“To praise ETOH, not to bury it”


Late in 2003, SALIS members and others in the alcohol research community began to hear rumors that NIAAA had decided to stop funding its ETOH (Alcohol and Alcohol Problems Science) database, which has for almost thirty years been the premier alcohol database in the world.

As the rumors of ETOH’s demise continued to fly about, or sometimes burrow along underground, SALIS began to take some preliminary actions to try to assure that ETOH would not simply disappear without a debate to identify both its costs and benefits. Our concern was not eased by our realization that the Department of Justice DOJ’s ADAM (Arrestee Drug Abuse Monitoring) program, another important resource on substance abuse, was already on life support (ADAM is scheduled to end 7/1/04).

SALIS contacted NIAAA Center Directors and other important figures in alcohol research such as Robin Room. Several leading researchers and many SALIS members volunteered to write to NIAAA Director, Dr. Ting-Kai Li, about the potential costs of losing ETOH. We also learned that NIAAA had commissioned an evaluation of ETOH by Aspen Systems, and were promised a copy of that evaluation. A core team of concerned SALIS members was formed to write a position paper on the value of ETOH and develop supporting appendices, including sample comparison searches on ETOH and PubMed. This document is available at http://salis.org.

Having learned that the next NIAAA Advisory Board meeting would be held on February 5th, the SALIS Board decided that Executive Director, Andrea Mitchell, should officially represent SALIS in its capacity as an NIAAA Liaison Organization, and voice our concerns. Samantha Helfert and I were able to accompany Andrea to the afternoon session of the Board meeting, which opened with a presentation by Richard Yoast of the American Medical Association, concerning the joint NIAAA-AMA alcohol abuse prevention program, “A Call to Action.” Dr. Yoast included a statement of support for ETOH, highlighting its importance for policy research; he also noted that APIS, the recently initiated Alcohol Policy Information System, was experiencing funding cutbacks.

Following Dr. Yoast, Andrea provided all Board members with a copy of the SALIS position paper and letters to NIAAA supporting ETOH, and made a short presentation summarizing these materials. Andrea began her presentation by saying that she came “To praise ETOH, not to bury it.” She gave a short description of ETOH including its multidisciplinary scope, coverage, size, and document types.

She noted that ETOH is linked from at least 2,150 web sites around the world, and asked NIAAA to consider putting a counter on the database so that a daily or weekly usage statistic would be known.
Mentioning the AOD Thesaurus, she reminded the Board that this too was a tool funded by NIAAA, to provide a language structure for cataloguing and searching the AOD literature. It is the language specificity which makes searching output so much more relevant than searching results from more broadly disciplined databases, such as PubMed.

The SALIS recommendations made up the second half of her remarks. These recommendations from the position paper include:

— NIAAA consider a joint effort with NIDA for a combined Alcohol and Drug Problems Database.

— NIAAA reconsider their current practice of subscribing to costly biomedical journals that may include only a few alcohol articles in a given year. It may be more cost-efficient to purchase individual articles, make use of the National Library of Medicine’s interlibrary loan services, or explore resource sharing with other addiction libraries.

— NIAAA undertake an assessment of the cost-effectiveness of maintaining ETOH as a comprehensive, premier database of the literature on alcohol studies, versus the costs resulting from passing the burden to individual users (including NIAAA grantees) who would have to search disparate, multiple databases (including some that are fee based) to even come close to approximating the coverage of ETOH.

To summarize she said that the “cost of ETOH is relatively small in comparison with NIAAA’s total budget, but its value should not be underestimated. It is a unique and irreplaceable resource in the alcohol field, and exemplifies the premier status of NIAAA as a world center of alcohol research. ETOH ensures a solid knowledge base for policymaking, prevention and treatment planning, and dissemination of research results.”

In closing, she emphasized that SALIS, in a spirit of collaboration, would like to join NIAAA in an honest discussion of the value of ETOH and that it was hoped that NIAAA would reverse its decision regarding the database and the AOD Thesaurus, until an assessment was made.

When she had finished, Dr. Li responded, “ETOH is not dead...ETOH is alive, but it is not well.” Dr. Li said that he had not wished to address the ETOH issue in this Board meeting, but since the topic was now under discussion, he expressed his concerns about the costs of ETOH and possible duplication of PubMed. He also commented that NIAAA was the only NIH Institute to still have its own database.

Dr. Li then turned the floor over to NIAAA’s Deputy Director, Dr. Faye Calhoun, who gave a brief PowerPoint presentation on the “ETOH Transition Project.” Dr Calhoun emphasized that it was difficult, in today’s changing information landscape, to keep ETOH up to date and comprehensive. Since ETOH’s inception the alcohol research and information technology fields have changed, she noted, making information more readily accessible: 1) users have increased access to NLM databases; 2) there is increased access to the other databases, such as CRISP; 3) NIAAA has a web site; 4) more alcohol
research articles are published in mainstream journals; and 5) the number and breadth of these articles is increasing. These factors along with budget constraints have forced NIAAA to reconsider ETOH’s role.

The goals of the Transition Project are to replace ETOH by (1) having PubMed include additional journals and provide other research articles online, (2) providing resource links on the NIAAA home page; (3) developing a strategy for covering books and book chapters, asking NLM to include seminal texts in PubMed; and (4) archiving ETOH.

According to the Aspen evaluation, the addition of only four (unidentified) journals to PubMed would enable PubMed to come reasonably close to the breadth of coverage currently available only via ETOH. However, Andrea pointed out that the journal counts provided by Aspen were highly suspect—in fact must have been provided by someone not very familiar with the alcohol literature.

Dr. Calhoun also read two short excerpts from the more than 40 letters about ETOH that NIAAA had received. The excerpts made it seem that researchers were supporting the NIAAA decision. Andrea responded by quoting some of the more typical statements in the researchers’ letters and named a few of the organizations and researchers who had sent them.

Several of the Board members then commented, and I will try to paraphrase here, as follows: the decision seems a bit premature, can we consider at a future meeting?; the issue seems to be ill-researched, and ill-represented for thorough discussion; we need a better sense of the costs involved; wouldn’t some fields of research, such as the social sciences, be impacted more than others?; can fugitive literature be covered in PubMed, as it is in ETOH?

Dr. Li concluded this session of the Board meeting by again noting fiscal constraints, and by suggesting the possibility of collaboration, perhaps with NIDA or SAMHSA.

As of this date (3/17/04), SALIS has not yet received the evaluation which was promised more than a month ago. In addition, while ETOH now lies dormant with no new records being added, plans for future discussion or evaluation have not been forthcoming. We remain very concerned about the potential defunding of ETOH, and we are absolutely convinced that ETOH can continue to make a unique, irreplaceable, and cost-efficient contribution to alcohol research and the public good.