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UK DRUG POLICY COMMISSION

**Characteristics of good governance
for drug policy:**
findings from an expert consultation

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December 2012

Characteristics of good governance for drug policy

Published by:

The UK Drug Policy Commission (UKDPC)

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This publication is available online at <http://www.ukdpc.org.uk/governance-project/>

ISBN: 978-1-906246-46-4

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Abbreviations

ACMD – Advisory Council on the Misuse of Drug

IfG – Institute for Government

NICE – National Institute for Health and Clinical Excellence

NTA – National Treatment Agency

WIG – Whitehall & Industry Group and Ashridge Business School

Preface

In the UK as elsewhere, policy related to drugs is a challenging and contentious area. The challenges are often expressed in the form of differences in views on the policies themselves. However, although rarely the focus of attention, it is likely that the governance of drug policy, how it is developed, overseen and assessed, influences both the character of policymaking and the types of policies designed. By critically reviewing the governance of drug policy, it may be possible to identify changes that could improve the policymaking process and drug policy outcomes.

To begin the process of exploring what may be needed to establish good governance of drug policy, the UK Drug Policy Commission in collaboration with RAND Europe undertook an iterative expert consultation. The main aim of this consultation was to develop a preliminary list of characteristics for good governance of drug policy. These characteristics would then be tested in a further phase of the UKDPC project.

This working paper was written with the intention of providing a detailed record of the expert consultation and the analysis at each step of the consultation process that led to the development of the initial list of characteristics of good governance.

This working paper should be of interest to government officials, policy analysts, academics and researchers, as well as third sector organisations with an interest in policymaking in contentious policy fields in the UK and elsewhere.

We would like to thank the UK Drug Policy Commission and their Chief Executive, Roger Howard, for creating the space, both intellectually and organisationally, for the project to go ahead and for their constructive input throughout. We would also like to thank St George's House, Windsor for providing such an excellent environment in which to host the initial consultation with experts over two days. Our Chair, the speakers and participants in that event generously gave their time and we are grateful to them for their thoughtful engagement over the two days and beyond. Our QA reviewers, Emma Disley and Charlie Lloyd, provided helpful criticism and useful insights that have improved the paper, and any remaining errors or omissions are our own. Many additional experts in the UK and internationally participated in subsequent stages of the consultation, and we would like to thank them for sharing their broad range of perspectives, and for their challenging and considered responses to some difficult questions about drug policy governance. We have felt privileged to be gathering expert views on both new and more familiar questions freshly applied to the area of drug policy. We hope that the process has contributed in some small way to driving fresh thinking and ideas about possible reforms and models for those reforms in drug policy governance.

Executive Summary

Introduction

Over the past decade there has been increasing criticism of the way in which policy related to drugs is made in the UK, particularly around the use of evidence and the discussion of how to improve policy outcomes.^{1 2} These issues have become increasingly contentious, with policymakers disagreeing publicly with government advisors and academics.³ When debating the direction of future policy, stakeholders have tended to focus on particular approaches or policies - the content of policy. Far less attention has been given to the mechanisms by which policy is designed, delivered and evaluated and the key characteristics, or qualities, of these processes that may deliver better outcomes. However, more recently some commentators have begun to discuss the value of taking a more systemic approach and considering how the mechanisms for drug policy governance may contribute to more effective drug policy outcomes.

In 2011 the UK Drug Policy Commission (UKDPC), as a part of their mandate to “improve political, media and public understanding of drug policy issues and the options for achieving an evidence-led, rational and effective response to the problems caused by illicit drugs”⁴ commissioned RAND Europe to collaborate on the development of a clearer understanding of drug policy governance. Specifically, UKDPC and RAND Europe set out to begin to identify characteristics of governance which appear or are perceived to be associated with better policy outcomes. This collaborative project was undertaken with the intention of providing a framework that could be refined in further research looking at current drug policy governance in the UK with a view to identifying possible areas for improvement.

Method

To provide a basis for considering UK drug policy governance, the research team sought expert views on good governance practice. This was done through an iterative modified Delphi exercise drawing on expert opinion. The experts consulted during this process came from multiple countries and a range of disciplines including politicians, civil servants, academics, and civil society advocacy groups. The iterative process involved three information-gathering stages as represented in figure A and elaborated upon below.

¹ Home Affairs Committee. Written Evidence Drugs. 2012.

² House of Commons Select Committee on Science and Technology. *Drug classification: Making a hash of it?* 5th Report of session 2005-06. <http://www.publications.parliament.uk/pa/cm200506/cmselect/cmsctech/1031/103103.htm> (accessed January 30, 2012).

³ The Guardian. Professor Nutt’s Sacking Shows how Toxic the Drugs Debate has Become. London, 2009

⁴ UKDPC, 2011. Accessed February 9, 2011: <http://www.ukdpc.org.uk/index.shtml>

FIGURE A: ITERATIVE PROCESS FOR EXPERT CONSULTATION ON DRUG POLICY GOVERNANCE



1. **St George's House Event:** The two days of discussion held at St George's House, Windsor provided an initial insight into which issues experts considered to be most critical to drug policy governance. This provided the basis for the wider modified Delphi exercise.
2. **Modified Delphi Round 1:** This consisted of a questionnaire that presented the themes which arose from the St George's House event to a wider group of experts and captured their comments on these themes. The questionnaire also gathered data to establish which areas were perceived to be the most important to the experts surveyed.
3. **Modified Delphi Round 2:** This was based on the responses to the previous round from which potential key characteristics of good governance were identified. The questions presented to the respondents in this round sought to gain greater clarity in areas where there appeared to be consensus in the previous round but more information was needed, in areas where there was tension or disagreement among responses, and in areas that were identified by respondents as important but had been missed in the previous round.
4. **Preliminary Checklist:** This was developed by the research team based on the responses at each stage of the expert consultation and relevant published literature. It will be assessed and refined in future research.

Findings

From this iterative, expert consultation process the research team identified eight main areas that were perceived to be of importance for drug policy governance. These eight areas are summarised in the checklist in Figure B and elaborated upon below.

