

Editorial 2

Addiction: a global problem requiring a global science

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The United States is by far the largest home for addiction research. But it is not the only centre for addiction research neither are the UK, Canada, Australia, New Zealand, Norway, the Netherlands, Sweden or Finland (all countries with a large population speaking English). As the global centre of gravity moves from the English-speaking countries we need to start thinking more globally about the research questions that are addressed. The Global Burden of Disease project represents an important step in mapping out the issues.

As a journal editor, I see what one might call 'western parochialism' played out repeatedly. Surveys of college students somewhere in the mid-west of the USA are deemed of international interest, whereas, a survey of 31 cities in China is considered of only local interest. Often, I have to remind authors that their country is not the world.

Perhaps the west could get away with this in the past, although there has been a cost. For example, a drug to aid smoking cessation, cytisine, has been available in the former Soviet Union countries for more than 40 years - completely ignored by the west and yet capable of delivering similar effectiveness to nicotine replacement therapy at less than a tenth of the cost.⁴ It is only down to the persistence of an eminent Polish epidemiologist, Witold Zatonsky, that a trial was eventually conducted conforming to western rules and finally some interest is being shown.⁵ Meanwhile, how many thousands of smokers could have been helped to stop smoking and how many hundreds of millions of pounds, dollars or euros could have been saved, had some of us in the west taken this drug seriously when we first had the chance.

In any event, we in the west cannot get away with this anymore. The economic centre of gravity in the world is shifting and a new world order is taking shape. For any of the sciences dealing with human behaviour that is a very good thing. Our models of behaviour can only be enriched and enhanced by us being winkled out of our cultural silo. Measures and scales that may work quite well for western English speaking subjects may be hopeless for most of the world's population. Our models and theories may be fundamentally inadequate when it comes to explaining and predicting the behaviour of people in other cultures.

So what is needed is a global outlook. A study addressing issues in non-western, non-English speaking cultures is important precisely because of this, not parochial or of local interest because of it. But in order to take full advantage of this, there is an urgent need for capacity building to ensure that the methods used and reporting of findings is of the highest quality. Studies in non-western countries need to be more than attempts to replicate western studies - they must introduce new thinking and new concepts and test new ideas. A new breed of journals is needed to publish these findings and existing journals must up their game in seeing the value of findings emerging from non-western cultures. When we do systematic reviews, we must pay special attention to whether the studies have been carried out only in a small and increasingly marginalised sector of the world's population. Internationalism, multiculturalism and globalism must be the order of the day. Then, we can build a science of human behaviour in general and addiction, in particular.

I see this journal as an important development in this process and am confident that its impact and reputation will grow, as the research community gathering data on drug addiction wakes up to the challenges and opportunities ahead for a global science of addiction.

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