

EDITORIAL

## **CJNR Goes Online: An e-Journal at Last!**

What a lovely gift. This issue marks my 10th anniversary as editor of *CJNR*. It is quite coincidental that this milestone coincides with the inaugural publication of the electronic version of the Journal.

Any major change requires considerable thought and planning. The idea of bringing out an e-version of *CJNR* was considered more than 5 years ago. We investigated the matter and decided to wait. The question was not *whether* we would publish an e-version of the Journal but, rather, *when*. The technology was too new and there were too many issues that needed to be resolved by the academic community before we could embark on this initiative. At that time it was unclear how e-journals would be archived, how copyright would be handled, who would pay for online access, and so on. Some of these issues have been resolved; others continue to be debated.

Although we were not ready to launch an e-version of *CJNR* at that time, we began preparing for this eventuality nonetheless. We received a small grant from SSHRC through the Aid to Learned Journals division to begin the process. We identified the steps that would need to be taken in order to make the transition. We upgraded our hardware and software and redesigned the Journal's Web site with publication of an e-version in mind.

At the same time, we monitored the advances in online publishing technology. As the kinks were worked out, the price of publishing online went from prohibitive to affordable. For the past 2 years we have been ready to launch an e-version but have lacked the financial resources to do so. Most journals are run by large, for-profit publishing houses that have the human and financial resources to undertake major initiatives, as reflected in their higher subscription prices. We are one of the few scholarly journals to remain housed within an academic institution. As a non-profit journal we operate on a shoestring.

We were content to continue meandering along looking for funding to launch an e-version for a little while longer. However, a year ago our fortunes changed. Richard and Satoko Ingram, through their foundation, the Newton Foundation, made a generous donation to support the McGill University School of Nursing, and one of the initiatives they provided monies for was the launching of an e-version of *CJNR*. With

this unexpected but very welcome donation, we began preparing in earnest. We enlarged the *CJNR* team, who conducted extensive research into e-publishing in order to come to a decision about who we would contract to handle the electronic version of the Journal. We settled on Ingenta, a leader in electronic publishing. We changed our production schedule and published four issues within 6 months in order to bring our publishing schedule more in line with that of other journals. We also gave *CJNR* an updated look by redesigning the cover and layout.

Introducing an e-version of the Journal provided the opportunity to re-evaluate all aspects of *CJNR*. Those who have been loyal readers and subscribers have no doubt noticed that we have made significant changes during the past 10 years. The quality and hence the profile of *CJNR* have improved steadily over the years, drawing increasing attention from individuals and institutions abroad.

The e-version should make *CJNR* more visible and accessible to the international community. *CJNR* has a distinct Canadian character. Although Canadian scholars continue to be the major contributors in terms of submitting manuscripts and serving as reviewers and guest editors, in recent years there has been a notable increase in contributions from American and European scholars. We would like to encourage this trend.

Over the years, we have heard that some scholars assume that *CJNR* is intended for Canadians only and are reluctant to subscribe or to submit manuscripts. We have asked ourselves: How do you reconcile the need to transcend borders with the desire to retain a national flavour? This is a question that is being raised in many fields since the emergence of the new world of the Internet. Obviously the name conveys who and what you are. We debated whether to drop "Canadian" from the name but in the end decided against this. *CJNR* is known as a quality research journal and we must continue to grow under this banner. To do otherwise would confuse our readership. We came up with a solution that other editors, faced with a similar dilemma, have also opted for. We decided to keep the name but with a slight modification. From here on in the Journal will be identified by its initials, *CJNR*. This decision, we believe, maintains the reference to Canada but in a more oblique way. It also continues to say what we are — a nursing research journal.

Beginning with this volume, we have enlarged *CJNR*'s management team. I will continue to serve as Editor, Dr. Anita Gagnon will continue as Associate Editor, and Joanna Toti will continue as Managing Editor. We will still be responsible for ensuring the Journal's day-to-day operations. In keeping with our need for a more international presence, we have appointed three eminently qualified nurse scholars to serve as editors at large: Dr. Sean Clarke, University of Pennsylvania (United States);

Dr. Sioban Nelson, The University of Melbourne (Australia and Asia); and Dr. Kate Seers, Royal College of Nursing Institute (United Kingdom and Europe). Together we will plan, shape, and direct *CJNR*'s future.

These past 10 years have been most rewarding and exciting. I marvel at how far *CJNR* has come in a relatively short period of time. We have improved the quality of the Journal because of the contributions of many talented, dedicated, and committed guest editors and authors. I was fortunate to take the helm during a period when Canada reached its first critical mass of well-educated nurse scholars. The ranks of these nurse scholars have steadily grown, to include their students, who have also contributed greatly to *CJNR*. As the students of these "students" graduate, our numbers of talented scholars will grow exponentially. They will be joined by other talented nurse scholars from around the world. I can hardly wait to see what the next few years have in store for *CJNR*.

