

# Making research add value

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## **Abstract**

In many countries drug policy is highly politicised, polarised, ideologically-riven and often reactive. The wide-ranging nature of drug problems and responses also means that the underpinning evidence base spans a wide range of very different disciplines. In this context evidence is often contested and can appear confused and politicians may prefer to rely on the simple anecdote rather than attempting to deal with the complexities of the evidence. It also has implications for the resources devoted to different aspects of drug policy research, which has left some knowledge gaps persistently unfilled and new areas unexplored. However, there is variation between countries in the level of investment in research and evaluation which may provide pointers as to how a more co-ordinated and impactful research effort can be developed.

Drawing on recent research by the UKDPC into the governance of drug policy, which included desk research, interviews and events involving a wide range of people involved in drug policy development including former ministers and senior civil servants, academics, practitioners and third sector organisations, this paper will reflect on some of the challenges to evidence development and use in drug policy. Looking at models from different countries and policy areas it will highlight mechanisms that may help to improve the relationship between evidence and policy and lead to the development of a more complete and coherent evidence base for drug policy and, ultimately, more effective policy. Issues raised include the interaction between different functions and audiences for evidence, funding sources, skills development, leadership and drive, and the tension between independence and influence.

## **Introduction**

In the UK in particular, but also in other countries, there has been a drive from government for improved policy-making through attention to the processes of policy making. This has resulted in a wide range of guidance for policy makers, within which the importance of evidence-based policy has gained prominence.<sup>1</sup> However, these ideas are also the subject of criticism. One common critique has been that they are too simplistic and that, in the real world, policy making does not follow the simple linear or cyclical processes laid out in manuals. Another criticism is that the concept of evidence-based policy does not give sufficient acknowledgement of the important role that values and politics play in government policy.<sup>2</sup> Other concerns are raised about the adequacy of evidence in many areas and the potential to restrict innovation if firm evidence is required before implementation of policy interventions. In addition there are often disputes over the interpretation of the evidence.

Nevertheless, there is general agreement that evidence has a key role to play within policy development even if there is disagreement on the extent and nature of that role and the issue has been the subject of considerable study over the years. Another area of agreement is that, in many policy areas, there is insufficient use of evidence by policymakers. There is therefore increasing interest in ways in which the use of evidence by policy-makers can be enhanced with a view to improving the efficiency and effectiveness of policy interventions. Weiss (1999) highlighted 10 propositions for

Drug policy can be viewed as a particularly challenging field for the use of evidence in research, tending to be highly politicised, polarised, ideologically-riven and often reactive.<sup>3</sup> The wide-ranging nature of drug problems and responses also means that the underpinning evidence base spans a wide range of very different disciplines. In this context evidence is often contested and can appear confused and politicians may prefer to rely on the simple anecdote rather than attempting to deal with the complexities of the evidence. This may also have implications for the resources devoted to different aspects of drug policy research, which has left some knowledge gaps persistently unfilled and new areas unexplored. It may therefore be seen as an exemplar of the issues and challenges of evidence-based policy-making but also a field in which efforts to overcome these and build a more effective relationship between evidence and policy are most needed and could have the biggest impact.

The and a range of alternative models of the policy-making processes and their application in the study of drug policy have been proposed.<sup>4</sup>

## **Methodology**

Despite the particularly strong emphasis on evidence-based policy-making in the UK in recent years there had been growing concerns about the use of evidence within UK drug policy. Drug strategies and many new interventions were not being evaluated, well-evidenced interventions were not being considered, while interventions known to be ineffective or have negative unintended consequences were continued. These concerns led

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<sup>1</sup> For example, *Professional Policymaking for the Twenty-First Century Report* by Strategic Policymaking Team, Cabinet Office, 1999; HM Treasury *The Green Book: Appraisal and Evaluation in Central Government*. 2003 edition updated 2011; *A Practical Guide to Policymaking in Northern Ireland*. Office of the First Minister and Deputy First Minister, updated 2011; Commission of the European Communities (2001) *European Governance A White Paper*.

<sup>2</sup> Monaghan (2011) *Evidence versus Politics: Exploiting research in UK drug policy making?* Bristol: Policy Press.

<sup>3</sup> Weiss (1999); MacGregor (2011) "The Impact Of Research On Policy In The Drugs Field" *Methodological Innovations Online*. 6 (1) 45-47.

