

DRUG POLICY MODELLING PROJECT
MONOGRAPH 04

**AUSTRALIAN ILLICIT DRUGS POLICY:
MAPPING STRUCTURES AND PROCESSES**

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Drug Policy Modelling Project Monograph Series

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THE DRUG POLICY MODELLING PROJECT

This monograph forms part of the Drug Policy Modelling Project (DPMP) Monograph Series.

Drugs are a major social problem and are inextricably linked to the major socio-economic issues of our time. Our current drug policies are inadequate and governments are not getting the best returns on their investment. There are a number of reasons why: there is a lack of evidence upon which to base policies; the evidence that does exist is not necessarily analysed and used in policy decision-making; we do not have adequate approaches or models to help policy-makers make good decisions about dealing with drug problems; and drug policy is a highly complicated and politicised arena.

The aim of the Drug Policy Modelling Project (DPMP) is to create valuable new drug policy insights, ideas and interventions that will allow Australia to respond with alacrity and success to illicit drug use. DPMP addresses drug policy using a comprehensive approach, that includes consideration of law enforcement, prevention, treatment and harm reduction. The dynamic interaction between policy options is an essential component in understanding best investment in drug policy. Stage One has: a) produced new insights into heroin use, harms, and the economics of drug markets; b) identified what we know about what works (through systematic reviews); c) identified valuable dynamic modelling approaches to underpin decision support tools; and d) mapped out the national policy-making process in a new way, as a prelude to gaining new understanding of policy-making processes and building highly effective research-policy interaction.

This Monograph (No. 04) focuses on the policy making process. To achieve our overarching goal of improving illicit drugs policy activity in Australia, we need to improve the evidence base used by policy makers and to facilitate their use of it. Our limited understanding of how policies are made is one of the barriers to providing good decision support resources and processes. In this feasibility research, the ANU team trialed three approaches that are standard in political science but little used in illicit drugs research: 1) structural and institutional analysis; 2) reputational influence mapping; and 3) interviews with influential policy makers and researchers.

Over the last two decades, a set of structures has been put in place at various levels with the explicit goal of facilitating policy activity on illicit drugs. The team identified over 100 organisations involved in creating Australian illicit drugs policy. The reputational influence mapping research explored methods for gaining a clearer understanding of which people are perceived to be the most influential in shaping policy on illicit drugs in Australia. The social network of people regarded as influential does not have a random topography. The interviews with senior policy makers revealed much about policy processes and the research-policy nexus. The insights from this research will lead to more detailed research on policy processes.

Monographs in the series are:

01. What is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia
02. Drug policy interventions: A comprehensive list and a review of classification schemes

03. Estimating the prevalence of problematic heroin use in Melbourne
04. Australian illicit drugs policy: Mapping structures and processes
05. Drug law enforcement: the evidence
06. A systematic review of harm reduction
07. School based drug prevention: A systematic review of the effectiveness on illicit drug use
08. A review of approaches to studying illicit drug markets
09. Heroin markets in Australia: Current understandings and future possibilities
10. Data sources on illicit drug use and harm in Australia
11. SimDrug: Exploring the complexity of heroin use in Melbourne
12. Popular culture and the prevention of illicit drug use: A pilot study of popular music and the acceptability of drugs
13. Scoping the potential uses of systems thinking in developing policy on illicit drugs

DPMP strives to generate new policies, new ways of making policy and new policy activity and evaluation. Ultimately our program of work aims to generate effective new illicit drug policy in Australia. I hope this Monograph contributes to Australian drug policy and that you find it informative and useful.



Alison Ritter
Director, DPMP

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Jane Dixon, Ian Marsh, Brendan Gibson, Lorrae van Kerkhoff, Mary Beers-Deeble, Mahomed Patel, Gerald Midgley and Wendy Gregory all contributed to the development of the proposal for future research.

David McDonald and Gabriele Bammer contributed to all aspects of the project, with David taking the lead on the policy structures, influence mapping and interviews. Gabriele took the lead on developing the proposal for future research. Gabrielle Breen took the lead in the literature review on policy concepts and significantly contributed to the influence mapping.

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BACKGROUND AND RATIONALE

The component of the Drug Policy Modelling Project (DPMP) known as ‘Australian Illicit Drugs Policy: Mapping Structures and Processes’ (shortened to ‘policy mapping’) was conducted during 2004-2005 by Dr Gabriele Bammer, David McDonald and Gabrielle Breen from the National Centre for Epidemiology and Population Health, The Australian National University, Canberra. It was supported financially by the Colonial Foundation’s grant for the DPMP.

The research has its origins in work undertaken in 2003 to define the scope of the DPMP. The lead research team decided to focus on illicit drugs policy, and to do so in such a manner as to make explicit the complex, multi-layered interrelationships between prevention, treatment and law enforcement (on the one hand) and the local, state/territory, national and global levels (on the other).

To achieve our overarching goal of improving illicit drugs policy activity in Australia, we need to improve the evidence base used by policy makers and to facilitate their use of it. Our limited understanding of how policies are made is one of the barriers to providing good decision support resources and processes.

In thinking about the role of policy in the Drug Policy Modelling Project we face questions such as: What do we mean by ‘policy’ in this context? Should we differentiate between policy and its implementation? Who are the key illicit drugs policy makers? In what formal structures are they found and how do these structures operate? What informal processes are at play that influence agenda setting and policy activity? How feasible is it for DPMP researchers to gain knowledge of how policy is made?

Improved understanding of the policy process is generally useful in public health and beyond, as well as enabling DPMP to provide the most effective decision support through its modelling, empirical and conceptual research.

From the early 1980s onwards, the Commonwealth government has become increasingly active in health promotion, disease prevention and health protection. National programs in areas such as HIV/AIDS, drugs, the national health goals and targets, the national women’s health program, and mammography screening all began in the 1980s. The change of government in 1996 did not lead to any winding-back of national public health policy, quite the contrary. The National Illicit Drugs Strategy ‘Tough on Drugs’, introduced in 1997, saw major new investments in drug treatment and prevention services. Thus, over two decades, the trajectory of illicit drugs policy and public health policy more generally has moved towards increasing scope and complexity.

At the same time, the quest for evidence-based public health policy has become increasingly prominent. While there is a consensus that public health policy should be maximally effective, efficient and just, how to achieve this remains an on-going challenge. Surprisingly, there has been relatively little examination of what ‘evidence-based’ public health policy is or how research can shine a light on the collective experience of making public health policy in an attempt to learn from that experience, so that we may pursue it more wisely in the future.

Instead there are three typical responses to the situation. First, there are spirited academic debates about the types of evidence that are required when making the case for interventions into

complex health problems (Campbell 2004; Dambruoso 2004; Hawe 2004; Pawson nd). Second are analyses of the ‘cultural’ differences between policy and research coupled with suggestions for crossing the divide (e.g. Edwards, 2004). Third are attempts to implement plausible strategies to improve evidence-based policy, particularly encouraging researchers to provide readable summaries of their findings and establishing partnerships between policy makers and researchers as part of new investigations. For example, the 1999 Health and Medical Research Strategic Review (better known as the Wills review) focused on improved communication and better mutual understanding between the two ‘worlds’, recommending that “Capacity must be built ... to facilitate the transfer of research results into policy and practice”. Similarly, the Canadian Health Services Research Foundation (Lomas 2000) is perhaps most advanced in the practice of fostering good working relationships between the two arenas. Their policy synthesis panels (CHSRF 1998), and their knowledge brokering demonstration sites are two examples (CHSRF 2004).

While these responses are undoubtedly important, they do not build upon the daily reality of operating as a researcher or a policy maker; rather they institute another, often burdensome, layer of activity. The focus of this research program is aimed at examining, and improving, existing interactions between policy makers and researchers. Our approach also responds to Hawe and colleagues (2001), who noted the absence of frameworks from political science or policy studies, and called for health researchers to “expand their theory repertoire to include models outside those traditionally used” (p. 271). While their focus was on health promotion, their appeal is also relevant to illicit drugs policy.

In this feasibility research we trialed three approaches that are standard in political science but little used in illicit drugs or other public health research. These are: 1) structural and institutional analysis; 2) reputational influence mapping; and 3) interviews of influential policy makers and researchers.

Research questions

The policy mapping study was designed to begin addressing five research questions:

1. What core concepts in public policy are particularly useful for achieving the goals of the DPMP?
2. What structures are involved in illicit drugs policy activity at various levels in Australia and abroad?
3. How can we capture context-specific and ephemeral processes affecting illicit drug policy in Australia?
4. Who are the influential players in the development of illicit drug policy and how do they change over time?
5. How do influential policy and research players interact in the formation of illicit drugs policy, how do they conceive ‘evidence-based’ (now more commonly called ‘evidence-informed’) policy and what processes do they value most?

METHODS

We undertook a range of pilot work, which allowed us to familiarise ourselves with the literature, key Australian players in relevant policy research and useful methods. We focused the pilot work on laying the foundations for a detailed research program in Stage 2.

Here we describe four sub-studies and provide an outline of a proposal for future research:

1. surveying the policy literature to identify key themes and contemporary understandings of the nature of public policy and policy process
2. a pilot study investigating the feasibility of mapping the key policy structures in illicit drugs prevention, treatment and law enforcement at the local, state, national, and international levels, as well as structures for cross-sectoral and cross-level interactions
3. a pilot study investigating the feasibility of identifying the influential people and organisations in the policy process
4. a pilot study investigating the feasibility of gaining access to and interviewing people identified as influential in the policy arena
5. outline of a proposal for future research.

We also collaborated with Midgley, Gregory and Foote to explore the potential use of systems methods in facilitating interaction between policy makers and researchers and included a systems-based interface in the proposal for future research. This research is written up in the systems report rather than here (see Monograph No. 13).

RESULTS: POLICY CONCEPTS

Defining and theorising policy

The term ‘policy’ remains ambiguous, has multiple meanings, and is used in a number of settings. Accordingly, there are a plethora of definitions, characterisations, models, frameworks and theories of policy existing in the literature.

