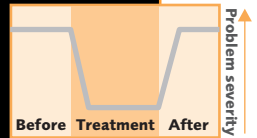


OFFCUTS

A remarkable confluence of views from leading US researchers writing in *Addiction* has profound implications for how addiction treatment is delivered and how it is evaluated. Both argue that if, for whatever reason, addiction is a 'chronic' condition (because the individual and/or the environment is difficult to change), then instead of short, intensive treatments, care should be spread more thinly and much more extensively in the form of long-term monitoring and support. In this "continuing care" perspective, bounce-back of symptoms once treatment ends is a sign that it worked, just as recurrence of high blood pressure after stopping medication is a sign that the pills were effective. Traditionally, the opposite has been the case: improvements during addiction treatment have been discounted and post-treatment relapse has been seen as a sign that the treatment failed.

- McLellan A.T. "Have we evaluated addiction treatment correctly? Implications from a chronic care perspective." *Addiction*: 2002, 97, p. 249–252.
- Humphreys K. and Tucker J.A. "Toward more responsive and effective intervention systems for alcohol-related problems." *Addiction*: 2002 97, p. 126–140 (includes commentaries).



Is this evidence that the treatment worked – or that it failed?