<sup>4</sup> A summary of some of these is provided in Ritter & Stevens (2013) DEPP editorial....

to the establishment in 2007, with funding from a charitable foundation<sup>5</sup>, of the UK Drug Policy Commission (UKDPC), which was tasked with providing independent, objective analysis of the evidence concerning drug policy and practice. The debates about evidence within drug policy have continued to be fierce and are illustrated by the furore around the classification and reclassification of cannabis, and the sacking of Professor Nutt from his role as Chair of the Advisory Council on the Misuse of Drugs (ACMD). Therefore, as part of its work, the UKDPC decided to undertake research into the governance of drug policy in the UK, in which we sought identify key problem areas and to draw lessons from approaches to policy-making in other fields and other countries with a view to identifying potential improvements to drug policy-making in the UK.

This wide-ranging research project included desk research, interviews and events involving a wide range of people involved in drug policy development including former ministers and senior civil servants, academics, practitioners and third sector organisations. A number of research reports have been published<sup>6</sup> covering a wide range of governance issues but this paper will reflect in more detail on findings relating to the particular challenges to evidence development and use in drug policy. It will also draw on models from different countries and policy areas in order to highlight mechanisms that may help to improve the relationship between evidence and policy and lead to the development of a more complete and coherent evidence base for drug policy and, ultimately, more effective policy. The first section will consider the role of evidence within the policy-making process and consider the types of evidence that might be involved. Next, the challenges to using evidence identified by participants in our research will be outlined after which some examples of potential mechanisms for overcoming these discussed.

In our research project on drug policy governance we began by undertaking an expert consultative process that sought to highlight the characteristics of good drug policy governance, combining consideration of the constituent processes and the essential qualities of these. The results of this process (Hamilton et al, 2012) then provided the basis for the later stages of the research that, through interviews and group discussions, sought to highlight the strengths and weaknesses of drug policy making in the UK and identify opportunities for improvement. Given the role of the UKDPC in trying to encourage more use of evidence and analysis in drug policy in the UK one area of particular focus was on the role of evidence within the overall policy process. The findings concerning the use of evidence within drug policy and the positive examples of mechanisms for improving this are the focus of this paper.

Nutley and Walter (2002) have neatly highlighted the complexity implicit within the basic terms used. For example, evidence can be of many different types, use of evidence can be both direct or instrumental but also indirect and conceptual, while policy can encompass specific issues and day-to-day decisions in the implementation of policies as well as strategic policy choices in the making of policy. In this paper, the focus is, in the main, on research evidence but consideration is given to its many different uses within the broadest definition of policy.

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<sup>5</sup> The Esmée Fairbairn Foundation: <http://esmeefairbairn.org.uk/>

<sup>6</sup> UKDPC (2012) *How to Make Drug Policy Better: key findings from UKDPC research into drug policy governance*. London: UK Drug Policy Commission.

Hamilton et al. (2012) *Characteristics of good governance for drug policy. Findings from an expert consultation*. London: UK Drug Policy Commission.

UKDPC (2012) *Essays on the governance of drug policy*. London: UK Drug Policy Commission.

Rutter, J. (2012) *Lessons on policy governance: what drug policy can learn from other policy areas*. London: UKDPC

## **The variety of evidence and its uses**

The ideal of evidence-based policy is frequently interpreted as referring to consideration of 'what works' in determining the content of policy. However, in our research the use of evidence was discussed in a much broader range of contexts.

Participants highlighted the role of evidence as an essential tool right from the beginning in establishing the need for action and in setting objectives. This would involve evidence both describing the problem or issue of concern, for example who is affected and in what ways, and also for understanding the problem, i.e. its causes and manifestations. It was also seen as important in setting objectives through consideration of "*what is it that might be appropriate goals*" [CS-4].

The more traditional 'what works' evidence is one component for identifying possible solutions to the problem under consideration and evidence from Randomised Controlled Trials might be the gold standard for identifying possible interventions for inclusion. However, participants in our research highlighted the importance, in areas such as drug policy where evidence is often limited, of drawing on evidence from other policy areas to develop a logic model or theory of change to underpin the policy.

Even if a particular policy intervention has worked elsewhere or in the past it is still necessary to gather evidence to check if the solution identified is effective when implemented at that particular place and time. This type of evidence will often come from analysis of routine monitoring data as well as from specific evaluations and may be done at the level of specific interventions or consider the outcomes of a policy or strategy as a whole. Evidence is needed to identify: whether objectives have been achieved; if the chosen policy or intervention provides value for money; if it work for everyone; is it better than alternatives; and are there ways it could be improved or done more efficiently? This broad range of questions means that this evaluative learning process needs to be continuous.

Clearly this broad range of uses of evidence means that a wide range of different types of evidence will need to be brought into play. In the drug policy field, for identifying and understanding the problem, surveys, longitudinal cohort studies and qualitative research will play a large part but also early warning and less formal reporting systems may be involved in highlighting emerging issues. In addition, basic research, such as genetic, pharmacological and neuroscience research helps explore the mechanisms underpinning the actions of substances and the processes of addiction. These also have a role in identifying solutions and assessing their impact but evaluative research techniques have a prominent role, ranging from randomised controlled trials to routine monitoring data.

