


Collaborative work between the West and Asia

Follow this and additional works at: <https://www.jfda-online.com/journal>

 Part of the [Food Science Commons](#), [Medicinal Chemistry and Pharmaceutics Commons](#), [Pharmacology Commons](#), and the [Toxicology Commons](#)



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](#).

Recommended Citation

Hser, Y.-I.; Bart, G.; Li, L.; and Giang, L.M. (2013) "Collaborative work between the West and Asia," *Journal of Food and Drug Analysis*: Vol. 21 : Iss. 4 , Article 42.

Available at: <https://doi.org/10.1016/j.jfda.2013.09.026>

This Conference Paper is brought to you for free and open access by Journal of Food and Drug Analysis. It has been accepted for inclusion in Journal of Food and Drug Analysis by an authorized editor of Journal of Food and Drug Analysis.

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.jfda-online.com

Collaborative work between the West and Asia

Yih-Ing Hser^{a,e,*}, Gavin Bart^b, Li Li^c, Le Minh Giang^d

^aIntegrated Substance Abuse Programs, Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine, University of California, Los Angeles, CA, USA

^bDivision of Addiction Medicine, Hennepin County Medical Center, Minneapolis, MN, USA

^cDepartment of Epidemiology, School of Public Health, University of California, Los Angeles, CA, USA

^dVietnam-HIV Addiction Technology Transfer Center (VHATTC) and Department of Epidemiology, Hanoi Medical University, Hanoi, Vietnam

^eDepartment of Public Health, China Medical University, Taichung, Taiwan

ABSTRACT

Keywords:

Collaborative research

Implementing intervention research project

Research infrastructure

The “Collaborative work between the West and Asia” session was chaired by Dr Yih-Ing Hser and had three speakers. The speakers (and their topics) were: Dr Gavin Bart (Collaborative addiction research in the United States and Asia), Dr Li Li (Implementing intervention research projects in Asia), and Dr Le Minh Giang (Building research infrastructure for international collaborative studies on substance use disorder and HIV: The case of Hanoi Medical University/Vietnam).

Copyright © 2013, Food and Drug Administration, Taiwan. Published by Elsevier Taiwan LLC. All rights reserved.

1. Introduction

This session covered topics ranging from the need for collaborative research between the West and Asia, how to develop and implement intervention research in Asian countries, and ways to address challenges in developing a research infrastructure in Asian countries.

2. Presentations

Dr Gavin Bart, Director of the Hennepin County Medical Center in Minnesota, USA, has been studying a sample of opiate-dependent Hmong in Minnesota and has recently been engaged in providing training for methadone clinicians in Vietnam. He provided evidence that Hmong opiate addicts demonstrate unique gene composition, high levels of psychiatric problems, and high retention in methadone maintenance treatment, even though they are on a low dosage of

methadone. He raised the question of whether standard methadone dosing, which is mainly based on research among Americans, is appropriate for non-Americans. His talk highlighted the need for collaborative research, because Asian opioid addicts have unique cultural and genetic factors that require tailored methadone treatment to optimize treatment retention and outcomes. Details of this presentation can be found in the article by Bart [1] included in this special issue.

Dr Li Li, Professor of the Department of Epidemiology at the University of California, Los Angeles (UCLA) School of Public Health, CA, USA, has led several research projects that involve intervention development and testing in Asian countries. In her talk, Dr Li described seven collaborative intervention projects conducted in China, Thailand, and Vietnam as examples to illustrate different models of intervention development, adaptation, and implementation. She identified and classified three types of intervention development and implementation: the adaptation of an existing model, the hybrid model, and the locally developed model. Examples of each of these models

* Corresponding author. UCLA Integrated Substance Abuse Programs, 11075 Santa Monica Boulevard, Suite 100, Los Angeles, CA 90025, USA.

E-mail address: yhser@ucla.edu (Y.-I. Hser).

1021-9498/\$ – see front matter Copyright © 2013, Food and Drug Administration, Taiwan. Published by Elsevier Taiwan LLC. All rights reserved.
<http://dx.doi.org/10.1016/j.jfda.2013.09.026>

were provided. The adaptation of an existing model has the advantages of being theory- and evidence-based and having available material, experience, and data, but it has the challenges of lacking local ownership, the models may not fit current targets, and there may be natural resistance from local teams. Interventions that are developed using a hybrid model have the advantages of being based on locally identified challenges, of incorporating effective elements, and of being locally pilot-tested and supported, but they face the challenges of lacking identity (due to deviations from the original intervention), difficulty in selection of effective elements, and a long waiting period for evidence. Locally developed interventions have the advantages of being locally owned, being culturally appropriate, providing local capacity to develop and implement the intervention, and sustainability, but there are challenges because they are time consuming and of limited generalizability. Therefore, a “one model fits all” approach will not work, because different intervention development and implementation processes pose specific challenges. It is important to preserve core components of an effective intervention while incorporating local elements. Effective collaboration is the key, because involving local investigators and experts in the design phase will enhance the acceptability and sustainability of the intervention.

Dr. Le Minh Giang, who directs the VH-ATTC (Vietnam-HIV Addiction Technology Transfer Center, Hanoi, Vietnam), identified several key challenges in securing funding to conduct research projects in Asia: limited research capacity, lack of grant management experience and support, newly developed institutional review board (IRB) capacity, and reward structures that may not favor research. Using his own experience as an example, Dr Le described efforts in Vietnam to address these issues by establishing international collaborations to build research capacity, which may be critical to achieving long-term outcomes for researchers and research institutions in many parts of Asia.

3. Discussion

Several concerns were raised during the discussion, including the following.

- (1) Regarding challenges in collaborative work in Asia, for example, does the publication of scientific articles require

local governmental approval? The general experience, at least in China, Vietnam, and Thailand, is that there is no requirement for local government approval for scientific publication. We were reminded that true collaboration should be reflected in joint authorship (e.g., including local collaborators as authors) as opposed to simply using the local investigators to assist in data collection or project implementation.

- (2) Data security and confidentiality issues. Most investigators are able to find ways to ensure data security and confidentiality. Genetic specimens are generally not allowed to be taken out of China. Recent developments in mobile health collection of ecologically momentary data via smartphone may require additional procedures to overcome these challenges.

These presentations highlight the importance of establishing international collaborations that enhance long-term research and outcomes beneficial to the West and Asia, and eventually the promotion of global health. Further discussion on potential collaborative research in the Asian region can be found in the article by Hser et al [2] in this special issue.

Acknowledgments

Funding for this conference was made possible (in part) by grants R13 DA 035084-01/PA10-071 and P30DA016383 (CAL-DAR) from the United States (US) National Institute on Drug Abuse. The views expressed in written conference materials or publications and by the speakers and moderators do not necessarily reflect the official policies of the US Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the US government.

REFERENCES

- [1] Bart G. Collaborative addiction research in the United States and Asia. *J Drug Food Anal* 2013;21:S106–8.
- [2] Hser YI, Chang L, Wang GJ, et al. Capacity building and collaborative research on cross-national studies in the Asian Region. *J Drug Food Anal* 2013;21:S117–22.