Policy can mean:

- routine or normal practice within an organisation
- a broad or specific commitment; a statement of values (e.g. ‘honesty is the best policy’)
- a field of activity (i.e. people ‘do’ policy)
- an expression of a general purpose or desired state
- a formal or claimed status attached to an action
- a specific proposal; a government decision; formal authorisation
- a program, output, or outcome
- or a process (Colebatch 2002; Levin 1997; Hogwood and Gunn 1984, cited in Parsons 1995).

Despite this confusion, there is limited attention in the social sciences to what ‘policy’ actually means (Colebatch 1998).

Historically, ‘policy’ derives from the Greek *polis*, meaning city state, and encompassing police, politics, polity, and policy (Colebatch 2002). While in Europe (excluding the UK) ‘policy’ continues to indicate both policy and politics (Colebatch 2002), in English speaking countries the terms have become distinguished.

Several key issues or debates shape the policy literature. First, theorists often confuse and conflate descriptive models (involving reduction), normative models (prescriptive), ideal-type models (abstract, heuristic) and explanatory theories (Hogwood & Gunn 1990; Parsons 1995).

Second, abstract or normative models that separate policy and its administration often do not match policy participants' experiences of policy as a complex, non-linear process (Colebatch 2002). Furthermore, disparity exists between academics' and policy actors' definitions of policy (Levin 1997).

Third, there are debates between elitist accounts (which emphasise authoritative decisions and their implementation) and pluralist accounts (which examine relationships between a range of organisations and policy actors) (Parsons 1995) and between rationality-based and incremental ('muddling through') approaches (Hogwood & Gunn 1990).

Furthermore, there is the question of how to handle the unavoidable complexity of policy (Sabatier 1999).

The many definitions of 'policy' are illustrated by the listing in Table 1.

Table 1: Definitions of policy

<p>Policy as idea or intention</p> <p>"Anything a government chooses to do or not to do" (Dye 1972: 2, cited in Howlett & Ramesh 2003, p. 5)</p> <p>"imaginative idea that orchestrates and/or inspires sets of actions (means) in response to a given problem" (Parquette 2003, p. 14)</p> <p>"a set of interrelated decisions taken by a political actor or group of actors concerning the selection of goals and the means of achieving them." (Jenkins 1978: 15, cited in Colebatch 2002, p. 85)</p> <p>"how decisions and purposes are formed by government organisations" (Laffin 1997, p. 51)</p> <p>Policy as process</p> <p>"a set of processes, including at least (1) the setting of the agenda, (2) the specification of alternatives from which a choice is to be made, (3) an authoritative choice among those specified alternatives..., and (4) the implementation of the decision." (Kingdon 1995, pp. 2-3)</p> <p>"The process of policy-making includes the manner in which problems get conceptualised and brought to government for solution; governmental institutions formulate alternatives and select policy solutions; and those solutions get implemented, evaluated, and revised." (Sabatier 1999, p. 3)</p> <p>"an authoritative statement by a government about its intentions... relying on hypotheses about cause and effect, and as structured around objectives...and its implementation through the use of policy instruments" (Bridgman & Davis 2004a, pp. 3, 184)</p> <p>"a set of interrelated decisions taken by a political actor or group of actors concerning the selection of goals and the means of achieving them within a specified situation where those decisions should, in principle, be within the power of those actors to achieve." (Jenkins, 1978 (pg?), cited in Howlett & Ramesh 2003, p. 6)</p> <p>"a purposive course of action followed by an actor or a set of actors in dealing with a problem or matter of concern." (Anderson 1984:3, cited in Howlett & Ramesh 2003, p. 7)</p> <p>"a course or principle of action adopted or proposed by an organisation or individual" (Pearsall 2001, p. 1106) (Oxford Concise English Dictionary)</p> <p>"Policies belong to someone or somebody; 'policy' denotes commitment to future measures; a 'policy' has, or is claimed to have, a certain status" (Levin 1997: 27)</p>

Policy – the Australian approach

‘Policy activity’ rather than ‘policy-making’

We are familiar with the term ‘policy-making’ but, as Colebatch (2002) suggests, the term is problematic as it leads one to focus upon just one aspect of the policy process, namely the vertical dimension: ‘the deliberate choice of a preferred outcome by an authorized decision-maker’ (p. 120). In fact, much policy activity is horizontal, with collaborations and co-operation, advocacy, influence, etc. being instrumental in shaping the policy process. Many others are involved in the policy process, with the result that the term ‘policy activity’ is preferred, as it captures their roles as well as those of an ‘authorised decision-maker’. These other actors include both officials who present policy advice and others in community- or professionally-based advocacy organisations.

Viewing policy activity in the horizontal dimension draws attention to what Colebatch calls ‘structured interaction’. Frequently illicit drugs policy is developed in Australia through private or public consultations with people affected by or otherwise concerned about this area of policy. A complex set of formal advisory structures is in place to facilitate and manage this, and others are created on an ad-hoc basis to deal with particular policy areas. Behind-the-scenes advocacy is another part of the structured interaction in policy activity.

Furthermore, the term ‘policy activity’ leads one to focus on the whole policy process—the policy cycle—not simply on policy as an object or outcome such as an authorised statement by a Minister or someone else in authority. While a significant focus might be placed upon, say, a policy statement (e.g. National Heroin Overdose Prevention Policy) it is crucial that we attend also to the processes or activities that preceded and follow the promulgation of the statement, as we describe in the next section.

The policy cycle

A contested issue in policy thinking is the reality and usefulness of the policy cycle approach. To many, it is a useful heuristic for explaining and analysing policy activity. Figure 1, taken from Bridgman and Davis (2004, p. 26) illustrates the Australian policy cycle.

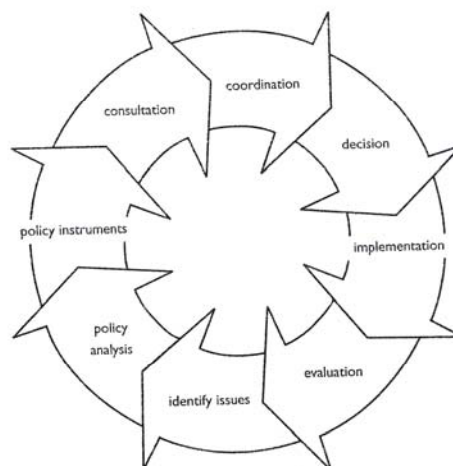


Figure 1: The Australian policy cycle

The policy cycle is usually considered to commence with the identification of issues but, as the cycle itself illustrates, that stage is often an outcome of a previous policy cycle.

Other expositions of the policy cycle cover similar ground but identify different stages, or use different language. For example, contributors to the *Oxford Handbook of Public Health Practice* (Anderson & Hussey 2001) suggest these stages of the cycle:



A criticism of the policy cycle model is that it may imply a fixed, chronological, linear set of stages from ‘issues identification’ through ‘decision’ and on to ‘evaluation’. The reality, however, is different. Frequently the process starts further along the line. Feedback loops become established between different stages and steps are omitted entirely. None-the-less, it is a useful heuristic, one which many people engaged in policy activity find to be a reasonable description of how they work, or would like to work given ideal conditions.

Policy analysis

The policy cycle illustrated above includes policy analysis as one of its elements. Policy analysis has been defined as:

1. analysis of a policy problem, designed to state the nature of the problem, leading to options for addressing the issue
2. analysis of government’s action, designed to discern the underlying policy choices of that government (Bridgman & Davis 2004b, p. 184).

The significance of this to the DPMP is that the Project as a whole aims to contribute to policy analysis relating to illicit drugs through providing improved understanding of the problems, along with information and decision-support tools.

The ideal type of policy analysis described in most text books and taught in schools of public administration is the *rational comprehensive approach*: ‘rational because it follows a logical ordered sequence, and comprehensive because it canvasses, assesses and compares all options’ (Davis et al. 1993, p. 160-1). The six steps of rational comprehensive policy analysis are as follows:

1. problem definition
2. identify and rank in order of priority the values, goals and objectives of the decision-maker
3. identify all the options for achieving the goal
4. determine the costs and benefits of each option
5. compare the costs and benefits
6. select the course of action which maximises the outcome in line with the values, goals and objectives identified in step 2 (op. cit., p. 161)

As with the policy cycle, this model is more something to aim towards—an ideal type—than a description of how policy analysis is usually realised. As Davis et al. (1993, pp. 162-3) emphasise, most decision-making is not fully rational and not fully comprehensive:

...if complex options cannot be compared accurately, then the model loses its virtue of rationality. When valuations are approximate, the final choice is not necessarily the single superior option.

...Choices are not always about technical criteria. Ethical considerations are also involved.

...Disputes about values take policy decision-making back into the political realm.

The implications of this for the DPMP are clear: while the Project's *raison d'être* is to contribute to improving the quality of illicit drugs policy activity and decision-making, and should follow the rational comprehensive approach when feasible and appropriate, the other forces (often labelled "irrational and non-comprehensive") that impinge on policy activity, must also be taken into account. We explore approaches to this latter issue below.

RESULTS: POLICY STRUCTURES

Over the last two decades, a set of structures has been put in place at various levels with the explicit goal of facilitating policy activity on illicit drugs. While informal patterns of influence are important in determining what gets on the policy agenda and what is kept off, and how and what decisions are made, the reality is that much (perhaps most) of the important policy activity takes place within formal policy structures. This is highlighted by the inclusion, in the most recent annual report of the Australian National Council on Drugs (ANCD), of a figure illustrating the 'Advisory Structures for the National Drug Strategy' (Australian National Council on Drugs 2004). Here 'advisory structures' means structures created for the development, transmission and consideration of policy advice.

The need exists, then, to describe—or map—the policy structures and to use this information in developing strategies for enhancing the utilisation of research-based evidence in the shaping of Australian policy on illicit drugs.

The research question for this pilot study was: *Is it feasible to identify and map national illicit drug policy structures in Australia in the areas of prevention, treatment and law enforcement at the local, state, national and international levels, as well as structures for cross-sectoral and cross-level interactions.*

In identifying policy structures we were cognisant of two dimensions, as the structures (committees, organisations, etc.) are both the location of much policy activity and provide the architecture within which the policy objects are produced (Colebatch 2002).