This wide range of evidence types crosses many disciplines from social sciences, including sociology and criminology, to biological and clinical disciplines, such as epidemiology, neuroscience and pharmacology. As discussed below, this diversity adds to the challenge of developing an evidence-base for drug policy.

## **Key challenges to the use of evidence in drug policy-making: the ideal process meets the real world**

Participants in our research highlighted a range of particular issues with drug policy-making that have a negative impact on the use of evidence. . A special issue of the journal *Evidence & Policy* presented a series of papers that considered the relationship between evidence and policy in six European countries. To facilitate comparisons between different countries and policy areas a framework was developed in which to situate the case studies. The framework used was based on previous work and had three main components: research supply (or knowledge creation); policy and practice demand (knowledge application); and the linkages between supply and demand (knowledge mediation). In addition to this the

importance of different contextual factors was also considered. (Nutley et al, 2010). This provides a useful framework for organising the challenges for the use of evidence in drug policy that were highlighted within our research.

### The context or climate

It was noted by many participants that the drugs field is a particularly polarised and contested area. For example, one former Home Secretary remarked that: *"It carries slightly more baggage than most of the big issues you can do."* [Pol-1]. It was a common view that drug policy was now seen as a 'toxic issue' and one that it was best to avoid while in office. It was suggested that this deters real discussion of objectives and alternative policy approaches however strong the evidence. As one former permanent secretary remarked in relation to the consensus on the need to 'be tough':

*"... there wasn't much room for discussions about alternative approaches to tackling the problem. The solution was almost always to crack down. The headlines were we're going to toughen up the policy. ... It was the prevailing paradigm and the accepted view and it was what prime ministers expected of home secretaries and, in the political debate therefore within government, there wasn't much room for a debate about alternatives."* [CS-3].

The example of the political 'yo-yo' over the reclassification of cannabis in the UK after 2000 which saw a continuing clash between experts, politicians and some quarters of the press illustrates the challenge to the implementation of an evidence-based policy process.<sup>7 8</sup>

### Research supply issues

Both policy-makers and politicians expressed dissatisfaction with the availability of evidence its variability. The fact that there may be disagreement between experts and contested interpretations of the evidence on both the problems and solutions was raised by many research participants. As one politician observed:

*"... there's no shortage of alleged experts in this field and they all disagree with each other ... and they all believe whatever they're doing is working. So that's one constraint that is the lack of a one true path."* [Pol-7]

The fragmented, uncoordinated and patchy nature of the evidence base was also highlighted as an important issue. The cross-cutting nature of drug policy means that policy-makers need to draw on evidence from a very wide range of disciplines, including epidemiology, medicine, neuroscience, criminology, and sociology. These use very different methodologies and there may be tensions between them.

*"The first is you're on the cusp of health and-, health policy and crime policy (drugs) and so that's what's special about it; that's what makes it difficult; that's why so much of the debate is at cross-purposes...because you're bringing two completely different sort of frameworks of what is evidence and what is the purpose to bear "* [CS-6]

The development of evidence was also perceived as being uncoordinated and seriously limited, particularly in enforcement and parts of social policy. It was seen as an area which

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<sup>7</sup> The Guardian. Government Drug Adviser David Nutt Sacked, 30 October 2009. <http://www.guardian.co.uk/politics/2009/oct/30/drugs-adviser-david-nutt-sacked>

<sup>8</sup> The Independent. Academics Attack Professor Nutt over 'Incorrect Statements' on Drugs, 8 November 2009. <http://www.independent.co.uk/life-style/health-and-families/health-news/academics-attack-professor-nutt-over-incorrect-statements-on-drugs-1817012.html>

is seriously under-resourced with the same significant evidence gaps repeatedly identified in reviews. This was an issue raised by researchers and policy-makers alike, for example:

*"It wasn't co-ordinated across Whitehall. As far as I could see it wasn't at all." [CS-2]*

*"... [for research ACMD] have no budget at all. And I'm not sure we should have a budget but unfortunately nobody else seems to have a budget either. That's our problem." [Res-1]*

## **Policy or practice demand**

A range of issues that affect the likelihood of policy-makers and practitioners seeking to access and make use of evidence were also raised. One of these concerned different perspectives on what might count as evidence. In particular, the greater impact individual cases and the most recent site visit, what might be described as the 'killer anecdote', may have on policymakers than any academic research or systematic review was acknowledged by participants of all kinds:

*"... we often think about scientific evidence or research evidence but that in policy process, what we call research evidence is only one of the forms of the information or evidence the policymakers consider. [Res-]*

Participants also discussed how people's backgrounds and expertise influences their attitude to evidence. For example, it was suggested that ministers who have a background in the sciences may be more reluctant to overrule scientific advice than those who do not. The high turn-over of both civil servants and ministers, was also felt to have an impact, as it is difficult for them to master the range of evidence needed and appreciate the limitations of certain kinds of studies and information sources.

