

Setting Up an Evidence-Based Electronic Library on Addictions (EELDA): A Joint Project of Librarians, Academics, and Other Specialists

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“If we did have evidence-based policy and practice, what would they look like?”

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Why EELDA?

- Professionals require up to date and accurate information on scientific developments, treatment and prevention interventions.
- Overload of information both in hard copy and electronically.
- Growing interest and demand for evidence based information.

Aim of EELDA

- To provide reliable evidence based information on a number of predefined substances: cannabis; cocaine; ecstasy
- For professionals in mental health and addiction care including libraries, and the public

Evidence Based Information/Practice

- Concept has its origins in evidence based medicine (EBM)
- EBM is defined as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individuals”
- Evidence based information/practice is defined as “integrating individual clinical expertise with the best available clinical evidence from systematic research”

Site Content

- Introduction section covers background information such as appearance, methods of use, prevalence and country specific legislation
- Effects – physical & psychological
- Risks – to health, interaction with other drugs, disorders, pregnancy

Site Content

- Identification and diagnosis – recognition of problematic use and addiction, detection of drugs in the body
- Prevention- interventions for particular settings, harm reduction
- Treatment – detoxification, maintenance , psychosocial treatment; relapse prevention
- Glossary of terminology used on the site.

Methodology

- Question formulation; authors
- Literature search: librarians
- Critical appraisal: authors/librarians
- Authoring: authors
- Expert review: independent scientists
- Panel review: non-scientific professionals

Question formulation

- Can cannabis cause psychosis in users?
- Cocaine (and metabolites) can be detected in saliva, blood, hair, urine and sweat. For how long can it be detected and how reliable is this?
- When does XTC (MDMA, MDEA or MDA) have effects? How long do they last?

Authors input to search process

- Indicate preferred studies - random controlled trial, systematic review, case study
- Provide key terms and concepts – self esteem, personality, cannabis, toxicity, pharmacology, schizophrenia.
- State which databases to search, e.g. Medline, Psychinfo, DrugData, Toxline, Embase
- Advise on limitations such as studies from 1990 onwards; no animal studies.

Literature Search

- Undertaken by librarians
- Working to the same protocol
- Search the databases identified by authors
- Authors provide key issues that they wish to address, so a basic filter can be applied to the literature search results.
- Search results with abstracts sent to authors

Critical Appraisal

- Authors examine the references and abstracts for quality and relevance against their criteria such as
- Preference for systematic reviews
- Title or abstract to cover cannabis diagnosis
- Eliminate articles where assessment of use/misuse/dependence is unclear or not described.
- Single case studies eliminated

Authoring

- Selected articles are supplied and read
- Summaries are written describing the findings
- These summaries are reviewed by experts for both content and clarity of writing before publication on the website.

Questions and Observations

- What can the addictions field gain/learn from evidence-based medicine?
- Does excluding non-evidence based material lose valuable information?
- What else can we draw from evidence-based approaches?

Observations

- EBM is not directly transferable
- Evidence based work/practice can encourage dialogue across multi disciplinary groups.
- Ensure that adequate resources are in place
- Avoid a “cookbook” approach be flexible
- Map out the information environment
- Deploy the skills of information specialists