Focus on policy creation, not policy implementation

This sub-study's focus was on structures involved in *creating policy* but not *implementing policy*. It is sometimes difficult to differentiate between these two aspects of policy; indeed, sometimes they inter-relate iteratively. We also note that some authorities take the view that making policy and implementing it cannot be separated.

The policy creation component of the policy cycle shown in Figure 1 may be seen as commencing with issues identification and moving through policy analysis, identification of policy instruments (e.g. advocacy, direct action, funding and legislation), consultation, co-ordination of various bodies, and ending with decision making. Implementation and evaluation are subsequent steps. Where feasible, we have adopted this boundary point – the point where the policy decisions are made – for the study and have not included structures within which implementation and evaluation occur. An example may assist in clarifying our approach:

In 1999, the Council of Australian Governments (COAG) agreed that all states and territories would introduce the National Diversion Initiative through which some categories of illicit drug offenders are diverted from the criminal justice system to education and/or treatment. The Australian Government is supporting this Initiative financially and in other ways. Each state and territory has established a joint Australian Government/state-territory government Reference Group to co-ordinate the implementation of the Initiative (details are at <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-drugs-illicit-diversion-coag.htm>). The policy structures for this Initiative that fall within the scope of this sub-study are COAG and the advisory bodies in which the proposal was developed, as it was at COAG that the policy decisions were made to establish the Initiative and the framework within which it would operate. The state/territory based Reference Groups' role is limited to implementing the policy, so this is not covered in this study.

As the policy literature makes clear, however, this pragmatic approach to setting boundaries for this study needs to be seen in the context of how policy implementation sometimes becomes policy making, e.g. when front-line drug workers implement policy decisions of governments or others in a manner quite different from that intended.

Where is policy made?

The framework we used for thinking about sources of information on illicit drug policy structures comes from Colebatch (2002). He asks the question 'where is policy made?' and answers it by pointing to two perspectives, the vertical and the horizontal:

The vertical perspective: policy decisions are made at the top by authorised decision makers such as Ministers. The implication is that one looks for the structures through which policy advice is created and transmitted to the authorised decision-makers:

- It is fairly clear what the formal structures are in government. The structures through which policy activity occurs in businesses and NGOs, however, are often less clear
- Usually the officials are the driving force for new and amended policy, rather than the Ministers
- In some jurisdictions, perhaps most notably the USA, legislatures have an important role in policy-making. This is much less the case in a parliamentary system like Australia's
- The courts and similar tribunals are engaged in policy-creation though the extent of this varies greatly by jurisdiction.

The horizontal perspective: policy is seen as structured interaction between various groups and individuals, including officials, subject matter experts, advocates, etc.

- This perspective draws attention to the continued interactions that make possible the authorised decisions of people at the top
- The focus is on the structures that facilitate negotiation between officials laterally and with other levels of government
- Some bodies (such as the police and courts) have a high degree of independence from central authority
- Some organisations have the role of mobilising authority from outside government, e.g. by involving subject matter experts

- Generally officials try to institutionalise the external voices by creating some formal organisational structure for them to use as a channel and vehicle for providing inputs to policy. This creates insiders and outsiders: the officials and the organisations and individuals they trust and turn to for advice, on the one hand, and the ‘attentive public’, namely people and organisations who would like to be involved but who are excluded, on the other.

This study sought to identify policy structures from both perspectives.

Structural analysis

The structural analysis involved identifying and mapping the formal institutions or organisations in which policy development activity is played out. They include some that are relatively stable in terms of role and sometimes membership as well, some that become modified with changing circumstances and yet others that are time limited, being structures created to meet a particular short-term need, then abolished. The focus of this paper is on the more stable structures, as our interest is in policy activity in the longer term, though reference is made to some of the more ephemeral structures as well.

Furthermore, the study was concerned mainly with national structures, but covered those at other levels (including international, state and territory levels) to the extent that they have a role in influencing national policy activity. Cross-sectoral and cross-level structures were included.

Included were organisations/structures that are involved in the stages of the policy cycle up to the decision-making phase, but (as discussed above) excluded those engaged only in the implementation or evaluation of policy once the decision has been made. This means that organisations involved only in service delivery (e.g. drug education or treatment or law enforcement) were excluded. However, organisations providing these services but which are also engaged in policy activity were included. An example is Turning Point Alcohol and Drug Centre which, while active in service delivery, also undertakes issues identification and policy analysis work, and makes recommendations for new and improved policy.

The monograph describes illicit drugs policy structures as they existed in 2004 and the early part of 2005. This creates an issue with respect to the National Drug Strategy (NDS) structures. On 20 May 2004 the Ministerial Council on Drug Strategy (MCDS) endorsed the new *National Drug Strategy: Australia's integrated framework 2004-2009* which foreshadows the abolition of a long-standing set of NDS policy advisory structures and the creation of a new set. At the time the analysis was concluded (June 2005) no substantive information on the new arrangements had been released, and the National Drug Strategy's web site (<http://www.nationaldrugstrategy.gov.au/councils/advisory/index.htm>) was still showing the 1998-2004 advisory arrangements. (This was still the case in December 2005.) Accordingly, the structures used for the governance of the NDS up to 2004 are covered here, and illustrated in the following figure.

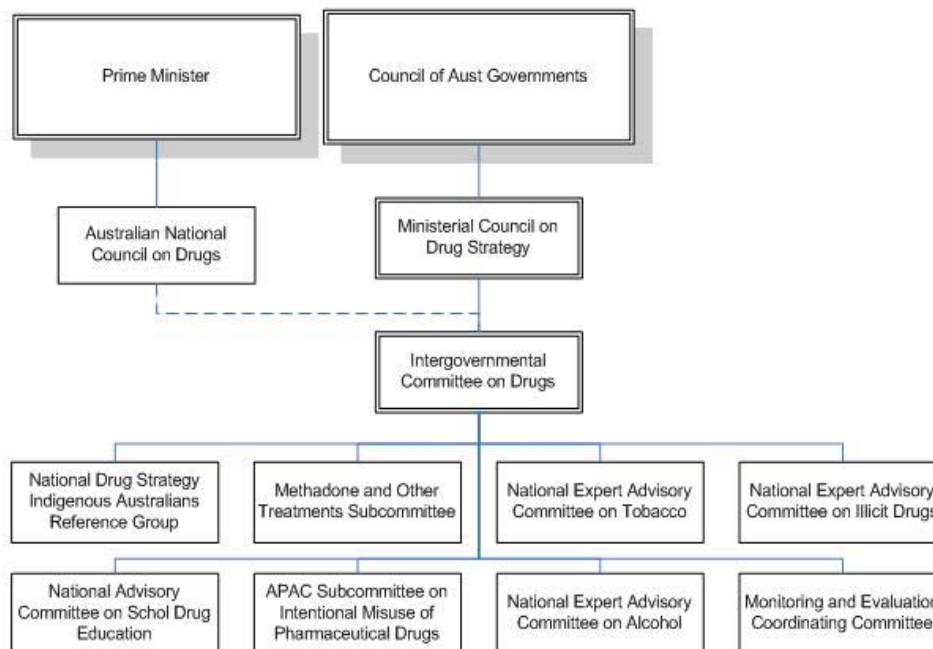


Figure 2: Advisory Structures for the National Drug Strategy 1998-2004

Information sources

As noted above, we have found Colebatch’s (2002) approach to identifying where policy is made useful. He guides us to look for organisations/structures/processes that operate vertically (e.g. the COAG advisory arrangements) and those working horizontally (e.g. Drug Summits).

Our existing knowledge of the illicit drugs policy field was the starting point for identifying key policy structures. After documenting what we already knew, we turned to various directories of agencies in the broad alcohol, tobacco and other drugs (ATOD) field to identify additional bodies engaged in illicit drugs policy. An example is the *Australian Government Online Directory* (<http://gold.directory.gov.au/>).

Lists of links at important web sites, such as those of the Australian National Council on Drugs and the National Drug Strategy, were valuable sources. The Coordinator, Database Services at the National Resource Centre for the Alcohol and Other Drugs Field assisted with an extensive listing of service agencies (particularly NGOs) some of which were subsequently identified as having policy roles. Perusing the lists of members of policy advisory bodies identified additional organisations.

The web sites of many organisations in the ATOD field were perused to identify additional structures and organisations. Some of the web sites of the various state/territory government

central ATOD agencies (e.g. the Drug and Alcohol Policy Unit of ACT Health) were particularly productive.

Monitoring the email announcement and discussion lists operated by the Alcohol and Other Drugs Council of Australia (ADCA) alerted us to some of the more ephemeral NGOs engaged in issues identification, policy analysis and advocacy, particularly those not represented on the formal committees of which we were aware. Another useful source of information on this category of organisation was the list of those who made written submissions and/or presented evidence to the 2003 House of Representatives Standing Committee on Family and Community Affairs' inquiry into substance abuse in Australian communities (Parliament of the Commonwealth of Australia 2003).

Mapping organisations to stages and roles in the policy cycle

The first approach to mapping the illicit drugs policy structures that we used was based on the policy cycle approach (See Appendix 1). It provided a framework for classifying and grouping the individual organisations in terms of the nature of their policy activity. We used the following categories, being a slight modification of Bridgman & Davis' (2004) list:

- issues identification
- policy analysis
- advocacy (including making recommendations)
- consultation
- co-ordination
- decision making
- implementation and
- evaluation

The categorisations we made were not checked with the relevant organisations, although this might be a useful step in future research. On the whole, we believe that we have sufficient information to accurately categorise most of them, with any errors being marginal and not impacting adversely on the outcomes of this pilot study.

Key findings

1. We identified over 100 organisations involved in creating Australian illicit drugs policy. Some are national, some at the state/territory or local community level, and others are international organisations (Appendix 1).
2. We were successfully able to investigate both the vertical structures that culminate in an authorised person 'signing-off' on a policy developed further down, and the structures operating horizontally through which officials (for example) make use of the expertise found outside of the vertical communication channels.
3. Most of the organisations listed are 'insiders' in the sense that their roles in the policy process are explicit, and that protocols are in place to elicit and manage their contributions. An example is the national and state/territory NGO peak organisations, most of which sit on various government advisory bodies within their respective jurisdictions.

