

Swimming with crocodiles

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Research and knowledge transfer

- Knowledge transfer remains a challenge
 - Lomas 1997
 - Miller and Hester 1986
- Last 20 yrs burgeoning research output – it's hard to keep up
 - IDRS & EDRS compete with this

The challenge of evidence-based policy

- In general there is disappointment at how research has influenced policy

“... many researchers are politically naïve. They have a poor understanding of how policy is made & have unrealistic expectations about what research can achieve.” Black 2001

“There has been disappointment at the lack of progress in promoting evidence-based policy & management compared with the relative success of evidence-based medicine ... **the consumers of policy & management research have not found the outputs sufficiently relevant & useful, & researchers have become frustrated by the lack of uptake of the results** of such systematic reviews by policy makers & managers.” Sheldon 2005

The role and risks for researchers advocating for policy

- Policy and evidence do not coincide:
 - Gap between commonly supported treatment and evidence
 - There is almost an inverse relationship with evidence and what the community and governments will support
- Policy decisions are sometimes/often(?) made in ignorance (deliberate or otherwise) of the evidence

The distinct challenges of policy influence

- Treatment practitioners might actively seek out evidence, policy makers are less likely to actively seek out evidence (Lenton 2004)
- Policy makers may actively seek out that which is consistent with their position, but ignore or even trivialise/demonise that which is inconsistent
- Competing with evidence is:
 - Party politics
 - Public perceptions
 - Political ‘deals’
 - Policy history
 - Timing

Contention about the role of researchers

- Some (e.g. Doll) argue there is a critical role for researchers to engage in advocacy
- Others argue that:
 - Researchers can contribute to evidence-based practice, or engage in advocacy, but they are not always the most appropriate to engage in such strategies and the risks are too great
 - Research and policy are like oil and water - research is about evidence, fidelity and logical argument while politics is about the next election, perceptions, bargains and timing

The distinct challenges of policy influence

- Altering one part of the system puts pressure on others and bureaucracies resist change
- For every research finding there is an anecdote that negates it Sweedler and Stewart (2006)

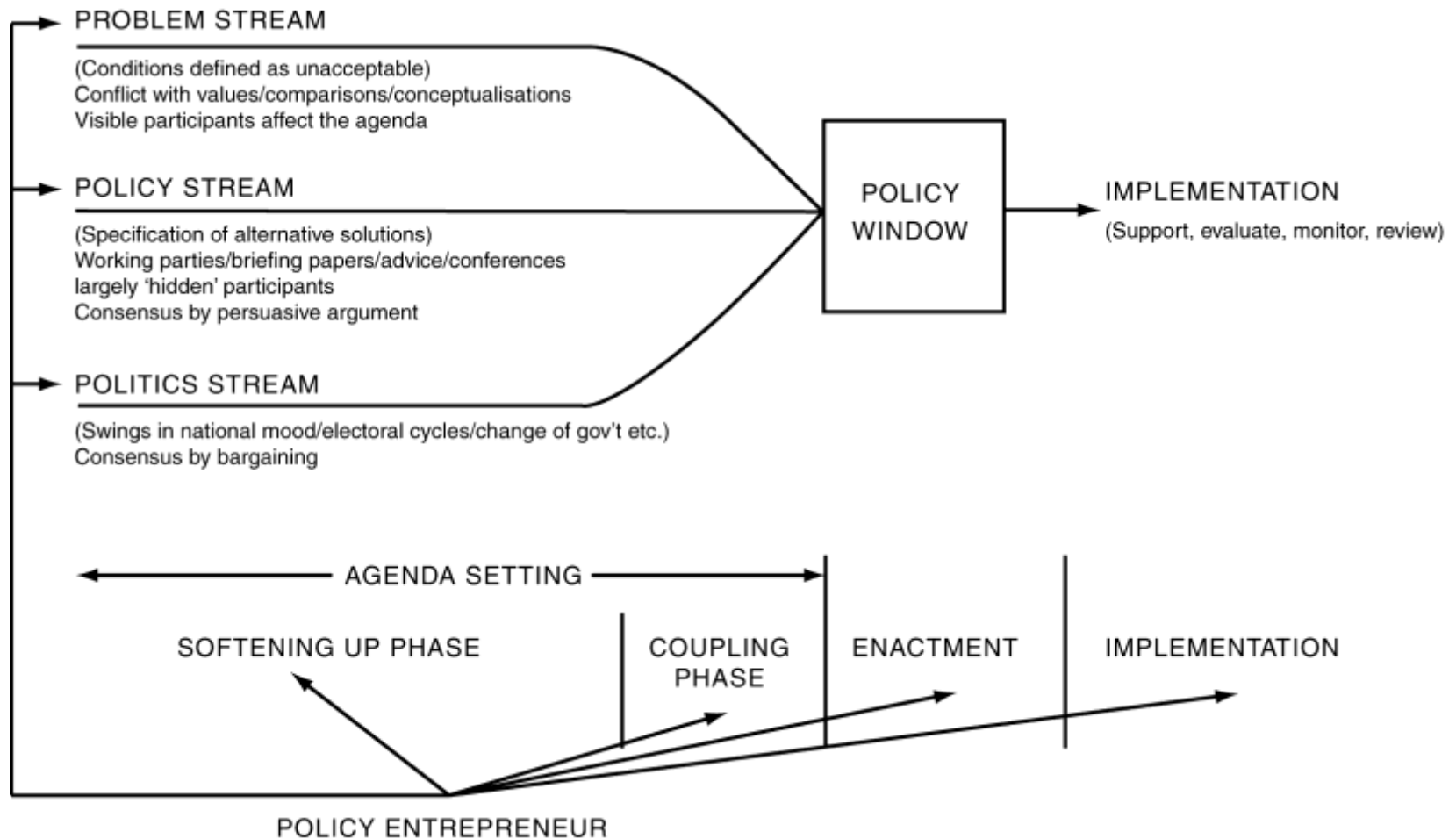
How do researchers/public health advocates combat the influence of such anecdotes?

