Substance Abuse Research and Funding Priorities

Report of a National Workshop
Ottawa, April 21-22, 1993

Prepared by
Dr. F. Andrews and Dr. E. Single

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On April 21-22, 1993 a workshop was held in Ottawa under the sponsorship of the National Health Research and Development Program (NHRDP) to discuss priorities for funding of alcohol and other drug research. The workshop was conducted by the Canadian Centre on Substance Abuse (CCSA) and chaired by Dr. Eric Single, Director of Policy and Research for the CCSA. The objectives of the workshop were:

1. To review current sources of funding for alcohol and drug research in Canada;
2. To identify gaps and areas of high priority in research on alcohol and drug problems in Canada; and
3. To identify alternative methods to promote the development of improved research on alcohol and drugs.

This report focuses on gaps and areas of priority in research on alcohol and drug problems in Canada.

The participants in the workshop included:

- Mr. Jim Anderson, Health Promotion Directorate, Health & Welfare Canada
- Dr. Florence Andrews (rapporteur), Carleton University, Ottawa
- Dr. Gordon Barnes, University of British Columbia
- Dr. Suzanne Caya, National Health Research and Development Program, Health & Welfare Canada
- Dr. Katherine Gill, Montreal General Hospital
- Dr. Louise Guyon, Head of Research, Domrémy, Montreal
- Dr. David Hewitt, CEO, Alberta Family Life and Drug Abuse Foundation
- Dr. William McKim, Memorial University, Newfoundland
- Ms. Patricia McNeil, Health Promotion Directorate, Health & Welfare Canada
- Dr. Juan Negrete, McGill University, Montreal
- Dr. Christiane Poulin, Dalhousie University, Halifax
- Dr. Robin Room, Addiction Research Foundation of Ontario
- Ms. Yolande Samson, Health Promotion Directorate, Health & Welfare Canada
- Mr. Roy Sampson, National Health Research and Development Program
- Dr. Eric Single (Chair), Director of Policy and Research, CCSA
- Dr. Reg Smart, Addiction Research Foundation of Ontario
- Dr. Tom Stephens, Thomas Stephens & Associates, Manotick, Ontario

Participants deliberated questions of content, conceptualization, and method relevant to substance use and abuse. The discussion centred on five topics: Etiology, Epidemiology, Treatment, Social Policy and Prevention.

These areas are not mutually exclusive. In addition, workshop participants identified general principles which should inform the conduct of research and evaluation. The issue of exploring ways to synthesize and disseminate research information in a timely and cost-effective manner was also discussed.

General recommendations

- Where possible, studies should be theory-driven; studies testing alternative theories should be given preference.
- Preference should be given to studies which suggest causality. Thus, experimental studies should be given priority over correlational analyses of the same issue.[1]
- Priority should be given to studies through which we can make a unique contribution to knowledge about the use of alcohol and other drugs in Canada.
- Priority should be given to studies which are most likely to suggest social policy or treatment applications.
- Ethnographic, observational and non-traditional methods should be encouraged, particularly where there is a lack of basic description of the nature and extent of problems.
- Efforts should be made to encourage studies proposed by new researchers and to train researchers (e.g., graduate students) in the substance abuse area.
- Efforts should be directed toward establishing archives and data banks for maintaining, classifying and retrieving data from surveys and other studies concerning substance use and abuse. Such material can be used for secondary analysis, including meta-analytic research. To this end,

[1] There was disagreement on this statement by two members of the committee. It should be noted that the consensus statement refers only to situations in which different methodologies are applied to the same issues. Thus, for example, experimental design would generally be preferred over correlational analysis only when applied to the same research questions. In most situations, these methods are used by different types of issues. Thus, the committee is not necessarily advocating an increase in experimental rather than other types of research methods. By the same token, the preference for designs which more clearly establish causality is not necessarily contradicted by the consensus statement that ethnographic research should be encouraged, as ethnographic methods would be applied to very different research questions.

and where applicable, computer-readable data sets should be required, along with the final report of funded studies.

Consideration should be given to establishing a community of Canadian researchers involved in the drug and alcohol field. Such a community may be created and maintained through various structures: regular or topical conferences and workshops; electronic networks; newsletters; or a scholarly journal.

High-priority etiological issues

Etiological research should be theory-driven, with priority given to proposals with plans to test more than one theory.

Large-scale longitudinal studies are expensive. Given the present limitations on funding, NHRDP should give priority to smaller-scale longitudinal studies which would focus on relatively small sets of variables and cases.

Effects of natural events (i.e., major social changes) as well as "managed change" (i.e., changes in social policy) should be assessed.

Intensive studies of well-defined local populations (such as those studied under the Epidemiological Catchment Area Program of the United States National Institute of Mental Health) would be appropriate.

Priority should be given to studies of etiological factors for which there are policy and program implications: e.g., gender, age, ethnicity and the identification of target groups that policy and programming can address.

Preference should be given to etiological studies of groups identified as high risk for substance abuse, or who are vulnerable to substance-related damage because of other factors; e.g., youth, women, the psychologically ill and the elderly.

High-priority epidemiological issues

What is the relationship between levels and patterns of use as they impact on problems?

What are the interactional features of substance abuse problems? Preference should be given to research designs concerning alcohol and other drug problems which focus not only on the individual but on how his or her use of psychoactive substances is perceived and reacted to by others.