Very few ‘outsiders’, i.e. organisations that do not have formal linkages to the vertical decision-making processes, have been identified. One example is Drug Free Australia, the membership of which is confidential and the CEO of which is active in lobbying political leaders and issuing media releases covering illicit drugs policies.

4. Mapping the various organisations to the stages of the policy cycle, namely issues identification, policy analysis, identification of policy instruments, consultation, co-ordination and decision making, showed both the spread and clumping of organisational roles. Few organisations were identified as being actual decision-makers. Some have consultation and coordination roles. Many have roles in identifying issues, policy analysis and advocacy, particularly when ‘advocacy’ can be taken in a limited sense to include making policy recommendations.
5. Most organisations are involved in all four areas of illicit drugs policy, i.e. prevention, treatment, law enforcement and harm reduction, as Figure 3 illustrates. This suggests a) that the way synergies between these areas are developed within agencies warrants further exploration and b) that there is considerable potential for improving policy which takes the impact on all four areas into account.

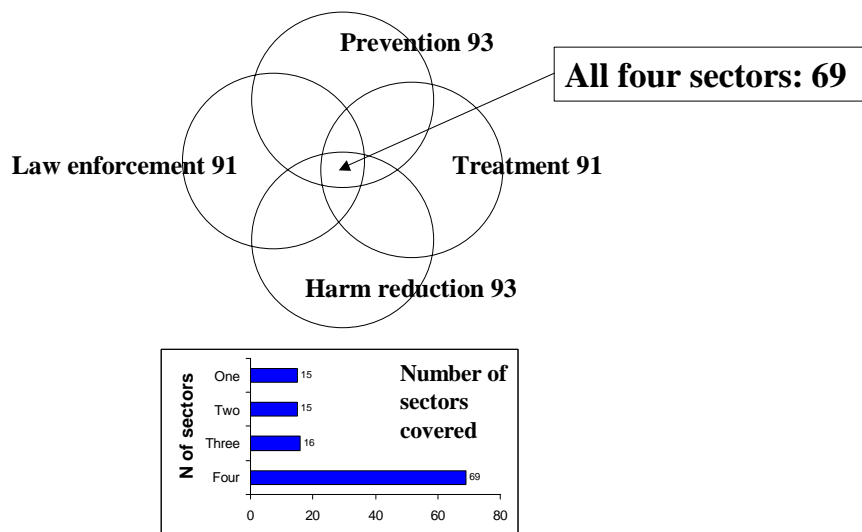


Figure 3: Organisations engaged in illicit drugs policy activity, by sector (N = 115 organisations)

6. Conceptual and technical challenges exist in visualising the structural data. Ideally, the tools used for this purpose would use hyperlink technology to enable the user to explore the multi-dimensional aspects of the policy structures. Another important attribute would be that the tool could produce outputs to include in written documents, e.g. complex

organisational charts. In addition, it would need to be accessible to many different users, so would need to be reasonably priced, integrate smoothly with standard office software, and not be too difficult to learn to use.

An extensive search was undertaken to identify suitable IT-based visualisation tools. This included discussions with IT and knowledge management specialists. DPMP team members were invited to make suggestions.

No single software package has been identified that is outstandingly useful. The package that most closely meets the criteria listed above, and one that was recommended by a number of people consulted, is Microsoft Visio[®]. This is a component of Microsoft Office[®] but it is not provided in most standard configurations of that software suite and needs to be purchased separately.

Visio includes a module for visualising structures in the form of organisation charts. Hypertext linkages between components of different charts or documents is possible. It is said to integrate smoothly with Microsoft Word[®] and Powerpoint[®], though this has not been our experience to date. Some trialing of this application was undertaken as part of the pilot study.

7. Much of the descriptive information needed for this type of study is available in the public domain. Some is collated in directories such as the *Australian Government Online Directory* (<http://gold.directory.gov.au/>). It is a labour-intensive task, however, to contact the many organisations to confirm the accuracy of the information, to keep it up-to-date and to create visualisations of the resulting information. We found that, almost without exception, the people from whom we sought information on policy structures were happy to provide it. This included both officers of various public services and the heads of key NGOs.
8. Although not the major focus of this study, we collected information on the membership of various committees, etc., involved in policy processes. As with information on the structures themselves, the informants we approached were generally willing to provide information of this type, as well. Some NGOs, however, do not reveal information on their membership.

Conclusions

This pilot study confirmed that it is feasible to identify and map national illicit drug policy structures in Australia in the areas of prevention, treatment and law enforcement at the local, state, national and international levels, as well as structures for cross-sectoral and cross-level interactions. The resulting information can be used in DPMP modelling, with the aim of contributing to the development of research evidence based policy decision support tools.

Information on the policy structures can also be used by people developing strategies for improving communication between those who produce research evidence and those in a position to use it in policy decision-making. The formal advisory structures provide important communication channels for this purpose.

RESULTS: REPUTATIONAL INFLUENCE MAPPING

This study aimed to explore methods for gaining a clearer understanding of which people are perceived to be the most influential in shaping policy on illicit drugs in Australia. This reputational analysis complemented the positional analysis used in the policy structures sub-study described above.

Social network analysis - background

This study was informed by the network analysis and agenda setting research undertaken by Dr Jenny Lewis and Professor Mark Considine from the University of Melbourne. Dr Lewis is an advisor to the study. In her study of influential actors in Victorian health policy, Lewis (2002) categorised nominees in terms of their:

1. Organisation
 - a) Academia
 - b) Bureaucracy (State or Federal)
 - c) Health Care Network or public teaching hospital
 - d) Research Institute/NGO
 - e) Professional Association/Union/College
 - f) Political party
 - g) Other organisation
2. Discipline
 - a) Economics/ administration/ management
 - b) Medicine
 - c) Other
3. Gender (M/F)

Lewis focused on the agenda setting and consideration-of-alternatives aspects of policy (the pre-decision stage), rather than on decision-making and policy implementation.

Part of the purpose of this study was to determine if we could replicate Lewis' approach in a different policy setting.

The study was approved by the Human Research Ethics Committee of The Australian National University, approval no. 2004/309. A strict protocol was put in place to ensure the confidentiality of the study data, especially information on who nominated whom as being influential.

Data sources, types and forms

The study relied on key informant data collected through a process of selective snowball sampling (Goodman 1961). There were two types of informants in this pilot:

1. 'Starting point' contacts purposively selected
2. 'Nominees,' that is, individuals nominated by the starting points or by other nominees

The primary data were collected from the informants. They were invited to fill in a nomination form in which they listed individuals whom they considered influential in illicit drugs policy in Australia, the nominee's affiliation, and whether the informant was in contact with the nominee. (Appendix 2 contains the letter of invitation and the nomination form.) The nomination form was self-administered and returned by informants through fax, email, post and verbally.

An 'influential' person was defined as:

someone who has a demonstrated capacity to do one or more of the following: shape ideas about government policy, initiate policy proposals, substantially change or veto others' proposals, or substantially affect the implementation of policy. In other words, influential people are those who make a significant difference at one or more stages of the policy process (Lewis & Considine 1999, p. 395).

Secondary data pertaining to the effectiveness of the methods used to obtain nominations from informants were also collected. This included data recorded about the contact history with each informant, such as the type of initial contact, the frequency of follow-ups, the methods used in each contact, response type, and the period of time that elapsed between initial contact and response.

Six individuals and one couple were chosen as 'starting point informants' to initiate the snowball sampling. All but two were able to participate, leaving five start points. They were chosen according to the following criteria:

- a) Between them, representing a range of organisational types and professional backgrounds in the illicit drugs policy field (e.g. advocacy, research, medicine, and so on). It was expected that this would facilitate an even and representative spread of nominations across the different organisational types and professions in the field.
- b) Being known personally to the researchers and, through this knowledge, considered to be:
 - 'well-connected' with and/or knowledgeable of influential actors in the illicit drugs policy field
 - sympathetic with the study's aims
 - likely to participate in the study.

The people nominated by the starting point informants as being influential were then contacted, advised that they had been nominated as 'influential' in the illicit drugs policy field, and invited to nominate other influentials. Being a pilot study, no further nomination waves occurred, although in a full study of this nature, successive waves of nominations would be conducted until saturation was reached, i.e. no new individuals were being nominated. (Not all people nominated were actually contacted and invited to participate. The exceptions were people whom we believed would not respond within the time frame available, a pragmatic approach reflecting the fact that this was a pilot study.)

Data were collected over a seven week period. Follow-up contacts by phone and fax were made to people who had not responded within one week of being invited to participate. Up to three follow-up contacts were made (at weekly intervals).

Nomination and nominees

In all, 36 people were invited to nominate others whom they considered influential in Australian illicit drugs policy. This included the start points.

By the cut-off date, completed nomination forms were received from 20 participants, a response rate of 55 per cent. The response rate was 83 per cent among those who received three follow-up

contacts. Three nominees declined to participate (not including the two start points who were unable to participate).

Responses were received by email (N=7), fax (6), verbal (4) and post (3).

In all, 229 nominations were made by the 20 informants, covering 121 separate individuals (including the 29 people nominated by the starting points), a mean of 11 nominations per informant, with the number ranging from 1 to 28. The number of nominations received by individuals ranged from 1 to 15, with a mean of 2. Table 2 shows the clustering of the nominations, with a small number of individuals standing out as particularly influential, based on the number of nominations received.

Table 2: Number of nominations received

Nominations received	Individuals receiving that number of nominations	Cumulative number of individuals nominated
15	1	1
9	3	4
8	1	5
5	5	10
4	5	15
3	6	21
2	16	37
1	84	121

A partial analysis has been undertaken on the attributes of the nominees, focusing on their location as influentials. This replicates, in part, the approach taken by Lewis (2002). This analysis is incomplete; further work is needed on determining mutually exclusive categories (where appropriate) and making provision for individuals who operate within and between a number of categories. Details are provided in Table 3.

Table 3: Nominees' organisation type

Type of organization	No. of starting points and nominees
Policy/management/administration	30
Social welfare	16
Medicine	13
Health – other	13
Criminal justice	11
Media	4
Epidemiology	1

Social network analysis

While it was beyond the scope of this pilot study to undertake a full social network analysis of the data, they do lend themselves to this type of analysis. The complex methodological issues involved are explored in Morris, 2004. A preliminary social network analysis was undertaken of the nominees who received the highest number of nominations, producing the network chart in Appendix 3. It is provided to illustrate the type of analysis that could be undertaken, rather than to present substantive findings from the pilot.

