

Building social and population science in alcohol and other drug studies

SUMMARY: Social and population research in alcohol and other drug studies is needed in any society with substantial substance use. Since the field is peripheral in professions, academic disciplines and government departments, and social and population research does not qualify as “high science”, specific arrangements are needed for its support.

The arena of knowledge covered by *Addiction* is not central to any traditional profession or academic discipline. As Jim Rankin once put it, “the drug and alcohol field does not fit into any single professional area: it is truly interdisciplinary, and therein lies both its professional strength and its political weakness” (1). In medicine, for instance, efforts to get coverage of alcohol issues in the basic medical curriculum, even when successful, tend to be abandoned when the next “reform” comes along. For other professional schools – whether of welfare, public health or criminology -- our arena is also peripheral. In academic departments, it is a rare undergraduate curriculum which has more than a few lectures specifically on alcohol, tobacco or drugs. For biosciences, while alcohol and drugs is an arena from which much research funding is sought, again it is not at the heart of any discipline. Specialists in our arena are thus not required for the teaching faculty either in professional schools or in academic departments; we have “not managed to acquire an established tag and compartment in the system” (2).

Also in governments, many agencies are involved in alcohol, drug or tobacco issues – a British official report once counted 16 government departments with “major policy interests in alcohol” (3) -- but the issues are not defined as central to any of them. When departments are reorganised, societal responses on such peripheral concerns – agencies, advisory committees, monitoring mechanisms – are often swept away or subordinated in a merger. Thus, leading government-funded alcohol and drug research centres – for instance, in Ontario, Norway and Finland – have been folded into more general-purpose centres, with an eventual reduction in the research effort in alcohol and drugs.

The marginality of alcohol and drug issues to professions and academic disciplines means that how decisions on government funding of research are set up is crucial to how and to what extent research in the field develops. Alcohol and drugs do not do so well with general-purpose research funding bodies, such as Vetenskapsrådet (Research Council) in Sweden or NHMRC and ARC in Australia. Few grants which those in the field would regard as central to it are funded, though the bodies can often point to a longer list of grants which touch on alcohol or drugs more peripherally. In an environment of generalised grants announcements, and review panels primarily composed from faculty of university teaching departments, proposals centring on alcohol and drug problems are handicapped by the field's peripherality to the main concerns of panel members.

A minimal solution is to set up a parallel research funding agency which focuses on research on major social problems. Sweden's FORTE (Swedish Research Council on Health, Working Life and Welfare), a separate body from the general Research Council, for instance, defines its mandate as "research that concerns everyone and provides the basis for the development of the individual and society at large,... both basic and needs-driven research which means that the results benefit both research and society" (4). FORTE's position and its commitment to alcohol and drug research have not been very stable; the agency's name and boundaries of interest have changed twice in the past decade. But FORTE's framing translates into support for research attuned to problems as they are manifested and handled in the particular society, rather than privileging topics with high academic prestige.

A more focused solution is the U.S. National Institutes of Health's separate institutes for alcohol and for drug problems. But, even with this compartmentalization, the emphasis in funding has tended to drift away from research of practical social value. Midanik (5) has documented the shift towards increasing biomedicalisation in the U.S. alcohol research portfolio. The focus on the "brain disease" facet of alcohol and drug problems can be seen as privileging academic prestige over practical value. The academics on the review committees tend to assign priorities primarily in terms of a generalised concept of "science", and secondarily in terms of potential market exploitability of products of the research.

In some lines of research in our field, such as most biomedical research, findings are not specific to a particular society. For instance, what can be learned relevant to human alcohol use from alcohol-preferring rats, genetic

variants originally bred in Chile and Finland, can just as well be studied in the U.S. (6). On the other hand, findings from research on patterns of behaviour and of many related harms – injuries, family problems, crimes – are often specific to a society, or to subpopulations within it, not only because there are specific behavioural norms affecting the behaviour, but also because of the societal specificity of reactions to the behaviour and of the institutions for handling it.

Given the problems that come with the behaviours, any society in which there is substantial alcohol, tobacco or drug use can benefit from providing for pragmatically-oriented social and population research on levels and patterns of use, rates and conditions of occurrence of problems, and the effects of policies for prevention and for social responses to the problems. The research program should on the one hand be pragmatically oriented, including evaluations of preventive and ameliorative measures. On the other hand, it should also allow for generative research that can point to practical paths outside the current governing image of social responses to the drug (7), since the experience over the last century is that this is subject to radical change over time.

There will be variation from one society to another in how such a program will best be organised, whether in the form of government-funded research centres in the field, specific grants programs, or otherwise. Given our field's wide spread across and peripherality to academic disciplines and government departments, experience suggests that a substantial core research commitment needs to be earmarked to the field.

A continuing investment in social and population research and evaluation is needed in any society with a substantial amount of psychoactive substance use – and of heavy use (8). Such research is unlikely to be done without specific governmental provision for it. Given the considerable sociocultural variation in whether and how policy processes pay attention to research findings (9), attention should also be paid to communication between researchers and policymaking. Arrangements for the research should encourage mutual influence between research and the policy process, but needs to ensure that researchers are enabled to think and report independently and outside current policy boxes.

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