

**Canadian Addictions Researcher Workshop:  
Moving Toward a Plan of Action to Develop a  
National Research Agenda**

A Collaborative Project of:

Canadian Institutes of Health Research

Institute of Neurosciences, Mental Health and Addiction

Canadian Centre on Substance Abuse

Carleton University

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## EXECUTIVE SUMMARY

Whether measured statistically or in terms of public concern, addiction is a major health issue for Canadians. Canada's current efforts to reduce the harm associated with addiction are hampered by the absence of a coordinated approach and adequate funding for addiction research. The number of addictions researchers has declined and those who have left to pursue more financially rewarding interests have not been replaced.

The workshop was held in Ottawa, Canada, on December 15-16, 2001 under the sponsorship of the Canadian Institutes of Health Research (CIHR), the Institute of Neurosciences, Mental Health and Addiction (INMHA), the Canadian Centre on Substance Abuse (CCSA) and Carleton University. A list of the workshop participants can be found in Appendix A.

The goals of the workshop were:

1. To support and strengthen CIHR's, and, in particular, INMHA's understanding of the needs of the addiction research community.
2. To conduct an informal environmental scan of research priorities within the addiction community, which would feed into a *plan of action* to develop a national research agenda.
3. To identify practical means to facilitate and sustain collaboration and communication within the addiction field, and with CIHR and INMHA.

Workshop participants worked in four focus- and large-group sessions:

### **(1) Identifying and Exploring Addictions Research Partnerships**

Participants identified the following conditions as necessary for successful partnerships:

- presence of political will to keep addiction on the public agenda;
- an adequately funded national addictions organization;
- greater emphasis on longitudinal/prospective research initiatives;
- greater emphasis on prevention research;
- increased/strengthened linkages with academia; and provision for adequate credit/recognition for community-based research.

### **(2) Arriving at a plan of action to develop a national research agenda**

The components of a plan of action identified by the workshop participants were translated into a model (see [Diagram A](#)). Essential to the success of the model are a realistic timeframe (i.e., 7-10 years), adequate funding, leadership and coordination at the national level, and flexibility on the part of the research community to respond to identified needs.

### **(3) Collaboration within the addictions community and with CIHR/INMHA**

INMHA's six goals were reviewed and addiction-specific recommendations made:

1. that INMHA/CIHR encourage and fund research projects that strengthen infrastructure within the addiction research field.
2. that INMHA/CIHR support an addictions research abstract database, and the release of data at the national, provincial, local and individual levels.
3. that consultations take place with senior INMHA associates to discuss tangible means to promote research among all divisions of the Institute.
4. that INMHA/CIHR examine the feasibility of developing a Canadian research journal that focuses on mental health, neuroscience and addictions.
5. that support mechanisms for addiction researchers be established in Canadian academic institutions.
6. that INMHA/CIHR use various mechanisms to support individual researchers.
7. that INMHA/CIHR offer training to researchers in all settings, including community service agencies.
8. that research be used to battle the stigma attached to addictions and that consideration be given to "putting a face" on the addictions problem.
9. that the addiction community and INMHA pool their human and financial resources to develop and refine methodologies to assess the "burden" of addiction.
10. that INHMA and CIHR support the gathering of addictions stakeholders to discuss research priorities.

#### **(4) Disseminating addictions research information and workshop outcomes**

Further to the workshop themes, participants proposed the following next steps:

- distribute the workshop report to the addictions field in general, to INMHA and other CIHR institutes, and to other organizations and groups for comment and to facilitate discussion about the future direction of addictions research in Canada;
- form a working group that can apply for strategic planning funding to carry on the process started at this workshop, and to ensure that addictions issues figure prominently among INMHA priorities; and
- enlist workshop participants to develop communications strategies that give greater prominence to addictions in Canada.

## **I. INTRODUCTION**

Whether measured statistically or in terms of public concern, addiction is a major health issue for Canadians. More than one in five deaths in Canada and hundreds of thousands of hospitalizations result from the use and misuse of tobacco, alcohol and illicit drugs every year. The cost to the economy is at least \$18 billion a year, including more than \$4 billion in direct health care costs. Problem gambling is an emerging phenomenon that is closely related to other addictive behaviours. The widespread expansion of legalized gambling has been linked to rising rates of dependence, family problems and suicide.