Concerns were raised within our research that there was an inadequate culture of review and evaluation in policy processes, which was particularly noticeable in the field of drug policy in the UK. This applies in relation to the evaluation of individual interventions and programmes and of the drug strategy as a whole. For example:

*"One of the ... challenges is that there have been many interventions at local level where there has been no formal assessment of effectiveness and assessing the effectiveness of interventions can be quite taxing, it is a big challenge." [Res-8]*

Many research participants felt this was an area that was a weakness of governance, particularly when it comes to stopping things that have been shown to be ineffective. Negative findings tend to be viewed as an admission of failure, rather than important lessons. As one former senior civil servant commented:

*"...the criminal justice system's getting itself involved in areas where it's just not very effective. It's too slow to be responsive. And it's going into volume processing of people. It's just bloody terrible at that. And it produces stupid outcomes as well where it's tying people into a system, we know labelling is a problem, it's not just some wishy washy liberal theory, there's good hard quantitative evidence to support the problem that labelling causes. And we've known that for 30 years so why we haven't done anything about it is beyond me ..." [CS-9]*

Another common criticism of drug policy is that innovative interventions are prematurely rolled-out before their impact has been evaluated and many participants commented on the absence of any evaluation of the drug strategy within the UK.

## Linkages between supply and demand

A number of issues relating to the linkages between evidence-producers and the policy makers were highlighted in our research. These included the difference in expectations between these communities and that there was a disconnection, and in some cases possibly disrespect, between people in the policy and the science or research worlds. Thus policy-makers want clear, definitive answers to complex questions, which research is unlikely to be able to provide, and even if policy-makers recognise this it remains a source of frustration:

*"when you talk to people in the academic world about this they are massively frustrated about the failure to influence the way government thinks about their area of work. By the same token many, many politicians are very frustrated by the academic world. So what the politicians are looking for is some sense of certainty and the academics, quite rightly of course, can't offer that ...." [Pol-3]*

*"It's information but it's pointless. It does not tell me anything I can do something with. It's very interesting but it isn't important. ... Evidence has to be action orientated or otherwise it's just interesting." [CS-4]*

Differing time frames were also seen as an important problem for integrating research into policy. While to undertake good quality research into, for example, the early childhood determinants of drug problems or the outcomes of interventions, inevitably takes many years, a government may only be in office for one term so they want much quicker answers:

*"The problem was that the research is all long term. ... it's very difficult for policy makers. They have to be very lucky to find there is actually evidence that can ... be applied to the construction of their policies. It's normally ... give us money and in three or four years' time we'll have conducted this longitudinal study and we may ... have some evidence to give you." [CS-10]*

Overall, regardless of the perspective of participants in our research and the extent to which they believed evidence-based policy-making was a desirable or realistic goal, there was an almost universal feeling that the current use of evidence was sub-optimal and there would be benefit in improving this. As part of the research we therefore also sought to identify the types of mechanisms that might help tackle these issues.

## Tackling these issues

The framework for reviewing the challenges to evidence use in drug policy used above was based on that developed by Lavis et al for assessing country level efforts to link research into action in the health sector.<sup>9</sup> In this paper they identified a wide range of actions to address seven different domains, which can be roughly equated to the areas highlighted in the previous section as follows. Firstly, they consider action to address the general climate, which may be considered to encompass the culture or context within which policy-making occurs. Secondly they address production of research, i.e knowledge creation or research supply. Their next two domains, those of 'push efforts' and 'efforts to facilitate user pull', which contains actions such as improving the accessibility of research findings through improving their presentation and providing portals for access to evidence I have grouped with the domain 'exchange efforts' as subsets of knowledge mediation, the linkages between supply and demand. The domain of 'user-pull efforts' has parallels with the category of knowledge application or policy and practice demand. There is an additional domain of 'evaluation' which relates to actions that involve specific evaluation of the use of research in policy and practice, however, where this is done by policy-makers it could be considered as

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<sup>9</sup> Lavis et al (2006) "Assessing country-level efforts to link research into action" *Bulletin of the World Health Organisation*. 84 (8), 620-628.

encouraging user pull while external reviews might be seen as part of establishing a climate that facilitates evidence use. However, the boundaries between these groupings are indistinct and some actions may span multiple domains.

