

Medication Cycle Researchers:

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- **Chantal Barthomeuf**, Pharmacy, University of Auvergne, France.
- **Louise Beaulac-Baillargeon**, Pharmacy, Laval University.
- **Richard Béliveau**, Chemistry, UQAM.
- **Gilles Caporossi**, Quantitative Methods in Management, HEC Montreal.
- **David Cohen**, Social Science, University of Florida, U.S.A.
- **Pierre-Yves Crémieux**, Analysis Group Economics, U.S.A.
- **Robert Desmarteau**, Business Strategy, UQAM.
- **Mehran Ebrahimi**, Management and Technology, Management Sciences, UQAM.
- **Mathieu Gagné**, Law, Laval University.
- **Othmar Keel**, History, University of Montreal.
- **Jean Legault**, Basic Sciences, UQÀC.
- **Joseph-Josy Lévy**, Sexology, UQAM.
- **Marie-Thérèse Lussier**, Family Medicine, University of Montreal.
- **Danielle Maisonneuve**, Communication, UQAM.
- **Philip Merrigan**, Economics, UQAM.
- **Manon Niquette**, Information and communication, Laval University.
- **Chantal Ouellet**, Education, UQAM.
- **Michel Perron**, ÉCOBES Group, Jonquière College.
- **Janine Pierret**, Centre de recherche médecine, sciences, santé et société (CERMES) (CNRS), France.
- **Alain Piaser**, Education, University of Toulouse II, France.
- **Robert Proulx**, Psychology, UQAM.
- **Serge A. Robert**, Philosophy, UQAM.
- **Anne-Laure Saives**, Management and Technology, Management Sciences, UQAM.
- **Petra Scheibler-Meissner**, Psychology, University of Oldenburg, Germany.
- **Souraya Sidani**, Nursing, University of Toronto.
- **Margaret Somerville**, Medicine, Ethics and Law, McGill University.
- **Marie-France Turcotte**, Business Strategy, UQAM.
- **Sjaak van der Geest**, Sociology and Anthropology, University of Amsterdam (Netherlands).
- **Suzanne Veillette**, ÉCOBES Group, Jonquière College.



Associates:

- **Diane Gauthier**, Education Science and Psychology, UQAC.
- **Julie Laplante**, Anthropology, University of Montréal.
- **Benoit Leblanc**, Linguistics, UQTR.
- **Bertrand Lebouché**, AIDS-Hepatitis Unit, Hôtel-Dieu Hospital, Lyon, France.
- **France Légaré**, Population Health, Quebec University Health Centre.
- **Danielle Papineau**, Community Psychology, RésoSanté British Columbia, BC Ministry of Health, BC.
- **Lorraine Savoie-Zajc**, Education, UQO.
- **Vittorio A. Sironi**, Neurosurgery and Neurosciences, University of Studies of Milan Bicocca, Italy.
- **Suzanne Vincent**, Education Science, Laval University.

Partners:

- Agence d'évaluation des technologies et des modes d'intervention en santé.
- Association des cadres supérieurs de la santé et des services sociaux.
- Collège des médecins du Québec.
- Institut national de santé publique.
- Canada's Research-Based Pharmaceutical Companies.
- Quebec Order of Pharmacists.

Professional personnel:

- **Luc Guerreschi**, Coordinator, France;
- **Lynn Marinacci**, Coordinator, UQAM;
- **Martine Quesnel**, Coordinator, UQAM;
- **Milena Zajc**, Coordinator, UQAM;
- **Guylaine St-Pierre**, Project Manager, UQAM;
- **Louise Rolland**, Executive Secretary, UQAM.



