

Models of policy-making and their relevance for drug research

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Abstract

Introduction and Aims. Researchers are often frustrated by their inability to influence policy. We describe models of policy-making to provide new insights and a more realistic assessment of research impacts on policy. **Design and Methods.** We describe five prominent models of policy-making and illustrate them with examples from the alcohol and drugs field, before drawing lessons for researchers. **Results.** Policy-making is a complex and messy process, with different models describing different elements. We start with the incrementalist model, which highlights small amendments to policy, as occurs in school-based drug education. A technical/rational approach then outlines the key steps in a policy process from identification of problems and their causes, through to examination and choice of response options, and subsequent implementation and evaluation. There is a clear role for research, as we illustrate with the introduction of new medications, but this model largely ignores the dominant political aspects of policy-making. Such political aspects include the influence of interest groups, and we describe models about power and pressure groups, as well as advocacy coalitions, and the challenges they pose for researchers. These are illustrated with reference to the alcohol industry, and interest group conflicts in establishing a Medically Supervised Injecting Centre. Finally, we describe the multiple streams framework, which alerts researchers to 'windows of opportunity', and we show how these were effectively exploited in policy for cannabis law reform in Western Australia. **Discussion and Conclusions.** Understanding models of policy-making can help researchers maximise the uptake of their work and advance evidence-informed policy. [Ritter A, Bammer G. Models of policy-making and their relevance for drug research. *Drug Alcohol Rev* 2010;29:352–357]

Key words: policy, advocacy coalition, incrementalism, window of opportunity.

Introduction

The translation of research into better practice is now a well-established refrain. 'From bench-top to bedside' is a common reference to moving from experimental science to changes in practice. Indeed, evidence-based medicine is the exemplar of the relationship between research evidence and practice. However, less attention has been placed on the translation of research into better public policy. By policy we mean the decisions taken by government officials—politicians and bureaucrats—in determining legislation, regulations and the allocation of program resources.

Researchers are often vexed by the ways in which research is used, or more accurately not used, in policy decision making. Although both researchers and policy-makers are committed to improving the use of evidence

in policy [1], there are a multitude of well-documented barriers. Those most frequently identified include: long research versus short policy-making timeframes; the ambiguity and lack of certainty in much social science research; inaccessibility of research results and the sheer bulk of research findings that may be relevant to policy-makers; research career structures and academic reward systems that provide no incentives for policy engagement; lack of clarity about appropriate research roles *vis-à-vis* policy-making; rapid change in the policy environment, including in priorities and staff turnover; limitations in policy-maker capacity to evaluate research evidence; and communication failures between researchers and policy-makers [2–7].

The difficulties are frequently characterised as a clash of cultures between 'two communities' speaking different languages and with different priorities [8]. As Agar

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Received 12 June 2009; accepted for publication 10 September 2009.

[9] has pointed out ‘The policy world is as alien to most researchers as a distant foreign land and most do not even realise it’ (p. 257). Many strategies have been documented, including giving policy-makers personalised briefings; distributing briefing notes, bulletins or other short summaries of research directly to policy-makers; respecting the limited time of policy-makers; recognizing that finding opportunities to accommodate research results in policy takes time; maintaining a reputation of objectivity; nurturing political champions; and developing mutual understanding and respect [2,4,5,10–12].

Little of this advice seems to reflect the real complexity of policy-making and we note that, even when all these strategies and tips are taken into account, many experienced researchers express pessimism about the extent to which research can influence policy [9,13,14]. The premise of this paper is that there is benefit to researchers in understanding policy-making processes. Although this is inherent in political science and public policy research [15–17], there is little written in our field about such matters. The aim of the paper therefore is to provide alcohol and drug researchers with an overview of selected policy-making models and articulate, through examples, the ways in which research can be engaged with and influence policy decision making. Our intention is to enhance the ability of researchers to make a realistic assessment of their chances of influencing policy and to provide additional strategies for doing so. We briefly describe five of the most prominent models of policy-making—those regarded as classics [18,19] and most accessible. We relate them to the role of research and researchers.

Incrementalism

The incrementalism model sees typical policy-making as a process of small adjustments to existing policies, based on ‘successive limited comparisons’ [20]. Lindblom [20,21] argued that given the complexity of large policy change, small successive policy advancements derived from confined comparisons between existing policies or very similar alternate policies are more realistic and more likely to succeed. This notion is further developed in the idea of ‘punctuated equilibrium’ [22,23]. Policy-making is seen as involving ongoing small adjustments, with occasional sudden, rapid, major shifts in policy direction.