- Do we need to develop our own anecdotes, especially to humanise the issues? (Ralph Hingson)
- Choose the right language
 - Language supports bimodal distribution of alcohol and other drug problems and marginalisation of consumers
- Better connect with policy makers
- Better connect with community

Influencing policy

- There is a discipline, art, or science of policy change, and those of us who wish to directly influence policy should familiarise ourselves with models, strategies and/or skills or align ourselves with those with relevant expertise

Kingdon's model of policy change



What creates policy windows?

- Joining of problems, policy alternatives and politics
 - Work out what keeps policy makers awake at night and help focus attention on solutions
- A problem, that a government must address, is more likely to be placed on the agenda:
 - “Policy entrepreneurs invest considerable resources bringing their conception of problems to officials’ attention, and trying to convince them to see problems their way.” Kingdon 1995

What creates policy windows?

- Alternatives arise in the policy stream from the “policy primeval soup”. Policies that survive this process are:
 - Possible (technically feasible)
 - Congruent with community values and acceptable
 - Politically attractive
 - Feasible within budgetary and other (practical) constraints

Importance of community perceptions

- How community perceives issue(s) matters
 - e.g. models of drug use/dependence
 - Marginalisation vs humanisation of consumers
- May tolerate impersonal distal outcomes of drug use, but less willing to tolerate more immediate outcomes that have personal relevance
- If we wish to engage communities:
 - How drug use has personal relevance
 - There are cost-efficient interventions that have personal and community wide benefits
 - It is possible to act and things will improve

What are the lessons for researchers?

- Accumulate evidence
- Identify how to make it relevant
 - identify the problem and ensure the research outcome can be perceived as a viable solution that is relevant to the policy makers and community
- Look for emerging windows of opportunity that occur in the problem and political spheres
- Better understand the policy process and create partnerships

What are the lessons for researchers?

- Because policy changes are rare punctuations in long periods of equilibrium operate with a long term perspective
(Baumgartner and Jones 1993)
- Windows for policy change are rare and are short lived: be prepared, patient, persevere and be responsive
- Consider how to engage and maintain media and community in debate

Looking for policy influence

- Challenge some prevailing models of drug use
- Seek out and try to create window of opportunity
- Develop partnerships with reliable and trusted individuals/organisations, who understood policy development
- Establish and nurture personal relationships with policy makers, media and community leaders
- Persist
- Ensure public support – personal relevance of findings

Looking for policy influence

- Researchers have an important role in policy development
- To be effective we need to develop specific skills and be mindful of risks
- Influencing policy requires ability to:
 - Develop evidence
 - Identify relevance for community and policy
 - Understand process and create partnerships
 - Understand and manage risks
 - Look for opportunities and be prepared
 - Persist – and avoid letting need for perfect response get in way of incremental change – real change takes time

Looking for policy influence

- **Help create politically enabling environments**
 - Work out what keeps policy makers awake and focus there
- **Identify, facilitate, and inform coalitions for action**
 - Police, transport, child care, Emergency Departments, Cancer Council etc
- **Recognise the need to engage communities**
 - Local relevance - Identify what matters to people
 - Communicate in a manner that is easy to understand

Potential action for IDRS/EDRS

- Build capacity of policy makers, & those who influence policy, to understand outputs & interpret in relation to local need
 - What keeps them awake
 - How outputs can relate to practice change
 - How outputs relate to current and potential policy and strategies
 - Can trends be linked into strategic plans and PI's
- More analysis of outputs in context of
 - Other data outputs (NDSHS, NMDS, ASSAD, customs, police, local data)
 - Welcome widening analysis re MH, violence etc
 - Regional variation (e.g. recent methadone use)
 - Oxycodone use
 - Impact of drug use (e.g. educational performance)
 - “Two worlds of drug use”. For example
 - relative stability of cannabis use in IDRS compared to general community;
 - Steep decline of methamphetamine use in EDRS REU's compared to IDRS

Potential action for IDRS/EDRS

- Understand functions of drug use
- Link to current policy priorities
 - E.g. More focus on remote and Indigenous communities
- Facilitate “think tanks” that engage policy makers on implications of IDRS/EDRS
- Consider how other policy decisions impact on illicit drug use – e.g. alcohol availability
- Make relevant to communities
- Humanise outputs
 - What does it mean for me?
 - What does this mean for children/parents/communities
- Engage states in data/media releases
- Recognise and celebrate effort so far!