind evaluation. There is a relationship between therapy and values both standing behind it and inspiring it. The values need to be known and evaluated in themselves.

- In the third place it is important that there is a stable power structure. This is not in the sense that the same people who define the objectives should remain in post at least until they have been achieved, but at least until the hopes and wishes underpinning them have become stable over time.

This aspect paradoxically throws light on the conservative aspect of evaluation.

Innovation, of course, but based on the stability of the decision-makers, one appears to be saying, the supporters of evaluation.

It is probable that there will be a desire to conserve power, even among the very people who have contributed to the definition of the objectives (with all the consequences flowing from that in terms of omnipotence and, on the other side of the coin, the anguish and latent depression in its loss).

In all cases though, there is a pre-supposition of the stability of aims (and how many great social crises have there been, such as that shaking the West in 1929 not to mention others elsewhere?).

The possibility of radical change to the directing groups, social changes or a complete change in the desires of the directors themselves thus have to be eliminated.

The conditions for evaluation simply do not exist where there is a revolution going on or where a dictator is in power. Nor can it be practised when society at large is descending into a serious crisis. In Europe evaluation has taken root precisely to help in extricating society from its crisis.

Evaluation in any case at an idealistic level, pre-supposes the gradual improvement in the general conservation of the main social elements.

Evaluation can thus be a useful methodology when one wishes to find a re-orientation of the system though maintaining stability in the command structures.

In this epoch of crisis in the welfare state, decision-makers are called upon to make difficult choices in the re-allocation of resources. The choices are potentially unpopular.

The crisis though is the harbinger of changes which may even be positive. Everything depends on how the choices are made. Choices are imposed favouring rationalisation, increase in productivity and the clearing away of useless and superfluous activities. These last may even be harmful giving rise to a management process concentrating on what are not always needs which have a real basis, generated rather by health consumerism.

Since decision-makers have by definition, to decide, this poses the central dilemma of our discussion. Either they do so blindly (lead by corporate interests and in any case by those with an interest in the market) and using book-keeping principles (placing the question of book-keeping and accountancy at the centre of decision-making criteria). Alternatively, the process is guided by rational criteria based on clear and (one hopes) shared values, using scientific methods. So it is that enlightened decision-makers also need an evaluation of their efficiency and, above all, the effectiveness of treatment.

If the situation is as described, one inevitable social transformation which will result is professional quality.

The evaluation instrument thus becomes the main route to be followed in processes of rationalisation and the improvement in service quality. Evaluation becomes the basis for planning initiatives concerned with resource allocation.

If the setting of objectives is thus essential prior to engaging on evaluation work, there are then objectives that require great effort in their achievement and others which are immediately within reach. As a consequence the resources to devoted to each will be different.

Then there are objectives which appear possible to achieve within a short time and others which need a much longer time-frame.

Objectives thus have to be divided up into short term, medium term and long term.

Reviews need to be fixed to allow supervision of the progress made in the achievement of the objectives.

Normally, reviews are carried out every six months but clearly this time frame may be shortened or increased. Reviews may thus be conducted annually, every quarter, or even in real time, as the need arises.

If reviews are conducted annually information is obtained at a slower rate and it is less effective in remedying situations where the objectives set have not been achieved (or nearly so), with the need for appropriate adjustments. It is thus necessary to give considerable thought to time periods over which evaluation is to be conducted.

Longer time frames appear easier to achieve because the commitment is less. Paradoxically this may lead to a diminution in results with the consequential snuffing out of some of the enthusiasm generated in the first place. As a result it is likely that an annual review will become so distant from the facts on the ground that they lose the desired operational significance.

On the other hand, more frequent meetings require determination and greater resources.

For evaluation one needs time, so also money, in addition to the proper technology. For example, an evaluation which can be conducted in real time will need to be provided with IT support in the form of a network with appropriately trained staff.

Evaluation can be carried out if the information is there to be assessed.

Consequentially, my evaluation activities pre-suppose data collection (together with the tools used in their collection).

So the time frame to be used with the evaluation must be the object of careful consideration. This is both on the basis of the desired results and of the resources available.

