Evidence, policy and values

Lisbon Addictions Conference 2019

Professor Alison Ritter, Drug Policy Modelling Program, UNSW Sydney

Overview

1. The nature of evidence

2. Evidence and policy processes

3. The evidence-values divide

1. The nature of evidence

- Many types of evidence and data:

  1. Quantitative (prevalence, TQ research etc)

  2. Legal evidence (Czech Republic)

  3. Public opinion (France)

  4. International experience (Ireland)

  5. Qualitative research

  6. Lived experience

- Preferencing of quantitative evidence?

- Different audiences (end users) prefer different types of evidence – politicians favour 3 and 4

Ways in which research used in policy making

- Need to think like a policy maker

- Ways in which research evidence is used in policy processes

- Carol Weiss:
  - Instrumental – direct
  - Problem-solving
  - Knowledge-driven (new science)
  - Political (to support a position; "ammunition")
  - Tactical (to delay, deflect criticism, show responsibility)
  - Enlightenment (new ideas permeate over time, "backdrop of ideas")

- We assume 'instrumental' usage

Weiss, C. H. (1979). The many meanings of research utilization. *Public Administration Review, 39*, 426-431.
Weiss, C. H. (Ed.). (1977). *Using social research in public policy making*. Lexington, MA: Lexington Books.

And data/research can be tricky…

- Technical issues

- Selection of which data

- Both of these can
  - influence how policy makers understand and view data
  - influence the messages that the data send

