

Summary

For several years substance addiction, and in particular heroin addiction, has been viewed as a chronic Central Nervous System disease which requiring specific treatments. Moreover, in the eighties, drug addiction entered in an epidemic phase that lead to dramatic consequences on physic, mental and social health of the addicts.

From an harm reduction perspective, keeping contact with a maximum of drug-addicts was an important goal of some programs in order to reduce or to prevent the consequences of their addiction both at the sanitary and at the judiciary levels.

In spite of their accessibility and their effectiveness for many dependant patients, those programs failed to reach some sub-groups of severely addicted heroin users or patients who have repeatedly and unsuccessfully participated in currently available medical treatments. To reach them, Heroin Delivery under medical Control (*DHCo*) trials have been designed and some are completed in foreign countries (Great-Britain, Switzerland, Netherlands) or ongoing (Germany). These various studies are fully described in this book and are analysed through a meta-analysis which exhibiting the common effects of this innovative therapeutic modality on patients' health.

Many aspects of the *DHCo* (criminological, economical and medical) are studied in this paper in order to build a protocol aiming at attracting this specific population into a medical care system.. This general feasibility study describes the inclusion/exclusion criteria, routes of administration, duration and the various assessments needed.

A *DHCo* project may have a criminological impact by reducing the patients' need of illegal money. It may as well move patients away from a criminal environment and lengthen the odds on committing or being victim of offences. Therefore, it is important to design a work assessment that can measure the impact of such a program on users' delinquency and victimization. This tool will allow prevalence and incidence measures as well as an evaluation of the diversity of the drug addiction-related delinquency before and after the course of the program. It is therefore essential to undergo a literature review and a precise analysis of the available criminality indicators. The adaptation of existing evaluation tools to the Belgian context may also prove to be useful. The establishment of such program can't be realized without an adaptation of legal and administrative rules. This feasibility study provides an overview on existing international and national laws and makes recommendations for necessary modifications to legal framework. It also deals with practical modalities to implement such an heroin delivery under medical control program.

In addition, the impact that *DHCo* may have on the existing healthcare system, on the drug users' families and on the general population must be taken into account. To have a better picture of the impact of this program on these three groups, we propose to realize various *focus groups* for each of them.

Moreover, policymakers need to identify whether or not resources are being allocated in an optimal way with respect to the society's needs. Because of this, choosing upon different treatment options might depend on their economic valuation's results.

Based on the World Health Organization's (WHO) recommendations for the economic evaluation of services and treatment of psychoactive substance use

disorders, we developed an economic protocol for the *DHCo* program (Ogborne et al. 2000).

The protocol's first step is to define the economic question and the perspective of the study. We considered in our analysis that the *DHCo* program could be evaluated from a societal- or a health-related perspective. Choosing between one of those perspectives is dependent upon the participants' interests and/or on the clinical protocol. Valuing a treatment program from a societal perspective is justified given that substance abuse's costs go beyond the individual self-harm. Nevertheless, a treatment program valuation might be restricted to a health perspective in order to answer a specific question on a health outcome or health care expenditure.

A control group is introduced in the second part of our economic protocol. For the *DHCo* program we considered two possible groups: a group of addicts following a methadone treatment and the follow up of a group before and after treatment. Following these two first parts, we introduce the different methods that might be used to carry out an economic evaluation. We also include the list of the various tools derived from the clinical and criminology protocol that will be used in our analysis. Putting together these different sections aims at establishing an experimental protocol that will be suitable for the *DHCo* program.