**Laurie N. Gottlieb**  
**Editor**



**GUEST EDITORIAL**

**The Clarion Call  
for Addictions Research:  
The Contributions of Nursing  
Scientists Are Very Much Needed**

**Pamela A. Ratner**

Perhaps it is living in Vancouver, but I cannot avoid the attention that the problems associated with addictions have attracted. Our recent municipal election focused primarily on the problems associated with drug addiction. To address some of the problems, Vancouver plans to open Canada's first supervised injection site for intravenous drug users. And the recent arrest and charging of Gordon Campbell, premier of British Columbia, for exceeding the legal limit for drinking and driving in Hawaii has made alcoholism a "water cooler" issue.

No matter where you live in Canada you are affected by the human, social, and economic costs of addiction. In Canada, in 1992, approximately one in five deaths (20.8%) were attributable to substance abuse and 23.1% of years of life lost were the result of substance abuse. In the same year, tobacco-related morbidity and mortality accounted for 17% of all deaths, 16% of total potential years of life lost, 6% of all hospitalizations, and 7% of all hospitalization days due to any cause. Alcohol misuse accounted for 3% of all deaths, 6% of total potential years of life lost, 2% of all hospitalizations, and 3% of all hospitalization days due to any cause. And illicit drugs accounted for another 0.4% of total mortality (Single, 1999).

When I was asked to serve as editor of this special issue on Addiction and Dependence, I was, albeit a little daunted because of my limited expertise, convinced that addictions are an important topic of concern for nurses. I have to report that, without meaning to cast any aspersions on the authors published here or the quality of their work, I was extremely disappointed to discover the limited involvement of nursing scientists in the field. Few manuscripts were submitted by nursing scientists and I found it challenging to find qualified peer reviewers in nursing. A joint initiative of the Addictions Research Centre, Correctional Service Canada, and the Canadian Centre on Substance Abuse has made available a database of individuals currently working in Canada

who are listed as authors of research publications in the addictions field (e.g., misuse of alcohol, tobacco, or pharmaceutical or illicit drugs; gambling problems) in the past 5 years and who have identified themselves as addictions researchers (<http://www.ccsa.ca/Databases/researchers.htm>). A quick search of the database revealed two nursing scientists, and one of them was me!

Nurses are surely not alone in their apparent neglect of the addictions problem. The Chair of the House of Commons Special Committee on Non-Medical Use of Drugs wrote in the foreword to the Committee's recently released report, "For too long Canadians have ignored the issue of substance abuse and its impact on our community" (Torsney, 2002, p. v). Of course, the harmful use of substances is not limited to illicit drugs; many Canadians are exposed to the risks associated with tobacco use, the harmful use of alcohol, inhalants such as gasoline and solvents, and prescription and over-the-counter drugs. Others suffer the consequences of impulse-control disorders such as pathological gambling. Although at times in our history the harmful use of substances has been treated as a problem of the criminal justice system, it is now recognized that the issue is primarily one of public health. A public-health approach is essential, and its pivotal strategies must include prevention, education, treatment, rehabilitation, and harm minimization and reduction.

We are most fortunate that our colleagues, mostly from cognate disciplines, submitted work, agreed to provide reviews, and attempt to outline some of the important roles that nurses can play in assisting those with addictions and in furthering the field of addictions research. The manuscripts published in this issue on Addiction and Dependence make significant contributions to our understanding of the magnitude of the problem, efficacious interventions, and the methodological and theoretical challenges that must be addressed if we are to close the gap between what we know and what we do not know.

Eastabrook et al. provide a brief report on the prevalence of substance-abuse disorders within the context of a multidisciplinary-service approach in which nurses constitute an essential element. Aimed at providing continuous, community-based care for persons with severe mental illness, the Assertive Community Treatment model is designed to respond to substance-abuse problems in a complex patient population. The recognition that many patients with mental health problems also struggle with substance abuse is newly emerging and is challenging conventional approaches to care. Weaver et al. (2001) report that substance misuse may be highly prevalent among psychotic patients, yet these patients do not receive appropriate treatment. These authors suggest that the development of evidence-based interventions is a priority. This is particularly true for the case of tobacco use. Tobacco dependence, the most common,



most lethal, yet most treatable mental health disorder, is often disregarded by mental health professionals. This is an area where nurses might have the greatest impact. It is encouraging to note that Johnson et al. at the University of British Columbia School of Nursing have recently been awarded funding from the Canadian Tobacco Reduction Initiative to "lay the groundwork" for studies of the complex relationships among individual, professional, and environmental factors that contribute to tobacco use among individuals living with severe and persistent mental illness.

The coupling of over-the-counter and prescription drug misuse with substance abuse is another frequently overlooked problem, even in substance-abuse treatment programs. Cormier presents data on the prevalence and frequency of tranquillizer use and concomitant substance abuse in women receiving residential treatment. She argues that the providers of substance-abuse treatment should identify, educate, and intervene with women who overuse tranquillizers. I suspect that the call could aptly be broadened to include all health-care providers in all settings. Further, as Cormier identifies, multidisciplinary teams of health professionals are needed to develop interventions designed to assist patients in the safe withdrawal from these drugs.