- 1. Clarity on the overarching goals:** Drug policy governance needs clearly articulated high-level goals. These goals should be realistic, yet still sufficiently aspirational to motivate those involved with drug policy to strive to improve policy outcomes. While consensus on these goals was perceived as desirable, it was not considered absolutely necessary, and possibly not achievable, given the diverse opinions of drug policy stakeholders.
- 2. Strong leadership:** It was also highlighted that it was important that those who lead drug policy are able to provide sufficient resources and authority, and should be 'evidence-imbued' (i.e. be committed to a scientific approach and to collecting and acting upon evidence about the effectiveness of interventions and their policies). Leadership needs to be held accountable either through internal structures such as policy review, or by external bodies. There was no consensus on the most effective leadership structure. However, experts most commonly endorsed a hybrid leadership structure, led by a cross-departmental body. There was still some disagreement on whether this body should be led by a central government authority, an arm's length body that acts in both an advisory and scrutiny capacity or a flat cross-departmental structure.
- 3. Coordination of policy efforts:** The expert consultation highlighted a shared view that, the cross-cutting nature of drug policy means co-ordination, with clear lines of accountability, is very important. To facilitate this, the roles and responsibilities of all those involved in drug policy must be clearly set out. When designing policy, it was suggested that consideration needs to be given to all those who will be involved in the implementation process, not only national political actors. However, given the contentious nature of drug policy, it is likely to be necessary for coordination to be led from the centre, at a high level, to have sufficient authority to ensure engagement by the various departments that need to be involved.
- 4. Policy Design:** Participants in the consultation noted that policy design tends to involve both political and technocratic inputs. Though scientific evidence is important, findings from this project suggest that it will need to be balanced with other information sources. This is especially important in areas where the evidence base is still developing, and thus still contested by some stakeholders. However, policy design needs to incorporate the development of transparent logic models explaining how the component policies will work to justify to stakeholders why particular policies were chosen and to facilitate the identification of appropriate success measures. Policy design must incorporate mechanisms to ensure that policies are evaluated once implemented, and that these evaluations inform future policy decisions.
- 5. Use of the evidence base:** Experts articulated a widely shared view that it is important to ensure politicians have adequate access to, and understanding of, the evidence base. Critical to this is good communication between researchers and policy, but this was an area that was seen as often problematic. Some areas of the drug policy evidence base need to be expanded in order to provide clearer guidance for policymaking decisions. Since the current evidence

base still has gaps, researchers need to make clear the limitations of available scientific evidence and work with policymakers to establish quality standards for evidence for policymaking. Though evidence use in policymaking is important, informing the public on the evidence base also needs to be undertaken in order to shift public opinion to support more evidence-based policy decisions.

- 6. Implementation:** It was considered important that implementation strategies need to be based on a policy framework on which policy implementers, such as frontline service providers and local authorities, agree. Those responsible for delivery should then be held accountable to the outcome goals for particular pieces of policy. Additionally, if implementers are given greater responsibility in delivering drug policy, they need to be afforded sufficient resources and access to the evidence base to carry out their expanded role.
- 7. Accountability and scrutiny:** Accountability and scrutiny processes are necessary features in drug policy governance. It was felt important that policymakers be held accountable for their use of the evidence base when designing policy. Also that wherever possible measurable outcomes should be used to establish policy effectiveness through evaluation and review. Finally, the action of bodies responsible for ensuring accountability should also be transparent to increase their legitimacy.
- 8. Stakeholder engagement:** Five main groups of stakeholders were identified as important to drug policy based on respondents ranking of importance: policymakers and government departments that are central to drug policy; the media; researchers; front-line service providers, and users, their families and the community-at-large. To increase knowledge of drugs and drug policy, understandable and accessible information needs to be disseminated to the media and the public. To increase interaction between stakeholders, a number of processes ranging from 'safe space' fora to clear research briefings were suggested. Some of the most critical relationships between stakeholders include those between researchers and policymakers, and those between policymakers or researchers and the media.

Further Work

The eight areas highlighted through the expert consultation process serve as the basis for a preliminary checklist of possible key characteristics associated with 'good' governance of drug policy. While this list has yet to be tested, and is likely to require some refinement through piloting and evaluation, we believe it can provide a useful starting point for examining current drug policy governance systems with a view to identifying possible opportunities for improvement. In doing so it is also hoped that it may play a wider role in encouraging further study of drug policy governance systems.

FIGURE B: CHECKLIST OF KEY CHARACTERISTICS OF GOOD GOVERNANCE FOR DRUG POLICY

Overarching goals that are:

- Clearly articulated;
- Realistic but aspirational;
- Consensual or have cross-party support, where possible.

Leadership that:

- Seeks consensus and cross-departmental support;
- Provides authority and resources;
- Is 'evidence-imbued' (i.e. recognises the importance of evidence in policy development and of policy evaluation including willingness to make changes based on feedback).

Coordination of policy efforts that:

- Begins at a high enough level of office to ensure commitment and resources;
- Provides clarity of roles and responsibilities of those involved in policy development and delivery;
- Involves those responsible for implementation in agreeing objectives based upon an agreed upon policy framework.

Policy design that:

- Balances scientific evidence with other types of evidence (eg public and expert views, politics, innovative practice) in a way that is transparent;
- Generates ideas and options which have clear logic models underpinning them;
- Incorporates clear mechanisms for evaluation and feedback and incorporation of learning.

Development and use of evidence that:

- Is supported by mechanisms that continually promote its development and expansion;
- Is based around agreed upon standards for what 'counts' as evidence;
- Includes mechanisms to facilitate knowledge-building and sharing between researchers and policymakers;
- Is available in accessible ways for all stakeholders in order to improve accountability.

Implementation that:

- Has some flexibility for variation based on local needs;
- Has sufficient financial resources and access to the evidence base.

Accountability and scrutiny that:

- Holds policymakers to account for their decision-making, including their decisions to use or not use evidence in their policy;
- Measures success based on outcomes set through a system of transparent performance management;
- Relies on rigorous, objective processes of evaluation and review;
- Is transparent itself.

Stakeholder engagement that:

- Includes wide consultation during the policy development and policy evaluation stages;
- Has fora to facilitate healthy debate between stakeholders;
- Promotes understanding of the evidence base among policymakers, the media and the public.