The actions that are encompassed within the framework are very varied and range from simple things like making a systematic effort to identify actionable messages from research, through skill-development programmes, to formal and informal partnerships and institutional arrangements. They also highlight action for both the research producers and users. In the field of drug policy in particular, Nutley and Walter<sup>10</sup> focus more particularly on the role of institutional arrangements for connecting evidence and policy, which they suggest may be neglected. They suggest that they are considered less in research because they are considered relatively immutable. However, it is noteworthy that many of the organisations and arrangements they describe in England and Scotland in 2002 are no longer in existence or are operating quite differently in 2013.

One thing that came through strongly in our research and is also reflected in the paper by Lavis et al is that, given the multiplicity of types of evidence and uses of evidence there will not be a single 'right way' of promoting better use of evidence in policy-making and while a range of different actions will be appropriate no country could do everything. Also, as governments, policies, societies and individuals change, so arrangements that worked at one time may become out-dated, tired and dysfunctional and hence need changing or reinvigorating. In such circumstances a range of approaches that seek to improve evidence availability and use and which are kept under review are likely to be necessary.

### **Developing a more supportive climate**

In theory in the UK, with evidence-based policy-making enshrined in a wide range of guidance, the climate would appear very supportive of the use of evidence within policy. However, as described above, in the polarised area of drug policy policy-makers may be more concerned about how the policy will play out in the media or public discourse than in the evidence of likely effectiveness. In addition some people are concerned that the concept of evidence-based policy seems to give primacy to evidence over values. A more nuanced understanding of the role of evidence as an essential tool to be used throughout the policy process to ensure that the resources invested in a policy area are used efficiently and the desired outcomes are achieved is needed.

A commitment to the use of evidence throughout the policy process can also be reinforced by organisations, bodies and individuals that challenge examples of poor use of evidence. In the UK these range from official bodies such as the UK Statistics Authority and parliamentary committees to an increasing number of professional bodies and third sector organisations who largely operate on the internet, such as getstats and Full Fact. While some of these are focused on promoting positive attitudes to evidence among policymakers and politicians others are public-facing. Given the importance that politicians inevitably place on public opinion this may be an important audience that may often be neglected. This is a challenge for researchers in the drug policy field given the complexity of much of the evidence and research press releases can often be completely mis-represented in the media as was the case over recent coverage of research into the impact of cannabis reclassification.<sup>11</sup>

Other countries and other policy areas seem to have a more conducive climate and our research suggested a range of possible reasons for this. The adversarial style of the UK government was felt to promote 'politicisation' of the issue, particularly a 'bidding up' of

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<sup>10</sup> Nutley & Walter (2002)

<sup>11</sup> See <http://www.politics.co.uk/comment-analysis/2013/04/07/comment-the-sloppy-journalism-misrepresents-cannabis-use>



tough sounding rhetoric about drug use. While there is widespread recognition that drug policy needs a considered, less politicised approach, the political concern about potential voter and media backlash appears to be never far from the surface. When events create media storms, the temptation to engage in reactive policymaking can be hard to resist. To overcome reactive policymaking and to neutralise the contested nature of the drug policy debate in the UK it was suggested that the policy process should create a calm space in which a sensible debate could be held about the goals of drug policy and what policy options might be most effective. This might be through a time-limited initiative such as a commission or inquiry. Longer term stability and protection against reactive policymaking, might be achieved through an expert body with powers to decide on certain aspects of policy.

### **Building the knowledge base – research supply**

The issue of the lack of evidence to underpin drug policy, and the unevenness of the evidence base was a recurring theme in the interviews we conducted. Quite a few participants highlighted the potential, which they felt was not being exploited, for learning between different countries and from the natural experiments offered within the UK by devolution and localism. Many of our research participants felt that overall the investment in research is insufficient and piecemeal and that this is hampering the development of effective drug policy. Nutley & Walter also cited concerns about the fragmentation of research as an issue for drug policy in the UK.

Our research highlighted some international examples of models of evidence generation and use that highlight some potential mechanisms that could be considered elsewhere. Australia, despite its much smaller population and similar sized drug problem to the UK, undertakes a large amount of high-quality research. The interviewees from Australia attributed this is, at least in part, to investment in building research capacity. Drug research centres have been established in three universities, creating centres of expertise that are able to compete internationally for research funding in addition to government-funded research. The government also allocates a percentage of the money from seized assets to fund research into enforcement through the National Drug Law Enforcement Research Fund.