Conclusions

This pilot study demonstrated that it is feasible to use snowball sampling to identify the individuals considered to be the most influential in shaping Australian policy relating to illicit drugs. We have found that people considered to be influential in this area are willing to nominate other ‘influentials’. Data collection and analysis can reveal the types of organisations in which the nominees are located, contributing to our understanding of the patterns of influence.

The study has further demonstrated that the social network of people regarded as influential does not have a random topography. Rather, it appears that a small number of people are considered to be particularly influential, insofar as relatively large numbers of informants nominate them as influentials. In contrast, relatively large numbers of individuals receive only a small number of nominations representing, perhaps, the fact that their influence occurs within a narrow range in terms of locality, subject matter, etc. The data lend themselves to formal social network analysis, but face the methodological challenges of all partial network designs (Morris 2004).

Implementing the study called upon a considerable amount of staff time to locate nominees, invite them to participate, undertake follow-ups with non-respondents and clean, enter, analyse and interpret the resulting data. Careful attention needed to be given to concerns about confidentiality.

RESULTS: INTERVIEWS WITH ‘INFLUENTIALS’

The aim of this pilot study was to assess:

1. How feasible is it to obtain access to influential policy makers and researchers and to obtain their agreement to be interviewed about policy processes and the research-policy nexus?
2. How useful are the processes and products of such interviews in informing our understanding of policy processes and the research-policy nexus?
3. Are policy makers interested in using systems methods to enhance interactions with researchers? (This last question is reported on elsewhere by Midgley, Gregory and Foote.)

We undertook semi-structured interviews with five policy makers (three in illicit drugs and two in other areas of public health). The study was approved by the Human Research Ethics Committee of The Australian National University, approval no. 2004/309.

The criteria applied in selecting interviewees were:

1. we knew them personally, had good rapport with them and, for those reasons, felt that they would be willing to give us honest feedback about the interview process and the feasibility of asking the questions of policy makers more generally
2. they were people with experience in the areas of interest to us (public health policy process and the research-policy nexus) and likely to be insightful about the issues we wished to explore.

Two of the people invited requested that we advise them in writing what the interviews would cover. We responded as follows:

The topics to be covered could include things such as the following:

- Your understanding of the policy development and implementation process
- The parts of the policy development and implementation process that you involved in or have influence over
- Whether or not you can identify people or population groups that are affected by policy in your field but have little or no influence on policy making? If you can, why does it occur?
- Any issues that ought to be considered in policy-making but are not? If so, what are they?
- Your views on how should policy-making be undertaken? What key changes would you make if you had a free hand? How far do you believe others would agree with these?

One interviewee, a middle-level Australian Government public servant, used our letter of invitation as the basis of a discussion with her supervisor as she felt it necessary to seek approval to participate, owing to the Australian Government Public Service's regulations on officers speaking publicly on policy issues.

An interview schedule was drafted to guide the discussion; a copy is at Appendix 4. It covered three broad areas:

1. Questions about the person's current practice in public policy, covering such areas as their use of evidence, what counts as expertise, values, partnerships, vested interests, dealing with uncertainty, dealing with conflicting types of evidence and pressure, who influences them in their policy work, etc.
2. Six different systems approaches were described and the interviewees were invited to assess each one in terms of their familiarity with it, perception of its usefulness, barriers to its use and how and where it might be applied in the policy context. The system thinking approaches covered were Strategic Assumption Surfacing and Testing (SAST), System Dynamics (SD), Viable System Modelling (VSM), Soft Systems Methodology (SSM), Interactive Planning (IP) and Critical Systems Heuristics (CSH)
3. Interviewees' demographics.

The interview sessions each took between one and two hours and were tape-recorded. The recorder was switched off at various times at the request of the interviewees. We offered to hold the interviews at either the interviewees' work places or NCEPH (ANU), whichever was more convenient to them. All chose to leave their work places and come to NCEPH.

Each interview was in three parts:

1. welcome and overview of the processes to be followed, including the confidentiality/privacy aspects

2. semi-structured interview based upon a prepared set of questions (see above; McDonald was the interviewer for the sections on current practice and demographics and Midgeley was the interviewer for the questions on systems approaches)
3. debriefing discussion about the contents and process of the interview, how it could be improved, and issues about gaining access to potential interviewees and obtaining their willing participation in the study.

Key findings

This pilot study has produced the following core findings:

1. Influential policy makers and researchers who know and trust us are willing to be interviewed about policy processes and the research-policy nexus
2. They are able to speak openly about their experiences and reflect closely upon them
3. The information they provide in such interviews contributes to our understanding of policy processes and the research-policy nexus
4. It is probable that 'influentials' whom we do not know personally will be willing to participate as interviewees in this type of study if approached carefully, e.g. via an intermediary who knows and trusts both parties, and who can vouch for the standing of the research team and the usefulness of participating.

We determined that information on interactions between public servants and researchers through personal relationships, committees and so on can be elicited, as can information on perceptions of research quality and operating under conditions of uncertainty. The pilot interviews demonstrated that, if confidentiality is appropriately handled, influential policy makers are generally willing to discuss their roles and experience in influencing policy, including how they handle conflicting pressure and evidence, and how people's values impact on policy.

Confidentiality

However, middle- and senior-level public servants who are influential in the policy process (and perhaps researchers in equivalent positions in academic bureaucracies) face special issues in participating in studies such as this. This applies to both Australian Government and state/territory public servants. While some may be willing to speak to us in confidence about Government policy (keeping in mind the formal conditions of employment in the public sector), others will not and deserve our respect for adopting that position. We are therefore currently (June 2005) in the process of obtaining formal approval for officers to participate in further research, i.e. with the permission of their agency head.

Status of interviewers

In this study we interviewed people identified as influential in their field. In most cases this means people in senior positions and this has implications for the characteristics of the interviewers: they need to be senior researchers. If this is the case, potential study participants are more likely to agree to be interviewed than they would if junior research staff were involved. Furthermore, senior researchers would be able to probe and interpret beyond superficial understandings, and be able to navigate with assurance the confidentiality constraints experienced by policy makers.

Limitations of the study

This pilot study had one main limitation, namely that we interviewed only people whom we know and with whom exists mutual trust based on many years of collaboration. A scaled-up study would require interviews with a broader range of participants. As discussed above, we explored

with our interviewees techniques for obtaining the participation of such people on the basis of mutual respect, and are reasonably confident that many of them would be willing to participate in a future study.

Conclusions

This pilot study has demonstrated that it is feasible to conduct in-depth interviews with many of the people who are particularly influential in the policy and research communities, and that they are willing and able to provide valuable insights into how they operate. In particular, they provide understanding of the behind-the-scenes drug policy activity, the role of advocacy coalitions and of the personal attitudes and values of the players. Its value for the DPMP is that the information obtained in this manner from the influential people in illicit drugs policy can become inputs to rational comprehensive policy analysis, on the one hand, and contribute to understanding how other forces (often labelled as irrational and noncomprehensive, although they are usually rational and comprehensive from a political perspective) operate. These insights can then be used by those developing strategies and techniques for helping policy people and researchers to interact more productively, and for the products of the DPMP to reflect the realities of the day-to-day worlds of policy-makers.

NEXT STEPS

The results of these pilot studies and identification of leading policy researchers mean that we are now in a position to undertake a larger study to examine what it means to devise ‘evidence-based’ policy and to determine if there are ways to enhance formulation of evidence-based policy.

We suggest that in Stage 2 high priority be given to exploring:

- a) the scope, type and frequency of dealings (direct and indirect) between researchers and policy makers,
- b) the types of institutions and structures that enable or constrain relations between policy makers and researchers, and
- c) the perceptions of key actors in both policy and research about the role of evidence in shaping public health policy, particularly in regard to specific cases.

One important aspect of such an investigation would be to draw on the strengths of comparative analysis and investigate similarities and differences with policy making at least two other areas – we suggest communicable diseases and healthy weight. Such comparative analysis will give us greater insights into which of our results are likely to be generalisable to other areas of public policy and which may be more specific to illicit drugs. It also provides a way to incorporate an historical dimension. Thus, there has been strongly established government involvement in communicable disease control since the mid 19th Century, whereas sustained government concern about illicit drugs essentially started 50 years ago, with government concern about obesity being much more recent, dating back no more than 10-15 years. This allows us to examine different dimensions of the incremental nature of the policy process (e.g. Lindblom, 1959) and also to look at the importance of change in response to windows of opportunity (e.g. Kingdon, 1995) over time.

Another advantage of comparative analysis is that we may be able to draw lessons from the other areas for policy making on illicit drugs. For example, communicable diseases have an important

action element in that outbreaks require prompt responses. This has led to a structure of regular frequent contact between researchers and policy makers and a blurring of the lines between research and policy making. Such mechanisms may also be valuable for improving policy making in the illicit drugs area.

Appendix 5 provides a more detailed study proposal.

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FURTHER READING

Two contemporary books by Australia scholars and policy practitioners are recommended for use by people wishing to better understanding the range of issues involved in policy activity, as well as the theoretical and conceptual aspects.

Colebatch, HK, *Policy*, 2nd edn, 2002, provides a highly accessible overview of both concepts and practical issues, covering the dominant approaches to policy and also presenting and weighting other approaches. The author directs the Graduate Program in Policy at the University of NSW, Sydney. The chapters cover the following topics:

1. Why worry about it?
2. What's the idea?
3. Who makes policy?
4. Where is it made?
5. What is it for?
6. What's the alternative?
7. What do they say about it?
8. What does it look like on the ground?
9. How do you do it?
10. Where do we go from here?

