Drug Policy – Mapping structures and enhancing processes

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Rationale

We understand very little about how research informs policy and how to improve that process, especially in highly politicised areas such as illicit drugs. One aim of DPMP is to significantly increase production of the highest quality evidence, which takes complexities and dynamic interactions into account. For this evidence to impact on Australian policy, we need to better understand how policy is made; the kinds of research that are most valued; and how research is best inserted into policy processes. Lack of appreciation of how policies are made is a major barrier to providing good decision support resources and processes.

While we do not subscribe to a naïve view that research should be the only, or even the most important, factor in policy making, we are keen to see research assume its proper role and, within that, to be maximally effective. Surprisingly, there has been relatively little examination of what 'evidence-informed' policy is, in drugs, public health, criminal justice or more broadly. There has also been very limited research to shine a light on the collective experience of policy making in an attempt to learn from that experience, so that we may pursue it more wisely in the future.

Approach

In this feasibility research we:
a) scanned the literature on the policy making process;
b) trialled three approaches that are standard in political science but hardly used in illicit drugs research, namely: (i) structural and institutional analysis; (ii) reputational influence mapping; and (iii) interviews with influential

policy makers and researchers; and
c) developed a three-year research proposal building on these new methods, as well as established techniques, to undertake ground-breaking research on the research-policy nexus.

Key findings

We produced the first comprehensive map of the institutions, committees and other structures involved in illicit drug policy on the national level in Australia. One hundred and fifteen entities were identified and we were heartened to discover that most have a brief that covers all four sectors of law enforcement, treatment, harm reduction and prevention (Figure 1). While cross-sectoral collaboration is still relatively limited, our research shows that the facilitating structures are in place.

Figure 1: Organisations engaged in illicit drugs policy activity, by sector (N=115 organisations)

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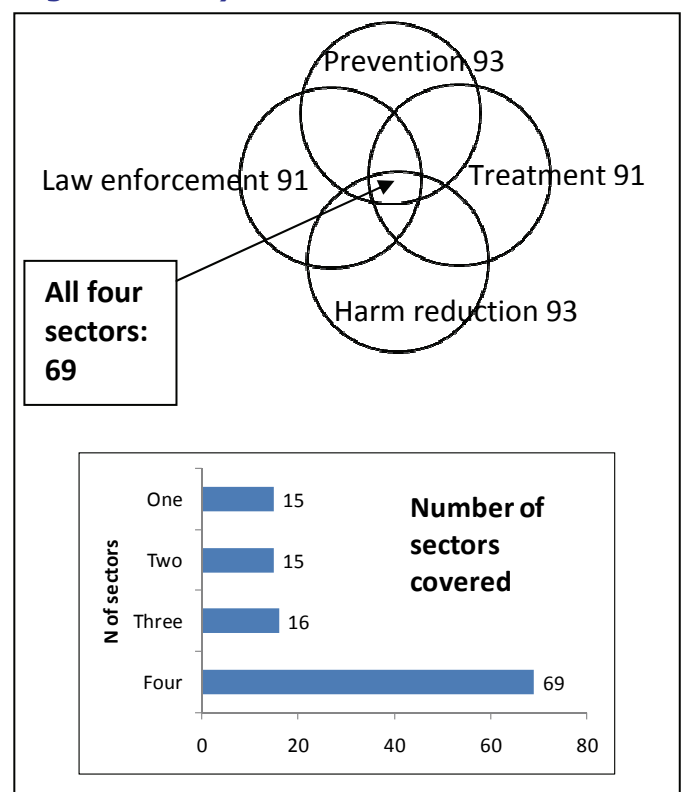
We also mapped the organisations and structures against different components of the policy cycle (issues identification, policy analysis, advocacy (including making recommendations), consultation, co-ordination, and decision making) to provide the basis for intervention, as well as further analysis in subsequent research.