The lack of co-ordination of the research effort in the field of drugs in the UK was also raised as an issue. Formal institutional mechanisms may be valuable here. The Canadian Centre on Substance Abuse (CCSA) is an example of an independent authoritative body with a legislative mandate to “provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol- and other drug-related harms” including contributing to “the development and application of knowledge and expertise” in the substance abuse field<sup>12</sup>. It was established in 1988 through the Canadian Centre for Substance Abuse Act and the sponsoring government department is the Ministry of Health, although its activities span the interests of other government departments. Within the UK, the remit of the Advisory Council for Misuse of Drugs, is to provide advice to government and it has no budget or mandate for building or coordinating the development of the knowledge base.

Funders of research will clearly be influential in terms of both the amount of research undertaken and the topics covered. There have been some UK initiatives to promote the generation and use of evidence for policy, both for drug policy specifically and other policy areas. The Medical Research Council (MRC) and Economic and Social Research Council (ESRC) Addictions cluster funding initiative sought to foster inter-disciplinary collaboration and to increase the policy relevance of the research. This was considered to have been

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<sup>12</sup> *Knowledge Shaping Action* Canadian Centre on Substance Abuse 2004-2005 Annual Report.

successful to a degree but the amount of funding was quite small. There are a range of other sources of funding for research alongside projects funded by individual government departments (although the latter is a shrinking resource) but there is no mechanism for coordinating these various strands of activity.

Recently there have been some international efforts to co-ordinate research in the field. For example, the European Research Network on Illicit Drugs (ERANID) "aims to improve cooperation in drug research in order to allow well-founded policy decisions."<sup>13</sup>

However, less formal mechanisms can also make a contribution. In Australia it was suggested that, while there is no national research strategy, the size of the research community is such that less formal mechanisms for co-ordination can be effective. For example, there is an annual conference that most of the sector attend, which helps communication. Internationally, the ISSDP conferences play a similar role.

### **Increasing policy and practice demand**

Those involved in making policy, whether politicians or public servants, come from a range of backgrounds. In the UK civil service policy-makers are expected to be generalists and may move quite frequently between departments. Specialist subject knowledge will therefore be the exception rather than the rule. In this case things such as competency frameworks that highlight the skills required and provide a basis for performance assessment and training can play a role in supporting the use of evidence by policy-makers. A new competency framework has been introduced across the civil service which has 10 competencies organised into three clusters. Use of evidence features within the competency of making effective decisions where it states that *"Effectiveness in this area is about being objective; using sound judgement, evidence and knowledge to provide accurate, expert and professional advice. For all staff, it means showing clarity of thought, setting priorities, analysing and using evidence to evaluate options before arriving at well reasoned justifiable decisions. At senior levels, leaders will be creating evidence based strategies, evaluating options, impacts, risks and solutions. They will aim to maximise return while minimising risk and balancing social, political, financial, economic and environmental considerations to provide sustainable outcomes."*<sup>14</sup> However, for such frameworks to be effective performance assessments need to also give importance to these particular areas.

Financial levers may also be used in ways that encourage evidence use in policy and practice. For example, in the US the Office for Management and Budget (OMB) has made a commitment to requiring RCT evidence of benefit for programmes that it supports. Funding for services based on outcomes ought also to encourage the adoption of evidence-based practice.

Given the issues of frequent rotation of staff highlighted above and the fact that civil servants are generalists accessibility of the knowledge base is likely to be a key factor in whether or not it is utilised. This may just mean that researchers provide short policy-friendly, jargon-free summaries of research reports and the Cochrane and Campbell Collaborations provide these for the systematic reviews they publish. The trade press and organisations such as Drug and Alcohol Findings that review the literature and highlight the implications for policy and practice also play a role in knowledge translation. However, as Ritter showed in a study of how policy makers in Australia use evidence,<sup>15</sup> which highlighted the same issues found in our study, use of academic literature is relatively uncommon.

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<sup>13</sup> See: [http://cordis.europa.eu/search/index.cfm?fuseaction=proj.document&PJ\\_RCN=13391860](http://cordis.europa.eu/search/index.cfm?fuseaction=proj.document&PJ_RCN=13391860)

<sup>14</sup> Civil Service Human Resources (2013) *Civil Service Competency Framework 2012-2017*.

<sup>15</sup> Ritter, A. (2009) "How do drug policy makers access the evidence" *International Journal of Drug Policy*. 20, 70-79.

Consulting experts and consulting technical reports, monographs and bulletins were the most common, followed by use of the internet, use of statistics and consulting policy makers in other jurisdictions. The danger of this is that the evidence that is accessed may be partial, out of date and of varying quality.