For the sake of precision it should be stated that it is necessary to define the point in time when each objective should be achieved.

That is the time for which the data must be collected and ready. Rather, the data themselves must refer to that same point in time.

This leads us to another error which has to be avoided when carrying out an effective evaluation activity. What happens is that the data are indeed collected at the planned time, but their evaluation is then left for what may be a long time afterwards. This can be due to many different factors, not least of which being that the person carrying out the evaluation is not the one doing the data collection. If evaluation is left too long much of the data lose their value, at least they lose the fundamental value which I consider to be essential to the evaluation process: control, control over things as they are.

I emphasise again that it is necessary to give attention to the question of proper co-ordination between those collecting data and those conducting the evaluation. Government ministries are full of raw data which is now of interest at the most, to some historian. My hackles rise when somebody in a particular service is heard describing the situation existing three or four years before! What use is that to anyone….

Evaluation acts as a support to the activity of government.

Data collection and evaluation is of assistance to management because it allows one to decide whether the route taken is achieving the ends planned for, or whether changes will have to be introduced.

The desired ends may also be subject to review if it is considered that it is not necessary to change the modus operandi.

Otherwise corrections can be made to the modus operandi itself if the objectives of the project are to be safe-guarded and it is decided that the path currently being taken is either not achieving such ends or is not doing so sufficiently fast.

Evaluation is thus a method of government based on planning.

The foundations of evaluation in the field of pathological dependency were laid down at the end of the 1960s when the first steps were taken to resist the fundamentalism characteristic of the first period of work. Social tension was too high at that time to leave space for tranquil thought based on professional principles. The need for responses was so great that it cancelled out all attempts at rational explanation.

In one area of the country a sociological interpretation was prevalent and everything derived from exploitation and marginalisation, in another area of the country everything depended on bio-chemistry – it was only necessary to prescribe good drugs to push out the bad drugs on the street.

There was a desire to oppose the fundamentalists, pushing towards a discussion of the various types of substance use and dependency which, based on clinical experience, were antecedents to drug abuse.

In that pioneering but lawless time, the individual histories of drug dependency units, the treatment adopted and their choice of values was left undiscovered.

It was of little importance that the "monolithic fundamentalists" fought among themselves. Indeed, just as the explanations were monolithic, so were the solutions.

Although they were divided, all were united by the desire to employ the method of doing the same thing for all drug consumers.

Great efforts were devoted to demonstrating the reasonableness of such an approach.

Clearly, the idea of conducting an evaluation of different treatments was not even taken into consideration.

It was the recovery of the value of diagnosis which fragmented the dominant monolithic approach.

Diagnosis was carried out while work was still in progress. It was evolutionary in nature, undergoing a process of progressive refinement without interruption from first arrival to discharge. It was not reduced to the function of a label, of no use for the treatment and damaging for the diagnostic process itself. It was rather descriptive and syndromic, diagnosis used as a tool for the clinical work.

This then was the beginning of evaluation. It began to be carried out in order to identify the best route both for the drug dependency unit and the patient, starting, significantly, with the patients, their needs and interest in improvement.

I should also describe how the need for evaluation arose within ERIT.

In the beginning everyone looked after his own.

Everyone wanted to know what others were doing in a particular field.

ERIT is a crossroads for meeting and the exchange of experience. It is a primordial environment for bench-marking, in search of parameters of interest which can be imitated or better, used as inspiration, in one's own work in one's own country.

The different experiences, however interesting and well-structured they may be, are never possible to export. At best they can be used as inspiration, but historical, cultural and local conditions are not replicated even when the law has become identical for all (something which is still far from being achieved in Europe at this time).

The discussions that have taken place have lead to an urgent need for a shared framework to allow everyone to use it in explaining their own circumstances.

I consider that ERIT's great value in the field of evaluation lies in that unitary framework to be used by all in explaining how things are where they work.

The beginning of evaluation was seen by us as the need to know and compare, to give greater weight to exchanges and to help us once returned to our respective countries.

This then is ERIT'S fundamental value: compare experiences, circulate them and carry out bench marking.