Socially and economically disadvantaged groups, including Aboriginal peoples, street youth and women, are particularly vulnerable to the effects of addiction. Addiction is a significant component of many health and social issues in Canada, ranging from AIDS and Hepatitis C to homelessness, family violence, concerns associated with child welfare, delinquency and crime.

Canada's current efforts to reduce the harm associated with addiction are hampered by the absence of a coordinated research approach. Further, funding for addiction research has become increasingly sporadic in recent years, and the sharing of knowledge among the many disciplines and jurisdictions working in the area has suffered as a result. The number of researchers in the field has declined and those who have left to pursue more financially rewarding interests have not been replaced.

The philosophy of *partnership* on which the Canadian Institutes of Health Research (CIHR) was founded has tremendous potential for advancing the addiction research field. The Addictions Researcher Workshop was envisioned as a venue for strengthening collaboration within the addiction field, and between the field and CIHR through the Institute of Neurosciences, Mental Health and Addiction (INMHA).

## **II. WORKSHOP GOALS**

The workshop was held in Ottawa, Canada, on December 15-16, 2001 under the sponsorship of CIHR, INMHA, the Canadian Centre on Substance Abuse (CCSA) and Carleton University. Dr. Colleen Anne Dell, Assistant Professor at Carleton University and CCSA Research Associate, and Mr. Michel Perron, Chief Executive Officer of the CCSA, chaired the one-and-a-half-day meeting.

The goals of the workshop were:

1. To support and strengthen CIHR's, and, in particular, INMHA's understanding of the needs of the addiction research community.
2. To conduct an informal environmental scan of research priorities within the addiction community, which would feed into a *plan of action* to develop a national research agenda .
3. To identify practical means to facilitate and sustain collaboration and communication within the addiction field, and with CIHR and INMHA.

## The participants

The participants represented key addiction organizations and a variety of addiction areas. Originally envisioned as a small informal gathering to kick off a broader consultation on a new national research agenda, the workshop grew quickly to accommodate approximately 40 interested individuals. A list of the workshop participants is located in Appendix A.

## The proceedings

This report summarizes the proceedings of the workshop, highlighting common themes and identifying next steps. It is intended to provide a guide to capacity building as the addiction field moves toward the establishment of a national addiction research agenda.

## The workshop

Introductory remarks by Mr. Michel Perron and Dr. Colleen Anne Dell were followed by two agenda-setting presentations:

Dr. Eric Single provided an overview of CIHR and key findings of the 1993 National Workshop on Substance Abuse Research and Funding Priorities. Dr. Single noted that many of the priority areas identified at the 1993 workshop were echoed in this workshop. Dr. Christiane Poulin spoke about the Canadian Addictions Researcher Network (CARN) and commented on her productive research experiences with CIHR.

Workshop participants then worked in focus- and large-group formats, addressing four key areas:

- (1) identifying and exploring addiction research partnerships,
- (2) arriving at a *plan of action* to develop a national research agenda,
- (3) collaboration within the addiction community and with CIHR/INMHA, and
- (4) disseminating addiction research information/workshop outcomes.

## III. KEY AREAS ADDRESSED

The over-arching themes of the workshop were the need to *build capacity*, develop a *sustainable infrastructure* within the addiction research field, and to guide areas of inquiry through the identification of *research priorities*. To this end, participants recommended several basic principles:

- greater *transference and application of knowledge* within all areas of the addiction field, and closer links with INMHA and other CIHR institutes;
- *participation in the research process* by a multitude of partners, ranging from academic researchers to community treatment providers;

- *guarantees of adequate funding and commitment* to build capacity and sustain infrastructure within the addiction field;
- *identification of the current state of knowledge* in the addictions field and *the identification of research priorities* to guide further activity in the addictions field;
- increased *promotion of addiction research reports, workshops and conferences* to address researcher needs, raise awareness of addictions issues, and counter stigmatization of addicted individuals; and
- the promotion of research as an *underpinning for more effective prevention and treatment programs*.

## **(i) Identifying & Exploring Addiction Research Partnerships**

This session had two aims:

1. to identify and explore research partnerships and collaborations that participants were involved in or aware of in the addiction field; and
2. to propose new or expanded collaborative opportunities for addiction researchers.