To address this issue and in order to provide evidence in a more systematic way in the UK, as elsewhere, a growing number of organisations have been established. The most well-known of these is the National Institute for Health and Clinical Excellence, recently renamed the national Institute for Health and Care Excellence (NICE), which was originally established as a Special Health Authority to reduce variability in the availability and quality of health treatments and care it has recently been placed on a statutory footing with a wider remit encompassing to public health and social care. It provides *“independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation”*. There have been calls for a similar organisation for social policy and a 2011 report by the independent organisation NESTA also highlighted a number of different initiatives, mainly from the US, for capturing examples of effective practice for those involved in the provision of public services. Most recently, in the UK four “What works” centres have been set up in what are seen as key policy areas. Such initiatives can also be seen as an important part of growing the knowledge base although they vary in the extent to which they proactively generate evidence rather than collating it.

Going beyond research evidence international bodies such as EMCDDA and UNODC try to compile statistical data relating to drug problems and the response to them and their annual reports can be influential particularly if they spark media coverage.

### **Linkages between suppliers and users of evidence**

Links between those gathering the evidence and those who use it may help to overcome some of the differences between the groups by building a greater understanding of the differing roles and pressures faced. They can also help researchers to design studies that are of maximum use to policy-makers, although some issues, like the differing time horizons, can never be completely overcome. Centres such as those just mentioned will often act as a link, but do not necessarily do so. They are also quite focused on the evaluation of individual interventions rather than the overall knowledge base.

Organisations such as CCSM may also take on this role. In the UK, a series of Academic Health Science Networks are being set-up specifically to “enable the NHS and academia to work collaboratively with industry to identify, adopt and spread innovation and best practice” but how they will work and the impact they will have remains to be seen.

In the drugs field, the UK Drug Policy Commission was set up specifically to provide encourage greater use and analysis of evidence in drug policy in the UK. It was charitably funded and independent of government. During its six year lifespan it evolved a way of undertaking evidence reviews that was very collaborative, bringing policy-makers and practitioners together with researchers at different stages of the review process in a way that a number of research participants, who were currently involved in the policy field, indicated helped their understanding of the knowledge base and enhanced uptake of review findings.

Advocacy, membership and campaigning organisations, both national and international, also seek to mobilise and draw attention to evidence in different ways and through conferences, round tables etc may bring together academics and policy-makers. In addition Sin (2008) has highlighted consultancies as a type of private sector intermediary that may help to bridge the research-policy divide.

On a less structured level, initiatives that encourage secondments of researchers into government departments can help develop relationships and understanding on both sides.

Given the range of bodies competing for their attention policy-makers may question the impartiality of the evidence presented and find it difficult to decide between competing claims and find it simpler to cherry-pick the evidence that suits their purpose. Thus bodies that are seen as independent and having no particular "axe to grind" or individuals who have gained the trust and respect of policy makers over the years may be most influential.

## **Conclusions**

Concerns about the use of science are as old as science itself. Francis Bacon in his treatise *Novum Organum*<sup>16</sup> identified a range of what he called "idols" that affect our understanding of the world and need to be countered by the adoption of a scientific approach. The first group of these, idols of the tribe, he considered fundamental aspects of human understanding and would seem to echo many of the concerns about how policy makers use evidence:

*"The human understanding is of its own nature prone to suppose the existence of more order and regularity in the world than it finds."*

*"The human understanding when it has once adopted an opinion (either as being the received opinion or as being agreeable to itself) draws all things else to support and agree with it."*

*"The human understanding is moved by those things most which strike and enter the mind simultaneously and suddenly, and so fill the imagination; and then it feigns and supposes all other things to be somehow, though it cannot see how, similar to those few things by which it is surrounded."*

*"The human understanding is unquiet; it cannot stop or rest, and still presses onward, but in vain. Therefore it is that we cannot conceive of any end or limit to the world, but always as of necessity it occurs to us that there is something beyond."*

*"The human understanding is no dry light, but receives an infusion from the will and affections; whence proceed sciences which may be called 'sciences as one would.' For what a man had rather were true he more readily believes."*

*"But by far the greatest hindrance and aberration of the human understanding proceeds from the dullness, incompetency, and deceptions of the senses; in that things which strike the sense outweigh things which do not immediately strike it, though they be more important."*

*"The human understanding is of its own nature prone to abstractions and gives a substance and reality to things which are fleeting."*

He also identifies idols of the marketplace, which are those "which have crept into the understanding through the alliances of words or names" relating to things that don't exist or which are confused and ill-defined, and idols of the theatre, which are imposed by philosophical systems including religion and theology. These too have their parallels in the current debate.