From that time to now many years have passed and things have changed a great deal.

Even so, evaluation remains a method used only in a minority of cases. In spite of all the talk about it, there are only a few practising it on a routine basis and very few governments able to pass from bombastic but sterile statements to practical and verified guidance.

Consideration should also be taken of the fact that the role of researcher in the field of drug dependency has always been modest as a result of the urgent need for action. Consequently there has always been little time and interest for scientific research (time to think).

Evaluation is also useful to give space for thinking about work which often simply goes ahead with a tumultuous rhythm of its own.

Unfortunately, decision-makers normally base their decisions on personal experience and feelings. Alternatively they are directed by opinion surveys of the population electing them.

Instead it would be better to base policy on facts.

Every discussion concerned with evaluation must begin with the analysis of the context in which it is to be carried out.

False, pseudo-scientific absolutes are to be avoided. It is important to remember that every discussion starts from a clearly defined reality, to ignore this means that any statements made without such a basis lose any significance. The position of the describer itself influences, mixes with and indeed, belongs to what he or she is describing.

It is now clearly accepted that neutral observation is impossible.

The possibility of the person listening being able to truly understand depends on the extent to which he or she can imagine with precision and enter into the spirit of the location of the things being described. The good listener always seeks first to understand what it is that his or her interlocutors are talking about.

As a result, even evaluation has to be adapted to the various social, cultural, organisational and legal conditions existing in the different countries and regions.

It is far from being a procedure or technique which can be applied in an identical way to any context. For good quality evaluation it must be adapted to the context to which it is to be applied.

Here we come to an extremely sensitive issue, the homogeneity of evaluation.

Many adopt a simplistic approach. They ask for evaluation so, they think, it will be possible to compare services between regions or countries. This is the reason for their objection, (when they see data collected by different procedures) that – "it is important to use the same criteria".

In effect similarity between instruments and techniques is comparable to similarity between languages. Two people wanting to speak to each other would find themselves in serious difficulties if they don't use the same language.

On the other hand though, a language is not a simple means for exchange, it also contains a cultural code based on its own history and values. So it is that where someone has decided to speak in a language which is not their own simply in order to communicate, it is not at all unlikely that they will find it hard to express everything they want to and everything that might be useful to their interlocutor. They are likely to lack the words, the forms of expression and so on.

Those using their own languages are able to set out their thoughts in a much more effective and precise manner.

In evaluation things are not so different.

We should recall indeed, that evaluation is an operation that everyone carries out, consciously or sub-consciously, all the time.

If one bases the evaluation on one's own codes, the parameters are likely to be precise but there is then the risk of not being able to share much of it with others. If rather, one uses somebody else's codes, it may be extremely difficult to bring out those aspects which are considered to be essential.

Work is needed to define tools which can be used with common agreement. It is not difficult to see that this is a utopia, the re-birth of a new Esperanto.

Then again, who are the people who will participate in drawing up such a new code? Who is going to call them together? Where will they meet? In short, who has the power?

Let us return to ourselves. The evaluation of an activity or service means identifying the extent that it has been able to achieve its objectives, the methods it has used and at what cost.

It is though, impossible for evaluation to be objective since the observer, as indeed the promulgator of the judgment, is entirely implicated in the field under observation, to the point where they themselves form part of it.

Then again, from what point of view is evaluation to be carried out?

Indeed, when we look at those asking for evaluation we find many different bodies and voices: governments, administrators, companies buying services, managers and clinical researchers.

Each is concerned with different and specific issues with little common ground.

Evaluation itself thus risks being torn apart by one or the other interest and at times by one against the other! In fact one finds governments which want to carry out evaluation to cut the numbers of operators while the operators themselves are doing apparently the same thing precisely to defend themselves from cuts!

Evaluation can be set up from the point of view of the Client receiving the services, from that of the workers who provide it or from the context in which the whole takes place.

The point of view adopted has a bearing on the evaluation carried out and gives it specificity.

