

# ADDICTION EXCHANGE

April 15, 1999 1(7)

*News from the worlds of clinical practice and research*

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Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. Today's topic is **Bridging the Gap between Practice and Research**. Despite the identification of 17 types of treatment methods with a preponderance of positive outcome findings and 13 treatment methods with at least some evidence of efficacy, treatment in the U.S. is characterized by use of a small group of treatment techniques that may not be the most effective (Miller et al., 1998). Why are there large gaps between practice and research on substance abuse treatment? A seminal new book asserts that "There are important gaps between the knowledge gained from research, everyday practice in community-based drug abuse treatment programs, and governmental policies about drug abuse treatment at the local, state, and national levels. Much has been learned about drug abuse treatment at each of these levels—research, treatment, and policy. Yet these groups make too little use of one another's knowledge base." (IOM, 1998, p. 29). However, unlike previous publications, which sometimes imply that clinicians are at fault for not adopting empirically-supported clinical methods, the IOM book reviews the many reasons that all parties concerned with drug abuse treatment are unable to fully utilize knowledge developed in each others' areas. Although researchers may believe that research-based treatment innovations should be adopted in community agencies, treatment providers may believe that research has failed to provide answers to their most pressing concerns, and has failed to include them appropriately in the early stages of research design. Both researchers and clinicians tend to be frustrated by policy decisions that "don't make sense," but policy makers are hampered by what they perceive as a flood of information that has to be evaluated in real time so that decisions can be made quickly. **A key contribution of this book is the acknowledgment of important cultural differences in the knowledge and experience bases of these three groups that present barriers to collaboration.** In addition, other issues such as structural, financial, educational, political, and social barriers to true collaboration are identified and discussed. These barriers have resulted in research findings that are underutilized in treatment, service delivery and treatment approaches that are understudied in research, and policies that impede treatment. The remainder of the book is devoted to a discussion of approaches to closing the gaps, with a focus on how each group can begin to include the others effectively. Most of the approaches rely on infrastructure changes in treatment settings and research groups. For new treatment to move successfully from the research setting to the community setting, staff in community settings must be appropriately oriented, trained, and supported and community clients' outcome must be assessed. The transfer of new treatment knowledge "occurs best in the context of a long-term relationship between a researcher and the sponsoring CBO." (IOM, p. 70). We must all consider new ways to work together collaboratively to advance the effectiveness of treatment for clients.

## References:

Miller, W.R., Andrews, N.R., Wilbourne, P., & Bennett, M.E. (1998). A wealth of alternatives: effective treatments for alcohol problems. In W. Miller and N. Heather, Eds., *Treating Addictive Behaviors (2<sup>nd</sup> Ed.)*. NY: Plenum Press. 203-216.  
Institute of Medicine (IOM, 1998). *Bridging the gap between practice and research: forging partnerships with community-based drug and alcohol treatment*. Washington, D.C.: National Academy Press.

We hope you find *Addiction Exchange* useful in your work. Comments are welcomed by the editor of *Addiction Exchange*, Dr. Karen Ingersoll, at [kingerso@vcu.edu](mailto:kingerso@vcu.edu). Discuss your training needs by calling us at (804)-828-9910, or contacting the VATTC office at [vattc@vcu.edu](mailto:vattc@vcu.edu).



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