

Response

## Minimising research censorship by government funders

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Miller et al. (2006) raise an important question that deserves to be widely discussed in drug policy research, namely, how do we fund research on drug policy while ensuring that funding bodies do not control the research agenda, unreasonably restrict researchers' activities and either censor or prevent the publication of unwelcome research findings?

As they note, similar ethical issues have recently been raised in clinical medicine by the behaviour of pharmaceutical companies in controlling the type of research that is done and in suppressing the results of clinical trials that have been unfavourable to their products. The alcohol and tobacco industries have also been very effective in steering research towards policies that they prefer often to the detriment of effective public health policies. The drug policy field may benefit from adopting some of the approaches recently developed in these fields.

Concerns about interference in research and publication in the drug policy field are most often raised by the behaviour of government departments that increasingly fund and commission drug policy research. Because the findings of this research may adversely affect the reputations of governments and government departments, "project management" has become an increasingly central part of contractual arrangements between researchers and funders. Tight restrictions on publication may also be imposed on researchers who wish to access data sources controlled by government departments. Departments often want to retain control over the publication of reports, reserve the right to comment on draft papers before submission to peer reviewed journals and control whether papers are published, and if published, when they will be published. This type of behaviour can be as damaging to good drug policy as the selective publication of clinical trial results can be to accurate evaluations of treatment efficacy.

There are not a lot of data on the scale of these problems so I agree with the authors that we need well-documented

case studies of these phenomena and surveys to quantify their prevalence in the field. In the interim I can add my own anecdotal experience at the National Drug and Alcohol Research Centre in the late 1990s in Australia. In the midst of a media frenzy about heroin use, the Centre's research was frustrated by some government officials who restricted access to data indicators of heroin use because of concern that media stories would embarrass the government. Various attempts were made to have the Centre sign "memoranda of understanding" that would mean that we could only obtain access on the condition that we gave advance notice to government officials of all media stories. Other state officials attempted to prevent the Centre from commenting on research findings that they thought would reflect adversely on government policy. We were able to resist these attempts at control with the help of an assertive Board of Management.

Given these experiences, I support the precautionary policies that Peter Miller and colleagues suggest as ways to minimise these problems. Ethics Committees should ask researchers about any conditions that have been imposed on the publication of research findings by funding bodies or data custodians and they should be prepared to prevent research from proceeding if researchers do not have an untrammelled right to publish their findings. The failure to publish research findings arguably dishonours the ethical requirement that the research serves a social good.

Senior academic researchers should be prepared to "out" funding bodies for bad behaviour. Researchers with seniority and the protection afforded by tenure should be prepared to protect junior researchers and advocate for an unencumbered right to publish research results. Research associations and professional societies in the drug policy field should also adopt policies that make it unethical for their members to accept research contracts, or to agree to conditions on data access that prevent the free publication of findings. This is a condition that universities should also insist upon before

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allowing their academic staff to enter into research contracts with government departments.

Addiction journal editors (possibly via their association the International Society of Addiction Journal Editors) should require all authors to sign a statement that is published with the article which explains who funded the study. Articles should follow the practice in leading medical journals in requiring a positive statement that the lead author had complete control over the study data, analysis, decision to publish and preparation of the published report. This requirement would enhance the power of researchers when negotiating with funding bodies. It would also discourage researchers from accepting research contracts if they were unable to publish their findings in good journals. Editors could also explore the option of requiring that all commissioned or funded research be registered as a condition for subsequent review, much as medical journals now do for clinical trials. This would provide a source of data on unpublished studies.

Finally, we should remember that governments, although very powerful, are not the only interested parties who would like to control research on drug policy. The field of drugs is a contentious one and there are many groups who would like to control the research agenda. This includes users groups who obviously do not have the power of governments and other funders but may, if given the right by government or ethics committees, attempt to prevent research being done that reflected adversely on their constituency. The same is true of socially conservative members of ethics committees who take the view that socially disapproved of activities like injecting drug use should not be “condoned” by being the subject of social research.

### Reference

- Miller, P., Moore, D., & Strang, J. (2006). The regulation of research by funding bodies: an emerging ethical issue for the alcohol and other drug sector? *International Journal of Drug Policy*, 17(1), 12–16.