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Further Reflections on the Loss of Addiction Libraries and Databases

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Through their missive on the global downsizing and closing of addiction libraries and bibliographic databases, Mitchell and colleagues [1], like the proverbial canary in the mine, have sounded a warning to the alcohol and other drug problems arena. They caution that a critical component of the field's infrastructure is collapsing with little notice from the field's leaders. Research I conducted between 1978 and 1998 on the history of addiction treatment and recovery in the United States [2] was made possible by access to an extensive network of addiction libraries and databases in the United States. In my current work to update this history, several recent trends noted by Mitchell et al. are evident. First, many of the addiction libraries that I relied upon in my earlier research no longer exist, including the Library of the National Institute on Drug Abuse. Many rare historical documents are passing into the hands of private collectors and are no longer available to researchers. To a historian, it feels like the field has died and its most valuable possessions are being

auctioned via an eBay estate sale. Second, key bibliographic databases that once served as a pipeline to addiction science journals and to unpublished reports no longer exist, including ETOH—the exceptional bibliographic database maintained by the National Institute on Alcohol Abuse and Alcoholism until its defunding in 2003. A significant portion of the addiction field's specialty journals are not indexed by remaining bibliographic databases as they were in ETOH and other addiction-specialty databases. Third, even when located, access to articles has become prohibitively expensive to researchers who do not have access to library support (and even more so to members of the general public). Fourth, much of the field's "grey literature" no longer resides in libraries and has only an ephemeral existence on the Internet. The disappearance of cited internet documents between submission and publication of articles in professional journals is becoming commonplace. The loss of these documents, in the absence

of addiction libraries, will constitute a significant loss of the field's history.

What we are seeing is an unplanned and minimally acknowledged dismantling of the field's information infrastructure and the resulting loss or privatization/commercialization of the field's history, science, policy, and practice documents. Mitchell et al. outline viable options to forge a response to this crisis. Bold proposals are needed to sustain the field's information collection, preservation, and support activities. Perhaps it is time for a consensus conference through which the field's international leaders can review these recent trends and explore how to best support the field's present and future information infrastructure needs.

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References

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2. White WL. *Slaying the dragon: the history of addiction treatment and recovery in America*. Bloomington, IL: Chestnut Health Systems; 1998.