Chapter 1: Introduction

Drug policy has become a contested and highly polarised issue in the UK, as demonstrated by the divergent opinions expressed in the recent Home Affairs Committee hearings on drugs in early 2012.⁵ In the past few decades there have been some important developments in the evidence base around the challenges associated with illicit drugs as well as research on interventions and services to address these challenges (for example, improving understanding of the relationship between drugs and crime,⁶ and establishing the effectiveness of substitution-based treatment⁷). However, there are also numerous examples in which drug policy does not appear to reflect the existing evidence base on drugs (for example, the classification of some drugs under the Misuse of Drugs Act 1971, or the use of police crackdowns to reduce drug supply and the harms from local drug markets).⁸ While scientific evidence is just one of many inputs to drug policy (as in other policy areas), there are instances where a closer connection between what is known about illicit drugs, their use and harms could inform policy and help avoid unnecessary human, as well as financial, costs.⁹

Concerns about the way in which evidence is used and scientific advice is handled in drug policy-making have been raised within government as well as from outside. Following their inquiry in 2005-06, the House of Commons Science and Technology Committee identified flaws in the way the Advisory Council on the Misuse of Drug (ACMD) operates and confusion over its remit.¹⁰ They also identified concerns about the classification system for individual drugs and stated that “the weakness of the evidence base on addiction and drug abuse is a severe hindrance to effective policymaking”. The role of the ACMD and of evidence in drug policy was again brought to the fore when the government reclassified cannabis from class C to B against the recommendation of the ACMD, and then did not follow the ACMD’s advice that ecstasy should be reclassified from A to B. These decisions contributed to the furore that developed concerning the dismissal of the ACMD chairman, Professor David Nutt, following media coverage of a lecture in which he discussed the inconsistencies in the drug classification system and highlighted the fact that alcohol was associated with greater harms than many illicit drugs¹¹ after having earlier published a paper in

⁵ Home Affairs Committee. Written Evidence Drugs. 2012. <http://www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/inquiries/parliament-2010/drugs/inquiry-timeline/> (accessed May 2, 2012).

⁶ Bennett, T.H, Holloway, K. & Farrington, D.P. “The statistical association between drug misuse and crime: a meta-analysis,” *Aggression and Violent Behavior* 2008, 13(2): 107-118.

⁷ Amato, L., Davoli, M. Perucci, C.A. Ferriq, M., Faggiano, F. & Mattick, R.P. “An overview of systematic reviews of the effectiveness of opiate maintenance therapies: available evidence to inform clinical practice and research,” *Journal of Substance Abuse Treatment* 2005, 28(4): 321-329.

⁸ Reuter, P. & Stevens, A. *An Analysis of UK Drug Policy: A Monograph Prepared for the UK Drug Policy Commission*. UKDPC, 2007.

⁹ Ritter, A. & Cameron, J. “A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs,” *Drug and Alcohol Review* 2006, 25(6): 611-624.

¹⁰ House of Commons Select Committee on Science and Technology. *Drug classification: Making a hash of it?* 5th Report of session 2005-06. <http://www.publications.parliament.uk/pa/cm200506/cmselect/cmsctech/1031/103103.htm> (accessed January 30, 2012).

¹¹ Nutt, D. *Estimating drug harms: a risky business?* Centre for Crime & Justice Studies Briefing 10, October

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which he compared the harms from using ecstasy with those from horse-riding.¹² In general, drug policy has become an area into which neither politicians nor policy-makers are often rewarded for venturing. This tense political climate is only exacerbated by the tendency within some of the media to focus on sensational headlines rather than more balanced and nuanced (possibly less exciting) pieces about what seems to work to achieve effective policy outcomes.¹³

To date, research on how to address drug policy challenges has focused largely on questions about individual approaches or policies for tackling drug problems (*for example*, needle exchange and its effectiveness at reducing incidence of HIV and Hepatitis C).¹⁴ Less attention has been given to the processes and structures by which drug policy is developed and delivered.¹⁵ However, recently there has been growing interest in understanding how improvements to governance may be able to have a positive influence on policy. For example, a National Audit Office report on the 2008 Drug Strategy for the UK touched upon governance issues when concluding that there should be an evaluation framework in the drug strategy.¹⁶ The nature of some of the on-going concerns about drug policy begs the question of whether a higher level assessment of the governance of drug policy is needed, and whether modifying drug policy governance might contribute to a system that leads to more efficient and effective drug policy.

In 2007 the UK Drug Policy Commission (UKDPC) was established to “improve political, media and public understanding of drug policy issues and the options for achieving an evidence-led, rational and effective response to the problems caused by illicit drugs.”¹⁷ Hence a critical component of the UKDPC mission is to consider not only the policies themselves but also the mechanisms by which policy is developed, implemented and overseen; the principles/qualities, processes, structures and actors involved deserve significant consideration in their own right. Thus far, very little attention has been paid to these issues and there is little empirical research as to what constitutes ‘good’ governance.

Some scholars have suggested that certain aspects of national drug policy structures may inhibit effective policy change, and thus hinder processes of experimentation and the incorporation of new evidence about what the challenges are and how these can be addressed most effectively.¹⁸ In the UK, like most countries, successive drug strategies have aimed to achieve the twin goals of

2009.

¹² Nutt, D.J. “Equasy: An overlooked addiction with implication for the current debate on drug harms,” *Journal of Psychopharmacology* 2009, 23(1): 3-5.

¹³ Crozier, M. “Listening, learning, steering: new governance, communication and interactive policy formation,” *Policy & Politics* 2008, 36(1): 3-19.

¹⁴ Palmateer, N., Komber, J., Hickman M., Hutchinson, S., Rhodes, T. & Goldberg, D. “Evidence for the effectiveness of sterile injecting equipment provision in prevention hepatitis C and human immunodeficiency virus transmission among injecting drug users: a review of reviews” *Addiction* 2010, 105(5): 844-859.

¹⁵ Ritter, A & Bammer G. “Models of policy-making and their relevance for drug research,” *Drug and Alcohol Review* 2010, 29: 352-357

¹⁶ National Audit Office *Tackling Problem Drug Use*, 2010.

¹⁷ UKDPC, 2011. <http://www.ukdpc.org.uk/index.shtml>(Accessed February 9, 2011)

¹⁸ Room, R & Reuter, P. “How well do international drug conventions protect public health?” *Lancet* 2012, 379:84-91.

reducing the supply of illicit drugs and addressing the challenges to public health and well-being associated with the use of illicit drugs. These goals become increasingly difficult to attain as new challenges for drug policy, such as the increasing number of new drugs emerging on the market,¹⁹ arise in addition to long standing challenges in drug policy. However, debate about changing policy responses is hampered by the polarisation referred to earlier, and drug policy can appear to be a 'battleground'.²⁰ This suggests there may be value in examining how drug policy is governed and whether some alternative means of developing, implementing and overseeing policy may be more conducive to bringing about effective national drug policies.

Some previous attempts to understand governance and use it to improve policy outcomes have been undertaken in a more general context by both the government²¹ and third sector organisations (for greater detail on these studies see chapter 5).^{22 23 24 25} Further, some specific issues related to governance of drug policy have been examined by drug policy scholars.^{26 27 28} However, no comprehensive governance guidance for drug policy yet exists. Many stakeholders are frustrated with aspects of the current approach to governance in this field, yet a number of the issues with which they are concerned are complex and difficult to address given the lack of clarity in the process. A drug policy-specific framework for governance would assist the development of a clearer picture of how policy is made, and could make it easier to identify areas for improvement in the policymaking process.