A good example of incrementalism in operation is drug education in schools. After the initial policy decision to introduce drug education in schools, subsequent developments illustrate small additive changes in the types of programs [24,25]. The underlying value is stable—that is the presumption that schools-based drug education is a worthwhile endeavour and represents an

important community value of preventing drug use. This is not challenged in the policy process; rather successive comparisons are made between different types of drug education programs to improve overall effectiveness. Research contributes through evaluation and comparative studies of effectiveness, which then influence the policy-makers in determining their program priorities within drug education.

The technical/rational model of policy-making

The technical/rational model is a much more comprehensive approach than that implied by incrementalism. The model identifies key steps in policy-making and orders them in a logical sequence. As Bridgman and Davis [26] point out, this model provides a useful heuristic for dealing with the complexity of policy-making. The model hails from the public administration approach to policy-making and starts from the point at which a problem or issue is identified. There then follows a series of steps that result in an optimal solution: articulate the problem, identify the causes, develop options, analyse options, select intervention, implement intervention and evaluate (see also [27]). While some versions of the technical/rational model see these steps as linear and sequential, the more common view is of a cycle. The circular process can be ongoing, truncated or interrupted, and/or can have various feedback loops [28]. Other versions [17,20] incorporate more explicit attention to the goals and values that precede the development of solutions. The technical/rational model can be seen as a normative model for how one should make rational decisions rather than as a descriptive model of actual policy-making.

One advantage of the technical/rational model is that it easily encompasses a role for research. Indeed research can contribute to each step in the cycle. Research may play a role in identifying a problem or issue that requires policy attention, it can identify causes, it may provide ideas about options for addressing the problem and can analyse the pros and cons of different options. This can follow-on to the identification of the best possibilities for intervention and implementation, and research can play a leading part in the subsequent evaluation.

This model is highly congruent with the emphasis on evidence-based (or informed) policy and practice and is consistent with the new ‘public management’ approach [29]. As described by Sanderson [11] in the UK this has led to renewed optimism about a rational, direct and instrumental impact of research onto policy.

The development and introduction of new pharmacotherapies to treat drug dependency is a good example of the importance of a technical/rational approach, where the Therapeutic Goods Administra-

tion (TGA) assesses the weight of research evidence prior to making medications available for practitioners. The introduction of new opioid treatments, for example buprenorphine, illustrates this approach. In Australia, researchers were influential in putting buprenorphine on the government agenda as worthy of further investigation, ran trials demonstrating efficacy [30] and implementation strategies [31,32] and worked with government and industry to assist with the registration process.

The technical/rational aspects of policy-making are likely to be dominant when an issue has little political 'heat' or when research is an agreed way of resolving political tensions, but these conditions are relatively rare. Indeed a common frustration for researchers is that the technical/rational elements are frequently overshadowed by political considerations. The technical/rational model de-emphasises the politics, players and political processes within policy-making [33].

Models about power and interest groups

We turn now to theories concerned with the ways in which power and influence are exercised in policy. For these models 'public policy is the outcome of the pressures of society's many and diverse interest groups' [34] (p. 123). We take one of the most accessible examples of the power, ideology, interest groups models, that of Carol Weiss. (Other models in this domain include the work of Foucault [35], and of Stone [36] on the struggle of ideas and contested values).

Weiss's [14] iterative model of policy-making identifies three forces that determine policy: ideology, interests and information. 'The distribution of power determines whose I-I-I will be dominant' (p. 239). Ideology includes philosophy, principles, values and political orientation. Interests are largely self-interests—such as re-election for politicians, budget increases for bureaucrats or benefits to constituents for lobby groups. The ways in which interest groups form their memberships and their relative power and influence are key drivers in understanding policy decision making. Interest groups include membership from politicians as well as concerned individuals, practitioners (i.e. the treatment community) and researchers. Information is a broad term and incorporates a wide range. It can include the obvious, namely research evidence, but also personal experience, anecdote, media reportage and so on. Thus, research is just one type of information, competing with the other types of information, as well as competing with ideology and interests [14]. In Weiss' model, when ideology or interest shifts, this is a time when information can be used strategically.

A prime example of the role of power and interest groups is in relation to alcohol policy in Australia. The

dominance of the alcohol industry over alcohol policy has been commented upon by a number of researchers, for example 'In many places, the interests of the alcohol industry have effectively exercised a veto over policies' ([37], p. 527).