The context in its turn can be extremely varied. In fact it includes public opinion, the highly changeable attention of the mass media, health policies, legal and police concerns, the wishes of those paying for the services through taxes or those behind administrative decisions and the opinions of those working within the health administrations where drug dependency services are housed. Thus it is that even the desire to find a context where all speak with one voice betrays itself as a superficial approach.

There may well also be contradictions between the point of view of public health authorities and that of the purchasers of the services.

Evaluation requires the dedication of time, money and skill to its achievement.

Who will make these elements available?

Is it to be the service itself, the state or a number of external institutions?

Even when one such party has been identified, does evaluation have to become a part of the organisation's constant practice, or is it a once off analysis of specific issues?

Evaluation can be applied to various aspects at different levels of the problem.

It can be carried out on a single case or on a method of working, an operational unit or a service as a whole. Finally, one can assess a complex system of agencies and services operating in a particular locality.

All the different types of evaluation have their own legitimacy. It is legitimate for operators to carry out evaluation themselves just as it is legitimate for politicians, administrators and managers to demand it. Even more welcome is the evaluation requested by the direct clients. It is their right and is, at the same time, a demonstration of their emancipation.

It should however be very clear that it is impossible for an evaluation process to satisfy all the above requirements simultaneously.

It should be equally clear that evaluation, in order not to appear a "botched job" must establish unambiguously the point of view that it will adopt, that is, which need it is seeking to satisfy.

ERIT has long worked on evaluation. The approach it has adopted has always been tied to practice because of the nature of its identity as the Federation of Professional Associations.

It is essential for ERIT that the operators are those who ask that evaluation be conducted, possibly with the assistance of outside researchers. This is the type of evaluation that we want to promote.

Almost every evaluation, by definition, is forced to pass through the operators.

They have a strategic role even where it has been demanded, for instance by their Directors, as a way of punishing them through the cutting of their resources. These considerations should be sufficient to ensure that thought is given to the establishment of a dialogue with the operators demonstrating a proper respect for their role.

It is not right though to resort to caricatures in the positions people take. Indeed, the operators who are truly dedicated to the helping professions will seek to discover the extent to which their clinical work has been effective and will welcome ideas for other kinds of work which might have been more so.

Hence the need for a methodology and a working instrument which can assist in obtaining qualitative and practical improvement.

Dedicated operators will want feed-back on progress (or deterioration) resulting from their work with every one of their clients.

They should still be fully aware that environmental and extra-clinical factors exert an influence in no small measure on the final outcome and what is more, such factors are not easy either to measure or calibrate. We

can take from this the fact that not all improvements and deterioration are directly attributable to the treatment.

Nonetheless, the least we should hope for is that all operators in all services not yet using an evaluation procedure for the evaluation of each of their patient's clinical progress, decide to adopt one. The most we can hope for is, with the assistance of the appropriate specialised bodies, that we will be able to draw up evaluation systems which are clear, readable, reliable, comparable with each other and based on values shared by all those with the job of applying them, the operators.

What is produced must for that reason be manageable. If they are too dull, long or abstruse they will be rejected.

This in fact, brings up a central aspect of methodology.

A way must be found to make evaluation attractive, pleasing, easy, compatible with practical activities, socially useful and appreciated.

This is the reason why ERIT considers the need to promote the culture of evaluation among operators to be a central issue. It is only if they are fully and genuinely convinced of its importance that evaluation will be able to take hold in daily practice.

This is indeed, precisely what is needed: for evaluation to become part of daily practice with the various services. In this way it should no longer be represented just by the occasional research publication. It should become a tool designed to promote a constant refinement in treatment practice, primarily in the interests of those benefiting from it but also giving reassurance to those paying for the treatment concerned.

The luke-warm attitude adopted by operators to evaluation is unfortunately entirely understandable because of the way it has been manipulated in the past by researchers looking for scoops or politicians conducting witch hunts.

Once bitten twice shy: anyone who has provided data which are then used to discredit them will seek to avoid doing the same thing in the future! In the majority of cases the intent is less aggressive. Once data have been given over though, nothing more is heard of them. Practices of this kind obviously give rise to suspicion.

In other words, this problem reveals another aspect. The processing of the data collected cannot be done without an in-put from those who have helped to collect them. Once again we strongly believe in the importance of the operators and their effective involvement in the evaluation process.