Bridgman, P & Davis, G, *The Australian policy handbook*, 3rd edn, 2004 is also highly recommended. The authors both have background in public administration in an Australian State Government. Bridgman is a senior officer in the Queensland Public Service and Davis is Vice Chancellor of Melbourne University and Foundation Chair of the Australian and New Zealand School of Government. As the book's title suggests, this is more of a how-to-do-it volume, written for an Australian audience. The focus is on public policy processes, with explanations of policy activity in the Australia system of government. Although it has been criticised in the literature for being too practical and glossing over some of the complexities identified by various scholars (e.g. Everett 2003) significant numbers of policy practitioners have benefited from using the *Handbook* (Bridgman & Davis 2003, 2004).

The book's contents are as follows:

Introduction: Why *The Australian policy handbook*?

1. Why policy matters
 2. The institutions of public policy
 3. A policy cycle
 4. Identifying issues
 5. Policy analysis
 6. Policy instruments
 7. Consultation
 8. Coordination
 9. The decision
 10. Implementation
 11. Evaluation
 12. Managing the policy process
- Appendix 1: Checklists for policy development
 Appendix 2: Internet research tools for public policy

APPENDIX 1: THE ORGANISATIONS INVOLVED IN THE FORMATION OF AUSTRALIAN ILLICIT DRUGS POLICY, MAPPED TO THEIR ROLES IN THE POLICY CYCLE

David McDonald created an excel spreadsheet listing more than 100 organisations that are believed to have one or more roles in the creation of Australian illicit drugs policy. The taxonomy of roles used here comes from the stages of the policy cycle as described by Bridgman & Davis (2004), namely issues identification, policy analysis, identification of policy instruments, consultation, co-ordination and decision making.

The organisations are arranged under the following headings, reflecting the wide scope of the organisations involved:

- National Drug Strategy
- Australian Government
- Australia-national-NGOs
- Australia-national-individuals
- Australia-national-professional associations
- Australia-national-local government
- Research centres
 - Research centres - Govt - Aust
 - Research centres - govt - state
 - Research centres-academic-Australia
 - Research centres-abroad
- United Nations System
- Global-NGOs
- Global-professional associations
- For each Australian State & Territory
 - Govt-state
 - Govt-local
 - NGOs
- Other
 - Local govt-abroad

AUSTRALIAN ILLICIT DRUGS POLICY: MAPPING STRUCTURES AND PROCESSES

	Organisation	Roles in the policy cycle								
		Identify issues	Policy analysis	Advocacy	Consultation	Co-ordination	Decision-making	Implementation	Evaluation	Comment
National Drug Strategy										
	Australian National Council on Drugs (ANCD)	y	y	y	y					
	Australian Pharmaceutical Advisory Council (APAC) Subcommittee on Intentional Misuse of Pharmaceuticals (1999)	y	y		y					
	Council of Australian Governments (COAG)					y	y			
	Intergovernmental Committee on Drugs (IGCD)	y	y	y	y				y	
	joint ANCD/IGCD Executive Committee	y	y	y		y				
	Ministerial Council on Drug Strategy (MCDS)					y	y			
	Methadone and Other Treatment Subcommittee (1999)	y	y	y	y	y				
	Monitoring and Evaluation Coordination Committee (MECC) (1999)	y	y	y	y	y			y	
	National Indigenous Drug and Alcohol Committee (NIDAC) reporting to the joint ANCD/IGCD Executive Committee, appt Dec 2004	y	y	y	y					
	National Advisory Committee on School Drug Education (NACSDE) (1997)	y	y	y	y					
	National Drug Law Enforcement Research Fund (NDLERF) (1999)	y	y						y	
	National Drug Research Strategy Committee (NDRSC) (1999)	y	y	y	y				y	disbanded
	National Drug Strategy Local Government Subcommittee (2000)	y	y	y	y					
	National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples(1999)	y	y	y	y					disbanded?
	National Expert Advisory Committee on Alcohol (NEACA) (1999)	y	y	y	y					
	National Expert Advisory Committee on	y	y	y	y					

AUSTRALIAN ILLICIT DRUGS POLICY: MAPPING STRUCTURES AND PROCESSES

	Organisation	Roles in the policy cycle								
		Identify issues	Policy analysis	Advocacy	Consultation	Co-ordination	Decision-making	Implementation	Evaluation	Comment
	Illicit Drugs (NEACID) (1997)									
	National Expert Advisory Committee on Tobacco (NEACT) (1999)	y	y	y	y				y	
	National Expert Advisory Panel of the NDS (NEAP)	y	y	y	y				y	membership not settled
	National Police Drug and Alcohol Coordination Committee (NPDACC)	y	y	y	y	y				
Australian Government										
	Attorney-General's Department, Criminal Justice Division, National Law Enforcement Policy Branch & Criminal Law Branch	y	y		y	y		y	y	
	Australian Crime Commission	y	y	y		y		y	y	
	Australian Customs Service	y	y	y		y		y	y	
	Australian Federal Police	y	y	y		y		y	y	
	Department of Foreign Affairs and Trade: Standing Interdepartmental Committee on International Narcotic Issues; Australia's International Drug Strategy	y	y	y	y	y		y		
	Department of Health and Ageing	y	y	y	y	y		y	y	
	Department of the Prime Minister and Cabinet: Social Policy Division	y	y	y	y	y	y			
	Heads of Commonwealth Operational Law Enforcement Agencies (HOCOLEA)	y	y	y		y	y	y		
	Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH)	y	y	y	y	y				
	National Comorbidity Project	y	y	y	y					
	National Health & Medical Research Council (NHMRC)	y		y	y	y			y	
	National Illicit Drugs Strategy Interdepartmental Committee	y	y	y	y	y		y		disbanded?
	Office of Aboriginal & TSI Health, Substance Use and Men's Health Section (OATSIH)	y	y	y	y	y		y	y	

AUSTRALIAN ILLICIT DRUGS POLICY: MAPPING STRUCTURES AND PROCESSES

	Organisation	Roles in the policy cycle								
		Identify issues	Policy analysis	Advocacy	Consultation	Co-ordination	Decision-making	Implementation	Evaluation	Comment
	Prime Minister: Ministerial Office of the Prime Minister; Mr John Perrin, Senior Policy Advisor	y	y	y	y	y	y			
Australia-national-NGOs										
	Alcohol & Other Drugs Council of Australia (ADCA)	y	y	y	y	y				
	Adventist Development and Relief Agency (ADRA)	y	y	y						
	Australian Injecting and Illicit Drug Users League (AIVL)	y	y	y	y			y		
	Alcohol Education & Rehabilitation Foundation (AERF)	y	y	y						
	Association of Needle and Syringe Programs (ANEX)	y	y	y	y	y				
	Australian Drug Law Reform Organisation	y	y	y						
	Australian Parents for Drug Free Youth	y	y	y						
	Australian Sports Drug Agency	y	y	y	y	y		y		
	Drug Advisory Council of Australia, Inc. (DASC)	y	y	y						
	Drug Free Australia	y	y	y						
	Families & Friends for Drug Law Reform	y	y	y				y		
	Family Drug Support-Damien Trimmingham Foundation	y	y	y				y		
Australia-national-professional associations										
	Australasian Professional Society on Alcohol and other Drugs	y	y	y	y	y				
	Doctors Reform Society of Australia	y	y	y	y	y				
	Royal Australasian College of Physicians	y	y	y	y	y				
Australia-national-local government										
	Council of Capital City Lord Mayors (CCCLM): Drug Advisory Committee & Drug Officers' Working Group	y	y	y	y	y		y		
Research centres										
Research centres - Govt - Aust										

AUSTRALIAN ILLICIT DRUGS POLICY: MAPPING STRUCTURES AND PROCESSES

	Organisation	Roles in the policy cycle								
		Identify issues	Policy analysis	Advocacy	Consultation	Co-ordination	Decision-making	Implementation	Evaluation	Comment
	Australian Institute of Health & Welfare (AIHW)	y	y							
	Aust Institute of Criminology (AIC)	y	y	y					y	
	Australasian Centre for Policing Research (ACPR)	y	y	y					y	
	Criminology Research Council (CRC)	y	y							
Research centres - govt - state										
	Bureau of Crime Statistics and Research (BOCSAR)	y	y	y					y	
Research centres-academic-Australia										
	National Centre for Education & Training in Addiction (NCETA)	y	y	y	y				y	
	National Drug & Alcohol Research Centre (NDARC)	y	y	y	y				y	
	National Drug Research institute (NDRI)	y	y	y	y				y	
	Queensland Alcohol & Drug Research & Education Centre, Univ of Qld (QADREC)	y	y	y	y				y	
	Turning Point Alcohol & Drug Centre	y	y	y	y			y	y	
Research centres-abroad										
	European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)	y	y	y					y	
	UK Home Office Research, Development & Statistics Directorate	y	y	y					y	
	US National Institute on Drug Abuse (NIDA)	y	y	y					y	
	RAND Drug Policy Research Centre	y	y	y					y	
	The Beckley Foundation Drug Policy Programme	y	y	y					y	
United Nations System										
	Commission on Narcotic Drugs (CND)		y	y	y	y	y		y	
	Economic and Social Council (ECOSOC)		y	y	y	y	y		y	
	International Narcotics Control Board (INCB)	y	y	y	y	y	y		y	
	UN Office on Drugs and Crime	y	y	y	y	y		y	y	

AUSTRALIAN ILLICIT DRUGS POLICY: MAPPING STRUCTURES AND PROCESSES

	Organisation	Roles in the policy cycle								Comment
		Identify issues	Policy analysis	Advocacy	Consultation	Co-ordination	Decision-making	Implementation	Evaluation	
	UNODC/UNDCP)									
	UNAIDS: The Joint United Nations Programme on HIV/AIDS	y	y	y	y	y	y	y	y	
	WHO Department of Mental Health and Substance Abuse	y	y	y	y	y	y	y	y	
Global-NGOs										
	Drug Policy Alliance	y	y	y	y	y			y	Formerly The Lindesmith Center - Drug Policy Foundation
	International Harm Reduction Association	y	y	y	y				y	
	Transnational Institute, Amsterdam	y	y	y	y				y	
	The Senlis Council	y	y	y	y				y	
NSW-govt-state										
	Centre for Drug and Alcohol, NSW Health	y	y	y	y	y		y	y	
	Expert Advisory Group on Drugs and Alcohol	y	y	y	y				y	
	NSW Alcohol Summit 2003	y	y	y	y				y	
	NSW Drug Summit 1999	y	y	y	y				y	
	NSW Office of Drug & Alcohol Policy, the Cabinet Office	y	y	y	y	y	y		y	
NSW-NGOs										
	NSW Network of Alcohol and Other Drug Agencies (NADA)	y	y	y	y	y	y		y	
Vic-govt-state										
	Drugs Policy and Services Branch, Dept of Human Services	y	y	y	y	y		y	y	
	Parliament of Victoria Drugs & Crime Prevention Committee	y	y	y	y				y	
	Premiers Drug Prevention Council	y	y	y	y				y	
	Victorian Drug Policy Expert Committee	y	y	y	y				y	
Vic-govt-local										
	City of Melbourne, City Safety and Health Committee									

