

Cochrane Drugs and Alcohol group (CDAG)

Topics Prioritisation

Project Leader: Silvia Minozzi (methods editor CDAG) *

Members of the Steering Committee for prioritization process. A team was established to lead the priority setting process. This team was drawn from the CDAG and also included an external stakeholder. The group was composed by the following members: Silvia Minozzi (method editor CDAG)), Marina Davoli (coordinating editor CDAG), Laura Amato (co-coordinating editor CDAG), Zuzana Mitrova (managing editor CDAG), Robert Ali (editor CDAG), Michel Farrel (editor CDAG), Matthew Hickman (editor CDAG), Fabrizio Faggiano (editor CDAG), Marica Ferri (Head of sector — Support to practice Public health unit, European Monitoring Centre for Drugs and Drugs Addiction -EMCDDA) external stakeholder).

Affiliation, role and expertise of members of the Steering Committee:

Prof Robert Ali Clinical Associate Professor in the Discipline of Pharmacology at Adelaide University, Australia.

Prof Robert Ali is a public health physician and specialist in addiction medicine. Until October 2016, he was the Clinical Director of Drug & Alcohol Services South Australia; a role he held for 30 years. Currently he is the Director of a World Health Organization (WHO) Collaborating Centre for Research into the Treatment of Drug and Alcohol Problems at the University of Adelaide.

Prof Michael Farrell, MB, BCh, BAO, MRCP, MRCPsych, Director Professor of Addiction Psychiatry National Drug and Alcohol Research Centre; University of New South Wales, Sydney, Australia.

Professor Michael Farrell FRCP FRCPsych is the Director of NDARC since 2011. Before that he was Professor of Addiction Psychiatry at the Institute of Psychiatry at Kings College London. His extensive research interests include treatment evaluation, national and international drug policy. He is the Chair of the International Consortium on Health Outcome Monitoring Substance Use working Group and Editor of the Cochrane Drug and Alcohol Group. He has a long-standing interest in drug dependence, comorbidity and drugs in the wider criminal justice system. He has been a member of the WHO Expert Committee on Drug and Alcohol Dependence since 1995.

Prof Matthew Hickman, B.Sc., M.Sc., Ph.D. Professor in Public Health and Epidemiology & Head of Population Health Sciences Bristol Medical School, University of Bristol; Bristol, UK.

Prof Matthew Hickman is the co-director with Isabel Oliver (Public Health England) of the NIHR Health Protection Research Unit on Evaluation of Interventions, and a member and co-investigator of NIHR School of Public Health Research and DeCIPHER (UKCRC Public Health Centre of Excellence for the Development and Evaluation of Complex Interventions for Public Health Improvement).

Prof Fabrizio Faggiano, Full professor of Public Health in UPO - University of Piemonte Orientale – Novara.

Prof Fabrizio Faggiano was formerly Associate professor of Public Health in the University of Torino. Since 2010 he is a founder and member of the Steering Committee of Italian Network

Evidence-based Prevention (NIEBP), appointed by the Italian Ministry of Health to elaborate the evidence-base of prevention intervention for the National Prevention Plan 2014-18. Since 2010 he is also a Founder and member of the Board of Directors of EUSPR, the European Society for Prevention Research. Expert on mission for UNICEF and UNODC for the evaluation of drug prevention programs in the Islamic Republic of IRAN.

Marica Ferri, MSc, PhD

Head of sector — Support to practice Public health unit; European Monitoring Centre for Drugs and Drug Addiction (EMCDDA); Lisbon, Portugal

*contact information : minozzi.silvia@gmail.com

Project Aims

Our aims are:

- To raise awareness of what the CDAG has achieved so far
- To identify areas where further research is needed in the area of Drugs and alcohol addiction from a wider stakeholder perspective
- To identify Cochrane CDAG specific research goals from a wider stakeholder perspective

They were be accomplished by:

- creating a list of up to five new priority topics of interest to our stakeholders
- prioritizing existing reviews for updating

Methods for prioritization

We followed the “Guidance note for Cochrane Groups to define systematic review priorities, document developed by the Knowledge Translation Working Group in embedding prioritisation, October 2018, version 2

(https://training.cochrane.org/sites/training.cochrane.org/files/public/uploads/Priority_Setting%20Guidance_11th%20July%202018.pdf). The guidance note defines a set of mandatory standards that groups must comply with when proposing review titles for the Cochrane Priority Review List as well as a set of highly desirable standards.

We took the following approach:

1. Collect topics
2. Clean the list

3. Prioritise
4. Transform the identified topics into a final list of reviews titles

Collect topics

1. We first Involved the members of the **CDAG editorial group**, experienced and relevant exponents in the addiction field at the international level. During the Editorial Board meeting, held in September 2018, the CDAG editors and one external stakeholder from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) evaluated the list of existing CDAG protocols and reviews, assessed the need to either update or accelerate completion based on the relevance of the question and existence of new trials. They also assessed, for each review needing update, the number of citations and downloads received in the past year, the expertise of the first author, the probability of his/her need of support by the editorial base and the availability of a contact editor to follow the process. Based on these parameters, the editors decided which reviews should be considered “stable”, which outdated protocols for long pending reviews should be withdrawn, which reviews need to be updated and, among this last group, which were the most relevant. Moreover, editors suggested a list of new titles of high priority.

2. Stakeholder engagement extended beyond the Group’s editorial board. The steering committee engaged with multiple professional and scientific societies We involved the following **External stakeholders**:

- Australasian Professional Society on Alcohol & other Drugs (APSAD);
- College on Problems of Drug Dependence (CPDD);
- International Society of Addiction Medicine (ISAM);
- European Society for Prevention Research (EUSPR);
- Italian Federation of Workers of the Addiction Departments and Services (FeDerSerD).