Several existing collaborations were highlighted as examples of the kinds of partnership needed in addiction research. From these examples, the following principles were identified as key to successful collaborations:

- There should be adequate funding of addiction research.
- Issues of information ownership and jurisdictional issues should not impede collaboration.
- Diverse participation and perspectives should be accommodated in design of the research and its implementation.
- Clear research goals should frame the partnerships at the start, and they should be periodically reviewed and revised if necessary.
- Knowledge transfer mechanisms and strategies should be identified and followed through.
- Projects should be driven by realistic and natural timelines and not constrained by fiscal year-end budgets.
- Partners should capitalize on structures and services already in place.
- Research results should be distributed to relevant audiences to strengthen understanding and their application.
- An evaluative component should be incorporated in the research to increase evidence-based decision making.

For partnerships in the addiction research community to be *fully* effective, the following suggestions were made:

- There should be political will to keep addiction on the public agenda.
- There should be an adequately funded national addictions organization to anchor the addiction research community and serve as a single access point for INMHA/CIHR.
- There should be a greater emphasis on longitudinal/prospective research initiatives.
- There should be greater emphasis on prevention research.

- There should be increased/strengthened linkages with academia.
- There should be provision for adequate credit/recognition for community-based research.

## **(ii) Arriving At a Plan of Action to Develop a National Research Agenda**

The goal of this session was to identify a plan of action to develop a national research agenda, including both content and process. The components of the plan of action identified by the workshop participants were translated into a model ([Diagram A](#)).

The process identified in the model incorporates a long-term goal of achieving infrastructure sustainability and building capacity in order to meet Canada's addiction research requirements. Essential to the success of the model are: a realistic implementation timeframe (i.e., 7-10 years), adequate funding, capitalizing on existing synergistic partnerships and opportunities, expert leadership and coordination at the national level, and flexibility on the part of the research community to respond to identified needs.

Participants raised a number of points about the model ([Diagram A](#)):

Point 1: that the model be adopted as an integral component of a national drug strategy. Research should be used to continuously "test" the strategy and verify that it meets the needs of the Canadian population.

In the absence of such a strategy, the model can still contribute to the knowledge/evidence base of a less formal drug strategy, while addressing ongoing realities in the addiction field.

Point 2: there is a need to conduct a comprehensive review of the current base of addiction knowledge, and to use this base as the reference point in developing new priorities.

Point 2A: reviewing the current state of addiction knowledge will help to establish a definition of addiction; identify research gaps, emerging issues, and areas of duplication; and define the jurisdictional scope of existing research (local, provincial, national, international). The methodological approach to reviewing the knowledge base must be rigorous and systematic (i.e., Cochrane collaborative model, meta-analyses, triangulation of methods).

Point 3: concurrent with a review of the current state of addiction knowledge, participants identified the pressing need for a national survey of alcohol and drug use in Canada. Such a survey has not been conducted since 1994.

Point 3A: a national prevalence survey could be used to update estimates of the social, economic and health costs associated with addiction. The resulting information could be used to evaluate efforts to reduce the harm associated with substance abuse and to establish addictions on the national social agenda.



Point 4: the foregoing measures will contribute to tangible outcomes, including the identification of a work plan, research priorities, performance indicators, “fit” with other research agendas (i.e., CIHR and INMHA), and a shared statement of philosophy among the various members of the addiction research field.

Point 5: the model culminates with the implementation and dissemination of research and incorporation into the current state of knowledge and the National Drug Strategy.

### **(iii) Collaboration Within the Addictions Community and With CIHR/INMHA**

The aim of this session was to address how CIHR, and more particularly INMHA, could best engage in collaborative efforts with the addiction research community. INMHA’s six goals (as listed below) were reviewed separately and addictions-specific recommendations made. Inherent to the process was the need to strengthen partnerships within the addiction research community itself.

It was interesting to note that several of the recommendations are consistent with the current philosophy, policies and practices of INMHA and CIHR. The fact that they are repeated here demonstrates their need to be addiction specific.

