

**Final Recommendations of the NIAAA Extramural Advisory Board
'Alcohol Health Services Research'
Sept. 18-19, 2007**

1. **The NIAAA should prioritize research into a range of intervention models that address the full spectrum of services for drinking and Alcohol Disorders (at-risk, harmful, dependent drinkers), and the methods and costs of dissemination and implementation.** These should include addiction specialty services, but should emphasize areas that have received insufficient attention, such as general/mental health services and services outside the medical sector (e.g., in criminal justice, social welfare, workplace and school settings).
2. **NIAAA should develop research to determine how specialty care, hospital systems, primary care providers and other systems such as criminal justice best be influenced to improve access to care.** In these efforts, economic and other incentive programs should be considered, along with encouraging systems-level analyses of evidence-based protocols, quality of care indicators, quantitative measures of alcohol risk (biomarkers, quantity-frequency, others), or other system change options including process measures.
3. **A research priority should be to understand attitudes and decision-making behavior, in terms of views on the nature of drinking and alcohol disorders and their treatment (ranging from studies of professionals in training and in practice, to other providers, purchasers and payers).** A key purpose of this research is to inform the development and implementation of evidence based services.
4. **Studies should examine how attitudes towards treatment and barriers to care shape willingness to seek and/or accept services across the full spectrum of drinking and alcohol disorders.** This should lead to the formulation and testing of strategies to reduce barriers and increase acceptability of services.
5. **Studies should seek to develop and evaluate cost-effective disease management approaches and algorithms that are adaptive in nature, individualize care for complex patients, and in particular address adherence and retention.** Such studies should cross-cut the perspectives of a range of stakeholders, including payers, purchasers, providers and consumers of care. Collaboration across other agencies and institutes is encouraged.
6. **The NIAAA should encourage longer-term outcome measurements in clinical and effectiveness trials. Research should focus on how best to measure outcomes and potential surrogate measures, as well as measures of treatment quality and process from a multi-dimensional perspective.** The use of archival, policy and other secondary data sources and simulation strategies is encouraged. A priority is health economics research focused on cost and cost effectiveness of different approaches to reducing, adverse consequences such as disability and premature morbidity and mortality.
7. NIAAA should sponsor workshop(s) to further develop specific areas of health services research and to promote new collaborations.