- Examples

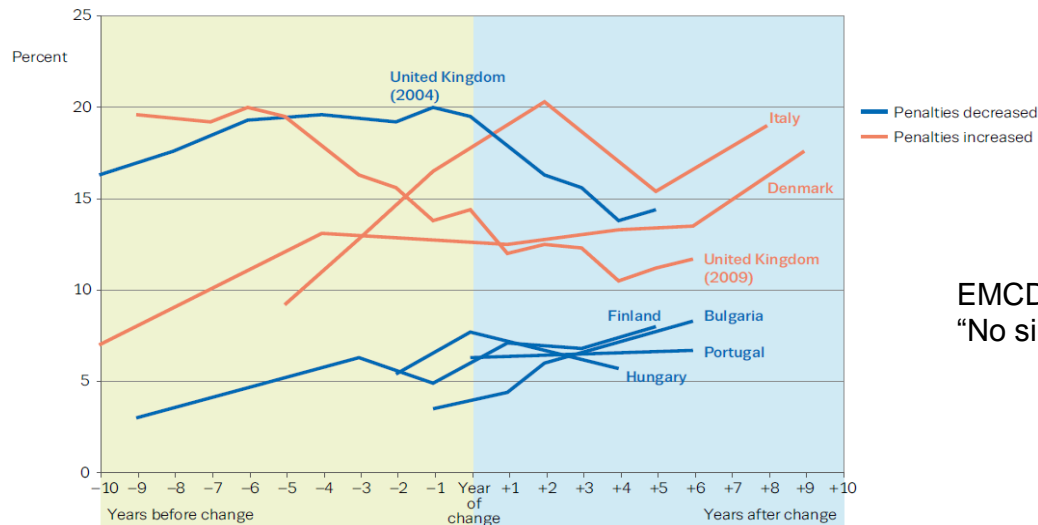# Technical issues, eg price/purity data

Statistical bulletin 2019 graphic
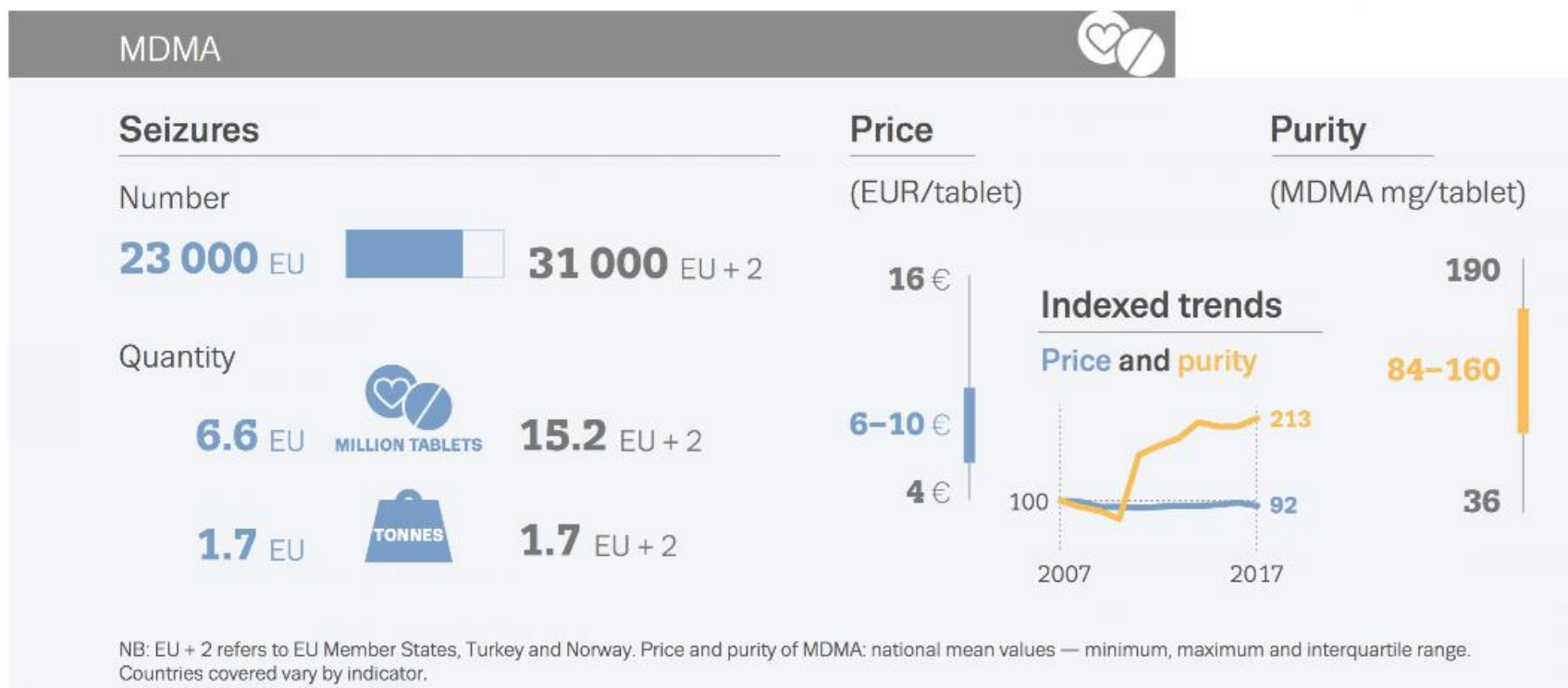
Data selection

- Arguments for decriminalisation, often rely on prevalence data

FIGURE 4

Cannabis use before and after changes in legislation in selected countries: use in previous 12 months among young adults (age 15−34)

EMCDDA, (2018) Cannabis Legalisation in Europe. "No simple association"

- Prevalence of drug use vs consumption (harmful)

- Ireland: minority report

Prevalence versus (harmful) consumption

- "Problem drug use" = 'injecting drug use or long duration / regular use of opioids, cocaine and/or amphetamines' (EMCDDA)

- Excludes cannabis
  - Yet much policy focus is on cannabis (most frequently used drug, decriminalisation, medicinal cannabis)

- Need to examine frequency of use (daily/near daily)
  - This is where the potential harms are
  - These are the data important to monitor

Implications for NFPs

- Different types of data used differently by policy makers – knowing which data are yours; and understanding other 'data'

- Scientific integrity

- Know the limitations of your data, what might not be able to be said/concluded

- Understanding how others (policy makers) may view the data (eg: get review to help understand holes)

But do they even care? 2. Policy processes

- Policy making is not solely (or even) about evidence

- Policy as complex, dynamic processes, political, systems of beliefs

- Research/data is only one input

- Research/data sit alongside other types of "information"
  - Anecdote, personal experience, constituents
  - Other types of information (see earlier)

Ritter, A. (2015). The privileged role of researchers in 'evidence-based' policy: implications and engagement of other voices. *Drug and Alcohol Today*, 15(4), 181-191

Weiss, C. H. (1983). Ideology, interests and information: the basis of policy positions. In D. Callahan & B. Jennings (Eds.), *Ethics, social sciences and policy analysis*. NY: Plenum Press.

Sedlackov & Staronova (2015). An overview of discourses on knowledge in policy: thinking knowledge. Policy & conflict together. Central European Journal of Public Policy, 9(2), 10-53

Lancaster, K., Seear, K., Treloar, C., & Ritter, A. (2017). The productive techniques and constitutive effects of 'evidence-based policy' and 'consumer participation' discourses in health policy processes. *Social Science & Medicine, 176*, 60-68

Advocacy Coalition Framework

- ACF (Sabatier, Jenkins-Smith, et al).

- Policy subsystem, comprising coalitions (who share beliefs)
    - deep core beliefs (ontological and normative, eg importance of human rights)
    - policy core beliefs (beliefs about the particular policy domain eg drug policy's goal is reducing harm)
    - secondary beliefs (instrumental to policy implementation, eg NSPs work).

- Policy change occurs when:
    - New dominant coalition comes to power
    - Significant external perturbation
    - When the dominant coalition sufficiently changes its secondary beliefs (policy learning)

- Policy broker – works across and within coalitions

Sabatier, P. A., & Weible, C. M. (2007). The advocacy coalition framework: innovations and clarifications. In P. A. Sabatier (Ed.), *Theories of the Policy Process* (2nd ed., pp. 189-220). Colorado: Westview Press.
Weible, C. M., Sabatier, P. A., Jenkins-Smith, H. C., Nohrstedt, D., Henry, A. D., & deLeon, P. (2011). A Quarter Century of the Advocacy Coalition Framework: An Introduction to the Special Issue. *Policy Studies Journal, 39*(3), 349-360..