In 2011, UKDPC asked RAND Europe to collaborate on the development of a clearer understanding of drug policy governance, and of those elements of governance that appear to be associated with better policy outcomes. This project was to be undertaken with the intention of

¹⁹ Birdwell, J., Chapman, J. & Singleton, N. *Taking Drugs Seriously: A Demos and UK Drug Policy Commission Report on Legal Highs*. Demos, 2011.

²⁰ The Guardian. "Professor Nutt's Sacking Shows How Toxic the Drugs Debate has Become," London, 31 October 2009.

²¹ Strategic Policy Making Team. *Professional Policy Making for the Twenty First Century*. Cabinet Office, 1999. www.civilservant.org.uk/profpolicymaking.pdf (accessed May 2, 2011).

²² Hallsworth, M. & Rutter, J. *Making policy better: Improving Whitehall's core business*. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/28/> (accessed January 22, 2012).

²³ Hallsworth, M. *System Stewardship: The future of policy making? Working paper*. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/30/system-stewardship> (accessed January, 22, 2012).

²⁴ Hallsworth, M., Parker, S. & Rutter, J. *Policy making in the real world: Evidence and analysis*. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/29/policy-making-in-the-real-world> (accessed January 22, 2012).

²⁵ The Whitehall & Industry Group and Ashridge Business School. *Searching for the 'X' factors: A review of decision-making in government and business*, Whitehall & Industry Group, 2011. <http://www.wig.co.uk/decision-making> (accessed February 12, 2012).

²⁶ Murphy, P. *Coordinating drug policy at the state and federal levels*. RAND Research Briefs, 1997. http://www.rand.org/pubs/research_briefs/RB6005.html (accessed: November 20, 2011).

²⁷ Hughes, C., Lodge, M., & Ritter, A. (2010). Monograph No. 18: The coordination of Australian illicit drug policy: A governance perspective. *DPMP Monograph Series*. Sydney: National Drug and Alcohol Research Centre.

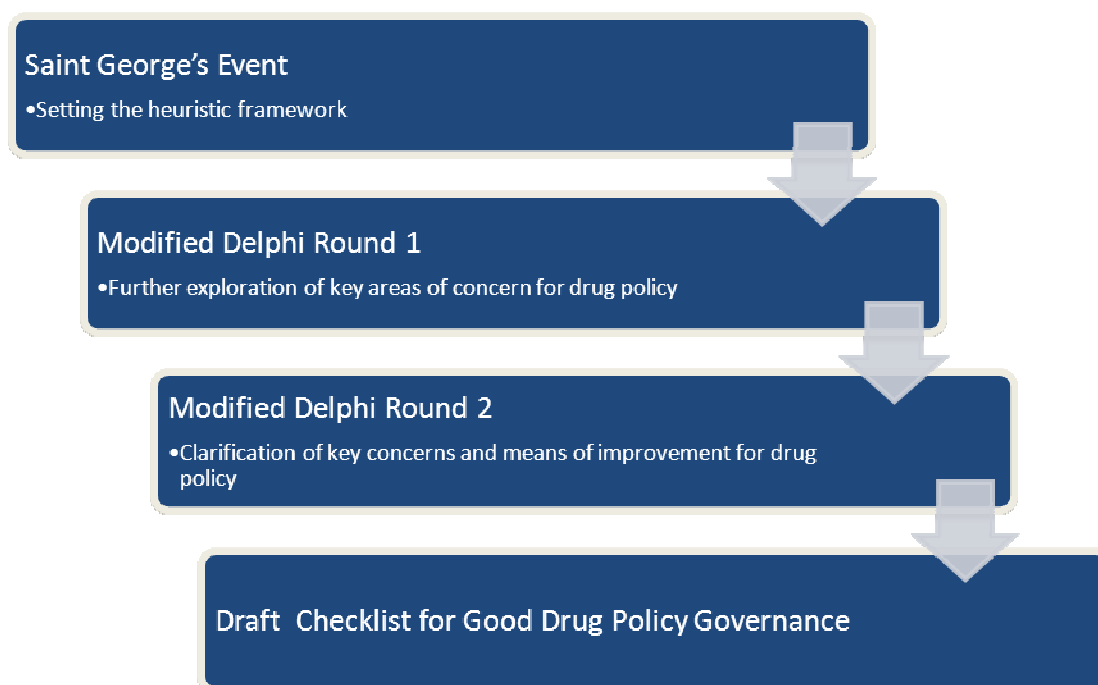
²⁸ Monaghan, M. 'The precautionary principle and evidence-based policy' in *Evidence & Policy*, vol 8, no 2, 2012

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providing a framework that could be developed in further research looking at current drug policy governance in the UK, with a view to identifying possible areas for improvement. UKDPC and RAND Europe undertook an iterative process, holding a consultative event and conducting a Delphi-style survey of experts from various drug policy and other policy sectors. The discussions encompassed many facets of drug policy governance; however, the role of evidence was a central concern of these discussions in light of the recent challenges around evidence in drug policy making mentioned above. The aim was to gather views of individuals in close contact with policymaking, but from a range of different perspectives and countries, including civil servants and politicians, researchers, NGO representatives, and the media. By including a diverse pool of expertise, we believe that the range of views and responses help to set out some possible means for improving governance of drug policy. While some of these may appear as self-evident, others are more nuanced, and we judged it useful to present the range for completeness and further research.

This process began with an expert consultation at St George's House, Windsor. This consultation was followed by two rounds of modified Delphi questionnaires to explore the issues raised at the St George's House event more deeply (see Figure 1). This research sought to identify some of the most pressing concerns in drug policy governance, and possible mechanisms to address these.

FIGURE 1: ITERATIVE PROCESS FOR EXPERT CONSULTATION ON DRUG POLICY GOVERNANCE



The two-day event at St George's, Windsor, as the first stage of the three-part process, was structured around the research team's initial thoughts on the range of significant principles, processes, structures and actors in drug policy and some issues of concern, based on previous

research. These issues included the cross-cutting nature of drug policy, how drug policy is governed, the role of evidence in policy and the role of media and public opinion in shaping policy. Participant contributions to this discussion were governed by the Chatham House Rule of participant anonymity, allowing experts from a range of perspectives and experiences in relation to drug policy to express their views freely. This stage of the project will be discussed in more detail in Chapter 2 below. Findings from this event were then drawn upon in launching a two-part modified Delphi exercise (hereafter referred to as the Delphi exercise), which involved a wider group of experts in developing further the consideration of important features, challenges and strengths of drug policy governance. This exercise followed a Delphi methodology,²⁹ using an iterative questionnaire process, modified by the inclusion of the St George's House event as a basis for the first round questionnaire, and there were also some respondents who only participated in one or the other of the two rounds of questions. The two round Delphi-style exercise gathered qualitative data based on expert opinion as well as collecting some basic statistical information regarding level of agreement and prioritisation or ranking by participants of areas of concern in drug policy. These details of the two rounds are discussed in Chapters 3 and 4, respectively. In each of these chapters a descriptive overview of participant comments and responses is provided, followed by a summary based on the analysis of these descriptive reports.