We determined that a major three-year project is feasible and that it would break significant new ground in understanding the research-policy nexus, as well as underpinning the implementation of the findings of other areas of DPMP research. We have applied for funding from the National Health and Medical Research Council (NHMRC) for this project and should know the outcome in November 2005. This project has the following key elements:

1. *A comparative analysis of patterns of research-policy interaction in illicit drugs, communicable disease and obesity*. The advantages of comparative analysis are that new insights will emerge that would be missed by focusing on just one policy area. For example, we are particularly interested in the close relationship between policy makers and researchers in communicable diseases, which allows for rapid and effective responses to infectious outbreaks and which may provide a model for investigating and intervening when sudden changes occur in patterns of illicit drug availability, use and harm.

2. *Identification of and interviews with influential policy makers and researchers*. The focus on so-called influentials aims to increase the efficiency and effectiveness of the research process. In the feasibility research, we piloted reputational influence mapping, which involves snowballing among informants identified as influential to seek other nominations, until no new people are identified. Useful and useable data were generated. We did not take the process to completion, but instead analysed the nominations made by the first 20 informants. While a large number of people are nominated, in our case, 121, relatively few receive multiple nominations and they are the influentials of

most interest. The number of nominations received by individuals ranged from 1 to 15 with a mean of 2. We also undertook five pilot interviews. We found that influential policy makers and researchers who know and trust us were willing to be interviewed about policy processes and the research-policy nexus. They were able to speak openly about their experiences and reflect closely upon them, providing new insights about the behind-the-scenes drug policy activity, the role of advocacy coalitions and of the personal attitudes and values of the players. We also ascertained that influentials we do not know personally are likely to be willing to participate as interviewees if approached 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.

3. *Structural analysis*. This not only provides a basis for intervention, as outlined above, but also allows us to identify where the key influentials are located. This will enable identification of why some areas have more impact than others, as well as likely points of leverage in future policy making.

4. *Case studies*. We will examine in detail a case study of the implementation of evidence-based policy and one where there was a patent failure of such implementation in each of illicit drugs, communicable diseases and obesity. These will provide an opportunity to combine the insights from structural and influence mapping and interview data in specific instances, as a counterpoint to the more general information which will also be collected.

5. *Structured feedback*. We will combine with the systems group to provide feedback to study participants to both test the veracity of our interpretations and as a first step in enhancing research-policy interaction, based on our study findings. Our pilot work demonstrated that there was considerable interest among the interviewees in such a process.

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Implications

Our approach to policy builds on so-called "policy activity", which involves both vertical and horizontal processes and involves an array of actors, including decision-makers, advocates, officials who provide advice, structures of advice and so on. This is in contrast to the other major approach characterised by the 'rational comprehensive' process which involves a logical vertical decision-making process, whereby the optimal action is chosen for implementation.

The pilot study confirmed that it is feasible to identify and map national illicit drug policy structures in Australia in the areas of prevention, harm reduction, treatment and law enforcement. This structural mapping can now be extended to the local, state, and international levels, as well as structures for cross-level interactions. These results are directly relevant for identifying target areas for building research practice collaborations in the next phase of DPMP research, which will involve policy makers testing models and commenting on new research findings.

As outlined above, the structural analysis and other pilot work on reputational influence mapping, interviewing and systems methods lays the foundations for on-going research that will allow patterns of research-policy interactions to be documented and analysed, and that will provide new insights for improving the research-policy nexus.

Overall, these insights can then be used by those who develop strategies and techniques for helping policy makers 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. They will also provide a foundation and stimulus to ensure that the results of the DPMP research have an appropriate impact on policy and other practice. A completed technical report is available.

Research team

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Gabriele Bammer and David McDonald contributed to all aspects of the project, with David taking the lead on the policy structures, influence mapping and interviews and Gabriele, on the NHMRC proposal. Gabrielle Breen took the lead in the literature scan of policy concepts and significantly contributed to the influence mapping. Professor Margaret Hamilton was an advisor on the study and Dr Jenny Lewis (Politics, University of Melbourne) provided advice on the influence mapping study.