

ORGANISING DRUGS RESEARCH

IN 1986, THREE government departments and two research councils joined in a funding consortium to promote an investigation of the state of research into drug addiction and to identify priority areas where research was needed. Together, the Home Office, DHSS, Scottish Home and Health Department, Medical Research Council and Economic and Social Research Council put up £50,000 for the study, known as the Drug Addiction Research Initiative. The resulting report, delivered in February 1987, recommended a £1 million programme of coordinated research over three years.

The report mapped out the current situation in drugs research. Generally, there's little of it. Despite increased expenditure on drug controls in the 1980s, there has been no commensurate investment in research to see if the money has been effectively spent. Much of the research still drawn on is a product of the 1970s and its academic basis is insufficient. In its investigation into drug misuse in 1985, the House of Commons Social Services Committee noted: "We would normally expect to receive submissions from academic departments. It is significant that no single such body submitted evidence."

Research base inadequate

The information base on which policies are formulated is seriously deficient. No one knows how many addicts there are in Britain, let alone estimating the number in 1990 or beyond. There is incomplete information about health services and prescribing, no national figures on drug users coming to non-medical facilities, and little official information about the use of illegal drugs other than opiates and cocaine.

Attempts to remedy these deficiencies have been marred by lack of coordination. The Initiative study came across a number of local monitoring systems being set up to improve the basis of service planning, yet little attempt had been made to discuss problems of comparability and definition, or to agree a common data base.

Local investigations of the extent and growth of drug misuse — notable features of drugs research in the 1980s — have been funded by different departments, and few have been established in ways which make their data comparable with other areas.

Research funding is limited and is dominated by funding from government departments. The research councils and academic-related organisations — with the notable exception of the Medical Research Council — fund little drug research, though charitable trusts and private funding sources have shown increased interest

Three government departments and two research councils funded a report on drug research, and then rejected one of its key recommendations. The report's author analyses the gaps in Britain's research effort and points the way forward to a more effective and coordinated strategy.

Virginia Berridge

in the past year or two. Research organisation is largely medical- or service-based, either in terms of organisation, funding authority, or leading researchers, and often all three, meaning social science approaches are relatively neglected. This has its effect on research careers; inside and outside the drugs field, there is a career structure for medical research workers, but not for social scientists.

There are few mechanisms for analysing and developing research. Regular conferences where drug researchers can meet are rare, and no adequate register exists encompassing all research rather than just the local or service-based projects. There are no analyses of research findings and their implications — it is not just a question of 'needing more research', but of ensuring a positive connection between research and matters of policy concern.

Drug use is a field with clear international implications. But access to information about research developments abroad, or resources for research which crosses national boundaries, are both limited. Lines of communication with North American research are well established: the much greater investment and central organisation of US research ensure it has a predominant role. But European research is virtually inaccessible.

In Europe in recent years there has been a proliferation of agencies taking an interest in drugs research and its coordination, including WHO-Euro, the Pompidou Group, Labos in Italy, the Council of Europe, the European Community, and UN agencies. Yet there often seems little coordination between them, and their proliferation has not been matched by investment in useful research with an international approach or comparing different national policies.

The way forward

The Drug Addiction Research Initiative report suggested a range of possible research proposals but settled on a number of priority areas, in part determined by the interests of the project's funding agencies. These were: extending the factual base; services and treatment; the nature of addiction; the economics of the illicit drugs market; and policy and enforcement studies. It laid out a programme of coordinated research projects based on these areas. For example:

▶ Local studies could be linked to build up a national picture. By being carried out over the same time period and using comparable methodologies, such studies could also help assess the effectiveness of local policies.

▶ A central unit would collate data from local projects, official statistics, monitoring systems and local informants, to produce an annual audit of all data on drug use.

▶ A group would be set up to research the nature of dependence and to coordinate bio-medical and behavioural work.

▶ Policy studies could investigate the development of control policy over time and place UK policy in a European context.

Part of the suggested programme, too, was research on harm-minimisation and AIDS, now in part dealt with by DHSS funding of experimental needle exchange projects — although the report did emphasise that harm-minimisation shouldn't just be associated with a single strategy.

Practical means to promote coordination were also considered. Among these were: a comprehensive research register; a review and analysis of European research; a policy options workshop for funders and researchers; and a seminar series. To ensure more flexibility and progression in research careers, there should, the report said, be: more research training; some post-doctoral fellowships; secondment of researchers to service-providing organisations; secondment of practitioners normally outside the research arena into research; and bridging finance for productive researchers between contracts.

The information base on which policies are formulated is seriously deficient

It seems unlikely that even this modest start in collaboration will get off the ground. In the end, departmental autonomy reasserted itself: at a meeting in June 1987, the funding partners decided not to fund a coordinated programme, though some of the agencies involved may mount their own individual research initiatives.

The relationship between research and policy in the drugs area has never been an easy one. Health education research was ignored when the anti-heroin campaign was mounted. In the 1970s, work on the relative merits of prescribing methadone versus injectable heroin in addiction treatment was used to justify changed prescribing policies, when a close reading would have indicated other conclusions.

DEPARTMENTAL and professional power struggles can affect the coordination of research. Political priorities and professional rivalries will always be factors in the way research is used and in the formation of policy. Yet many agencies, locally and nationally, are calling out for more research. It is still reasonable to hope for better research planning and more informed discussion. □

Virginia Berridge was consultant scientific secretary on the Drug Addiction Research Initiative. She is currently at the University of London's Institute of Historical Research.