**Goal 1: Promote and support excellence in peer-reviewed, internationally recognized research in the domains of the Institute, including co-occurrence with other health problems.**

*Workshop observation/recommendation*: Increased capacity building within the addictions field is required to promote excellence in research. Adhering to the mandates of INMHA and CIHR, universities were favoured as the ideal focal point for capacity building in light of their stable foundation and ability to train addiction researchers.

Accordingly, it was recommended that INMHA/CIHR encourage and fund research projects that strengthen infrastructure within the addiction research field (e.g., longitudinal studies, research projects that involve the training of future researchers).

A second recommendation is for INMHA/CIHR to assist in disseminating the knowledge generated by addictions research. This could include INMHA/CIHR support for an addictions research abstract database, and the facilitation of data liberation at the national, provincial, local and individual levels.

**Goal 2: Encourage trans-disciplinary research in order to facilitate knowledge transfer aimed at developing and improving healthcare treatments and services.**

*Workshop observation/recommendation*: The addictions field is inherently multi-disciplinary. It follows that a trans-disciplinary approach to addiction research is essential and that the addictions field must establish strong collaborative linkages

with INMHA and other CIHR institutes. Participants recommended that consultations take place with senior INMHA associates to discuss tangible means to promote research among the neuroscience, mental health and addiction divisions of the Institute.

Participants further proposed that INMHA/CIHR examine the feasibility of developing a Canadian research journal that focuses on mental health, neuroscience and addictions as an efficient means of encouraging trans-disciplinary research (e.g., see the Drugs, Society and Health Web-based journal – available in French only).

**Goal 3: Ensure the training and support of the next generation of Canadian scientists in all aspects of neurosciences, mental health and addiction by promoting and sustaining the development of trans-disciplinary programs of research and training.**

*Workshop observation/recommendation:* Three recommendations were made concerning the critical absence of addiction researchers in Canada.

First, it was recommended that support mechanisms for addiction researchers be established in Canadian academic institutions. Recommendations for INMHA and CIHR support included:

- creation of Chairs in addictions studies,
- support for visiting lectureships,
- establishment of distinguished scholar awards,
- encouragement of institutional arrangements to support research partnering and knowledge transfer (e.g., Carleton University and Canadian Centre on Substance Abuse Memorandum of Understanding and dual faculty appointment),
- support for the development of undergraduate and graduate addictions studies programs, and
- funding doctoral and post-doctoral fellowships.

Second, it was recommended that new addictions researchers be attracted to the field not only by a sustainable infrastructure, but by individual researcher support. It was recommended that INMHA/CIHR assist individual researchers through:

- the establishment of community researcher awards,
- researcher re-training stipends, and
- hosting thematic national workshops to build trans-disciplinary research teams and encourage interest in the field.

Third, participants felt it was critical to include the broader addiction community in the establishment of a National Addiction Research Agenda. For this to occur, concerted effort must be focused on providing training to researchers in all settings, including community service agencies. It was recommended that INMHA/CIHR support:

- distance education and internet-based training (e.g., Brown University model),
- best practices research training through video-conferencing, and

- timely dissemination of innovative addictions research through leading-edge information and internet technology.

**Goal 4: Work with volunteer health organizations and other interested stakeholders to reduce the discrimination and prejudices associated with neurological and sensory disorders, mental illnesses and addictions.**

*Workshop observation/recommendation:* Conducting and disseminating research can play a valuable role in battling stigma and challenging the public's generally uninformed perception of addictions. It was recommended that the success of the mental health field in "putting a face" on individuals with mental health issues in recent years is a promising direction that should be investigated.

Participants recommended that INMHA/CIHR could realize immediate gains by:

- facilitating research partnerships with the various "anonymous" groups (ranging from injection drug users to Aboriginal solvent abusers in urban centres),
- exploring relationships with private funding sources (e.g., Kaiser Foundation's experience),
- assisting in "putting a face" on the addiction field (e.g., identification of "champions"),
- supporting the broad dissemination of addictions research findings to counter existing misperceptions.

**Goal 5: To ensure that sufficient human and financial resources consistent with the burden of disease of the disorders covered by the INMHA, are made available to the Institute in order to achieve its goals.**

*Workshop observation/recommendation:* Among INMHA's foremost funding priorities for addictions research, participants suggested that attention be placed on prevalence studies and the development/refinement of methodologies to assess the "burden" of addiction. Both the addiction community and INMHA were encouraged to pool their human and financial resources to achieve this goal.