Hart et al. provide compelling evidence that adult children of alcoholics experience a greater number of serious health problems than others and that being raised in an environment imbued with alcoholism contributes to poor health in adulthood. They note the contributions of nursing researchers to this important area of study and propose several pathways that could be pursued to better understand the mechanisms that place the offspring of alcoholic families at greater risk. Wild provides an excellent basis for the systematic testing of these hypotheses and the advancement of addictions research in general, by explicating the need for multilevel or ecological conceptual models that can be employed to synthesize the findings from the many research methods used. These works help to set a research agenda for a new era of addictions research with ideas that fall within domains that have been explored by nursing researchers.

Adlaf et al. tackle another critical area of concern in the field of addictions: illicit drug use among youths. It is perhaps comforting to recognize that the picture is not as bleak as it might appear on first blush. Relying on data from a 1998 national survey of Canadian university students, Adlaf et al. report that cocaine use has declined over time and trends in other illicit drug use have remained relatively stable (at least among Ontario youths). Although the problems of binge drinking and tobacco use may be more significant health issues on Canadian campuses, we cannot neglect the 8.2% and 2.4% of undergraduate students who respectively used hallucinogens and ecstasy (MDMA) in the 12 months

preceding the survey. Regional differences and changing trends remain concerns and underscore the need for systematic surveillance.

If there are any common themes emerging from the manuscripts published here, the foremost is the need for multidisciplinary approaches. This is made ever so apparent in Dongier and Brown's fascinating overview of 15 years of alcohol-abuse research. What might be of particular interest to the nurses who read this paper is that after considering the role of genetics in alcohol abuse and dependence, the use of psychopharmacological agents in the treatment of alcohol craving, and the natural history of alcohol abuse, the authors conclude their work by emphasizing the efficacy of brief encounters between patients with alcohol-use disorders and their health-care providers. More research is needed to enhance the techniques used in such encounters, including motivational interviewing (Miller & Rollnick, 2002; see the book review by Miller in this issue), but there is clearly a role for nurses in treating patients with addictions.

Where do nurse researchers go from here? It is readily apparent that radical new approaches are required to advance the prevention and treatment of all addictions. It is also readily apparent that there is a serious shortage of researchers who are adequately prepared to conduct prevention, clinical, health-services, and treatment research in the addictions field. We must strengthen the addictions-research capacity of Canadian nurses; in so doing we can advance understanding, contribute meaningfully to the literature, and significantly advance efforts in addictions research. Nursing scientists have demonstrated their ability to design, develop, and test interventions that have the potential to prevent high-risk behaviour and promote behaviour change in diverse populations in various settings, including hospitals, clinics, homes, schools, and the streets. This expertise is transferable to the field of addictions research. At present, unfortunately, few of our academic programs have the requisite curricula and other essential elements relevant to preparing scientists for careers in clinical research with patients who have addictions. And few clinically based nurses are sufficiently sophisticated consumers of addictions research to evaluate and apply the evidence provided by science. We must enlarge the nursing infrastructure for training addictions researchers, forge cross-disciplinary and multidisciplinary research training opportunities, and further develop a cadre of addictions-treatment nurses who are adept in the application of research findings, in order to improve the health of thousands of Canadians tragically affected by addictions.

Like others who are enthusiastically involved in a project or cause, no matter how modest, I am perhaps too optimistic in my expectations for the impact of this special issue on *Addiction and Dependence*. I look forward to the papers published here inspiring action among nurses so



that we as a profession can contribute to a better understanding of addictions and the impact of such health problems on individuals, families, and communities. I look forward to the development and implementation of well-tested nursing interventions designed to identify and assist those with, and affected by, addictions. Policy-makers, politicians, community leaders, the general public, and health-care providers are seeking evidence-based answers to their questions about which strategies are most effective as they grapple with the pervasive, mounting, and devastating problems of addiction and dependence. Nursing scientists have the methodological expertise and clinical experience to advance the knowledge base. I believe that they also have a moral imperative and a civic duty to respond to the clarion call to find solutions to this public-health menace that has caused great misery for too many Canadians.

### References

- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*, 2nd Ed. New York: Guilford.
- Single, E. (1999, June). *Substance abuse and population health*. Presentation at Workshop on Addiction and Population Health, Edmonton, Alberta. Available: <http://www.ccsa.ca/adh/single.htm>
- Torsney, P. (2002, December). *Policy for the new millennium: Working together to redefine Canada's drug strategy: Report of the Special Committee on Non-Medical Use of Drugs*. Ottawa: House of Commons.
- Weaver, T., Rutter, D., Madden, P., Ward, J., Stimson, G., & Renton, A. (2001). Results of a screening survey for co-morbid substance misuse amongst patients in treatment for psychotic disorders: Prevalence and service needs in an inner London borough. *Social Psychiatry and Psychiatric Epidemiology*, 36, 399-406.

---

*Pamela A. Ratner, PhD, RN, is Associate Professor, School of Nursing, University of British Columbia, Vancouver, Canada.*