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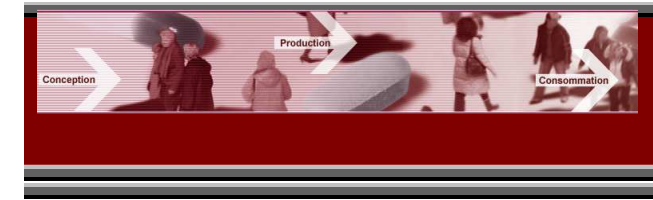
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COLLABORATIVE RESEARCH PROGRAM ON THE MEDICATION CYCLE SSHRC MAJOR INITIATIVE



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THE COLLABORATIVE RESEARCH PROGRAM ON THE MEDICATION CYCLE SSHRC MAJOR INITIATIVE:



The medication cycle is a complex subject, the study of which necessarily entails the integration of many disciplines. The Collaborative Research Program on the Medication Cycle stems from a concerted effort by 39 researchers from Canada and Europe; they are integrating the 19 disciplines they represent and interactively—without restriction as to discipline or method—studying and explaining the workings of the medication cycle from development through consumption. The synergy between the different types of expertise that team members bring to the table allows us to go beyond the fragmentary, highly specific questions that are generally raised. The aim is, among other things, to identify the dysfunctions in the cycle so that we can deal with interactions between medications, individuals and society in a totally new way. The ultimate objective is to develop methods and principles of policy for stakeholders so that they can rationalize the use and cost of drugs.



The program seeks more particularly to:

1. analyze the dynamics of the medication cycle from development through consumption by studying the systems of representation, social practice and communication it subsumes;
2. identify the consensual, conflict and risk situations that arise in relation to medications by exploring such fields as the circulation of knowledge, official and unofficial regulation, the interrelationships between groups of stakeholders, and use;
3. build and develop an interdisciplinary model of the medication cycle;
4. compare the model building in the medication cycle to the models used in health and drug research in order to cast light on their role in the development of health programs and policies, including medications.



To attain these objectives, the research process focuses on four areas: knowledge, regulation, interrelationships, and use. It brings into play conceptual and integrative instruments (such as systems, communications and social representations) implemented on two interrelated levels of research.

For the purposes of the research in France, Germany and Canada, we have selected nine representative families of medications (anticancer drugs, antibiotics, antihypertensives, analgesics, anti-inflammatories, hormone therapy, Sildenafil (Viagra), psychotropics, and metabolic drugs) related to a broad range of widely recognized medical and social problems. A number of qualitative and quantitative methodologies are used to analyze the data.

THE PROGRAM'S ORIGINALITY LIES IN THE PERSPECTIVES IT BRINGS TO BEAR ON THE ISSUES :

- a. comprehensiveness and interdependence involving all facets of the medication cycle at once;
- b. real interdisciplinary and multilevel integration based on systematic collaboration among disciplines and dialogue between methodologies;
- c. systems modelling directing the problematization of scientific questions, articulating proposed policy-making orientations and casting light on modes of action and communication to reduce areas of conflict and risk in the medication-cycle system.

THE PROGRAM HAS OUTCOMES OF A:

1. **THEORETICAL NATURE;**
2. **POLICY AND SOCIAL NATURE;**
3. **ECONOMIC NATURE.**



ON THE **THEORETICAL PLANE**, OUTCOMES INCLUDE:

- fostering the development of significant **knowledge** about the many facets of the medication cycle;
- stimulating theoretical potential by providing opportunities for transfer to other health sectors and fields;
- providing indicators of the dysfunctions in the system;
- promoting transnational comparison of models and findings.

ON THE **POLICY, SOCIAL AND ECONOMIC PLANE**, OUTCOMES INCLUDE :

- making accessible new perspectives on drugs, their production and consumption;
 - potentially reducing drug escalation and medical expenditures;
 - providing integrated guidelines and information for drafting policy and making decisions about programs for interventions and for training actors from the various professional bodies;
 - identifying breakdown, crisis and potential risk areas in the relationships between actors in order to provide more tools for improving the management and regulation of the health system;
 - developing systematic methods of regulation, targeted intervention and education adapted to the various communities of practice;
 - reducing health problems related to the dysfunctions of the system.
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