**Goal 6: Interact with all stakeholders to identify research priorities, establish partnerships and undertake collaborative activities.**

*Workshop observation/recommendation:* To achieve this goal within the addictions research community, it was recommended that INHA and CIHR support the gathering of addictions stakeholders to discuss research priorities. Specifically, the following process was recommended for INHMA action:

1. develop concise, topic-specific position papers on the state of addictions research in Canada;
2. based on the topic-specific position papers, create a working group and develop a framework that outlines key issues, content and directions for a research agenda in the addictions field;
3. convene regional consultations to discuss the framework and provide constructive feedback.

4. following from 2 and 3 above, identify research questions, priorities, gaps and related issues in the form of a research agenda working document;
5. hold a national forum to share the conclusions and confirm that they are supported by evidence. The resulting research priorities should allow for ongoing verification and modification as new knowledge is created. They would contribute significantly to points 2 and 2a of the proposed model for establishing a National Addictions Research Agenda (see [Diagram A](#)).

#### **(iv) Disseminating Addictions Research Information/Workshop Outcomes**

Further to the workshop themes, participants proposed the following next steps:

- distribute the workshop report to the addictions field in general for comment;
- ensure that the priorities of INMHA include addictions:
  - meet with INMHA's Director to consult on the outcomes of the workshop;
  - encourage CIHR to re-visit the letter of intent put forth to the institute calling for the establishment of a stand-alone addictions institute;
  - encourage INMHA to earmark funding specifically for addictions research.
- use the workshop report as a mechanism to facilitate discussion about the current state and future direction of addictions research in Canada;
- distribute the report beyond INMHA to other organizations and groups, as well as to other CIHR institutes;
- where feasible, have national addictions annual general meetings coincide with the 2002 World Forum on Drugs in Montreal so that the Canadian addictions research community can come together;
- form a working group that can apply for strategic planning funding to carry on the process that was started at this workshop; and use the workshop participants to develop communications strategies that give greater prominence to addictions in Canada.

## **APPENDIX A - Canadian Addictions Researcher Workshop Participants**

- Anne Bateman, Centre for Addiction and Mental Health
- David Brown, Addictions Foundation of Manitoba
- Serge Brochu, University of Montreal
- Jamey Burr, Partnership Development Group – Human Resources Development
- Tulio Caputo, Carleton University
- Virginia Carver, Research Analyst
- Colleen Anne Dell, Canadian Centre on Substance Abuse & Carleton University
- Debra Dell, White Buffalo Treatment Centre
- Peter Fried, Carleton University
- Karen Garabedian, Canadian Centre on Substance Abuse
- Kathryn Graham, Centre for Addiction and Mental Health
- Brian Grant, Addictions Research Centre, Correctional Service of Canada
- Nady el-Guebaly, Canadian Society for Addiction Medicine
- Carol Hopkins, Nimkee Nupigawagan Healing Centre
- Florence Kellner, Carleton University
- Lucie Léonard, National Crime Prevention Council
- Lynne Leonard, University of Ottawa
- Julia Klein, Motherisk
- Michel Landry, directeur des services professionnels et de la recherche du Centre Dollard-Cormier
- Donald MacPherson, City of Vancouver
- Ron Norton, University of Winnipeg
- Harlie Outhwaite, Health Canada, Treatment & Rehabilitation Division
- Michel Perron, Canadian Centre on Substance Abuse
- Nancy Poole, BC Women's Hospital & Health Centre
- Christiane Poulin, Canadian Addictions Researcher Network & Dalhousie University
- Stéphane Racine, Health Canada, Drug Research Division
- Dan Reist, Kaiser Foundation
- Ed Sawka, Alberta Alcohol & Drug Abuse Commission
- Rob Simpson, Ontario Problem Gambling Research Centre
- Eric Single, Canadian Centre on Substance Abuse, University of Toronto & CIHR
- Richard Thatcher, National Native Addictions Partnership Foundation
- Shimian Zou, Health Canada, Centre for Infectious Disease Prevention & Control

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