We developed a **survey** in Survey monkey and circulated through the mailing list of the above-mentioned organisations. The survey asked participants to identify the most pressing unanswered questions about interventions (including prevention, treatment and rehabilitation) related to the use of different dependence-producing substances that they would still like to see answered by systematic reviews of clinical research. Participants were asked to list the relevant topics, and if possible, to formulate a PICO for each and to explain why they think this question is important. The survey was written in English. We advertised the survey on the website of the Society for the Study of Addiction (SSA) and via mailing lists of the following professional and scientific societies: CPDD, ISAM, EUSPR and FeDerSerD.

Clean the list:

Titles collected from the survey were grouped into the main topics of the addiction field (alcohol-related disorders, opioids related disorders, cannabis related disorders, psychostimulant related disorders, other; they were further divided in into the main types of interventions (prevention, pharmacological treatments, psychosocial treatments, rehabilitation). Topics that were out of scope, unclear or duplicates in the list were removed. We then checked the list against our list of existing reviews and protocols. Topics already covered by ongoing or up to date reviews were also

removed. Topics covered by out of date existing reviews were compared against the list of priority topics generated by the editorial board.

Prioritise

Two final, clean lists went back to the members of the editorial board; one with topics generated by the survey already covered by existing reviews; one with new topics. Through a simplified Delphi process, they identified the four most relevant topics including both reviews to be updated and new reviews to be undertaken.

Results

1. CDAG editorial group involvement

The CDAG Editorial group proposed the following list of reviews potentially relevant for update with high priority:

1. Treatment for amphetamine Psychosis
2. Alcoholics Anonymous and other 12-step programs for alcohol use disorder
3. Therapeutic communities for substance related disorder
4. Social norms interventions to reduce alcohol misuse in University or College students
5. Brief interventions for heavy alcohol users admitted to general hospital wards
6. Acamprosate for alcohol dependence
7. Motivational Interviewing for Substance Abuse
8. Efficacy of psychostimulant drugs for the treatment of amphetamine dependence
9. Opioid agonist treatment for pharmaceutical opioid dependent people

2. External stakeholder involvement

Survey participation: 55 participants responded to our survey: 18 health care professionals; 29 researchers; 5 policy makers; 1 from industry 1; role not reported: 2). Responders were from the following countries: US:12, Australia:11, UK:7, Italy:7, Germany:2, Canada:2, Belgium:2, Ireland:1, Isle of Man:1, Brazil:1, Spain:1, South Africa:1, Sweden:1, Nigeria:1, Iran:1, India:1, country not reported: 3)

Titles proposed in the survey: 90 titles were proposed; 20 on treatment of alcohol related disorders, 2 on comorbidity of alcohol related disorders and illicit drug use or psychiatric conditions , 10 on treatment of cannabis related disorders, 10 on treatment of opioids related disorders, 11 on treatment of psychostimulants related disorders, 9 on prevention of substance abuse, 4 on rehabilitation of patients with substance abuse, 24 on other topics.

Cleaning the list and prioritising: 24 titles were removed from the list as beyond scope, unclear or duplicate, leaving 66 titles: 15 on treatment of alcohol use disorders, 2 on comorbidities, 8 on cannabis, 8 on opioids, 9 on psychostimulant substances, 7 on prevention, 4 on rehabilitation of patients with substance abuse, 13 on other topics. We then checked these titles against the list of already published reviews and ongoing protocols: 2 titles were removed because the topics are already covered by published protocols; 17 topics were already covered by existing reviews (7 on

alcohol, 2 on cannabis, 1 on opioid, 3 on prevention, 3 on other topics, 1 on comorbidity). These titles were compared with the 9 titles judged to be updated with high priority according to the CDAG editorial group and two final titles were selected by the editorial board. Out of the remaining new 47 titles, two new titles were judged at high priority.

Final priority topics list

- Alcoholics Anonymous and other 12-step programs for alcohol use disorder (ongoing review)
- Therapeutic communities for substance-related disorder (to be updated)
- Psychosocial treatment to reduce or stop alcohol consumption during pregnancy (new title)
- NMA of pharmacological treatments for alcohol abuse and dependence (new title)

Implementation

All the priority reviews will be offered more dedicated support by the editorial base.

In order to channel our limited resources to focus on priority topics the CDAG will not accept new titles unless they fit within our priority list or unless the proposed topic is judged as highly relevant (eg: new emerging relevant topics, uncovered topics that could be included in upcoming guidelines). If authors of non-priority non-stable existing reviews are willing to update their reviews, the editorial base will offer their usual support where there are new trials or where there is reason to think the conclusion are likely to be changed.

Documentation and dissemination

Priority reviews will be promoted on publication using the [KT dissemination brief](#).

The CDAG plan to provide formal feedback to the stakeholder involved in the survey about the final list of priority titles, by communicating the final list through the mailing list of the above-mentioned societies. Moreover, we will provide the link to our websites where the process and results are described in detail.

Evaluating and monitoring the process

The CDAG plan to monitor the process and outcome of the prioritization process by:

- verifying the success of external stakeholder involvement in quantity and quality and assessing how the process could be improved in the future
- listing which priority reviews have been conducted in the 3-year timeframe and, if necessary, identifying other Cochrane group/network or external partners that could help in achieving our goals
- documenting the KT efforts surrounding production, publication and use of these priority reviews, by a coordinated approach with the Network and the Central Cochrane team

- documenting the use of the results of the CDAG reviews by international guidelines
- monitoring the research in the drugs and alcohol field to verify if new emerging relevant topics merit the need to reconsider and redefine priorities

Update: The steering committee plan to update the priority-setting exercise within three years.