It is therefore not to be expected that the tensions highlighted within this research will be completely resolved. Indeed it would probably be equally dysfunctional if they were. Research needs different timescales as well as to be independent and objective, while

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<sup>16</sup> Bacon, F. (1620) *The New Organon or True Directions Concerning the Interpretation of Nature*.

policy-making needs to attend to values as well as evidence. Researchers need to be able to challenge as well as co-operate in building the knowledge base, while policy-makers have to attend to a wide range of stakeholders and perspectives as well as carefully steward resources. We need to be realistic about what we can achieve as well as what is desirable.

There is a multitude of ways in which evidence can be used to add value and improve the outcomes of policy-making as highlighted above but it is easier to enumerate them than to measure their effectiveness. While it may be possible to show whether an evidence-based treatment has been adopted into practice, it may still be used sub-optimally. The impact of other forms of evidence on policy, for example that relating to our understanding of the problem under consideration or broader approaches to tackling it, may take longer to percolate through into policy, and as Oakley shows in her comparison of the impact of two independent commissions looking at evidence led by Barbara Wootton, while the one relating to drugs policy was initially rejected, the findings were largely implemented over time.<sup>17</sup>

There are generic and drug-specific initiatives and it is important that we try and harness the former to assist in getting evidence into drug policy. However, there are features of drug policy that suggest that drug policy specific initiatives may be needed. These include the very emotive nature of the topic and its position at the intersection of a range of disciplines, as well as the global nature of both problems and policy drivers.

From previous work, our research project and the experience of UKDPC, some lessons for those concerned for getting evidence into drug policy in the UK emerged, which may have wider applicability:

1. Greater clarity about the role of evidence in policy is needed, which recognises more clearly the multiple roles for evidence as well as the need for flexibility and review as both the problems and our understanding of them and how they can be addressed changes. As such perhaps rather than evidence-based policy and practice we should be seeking evidence-imbued or evidence-infused policy.
2. To address the persistent fragmentation and unevenness of the knowledge base in the field there is a need for recognised leadership to be invested in some organisation. We would see the role as one of providing drive and championing the full range of research and co-ordinating efforts to fill gaps, rather than one of direction and control.
3. Knowledge-building needs to be a collaborative process, building relationships are important. Intermediary organisations, such as UKDPC, can be important in this. In building these linkages perceptions of independence, objectivity and rigour are important for credibility. There is a fine line between promoting the findings from evidence and advocacy or campaigning for particular policies, which means there is a constant tension between becoming too 'cosy' with policy-makers and losing influence as being seen as lobbying for a particular perspective. There is probably a need for people to take positions all along this continuum but being too challenging or strong a promoter of a particular course of action may limit ones sphere of influence.
4. Much of the evidence into policy literature reflects on the interaction between policy makers or practitioners and the research community but there are many other important stakeholders in these processes, such as service users, the general public, the media, and influential commentators. Given the influence on policy-makers of politics and perceptions of public opinion these groups more attention might be given to these groups as more direct audiences for evidence. However, directly addressing these

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<sup>17</sup> Oakley, A. (2012) "The strange case of the two Wootton Reports: what can we learn about the evidence-policy relationship?" *Evidence & Policy*. 8(3), 267-83.

groups may be seen as 'campaigning' and this may adversely affect relationships with policy makers and using the traditional media as a conduit for engaging with public opinion can be challenging.

5. The internet and social media provide new opportunities for dissemination of evidence but may also have a big impact on how policy-makers access and use evidence and the sheer volume of information available and the number of 'voices' competing for attention brings problems in ensuring policy-makers access and use robust evidence. Mechanisms for grading available information, or perhaps accrediting evidence sources, need to be developed that can be applied to this increasingly diverse evidence base.
6. In the UK formal evaluation of drug strategies has not been a part of the drug policy process and although some programmes involve pilots as part of their development, roll-out normally occurs before any evaluation of these has occurred. In other areas, many interventions have never been evaluated. In general, handling negative evidence seems difficult and there is a need to develop a culture of evaluation that sees discovering that a programme did not work as well as expected is valuable learning rather than a sign of failure. Indeed more attention to the use of evidence for accountability more generally would be valuable.

Values are important in the policy process but so is evidence. In a period of austerity it is particularly important to pay attention to effectiveness so that money is not wasted on policies that don't work.

Even as there is a range of narratives around the policy process, which may be valid for different policy areas at different times, a range of actions to link evidence into policy will be appropriate. These may involve individuals, organisations and institutions and the balance between these may vary over time depending on circumstances and the role adopted. Thus there is a need for on-going review and evaluation of the effectiveness of the evidence-policy link to identify opportunities and gaps in practice in a country and internationally just as much as there is a need to review policies. We need to avoid wasting resources on ineffective linkage processes as well as ineffective policy.

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