Data collection and analysis

Notes on each session of the St George's House event were analysed to extract a long list of themes raised. The analysis sought to identify actors, principles, processes and structures discussed in the sessions. The research team then drew from these to develop questions for the first round of the Delphi. The analysis of the responses to this first round of the Delphi involved recording the responses made in the different sections and then clustering these responses according to related themes. This process of recording and clustering was undertaken by two researchers and reviewed by two additional researchers to test and validate the themes and clustering. An initial overview of respondents' relative prioritisation of different governance principles was identified based on a question which asked people to rate principles drawn from the literature as low, medium or high priority. No themes were eliminated at this stage; rather, these ratings were taken into consideration when examining further results. The themes identified served as the basis for the questions in the second round alongside additional questions suggested by first round responses, for example investigating areas on which there was no agreement or which were raised by only one respondent.

The focus of the questions in the second and final round of the Delphi concerned the identification of key characteristics of good governance. In analysing the responses to this round, the project team once again recorded all responses to each question and then clustered similar responses together. The process of clustering was conducted by one researcher then reviewed and modified slightly in consultation with other team members. The second round questions

²⁹ Delphi exercises were developed by RAND in the 1950s and 1960s as a means of simulating a discussion between a number of respondents, using multiple rounds of questionnaires to probe discussion further. For more information see: Adler & Ziglio (eds) *Gazing into the Oracle: The Delphi Method and its Application to Social Policy and Public Health*. London, Jessica Kingsley Publishers Ltd, 1996.

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included a number that asked people to rank different characteristics of good governance in order of importance and these were used to identify respondents' views on which were the most critical issues to address in governance of drug policy.

Finally, we reviewed the findings gathered in our expert consultation exercise in the light of the literature about the characteristics of good policy governance, and developed a list of suggested characteristics or approaches that appear to be likely to promote more effective drug policy governance. These characteristics combine qualities, processes and structures that the expert consultation process identified as generally considered by participants as being important for effective drug policy governance. UKDPC will seek to further test and refine this checklist in subsequent stages of its research on drug policy governance in the UK. Following this process of testing and refinement, it is hoped that this checklist will form the basis of a tool for assessing drug policy governance approaches and stimulate further work in this area.

Chapter 2: St. George's House, Windsor Consultative Event

In October 2011 UKDPC, in partnership with St. George's House, Windsor Castle, hosted an event entitled, "How we make drug policy in the UK - time for a re-think?" This event brought together a number of senior figures in policymaking, media, drug policy and research to consider the structures, systems, actors and processes involved in making drug policy in the UK, and to examine whether and how they might be improved. This event took place under the 'Chatham House Rule' which guarantees participants' anonymity, with the aim of allowing open discussion of this contentious topic. Participants with an interest in drug policy joined the event, coming from a variety of fields. In total 30 experts participated including: four academics, four politicians from different levels of parliament, five civil servants, 12 representatives from third-sector organisations such as research think tanks and advocacy organisations, two representatives from international institutions, two independent consultants and one media correspondent.

The event was designed to facilitate a broad discussion of drug policy governance. To achieve this within the time available, the RAND-UKDPC team identified key areas where drug policy appeared to be running into hurdles or experiencing weaknesses drawing on UKDPC's extensive body of work over the last four years, the RAND research team's experience in assessing and evaluating drug strategies, and wider research on governance as discussed in the previous chapter. Throughout the event it was made clear that the focus was not on specific policies, but on the structures and processes through which policy is conceived, developed, implemented, assessed and overseen.

The two-day event involved a keynote address and six discussion sessions covering the following topics:

- Keynote address on models of policy governance
- Key components and principles of drug policy governance
- The challenges of policy development for cross-cutting issues
- Media influences and public opinion
- The role of politics and government in governance
- The use of evidence in policymaking - how does drug policy fare?
- Global and other exogenous factors that impact on drug policy governance systems

The overall aim of this iterative consultation was to identify core principles, processes, structures and actors needed for good governance of drug policy. Although only one of the discussions at the St. George's event actively focused on the principles, processes, structures and actions, all of the sessions touched on these factors. As this was a preliminary and exploratory step before the more structured Delphi process, the aim of the St George's event (and the discussion of it below) was to capture the diversity of views and thoughts expressed by participants in order to explore

these in greater detail in subsequent stages of the project. Below is a summary of each of the sessions as well as the keynote address.

Keynote address: Models of policy governance

KEY POINTS:

- Policy-making is a combination of the political and the technocratic
- In contentious areas the introduction of technocratic processes may be beneficial
- Technocratic processes can be built into policy development, implementation or oversight following different models that have been used in different policy areas
- However, there are limits to the extent to which policy processes can be technocratised as decision-making will ultimately rest with politicians

The keynote address to this event, given by a senior third sector policy expert with wide-ranging expertise and experience within the civil service, began with a presentation of a range of models for governance of policy areas in general, and some suggestions of how these might relate to drug policy. A central point made in this presentation was that good policymaking requires a mix of the political and the technocratic (i.e. independent, expert-led, based on evidence), thus the structures and processes of a governance system must find a way to balance these two aspects. Most of the presentation focused on the potential role of technocratic methods in three aspects of the policy process: setting a policy framework or policy development; implementing policy; and overseeing policy.

Three main ways in which the policy development process can be made more technocratic were identified by the speaker:

1. Establishing an external policy advisory board that is empowered to design policy,
2. Creating a 'safe space' where those who create policy can discuss with stakeholders the various issues related to creating policy, and
3. Increasing public engagement and education on the evidence base.

Examples given of such technocratised development mechanisms included the Pensions Commission Chaired by Adair Turner, the Dilnot Commission on Funding of Care and Support, the Independent Commission on Banking led by Vickers, the Productivity Commission (Australia), and the Practitioners Advisory Group on Planning. However, in the subsequent discussion, both the speaker and participants noted some limitations to the role of technocratic practices in policymaking. Firstly, independent advisory bodies can only produce recommendations, as elected officials must make the final decisions about policy; and secondly, the difference in timescales between research and policy may pose a particular challenge in seeking to increase the use of evidence in policy.