The situation may be different where the body paying for the services is entirely external to them or where its authority is so strong that it is able to

impose evaluation procedures. Where these conditions do not exist the methodological considerations set out above seem inescapable.

Every country's social system has a different history. It is though, difficult to believe that a Europe of the future will have services and operators without a voice in affairs that concern them. I consider that the preferable model is that of a social system where the buyer of the service is an entirely separate entity from the service provider. In other words, is it desirable that there should be a complete privatisation of health and social services, or, rather, that they should not be part of that social contract underpinning the national states of today and Europe of tomorrow?

A crucial reason in support of the systematic evaluation of initiatives in this field is the greater importance it gives to the patients. They change from objects of assistance, needing treatment, to clients whose requirements and points of view have to be considered, respected and satisfied.

Where aims have been made explicit it then becomes possible to inform the clients of them and to listen to their point of view in that regard.

Over time there has been a growing awareness that it is necessary to draw up the treatment programme in conjunction with the clients and to allow them to become active participants in the treatment.

To write out the programme and possibly have the client sign it, implies a recognition of his or her value as a person capable of entering into and, at the same time, respecting, a contract.

It will also be a document which he or she will have available to read at other times, possibly together with his or her therapist, to be able to identify what has changed and how, indeed, he or she has changed.

This procedure allows the therapy to progress more rapidly, based on a specific contract which provides for objectives which are both clear and measurable.

In short, there are many benefits to treatment from the continuing practice of evaluation.

Finally, one should consider the advantages inherent in accreditation and, to an even greater extent, in quality Certification of services. It will be immediately apparent that it is only possible to generate documents recognising the quality of the service where programmes are recorded and aims specifically defined.

It is thus important to learn to draw up the work project with the patient, to define the results to be achieved in concrete terms indicating the time to be taken in their realisation and record all the above on an appropriate record-keeping system. These are indeed, the basic steps required to

demonstrate a high quality service. It goes without saying that those same records need to be looked at again at pre-set intervals to check whether, and to what extent, the desired results have been achieved. It is certainly better, as I have already noted, to involve the patient in such activities, allowing him or her to express a point of view.

The records, together with successive amendments introduced to the therapeutic programme and the related results to be achieved under it, should accompany the patient throughout his or her time with the service in question. Both the service and the individual are likely to benefit from such a procedure. When looking back at an earlier stage they will be assisted by written material, so allowing a greater precision in the evaluation of the changes achieved.

As a result, evaluation is closely connected to the route taken by a service in pursuit of quality development.

From its beginnings ERIT has been concerned with the issue of quality. Specific reference to this point was made in the Appeal drawn up after the European Conferences, it was specifically inserted into the contracts concluded with the European Community. It was a central issue in the work undertaken by the Group on Quality Standards in Therapeutic Communities and the Group on Quality Standards in local Services and the Group on Evaluation, the results of whose work has given rise to this paper.

In recent years the latter Group, having collected many evaluation instruments, selected one, the MAP (the Maudsley Addiction Profile). It was considered that this was the most flexible model. Having adapted it to different European conditions the result was identified as the ERIT version.

The choice was made of the most practicable instrument, ERIT being a meeting place for practitioners. If an instrument is not practical it is not used (or it requires the expenditure of great energy to do so) and hence it becomes useless. Our Group has never pretended to be a centre of academic learning nor has it tried to compete with better qualified research centres. It has simply sought to promote the practice of evaluation.

Neither though, has the Group wished to transform itself into a training centre for the use of MAP – ERIT Version. It has instead sought to foster the culture of evaluation with operators. For this, it has organised, in conjunction with regional, national and local companies and universities, training courses on evaluation in the knowledge that either operators must change from victims of evaluation to those who ask for its introduction, or the great debate that has taken place over recent years will have nothing more to show for itself than a number of services which have either been cut or removed altogether.

The training seminars follow a programme which starts with an account of the Group's history and work. They then concentrate on the issue of evaluation: why, who, what and how.

That is what this text too, has explained.

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