Rather than attempt to specify absolute levels of safe or harmful use, research should focus on the risks and benefits associated with alcohol and other drugs. The interaction of use levels with biological, psychological, sociocultural and demographic factors should be considered. How is harm measured? What

items are to be taken into account? Is the combination of items into an index justified, and if so, how are the items to be combined to maximize psychometric properties?

Identification of risk is needed, differentiating between acute and chronic risk, relative risk and population-attributable risk.

There are knowledge gaps in substance use/abuse of marginal sectors of the population, as well as of many ethnic groups. Research alternatives to general population surveys may fill these gaps. Sample designs could include an oversampling of groups or settings of interest (e.g., off-reserve aboriginals; recent immigrants, specific ethnic groups, high-density urban areas).

Research designs which focus on events and settings should be promoted. Problems often centre on events, and studying people is not necessarily the most efficient methodology. This applies particularly to problems such as violence and family disorganization.

Methods other than general population surveys must be used to assess patterns and consequences of the use and abuse of substances with relatively low incidence, such as cocaine, hallucinogens, amphetamines, and solvents.

Attention should be paid to events; often problems are the result of people's responses to events. Specifically, what is the interaction between patterns of use and cultural factors, and how does this interaction translate into problems? Alternatives to problem-prone substance use should be explored.

High-priority treatment issues

Research on non-professional treatment, or help, should be given priority. Such help would include an individual's rehabilitation as a result of his or her own efforts, as well as informal sanctions such as pressures from close associates and joining self-help groups. These groups should be studied in cross cultural context and also in terms of their role as a place for referral after treatment.

Treatment is often conceptualized to be a period separate from the rest of life. Instead, treatment can be viewed as events in a career of abuse. This kind of conceptualization can be employed in qualitative/ethnographic research.

There is a need for improved treatment evaluation studies, including process evaluations. In particular:

- There should be more consensus and uniformity regarding outcome measures and other data collected by treatment agencies.

- Studies should address the relative import of factors which predict entry into treatment, completing or leaving treatment programs, as well as outcome measures.
- There is a knowledge gap concerning what actually occurs during the course of a treatment program. Ethnographies of treatment settings would contribute substantially toward filling this gap.
- More information is needed about successful treatment modalities for youth, women, the elderly, heroin addicts and solvent abusers.
- There should be more research on medication use by the elderly.[2]
- Research on the effectiveness of early detection and brief intervention by primary caregivers should be promoted. This should not be restricted to physicians, but should include emergency staff as well (i.e., ambulance and emergency room staff).
- The development and evaluation of treatment for dual disorders should be promoted.

High-priority social policy issues

Consideration should be given to studies regarding the reception of campaigns to control alcohol use, including political support of these controls. Such studies may include a comparative component (e.g., by substance, such as tobacco, or by taking cultural factors into account in a cross-cultural context).

Assessments of campaign effectiveness should include attention to outcome measures: e.g., changes in per capita consumption; changes in beverage preferences; changes in age of first use; differential responses of subsectors of the population.

The nature of the goals and outcomes of any alcohol campaign (e.g., abstinence, moderate drinking, reduction of cirrhoses rates) should be made specific.

Applied research about the social context of alcohol use should have priority. Examples are reduction of heavy drinking occasions and training of servers in licensed establishments.

There are some research issues regarding alcohol beverage advertising: its effects in particular social contexts and on particular sectors of the population; differential restrictions on the advertising of beer, wine and spirits, life-style advertisements and those advertisements which encourage sensation-seeking.[3]

[2] One member of the committee disagreed with this assessment.

[3] There was disagreement regarding whether or not the subject of advertising should be a research priority.

There should be studies examining the impact of health information on alcoholic beverages, which would include the content as well as the means of communicating the messages themselves.

The advertising of over-the-counter and prescription psychoactive medicines (including advertisements directed at physicians) should be studied.

Priority should be given to studies of effects of criminalization for illegal possession of drugs and possession of illegal drugs.

Priority should be given to studies of efforts to reduce alcohol and drug-related damage to high-risk groups, e.g., the unemployed, runaways, prison inmates, aboriginals, the psychiatrically impaired.

High-priority prevention issues

It is necessary for proposals in this area to specify what should be prevented and the reasons for prevention efforts. Regardless of the drug involved, is the goal to prevent all use or harmful use?

Proposals for prevention programs should include a substantial monitoring and evaluation component.

Families and schools are high-priority areas for prevention efforts. However, it should also be recognized that schools and families are not necessarily the best settings for research targeted to certain high-priority groups such as street youth, who tend to be alienated from their families and either do not attend school or distrust their teachers if they do.

Designs should include consideration of the cultures of families and schools which facilitate or impede prevention efforts.

Effects of informal social control in families and schools in terms of augmenting prevention of alcohol and drug-related damage should have high priority.

Priority should be given programs directed toward groups and substances for which potential for harm is greatest: e.g., toward prevention of fetal alcohol syndrome/effects; solvent use; youth in trouble with the law. Given its significance as a major cause of injury and death, particularly among young Canadians, priority should be given to programs concerned with impaired driving.

Further research on early detection and intervention should be encouraged, not only by family physicians but by other health care workers as well.