Possible models the speaker highlighted for the technocratisation of policy implementation, that

formalise the use of the evidence base in the implementation of policy that might be emulated in the drugs field included the National Institute for Health and Clinical Excellence (NICE) or the Bank of England Monetary Policy Committee. Such structures help reconcile diverging interpretations of the evidence in contentious policy areas because these institutions follow clearly articulated structured processes that are removed from media and political pressures. However, the speaker noted that these kinds of technocratic bodies are not totally independent as the government sets the research agenda and can also choose to reject advice that differs from the political interests of those in power.

It was suggested that increasing the level of technocratic oversight of policy could take place both at the policy development stage as well as in delivery. Some oversight could be provided through specialist staff or through an external structure to scrutinise policy decisions and assess how well they are carried out. For example, a position similar to the Chief Medical Officer could fill this role. However, specialist staff or bodies generally do not have power to change policies that they perceive as flawed. As noted above, final decisions about policy remain with elected policymakers.

Key components and principles of drug policy governance

This was the only session that explicitly addressed the principles, processes, structures, and actors heuristic for conceiving of better governance for drug policy. The participants were asked to identify any factors they thought play an important role in the shaping, execution and oversight of drug policy. These discussions identified ten main areas of concern and suggestions for drug policy governance (see Box 1).

Box 1: KEY FACTORS RELATING TO THE GOVERNANCE OF DRUG POLICY

1. Build a robust transparent evidence base
2. Learn from the evidence
3. Have a strong leadership structure
4. Ensure accountability and credibility
5. Create a permanent 'safe space' for evidence-based debate
6. Involve all key players relevant to a particular field
7. Be proactive in engaging of all key players
8. Share data openly
9. Be clear about objectives
10. Engage the media constructively

One of the central concerns of many participants was that the evidence base for drug policy needs to be expanded, and that mechanisms are needed to better integrate evidence into policy. At least two participants suggested that this could include creating fora for sharing evidence and improving the quality of debate, as well as ensuring that policymakers learn from the evidence that does exist. Other suggestions to improve the integration of evidence into policy were to increase the number of specialist staff located in government, and to have researchers provide

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frequent briefings to government officials to ensure that policymakers are updated on the evidence base.

Clear and accountable leadership was also considered fundamental by many of the participants. They argued that better-defined roles and well-articulated goals would lead to clearer lines of accountability. Mechanisms, such as external advisory boards or some form of internal 'quality assurance' process, would be needed in order to hold policymakers to account for the outcomes of their policy.

At least four participants noted the need to address how policymakers engage with stakeholders. Most thought that there needed to be consultation with a wider range of stakeholders, or that more stakeholders should be taken into consideration, when making policy decisions. Since drug policy is rife with tensions between different views about what should be prioritised, policymakers need to actively engage with a wide pool of stakeholders to weigh competing interests, potential costs and benefits. Stakeholders identified included national policymakers, local authorities, service providers, researchers, advocacy groups, and users. Finally, multiple participants expressed concerns regarding the impact of the media on drug policy. They stated that the adversarial relationship between media and policymakers needs to be improved, since in its current manifestation it can be antithetical to creating evidence-based effective policy.

The particular challenges of policy development for cross-cutting issues

KEY POINTS:

- Current policymaking is not a very structured process
- To improve how policy is made and delivered a clear leadership structure is needed
- However, there was no consensus on the appropriate type of leadership structure needed.
- The relationship between policy processes at the national and local level within the current drive to more local responsibility is still unclear.

The central focus of this session was to consider whether there are particular challenges for the policymaking process in areas like drugs which involve many different departments, the efficacy of current processes and to identify possible models from other areas that might improve the structures and processes of drug policy making. A primary concern of the speakers was the lack of structured processes for policymaking. According to the speakers, policymaking in the civil service is often characterised by a culture that relies on intuition rather than evidence, and values 'acceptability' of policy ideas over innovation. As a result, the decisions that are made are incremental and often insufficient for the kind of policy change that many stakeholders believe is necessary.

Both speakers, a former government official and an academic, expressed the view that the leadership structure for drug policy plays a central role in determining how policy is executed.

One of the speakers stated that the best possible way to ensure that policy is carried out effectively is by having a strong central leadership structure. Though not all participants agreed with the idea of having a strong central leadership for drug policy, preferring a cross-departmental structure for government, many participants seemed to agree that policymaking in the absence of strong structural processes could make the area vulnerable to 'events-based' policymaking. During this session the speakers also expressed concerns with the tendency of the current policymaking structure to create overly simplistic policy solutions, as the institutional culture favours acceptability and uni-causal models over novel, sometimes more complicated, models. They also noted that drug policy is often not prioritised by policymakers given its potential to be politically contentious. Finally the speakers noted that accountability is poor in drug policy leadership as the roles and responsibilities of those involved in creating policy are not clearly defined.

Some of the participants raised questions about how the devolution of responsibilities to more local levels of government could be integrated into the policy process. Their concerns included: which powers should be devolved and which should remain centralised; to whom should local authorities be accountable and how would this be managed; and how do we best equip local authorities to implement policy? These questions were not answered but served as a useful starting point for further discussion and exploration.

Media influences and public opinion

KEY POINTS:

- Media coverage of drugs and drug policy is in a state of flux
- To increase the media's reporting of the evidence base, better communication between researchers, policymakers and the media is necessary

The speaker for this session was a leading member of the media. He posited that the way the media portray drugs and drug policy is currently in a state of flux. While many parts of the media take a simple moralistic standpoint against the use of drugs within society, some parts of the media, by contrast, have a greater focus on evidence-based reporting and discussions around drugs. Given the potential for media representatives to influence the public, the speaker suggested that they could be used to help inform the public on subjects relating to drug policy and, in doing so, affect the attitudes of policymakers.

The speaker suggested that one step in changing the media's role in relation to drug policy could be to improve the way it presents evidence on drug policy. If the media were to behave more as a 'fact check' to report on how well policymakers were integrating evidence into policy and creating effective measures, they could contribute to an accountability structure for drug policy governance. For media to do this they would require greater access to both the evidence base and the logic models policymakers use in policy design. However, as multiple participants noted, some politicians feel that their relationship with the media is adversarial, and thus are hesitant to

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increase their contact with the media.

The speaker noted that despite this hesitancy, policymakers should try to share as much information with the media as possible. This was suggested because it might slowly improve the relationship between policymakers and the media, and also educate the public as more informed pieces of journalism are produced on drug policy. The speaker and a few of the participants stated that 'getting the media onside' was central to policy improvement. A few participants suggested that taking the time to explain to media representatives the aims of policy and educate them on the evidence base on which policy decisions were made would encourage more reasoned reporting on drugs by media representatives. One participant stated that this is possible, and has in fact been done before by UKDPC (on the issue of stigmatisation of drug users) through work with the Society of Editors. Though policymakers may be apprehensive about how media portrays their drug policy decisions, they must balance this with the potential power the media has to change attitudes on drugs and drug policy.