As Weiss [14] points out, research competes with other types of information for primacy. And the competition does not occur on a level playing field in terms of the veracity or quality of the information. In other words, compilations of years of research evidence often have to compete with anecdote or a single flawed assessment. The pervasive and pernicious role that the media can play in setting the agenda for policy and framing the ways in which the public think about a problem have been comprehensively documented by Herman and Chomsky [38]. One example is the case of Anna Wood who died in 1995 after taking ecstasy at a Sydney nightclub. Homan [39] argues that the moral panic encouraged by newspaper and television responses to Wood's death resulted in a number of policy changes by the New South Wales government—which were not themselves necessarily negative—including more funding for alcohol free youth events and stricter regulation of the dance music industry.

While power, ideology and interests often stand in the way of good research evidence being influential, they are central to democratic processes [40]. 'To ignore these influences, or to regard them as illegitimate or irrational components of "resistance" to the truth and beauty of research, is to misread the nature of democratic decision making' ([14], p. 220). Both individual researchers and research institutions need to find more effective ways of grappling with these realities. These issues apply equally to the next model considered, that of advocacy coalitions.

Advocacy Coalition Framework

The Advocacy Coalition Framework provides a theory around policy formation that addresses the roles of multiple actors and agenda-setting. (Policy networks theory [41] also has much in common with the advocacy coalitions approach). The Advocacy Coalition Framework focuses on 'coalitions' as the policy force, as represented by actors who share beliefs and values and 'show a non-trivial degree of coordinated activity over time' ([42], p. 139). Any given policy can be seen as representing the balance between different advocacy coalitions. Thus policy change occurs in three different ways: when an external perturbation occurs upsetting the balance between existing advocacy coalitions; when a new advocacy coalition gains power; or when an existing powerful advocacy coalition changes its beliefs. Beliefs are central in Sabatier's model [42]. He outlines three levels of belief systems, which he calls 'deep core',

'near (policy) core' and 'secondary'. He describes the extent to which these levels of belief are amenable to change noting that deep core beliefs (fundamental ontological and normative positions) are very resistant to change. Secondary beliefs, reflecting instrumental decisions, are most conducive to change. Sabatier notes that 'an actor or coalition will give up secondary aspects of his/its belief system before acknowledging weaknesses in the policy core' [42].

The establishment of a Medically Supervised Injecting Centre in Sydney, Australia illustrates the competition between advocacy coalitions supporting and opposing the Centre. Each coalition draws on members from local community residents and businesses, churches, politicians, members of various drug-related non-government organisations and so on [43]. The way the Centre operates reflects the balance between these groups. On the one hand, the fact that the Centre operates at all reflects the power of the supporters. On the other hand, the failure of government to sanction the operation on anything other than a trial basis (after 8 years and comprehensive evaluation) reflects the power of opponents.

An aspect of the Advocacy Coalition Framework particularly relevant to researchers is professional forums, which are an important opportunity to influence beliefs of coalition members and/or to shift the power balance away from one coalition to another. Sabatier describes the importance of opportunities for learning through prestigious events, where professional norms dominate and different coalition members participate. An example is Drug Summits—popular in Australia as a mechanism for bringing together key opinion leaders to debate solutions to drug problems. It was a Drug Summit that preceded the establishment of the Medically Supervised Injecting Centre. The Summit brought together politicians and a range of researchers and interests groups to 'examine existing approaches to the drug problem and provide a launching pad for the way forward' (http://www.druginfo.nsw.gov.au/drug_summit). The Summit allowed politicians to identify and engage with a broader policy middle ground. This provided a forum to debate the establishment of a Medically Supervised Injecting Centre and led to its establishment as a pilot program [43]. The Summit allowed politicians to mix directly with researchers and the various advocacy coalitions, providing a perturbation in the system and the impetus for action.

Advocacy coalitions often use research evidence selectively to support their positions. Jenkins-Smith [44] argues that the extent of conflict between advocacy coalitions seems to be important in the ways in which research is used. Where there are very high levels of conflict, the use of data and analysis is likely to result in a stalemate; whereas in cases of moderate conflict, the

use of research and evidence may shift the beliefs and policy positions of one of the coalitions [44].

This model highlights that it may be very helpful for researchers to understand who among the myriad of actors within a policy subsystem they are trying to influence, because the strategies and types of research support will vary [45]. Certainly making information available is an important research role. As van Beek [43] notes in her diary about the running of the Medically Supervised Injecting Centre, ongoing briefings for significant players were very important. Sabatier's work on advocacy coalitions may also help researchers better target their inputs. In particular, he suggests that strong core beliefs are unlikely to shift, whereas secondary beliefs are amendable to change and could be a more productive area for researcher focus [44]. As described earlier, Sabatier argues that professional forums are venues for shifts in advocacy coalition beliefs and positions. For researchers, this means active participation in high level forums when the opportunity arises.