Multiple Streams

- Multiple streams (Kingdon, Zahariadis)

- Three separate streams of activity:

  1. Problem stream where problems come to be identified

  2. Policy (alternatives) stream where an array of potential solutions are continually explored

  3. Politics stream, which includes organised political forces, perceptions of the national mood, and governmental phenomena.

- Policy change occurs when:

  - Window of opportunity; policy entrepreneur engaged, and 3 streams are deliberately aligned

- Not a self-evident match between the problem and the solution

- Eg: solution = decriminalisation. What's the problem?

Kingdon, T. (2003). *Agendas, Alternatives, and Public Policy* (2nd ed.). New York: Longman.

Implications for NFPs re policy process theories

- It's a competition between your data and other forms of information
  - Active dissemination, media, briefings, killer graphs
  - Working with advocacy organisations
  - Being an academic advocate
  - Scientific integrity (eg data selection)
- "Knowledge brokers" (assumes technical-rational model of policy)
- "Policy entrepreneurs" (assumes systems of policy development)
- Foresight – which data will be needed in 3 years, on what issues
- Realistic understanding of where research fits into the policy process
- Dealing with values…….

Why evidence fails?

- …"values and philosophy trump evidence"

- Examples in all 3 papers

3. Evidence and values

- Ideology, values, ethical stance, morality

- Moral (ethical) positions in relation to drugs and drug policy

- The moral discourses that underpin policy makers decision-making

- Five different moral discourses/normative ethics

- Not mutually exclusive: pluralism

1. Deontological ethics

- Rules-based ethics; rules can be derived from various religions or doctrines. Religious authority.
- Good drug policy conforms to the rules/doctrines of the person (drug use is morally wrong).

2. Rights-based ethics

- Universal human rights (life, security); preserving the liberty of individuals in line with those rights.
- Good drug policy founded on human rights, and does not infringe/limit other's human rights

3. Communitarianism ethics

- Collective good > individual freedom, community solidarity and social cohesion. Community norms; shared values; responsibilities towards each other
- Good drug policy founded on the collective good (however defined by the state/society)

4. Paternalism ethics

- The 'state' knows best; protect people from harms to self or others & consequences of actions
- Good drug policy protects people (and others) from their own choices

5. Utilitarianism (consequentialist) ethics

- That which brings about the best state of affairs, maximises utility/welfare; greatest good for the greatest number
- Good drug policy founded on evidence of benefits outweighing harms

- False dichotomy between evidence and values

- Utilitarianism as a value/ethical position

- Talking past each other

- Example: drug testing of welfare recipients

Arguments for and against drug testing of welfare recipients (Ritter, 2019)

Moral foundation	Those in favour of drug-testing	Those against drug-testing
Paternalism	"People with substance abuse issues deserve government support and intervention to help them get clean, into work and back to a productive life, not just for them but also for their family"	
Communitarianism	"The community has a right to expect that taxpayer-funded welfare payments are not being used to fund drug addiction ….We don't want our welfare system subsiding drug dealers".	
Utilitarianism		"There is no evidence that drug testing of people without a job leads to those people finding employment" "There is no evidence drug testing of welfare recipients either improves employment outcomes or reduces harms associated with drug taking"
Rights		"This testing is intrusive and cutting people off from their benefits, giving them nothing to live on is a basic infringement of human rights" "You don't lift people out of poverty by taking away their rights".

Implications for NFPs

- Recognise our own values

- Note that we use an implicit ethical discourse (utilitarianism)

- Other options:
  - Collect and use evidence that speaks to other ethical frames
  - Listen for the other ethical frames (?and mount arguments in their languages)

Conclusions

- The nature of evidence
    - Different types
    - Scientific integrity
    - Knowing the gaps/holes
- Evidence and policy processes
    - Policy as a competition for different types of information
    - Policy brokers and policy entrepreneurs (cf knowledge brokers)
- The alleged evidence-values divide
    - Recognise we come from a normative/ethical stance – utilitarianism
    - Data that speaks to other normative/ethical stances

Thank you

Professor Alison Ritter
Drug Policy Modelling Program, Director
Social Policy Research Centre
UNSW, Sydney, NSW, 2052, Australia

E: alison.ritter@unsw.edu.au
T: + 61 (2) 9385 0236

Website: http://bit.ly/sprc-dpmp

- Intensity of use; quantity/frequency of use (daily/near daily use)

- Important because, eg USA data from 2013:
  - Of all past month cannabis users, 20.7% were daily users, yet consumed 55.7% of the total grams consumed and comprised 40.4% of the $ spent (market share) on cannabis (Davenport & Caulkins, 2016)

- Wastewater based epidemiology

- If we want policy makers to be more sophisticated, we need to be more sophisticated