AUSTRALIAN ILLICIT DRUGS POLICY: MAPPING STRUCTURES AND PROCESSES

	Organisation	Roles in the policy cycle								
		Identify issues	Policy analysis	Advocacy	Consultation	Co-ordination	Decision-making	Implementation	Evaluation	Comment
Vic-NGOs										
	Australian Drug Foundation (ADF)	y	y	y	y			y	y	
	Victorian Alcohol & Drug Association (VAADA)	y	y	y	y	y				
Qld-govt-state										
	Alcohol, Tobacco & Other Drug Services, Public Health Services, Qld Health	y	y	y	y	y		y	y	
	Queensland Premier's Drug Summit 1999	y	y	y	y				y	
Qld-govt-local										
	City of Brisbane	y	y	y	y	y	y	y	y	
Qld-NGOs										
	ADFO-Alcohol & Drug Foundation-Queensland	y	y	y	y	y	y	y	y	
SA-govt-state										
	Drug & Alcohol Services Council (DASC)	y	y	y	y	y		y	y	
	South Australian Drug Summit 2002	y	y	y	y				y	
SA-govt-local										
	City Safety & Drug Advisory Group, City of Adelaide	y	y	y	y	y			y	
WA-govt-state										
	Community Advisory Council	y	y	y	y				y	
	Drug & Alcohol Office	y	y	y	y	y		y	y	
WA-NGOs										
	WA Network of Alcohol & other Drug Agencies (WANADA)	y	y	y	y	y	y		y	
Tas-govt-state										
	Alcohol & Drugs Service, Dept of Health & Human Services	y	y	y	y	y		y	y	
Tas-govt-local										
	Hobart City Council	y	y	y	y	y	y	y	y	
NT-govt-state										
	Alcohol & Other Drugs Program, Dept of Health & Community Services	y	y	y	y	y		y	y	

AUSTRALIAN ILLICIT DRUGS POLICY: MAPPING STRUCTURES AND PROCESSES

	Organisation	Roles in the policy cycle								
		Identify issues	Policy analysis	Advocacy	Consultation	Co-ordination	Decision-making	Implementation	Evaluation	Comment
ACT-govt-state										
	ACT ATOD Strategy Implementation & Evaluation Group	y	y	y	y	y			y	
	Drug & Alcohol Policy Unit, ACT Health	y	y	y	y	y		y	y	
ACT-NGOs										
	Alcohol & Drug Foundation of the ACT (ADFACT)	y	y	y	y	y		y	y	
Local govt-abroad										
	European Cities Against Drugs	y	y	y	y	y	y		y	
	European Cities on Drug Problems	y	y	y	y	y	y		y	

APPENDIX 2A: LETTER OF INVITATION TO PARTICIPATE

The Principal Investigator is Dr Gabriele Bammer of the National Centre for Epidemiology and Population Health at The Australian National University. Other NCEPH-based research personnel conducting the study are David McDonald (Research Fellow) and Gabrielle Breen (Research Assistant). Advisors to the study are Professor Margaret Hamilton and Dr Jenny Lewis (Politics, University of Melbourne).



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date

address

salutation

Invitation to participate in a study of influential actors in the formation of illicit drugs policy in Australia

We invite you to participate in a study of influential actors in the formation of illicit drugs policy in Australia. The aim is to identify the people considered to have a significant impact at one or more stages of the policy process. We will subsequently invite those identified to participate in interviews about the influence of research on policy.

At this stage, however, we are simply inviting you to assist us in identifying the influentials, by telling us whom you consider to be effective in shaping illicit drug policy. For the purpose of the study we are defining an influential person as:

...someone who has demonstrated capacity to do one or more of the following: shape ideas about government policy, initiate policy proposals, substantially change or veto others' proposals, or substantially affect the implementation of policy. In other words, influential people are those who make a significant difference at one or more stages of the policy process.

Attached is a simple form that we invite you to complete and return to us. It asks you to list the names and organisational affiliations of the people you believe meet this definition with respect to the Australian illicit drugs policy field. It also asks you to advise whether or not you are in contact with each person you nominate.

Privacy and confidentiality

We are very conscious of the privacy and confidentiality issues in this study. The enclosed form, which we are asking you to complete and send to us, contains a study participant code number rather than your name. We will not make public the names of those identified as influential; we will simply invite them to participate in an interview at a later date.

Your participation is, of course, completely voluntary and you are free to withdraw from the study at any time. Because we know you are busy, we will send you up to three reminders to

return the form. If you do not wish to participate, simply let us know and we will not contact you further.

If you have any questions, please feel free to contact us:

Dr Gabriele Bammer
(02) 6125 0716
email Gabriele.Bammer@anu.edu.au

Mr David McDonald
(02) 6125 0460
email David.McDonald@anu.edu.au

Ms Gabrielle Breen
(02) 6125 3503
email Gabrielle.Breen@anu.edu.au

We look forward to you participating in this study and hope to receive your response very soon.

Yours sincerely,

Dr Gabriele Bammer BSc, BA, PhD
Senior Fellow
Principal Investigator

APPENDIX 2B: NOMINATION FORM

Influential actors in the formation of illicit drugs policy in Australia: Nomination sheet



Instructions

Please fill in the names and organisational affiliations of the people whom you consider to be most influential in the Australian illicit drugs policy field, and note whether or not you are in contact with the people you list. If you wish to list more names than provided for here, please do so on a separate sheet.

Participant
identification
code

For the purpose of this study, an influential person is someone who has demonstrated capacity to do one or more of the following: shape ideas about government policy, initiate policy proposals, substantially change or veto others' proposals, or substantially affect the implementation of policy. In other words, influential people are those who make a significant difference at one or more stages of the policy process.

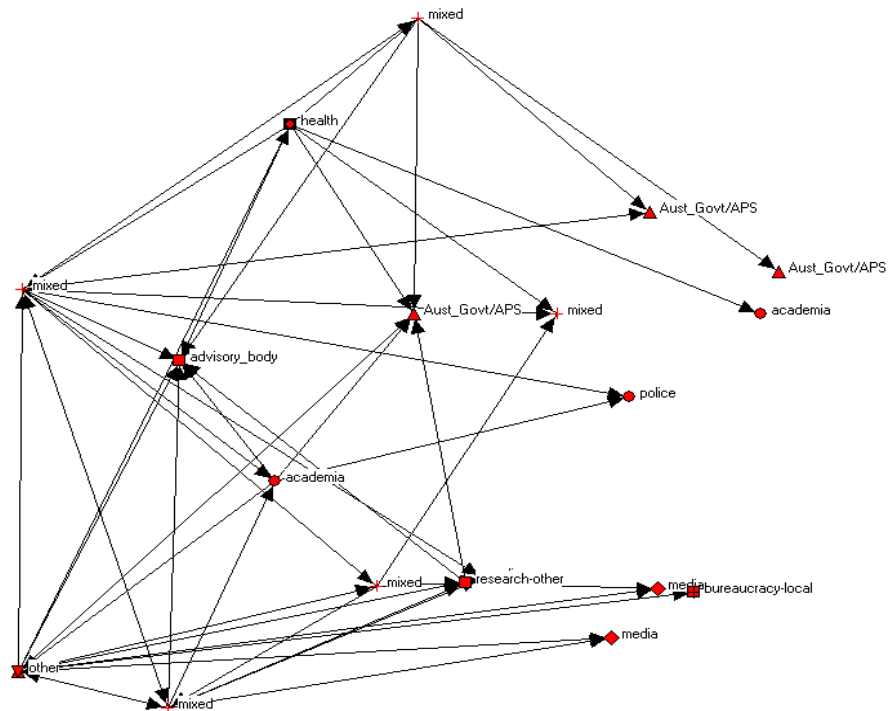
After listing your nominees, please return the form to us at the address provided at the foot of the form. Please ensure that nothing is written on the form that identifies you, other than the confidential participant identification code number we have already inserted above.

Many thanks for agreeing to participate in this study!

<i>Name of influential person</i>	<i>Organisation</i>	<i>Are you in contact with this person? (Yes or No)</i>

Please return this form as soon as possible to:
 Ms Gabrielle Breen
 National Centre for Epidemiology and Population Health, The Australian National University, ACT 0200
 Phone (02) 6125 350 Secure fax (02) 6125 5608 Email Gabrielle.Breen@anu.edu.au

APPENDIX 3: SIMPLIFIED SOCIAL NETWORK DIAGRAM OF THE 18 PEOPLE RECEIVING THE HIGHEST NUMBER OF NOMINATIONS



This simplified network diagram illustrates part of the pattern of nominations made by informants in the pilot reputational influence mapping study. It shows the attributes (roles in which they are influential) of the 18 people who received the largest number of nominations as being influential in Australian illicit drugs policy. The direction of the arrows shows the direction of the nominations. Some of the nodes have incoming nominations but none outgoing, indicating that they were nominated as influential but were not approached (within the limited time available for the pilot research) to nominate others.

It will be noticed that two individuals appear to be particularly influential among this group of influentials, one with a policy role in an advisory body and another in the Australian Government.

The diagram was produced using the Ucinet social network software (Borgatti, Everett & Freeman 2002).