The role of politics and government in governance

KEY POINTS:

- To encourage greater use of evidence in policymaking, policymakers should be required to explain their policy decisions, particularly explaining why they do or do not follow the evidence base
- Stakeholders need to hold policymakers to account for their use of evidence in policymaking
- Researchers must also be willing to advocate for the increased use of evidence in policy

In democratic societies, government makes final decisions on policy and elected representatives hold government to account, so politics clearly plays a role in policy governance. However, drug policy has been criticised as being driven by politics more than evidence, so this session aimed to address how evidence could be better incorporated into the policy process. In this session the speaker, a former politician, discussed how some of the central actors in policymaking could influence the use of evidence in policy. He pointed out that there was a perception that public opinion was very much against some evidence-based policy options and this made politicians hesitant to support them. While drug policy was seen as a difficult issue that had the potential to harm political careers, politicians would be hesitant to make a stand even if the evidence was very strong.

However, the speaker noted that, on occasion, policymakers have acted on evidence in a manner at odds with much of public opinion, such as in the case of concerns about the MMR vaccine and policy around gay marriage. But he noted that politicians rarely choose to act in a way that they perceive might have a negative impact on their political career. Thus it is important to try and ensure that the public is aware of and understands the evidence so that politicians may be less fearful of a negative reaction to evidence-based action.

The speaker suggested that if researchers hope to increase public and policymakers' confidence in research and evidence they must be willing to argue for the use of evidence in policy decisions and make their evidence available both in a timely manner and in formats that make it as accessible and useful as possible. It was also noted that researchers should advocate for the use of evidence in policy, rather than advocating for a particular policy which policymakers may interpret as bias.

The speaker stated that policymakers should have a duty to explain their policy decisions when they choose to act in a way contrary to the evidence base. A few participants noted here that evidence in some areas of drug policy is relatively weak (e.g. the effectiveness of enforcement), which may complicate any requirement to justify acting 'against' the evidence base. However, stakeholders should strive to hold these policymakers to account. The speaker suggested using various fora, such as the media, to expose when politicians have chosen to act contrary to the evidence base. Participants also offered some potential routes for ensuring that policymakers are held accountable including: using Parliamentary Select Committees to examine decisions, comparing decisions to National Statistics Authority data, using fact check websites, and organising public action to promote evidence through campaigning organisations such as 38 Degrees, an online campaigning community.

The use of evidence in policymaking – how does drug policy fare?

KEY POINTS

- The relationship between evidence and the democratic process is somewhat unclear
- Steps need to be taken to establish what constitutes 'evidence'
- The way in which research findings are conveyed to policymakers is important to improving the use of evidence in the policy process.

Over the course of the event nearly all participants noted a need for greater integration of evidence into drug policy making; however, the practicality of increasing the use of evidence in policy is an oft-discussed problem for drug policy, as it is in other policy areas. Policymaking timescales tend to be much shorter than those of research, rendering it difficult for researchers to respond rapidly enough to policy questions. The speaker, a third sector expert on science and the use of evidence, used this session to provide a 'sober second thought' on the argument for more evidence in policy. She suggested that while many researchers believe there is too little use of evidence in policy, some policymakers fear that too much evidence can lead to a 'scientocracy', which threatens democratic processes. This latter view sees science as a stakeholder position rather than as a useful instrument for improving policy outcomes. The speaker suggested that some compensatory measures will need to be developed to address these potential challenges to incorporating evidence into policy. One suggestion given by the speaker was to ensure that research is delivered to policymakers in more digestible formats, such as short written briefings or consultations. Some respondents indicated that researchers may need some incentives

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(publication or financial) to develop these briefings or provide consultations.

The speaker suggested that policymakers must be careful not to dismiss any evidence too quickly, but rather to consider the various evidence sources separately as well as together to determine what is and is not working. Another issue related to evidence use in policy is that there is little agreement on what counts as sufficient evidence for policymaking. Developing some readily accessible standards for the level of quality of evidence would help sort the sometimes-conflicting information confronting politicians. In addition to developing well-defined standards for evidence, policymakers need more accessible means of amassing and learning from the evidence. This has often been the role of the Advisory Council on Misuse of Drugs (ACMD) in drug policy, but one participant noted that political problems with this advisory board have caused some to question whether policymakers respect its authority. The speaker also discussed the potential problems of relying too heavily on the precautionary principle, which requires the establishment of a sufficient level of proof before a policy decision can be made in order to reduce the potential harms of this policy decision, when considering evidence for policymaking. She suggested that though some areas of drug policy have a limited evidence base, the overuse of this process of due consideration can cause stagnation in the policy process through requiring too high a standard of evidence.

Global and other exogenous factors that impact on drug policy governance systems

The final session of the St George's House event discussed some of the international influences and the implications of these for drug policy governance in the UK. The session aimed to show how drug policy on a national level is tied to international conventions and thereby to policies of other countries. In particular, the speakers, one former and one current official from international organisations, outlined the impacts of UN conventions and the American drug policy strategy on drug policy in the UK. This interconnectedness can be challenging as other countries and some international conventions may not reflect the current policy concerns or priorities within the UK. Additionally, these bodies may be somewhat more conservative than the UK, and thus might not approve of policy decisions at the national level even if they are evidence-based. However, the speakers were of the opinion that drug policy is no longer as 'hot' an issue in many countries or the international community as it was, so it is possible that some incremental policy change could take place. In response to this possibility a few participants noted that the state of drug policy may nonetheless require more radical, rather than incremental, change.

Overview of the themes from the event

To draw out the main themes to emerge from the discussions the research team sorted the comments from the St George's House event into four categories:

1. Principles for good drug policy governance,
2. Processes needed to design, execute and evaluate drug policy,

3. Structures, needed to facilitate these processes, and
4. Actors who play a role in the policymaking process.

Themes raised on numerous occasions, areas of particular concern for participants, and areas of debate between participants were identified through this process. These led to the identification of five core themes shown in Box 2 and described in more detail below. The research team considered these themes alongside areas of concern raised in literature on drug policy and policy governance strategies³⁰ as the foundation for the first round of the Delphi exercise.

BOX 2: KEY THEMES FOR DRUG POLICY GOVERNANCE ESTABLISHED DURING THE ST GEORGE'S HOUSE EVENT

- Using evidence in policymaking
- Leadership and coordination of drug policy
- Drug policy implementation, particularly related to localism in drug policy implementation
- Accountability structures and holding policymakers to account both to the evidence base and to the outcomes of their policy decision
- Stakeholder engagement, particularly engagement with the media.