Multiple streams model

Kingdon's 'multiple streams' model [46] sees the policy process as organised anarchy. According to Kingdon's framework, there are three independent streams that operate in parallel: problems, politics and policy processes. In this dynamic environment, specific events will trigger a coalescence leading to policy action. Events that cause a particular problem to come to prominence and set policy agendas include indicators showing that it has become urgent and serious, incidents focusing attention on the problem and/or symbolic values being attached to the problem. Events are also influenced by key political factors that include the national mood, how political forces are organised and how consensus is developed through bargaining with influential interest groups. In terms of the policy process itself, whether a problem gains attention depends on other problems it is competing with, the technical feasibility of taking action and the public and political acceptability of the problem plus its likely solutions. According to Kingdon [46], from time to time a policy 'window' opens where these three streams align and bring about change. Sometimes these events are associated with governmental cycles (such as the electoral or budgetary cycles), and hence are somewhat predictable. More often, however, the events are unpredictable and it is highlighting this, which is an important facet of Kingdon's analysis. He argues that effective policy-makers can be seen as entrepreneurs, who can spot when the time is right and effectively join the problem, the solution and the political considerations [46].

Kingdon's model can help orient researchers to maximising their impact when opportunities for policy

change arise. Opportunities for significant change are opened only occasionally and their occurrence may not be easy to predict. Understanding this may raise awareness when such an occasion is in train and increase motivation to seize those chances.

Changes to the legal status of cannabis in Australia provide a good case example of Kingdon's model as discussed by Lenton [47,48]. Lenton documents the early collation of research evidence, a political party in opposition seeking to develop their new illicit drug policy, the election of that party to government with a mandate and platform for reform, a Community Drug Summit that prompted significant public debate, and the political machinery of a Ministerial Working Party, Cabinet processes and final legislation. These features fit Kingdon's three streams. In the problems arena, Lenton notes the widespread use of cannabis, coupled with support by a majority of Australians for models of decriminalisation of cannabis use. These two factors framed the problem and set the agenda for the policy development process that took place. The policy processes included consideration of alternative legislative options, which had been documented and reviewed by a number of research teams over some time. The politics are well-described by Lenton, including tactics on both sides to use the media to maximise public involvement. The participants to the entire policy process were varied and came from both within and outside government, consistent with Kingdon's model. Lenton cites the involvement of politicians, the academic community, interest groups, the media and police—as organised forces that are consistent with Sabatier's notion of advocacy coalitions. Finally, Lenton identifies the 'policy windows' that appeared, notably the election of a new (Labour) government with a mandate for reform [47]. It is worth noting that policy gains made via open policy windows can be fragile. The recently elected Liberal government in WA, which campaigned on the policy of reversing cannabis decriminalisation, looks like proceeding to do so.

In his analysis Kingdon notes that the influence of researchers comes after interest groups, politicians and the bureaucracy [46]. He also describes the role of researchers as being less important for agenda-setting and more important in the processes of deriving alternative policy options.

Conclusions

The five models we have briefly described highlight the messiness and complexity of the policy-making process. There is no simple or single model that encompasses the entirety of policy-making. As the examples demonstrate, it is useful to consider policy through the various lenses of small step-by-step advances, rational/

technical, active and sustained power and pressure from interest groups, and entrepreneurial political action that identifies and seizes an opportunity for significant policy change. In the real world, these are tightly intertwined and each of the examples we used to illustrate a particular model also has elements of the other models. Thus while the introduction of new medications has large elements of a technical/rational approach, it also responds to a window of opportunity and is influenced by advocates (e.g. [49,50]).

Our aim in describing the five models is to provide drug researchers with insights about how to be better positioned to influence policy-making. If researchers can appreciate the different models at play and identify which one may be prominent, the likelihood of successfully inserting research evidence into the process is enhanced. Topics for future consideration include how to get involved in making policy change happen without compromising academic independence, and what research deserves to influence policy. Further consideration of these areas is essential if we value the importance of evidence in drug policy.

Acknowledgements

This project was funded by the Colonial Foundation Trust through the Drug Policy Modelling Program. It had its genesis in a reading and discussion group on the research-policy nexus funded by the UK Natural Environment Research Council through the Global Environmental Change and Food Systems Project, as well as Drug Policy Modelling Program. We grateful for insights and lively discussion from other reading group members: Dr Helen Berry, Mr Peter Deane, Mr David McDonald, Dr Lyndall Strazdins and Dr Lorrae van Kerkhoff.

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