Reference

Borgatti, SP, Everett, MG & Freeman, LC 2002, *Ucinet for Windows: software for social network analysis*, Analytic Technologies, Harvard, MA, <<http://www.analytictech.com/ucinet.htm>>

APPENDIX 4: QUESTIONS FOR THE SEMI-STRUCTURED INTERVIEWS

Part 1: Questions about current practice:

- What parts of the policy-making process do you think are working well or need attention? What are other people's views on this?
- Whose assent is essential to making and implementing policy, and how do you secure this? (Policy-making and implementation)
- Whose views. And what kinds of evidence, are most important to you in making your contribution to policy? (Evidence and people)
- Have you ever had a situation where different pieces of evidence, or people's views (or both), were contradictory, and what did you do about this?
- What counts as expertise?
- What formal and informal influences are there on policy-making, and what is the relationship between them?
- How is policy development at the Federal, State and more local levels co-ordinated, and are there any issues here?
- How are differences of opinion between policy makers, and between policy makers and their stakeholders, managed?
- Who is affected by drugs policy but has little or no influence on policy-making? Why, and what is your view on this?

Part 2: Systems thinking:

[Hand to interviewee two-page description of the six different systems approaches, attached]

I am going to run through some types of method. For each one:

- Can you tell me whether it, or anything like it, is already being used, by whom, and for what? If 'yes', how successfully?
- Do you think it might be useful, and in what situations?
- Are there any barriers to using it?
- Would it be best for the method to be used by the policy-making agencies themselves, or for someone 'external' (such as a researcher) to facilitate its use?
- Who are the key people and/or organisations that would need to be involved?

Part 3: Questions about preferred policy options:

- If you had a free hand, how do you think policy on illicit drugs ought to be developed in Australia? (Content and process)
- What do you base this view on? (Assumptions)
- Who else, that you are aware of, would agree with your point of view and who might disagree?

Evidence

- Whose views, and what kinds of evidence, are most important in shaping policy in your area?
- And for you?

If people –

The characteristics of the influentials: eg who they are, where located?

How do they communicate with and influence you?

Which individuals most influential in your work, and why are they?

What categories of people not influential – and why not?

Should others influence your policy work, but don't have the capacity to do so – why?

If 'book' evidence –

What types of evidence do you find most useful, and why?

What evidence is unhelpful to you, and why?

Can you identify any info sources that you find particularly useful, eg. IDRS, NDS Household Survey?

Are there any prominent info sources that, in fact, you don't use? How come?

Conflicts

- Have you ever been confronted with a situation where different pieces of evidence, or people's views, or both, were contradictory? If so, how did you handle the conflict?

Buy-ins

- Whose 'buy-in' is essential for making and influencing policy?
- How do you secure this?

Values

- What are the key values that inform your thinking about drugs policy?
- What values do you see being expressed through current policy positions?
- How comfortable are you with them?
- Sometimes policy or influences on policy making may reflect values different from yours. Have you experienced this? If so, how has it played out?

Coordination – partnerships across sectors

- How well do the core sectors of prevention, treatment and law enforcement work together to achieve drug policy goals?
- Are there things that can be done to help them work together more effectively?
- Are there disadvantages in these collaborations?

Coordination – partnerships across levels

- How well do the global, national, S/T and community levels mesh to achieve drug policy goals?
- Are there things that can be done to help them work together more effectively?
- Are there disadvantages in these collaborations?

Vested (selfish) interests

- Are there any – where – how do they operate – how significant in the policy area?

- How do you cope with the deliberate misuse of evidence?

Uncertainty

- How do you operate in areas where little is known, and we are uncertain what is the best way to move?

Part 4: Demographics

- Current position (and level)
- Length of time in policy generally – which areas
- Length of time in drugs policy specifically
- Other careers? Which profession or discipline?
- Year of birth
- Highest education level
- Sex

Six systems approaches [hand to interviewee]

1. *Strategic Assumption Surfacing and Testing* – A participative method for taking alternative policy options that people are already advocating and evaluating their relative merits, involving key stakeholders in the process. First of all you work with separate stakeholder groups to surface assumptions; then you bring the groups together to test the assumptions debate. This can help with evaluating alternatives, and can also lead to the generation of new options. The method is also useful for highlighting uncertainties that might usefully be addressed through research.
2. *System Dynamics* – A method for mapping or modelling a complex situation so people can see how key interactions work (eg. Between drug supply and price on the streets, between price and up-take by new users). This kind of method can allow you to evaluate possible effects of new policies by asking “if my policy changed this, what knock-on effects might it have?” Thereby you can anticipate possible broader consequences of policy, beyond those that are intended. The method can be used relatively quickly in a qualitative research mode to gather different views on what the key interactions are. If you want to quantify the interactions, it can involve concentrated research over several years.
3. *Viable System Modelling* – A method for diagnosing problems of structure and communications within and between organisations in order to enhance efficiency and effectiveness. The ‘viable system model’, which is at the heart of this method, explains the basic functions and communication pathways necessary for an organisation to work as a ‘whole system’ and remain effective in a changing environment. People can use the model to diagnose problems in their organisations and seek remedies for them. These problems and remedies might relate to what goes on within an organisation; to co-ordination between organisations; or to relationships between levels of policy making (Federal, State, local, service provider, etc.).
4. *Soft Systems Methodology* – An approach that helps stakeholders learn more about different viewpoints on the complexities of the situation, especially when no clear policy alternatives have yet been identified and people are struggling to identify an appropriate way forward. This method can be implemented in participative workshops, bring stakeholders together in a mutual learning exercise. Alternatively, a researcher can be used as an intermediary,

interviewing people and ensuring that each stakeholder is exposed to other perspectives. One purpose of the approach is to generate mutual understanding, and another is to identify necessary accommodations between people so that actions can be agreed.

5. *Interactive Planning* – A participative method that encourages stakeholders to temporarily set aside current constraints: ie, plan as if current policies did not exist, and the job of participants is to design new ones from scratch. The purpose is to generate desirable, creative but still feasible new policy options. Through the creative process, people should be able to transcend narrow interests, allowing a consensus or a win-win vision to emerge. This is then used as the basis for action planning, and the time frame for implementation depends on the nature of the changes required. This kind of method usually involves a series of workshops with different stakeholder groups, either within a single organisation or across organisations. Ideas from one group are tested out with all the others, seeking solutions to problems and conflicts along the way.

6. *Critical Systems Heuristics* – A participative method that helps stakeholders explore their values in order to (i) consider the implications of current policy, and (ii) think through what new policy options, governance systems and services ought to be designed. The method offers twelve questions about what is the case and what ought to be done that can be answered equally well by both professionals and people with no experience of policy making (eg. service users). Stakeholder groups may either work separately, so their answers to the twelve questions can be compared and contrasted, or they can work together so that differences can be debated and possibly transcended.

APPENDIX 5: PROPOSAL FOR FUTURE RESEARCH

Synopsis

What patterns of interaction between the national policy and research arenas in public health can be identified and what lessons do they provide for how evidence-based policy can be enhanced? This project addresses that question, examining what it means to devise ‘evidence-based’ policy and determining if there are ways to enhance formulation of evidence-based policy. Our focus is on the daily reality of operating as a policy maker or a researcher; what lessons we can learn about the patterns of interaction, both direct and indirect, between the two arenas; and how to apply these lessons to improve day-to-day functioning in developing and deploying evidence-based policy. We are interested in individual policy makers and researchers, structural and institutional factors, and the enabling and constraining interactions between the two. We will examine policy development at the Australian national level and we will compare and contrast three exemplar areas of public health - communicable diseases, healthy weight and illicit drugs. These areas differ in their historical development, in the key influential research disciplines, and in their current policy milieu. Thus they provide a diverse range of policy-research interactions to explore and from which to draw patterns.

To be more concrete: we know, for example, that committees are one type of structure that brings researchers and policy makers together. Informal relationships built up between individual policy makers and researchers are another illustration of the arrangements we know exist. What we do not know is the full variety of how interplay occurs, the extent of each type of interaction, or the importance of the different ways the research and policy arenas come together to formulate evidence-based policy. We also do not know the range of meanings that policy makers and researchers give to the term “evidence-based policy”. These are the issues we will investigate. This project will complement what is currently known, which focuses on a) the types of evidence required, b) analyses of cultural differences between the research and policy arenas, and c) implementation of plausible strategies, particularly encouraging researchers to provide readable summaries of their findings and brokering partnerships between policy makers and researchers.

The quest for evidence-based public health policy is increasingly prominent. While there is a consensus that public health policy should be maximally effective, efficient and just, how to achieve this remains an on-going challenge. Surprisingly, there has been relatively little examination of what ‘evidence-based’ public health policy is or how it can be enhanced. Thus, our study will be both nationally and internationally significant.

We will draw on political science theory, especially concepts of policy subsystem, policy community and advocacy coalition. Four standard political science approaches not commonly employed in public health research will be used, namely structural and institutional analysis, reputational influence mapping, interviews of influential policy makers and researchers, and case study analysis.

We will also engage senior policy maker and researcher participants in structured feedback workshops, as a first step toward implementing our findings. We plan to use soft systems methodology (Checkland 1981) and boundary critique (Midgley 2000). These maximise the interactions between participants; the critical examination of the current situation in terms of the research-policy nexus; the learning from our study; and the development of improved

interactions between the policy and research arenas. Soft systems methodology provides an ordered way to help participants learn more about different viewpoints on the complexities of the situations and is especially useful in identifying alternatives for the way forward. It also helps ascertain the necessary accommodations between the affected parties, so that actions can be agreed. Boundary critique focuses on all those affected by the proposed changes and particularly identifies who might be excluded or marginalised, so that those unintended consequences can be averted.

Contribution of the DPMP feasibility research

The pilot studies described above allowed us to determine the feasibility of the methods under consideration and estimate the person-hours required to successfully implement the methods. For example, it took McDonald 12 weeks to map 70% of the policy structures in illicit drugs, so we estimate that it would take 26 weeks to fully map the relevant policy and research structures in each area. In addition it took McDonald and Breen 4 person-weeks to contact and analyse the results from the first 34 people for the influence mapping. On this basis, we estimate that it will take 22 person-weeks to undertake a full reputational influence mapping process in each of our 3 areas.

References

Checkland, P 1981, *Systems thinking, systems practice*, J. Wiley, Chichester [Sussex].

Midgley, G 2000, *Systemic intervention: philosophy, methodology, and practice*, Contemporary systems thinking., Kluwer Academic/Plenum Publishers, New York.