Using evidence in policymaking

From the presentations and discussions at the St George's House event it was clear that finding ways to improve policymakers use of evidence was viewed as a high priority for drug policy governance. Many participants also noted that steps had to be taken to expand the current evidence base and to improve the way in which researchers and policymakers communicate, as current shortcomings in certain parts of the evidence base and lack of clear communication can inhibit the development of evidence based policy.

Leadership and coordination of drug policy

How drug policy governance is led was also a critical issue to participants, especially given the contentiousness of this policy area. A theme that arose repeatedly over the course of the event was the need to find the balance between a technocratic approach and the more political aspects of the process of drug policy making. Although it was generally recognised that strong leadership would be required to deliver cross-departmental coordination, there was disagreement over the

³⁰ The research team drew upon a targeted selection of relevant research to drug policy (e.g. Murphy, P. *Coordinating drug policy at the state and federal levels*. RAND Research Briefs, 1997.; Reuter, P. & Stevens, A. *An Analysis of UK Drug Policy: A Monograph Prepared for the UK Drug Policy Commission*. UKDPC, 2007.; Hughes, C., Lodge, M. & Ritter, A. *The coordination of Australian Illicit Drug Policy: A Governance Perspective*. Sydney, Australia: National Drug and Alcohol Research Centre, 2010) and policy governance (e.g. Hallsworth, M. & Rutter, J. *Making policy better: Improving Whitehall's core business*. Institute for Government, 2011.; The Whitehall & Industry Group and Ashridge Business School. *Searching for the 'X' factors: A review of decision-making in government and business*, Whitehall & Industry Group, 2011).

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ideal shape of the leadership structure.

Closely tied to leadership is the coordination of policy. Coordination occurs both at national and local levels. For some participants, coordination of policy was a part of leadership; for others, it was seen as an area where there was potential for increased independent, evidence-led policy design or implementation. Though including all relevant departments in the policymaking process was supported, there remained considerable debate among participants as to how this coordination would take place.

Drug policy implementation and the role of localism

Establishing a new governance strategy not only has implications for policy development but also for policy implementation. The relationship between national and local authorities in policy processes was important to participants since local areas will be central to delivery of drug policy. It was also noted that policy design needs to allow some flexibility of action to respond to local needs.

Accountability in drug policy

Many participants were concerned with how to ensure that policy decisions are evidence-based and deliver improved outcomes. For these experts, ensuring built-in and/or external accountability checks was a crucial part of improving governance. To facilitate responsible leadership participants suggested that processes must be put in place to establish a set of high-level objectives, to which stakeholders can hold the government to account. One suggestion for facilitating a more transparent and accountable system of governance, was that those involved in drug policy design and implementation must have clearly defined roles and responsibilities. However, there were multiple suggestions for how to operationalise a system of accountability in drug policy (e.g. media fact checks, independent advisory boards). A number of participants suggested that policymakers should be required to be transparent about when they choose to develop policy, approaches and programmes that appears to run counter to existing evidence base, to help ensure accountability. While mandating the use of evidence is not possible (especially when there are areas in which there is no evidence and for which the evidence and its implications for policy may be ambiguous), transparency in decision-making regarding evidence may merit consideration.

Stakeholder engagement

The large range of stakeholders and their, at times, divergent interests in drug policy provide an additional facet to be taken into account when designing a governance strategy for drug policy. Wider consultation and healthy debate between stakeholders, and ensuring that stakeholders have adequate knowledge, of both the effectiveness of specific policies as well as the evidence base behind these policies, was a central concern for many participants. The media play an important role in sharing knowledge, which can be detrimental when the relationship between the

media and policymakers is too adversarial. Some participants suggested that educating media representatives on the existing evidence could improve the way they report on drugs and drug policy.

In developing the first round of the Delphi exercise the research team designed questions to further explore the main themes discussed above. A few additional points raised within the literature were included in the first round of the Delphi (some of which were touched upon, if only briefly, in the St George's House discussions). The results and analysis of the two-part Delphi exercise are presented in the subsequent chapters.

Chapter 3: Modified Delphi Round One

To further explore issues arising from discussions at the St George's House event, the UKDPC-RAND research team undertook a Delphi exercise. This two-part exercise took place between November 2011 and February 2012. The Delphi method is a structured process for collecting and distilling knowledge from a group of experts through the use of a series of questionnaires, which incorporate controlled feedback of the opinions expressed by participants.³¹ This mimics a facilitated discussion but can accommodate a greater number and more diversely located group of individuals than would normally be able to discuss a given topic. Delphi exercises are considered particularly appropriate for addressing issues which do not lend themselves to precise analytical techniques, where the problem has an incomplete knowledge base upon which to develop solutions, and where addressing the problem requires addressing a range of interconnected issues³². Thus, this method seemed ideally suited to exploring the complex and relatively unstudied issue of the governance of drug policy.

We were able to solicit the input of experts from seven countries including the UK. The research team selected participants who were acknowledged experts in drug policy or wider policymaking, representing a range of different perspectives and expertise. The research team initially invited 55 experts in drugs, drug policy and/or policymaking more generally to participate in the study. Participants were selected with the aim of representing a range of different stakeholder groups and perspectives in the sample. In total 36 of the 55 invited experts agreed to participate in the survey and a total of 23 responses were received in the first round of the process. These respondents came from diverse backgrounds and areas of expertise (e.g. academic [9], third sector experts [8], civil servants [2], politicians [2] and representatives from international organisations [2]).

As described above, the first part of the Delphi exercise was built around key issues arising from the St George's House event, supplemented by some existing literature on policy governance, and was divided into three sections. The first section considered the principles that should underpin drug policy governance. The second addressed the processes and structures participants identified as important in developing effective drug policy such as: leadership and policy coordination; evidence building, translation and use; implementation of policy; accountability and scrutiny of policy. The third section considered the main actors, or stakeholders, in the drug policy making process identified by participants and their roles in this process. The full questionnaire is provided in Appendix A.

³¹ Ismail, S. (2009) *Delphi exercises. In: Performance Audit Handbook: Routes to effective evaluation.* Cambridge, UK, Rand Europe. 27-33.

³² Adler & Ziglio (eds) *Gazing into the Oracle: The Delphi Method and its Application to Social Policy and Public Health.* London, Jessica Kingsley Publishers Ltd, 1996.

Principles

In section 1, participants were presented with seven 'principles for drug policy governance': equitability and inclusiveness; accountability; responsiveness; effectiveness and efficiency; robust evidence base; transparency; and coordination³³ and they were asked to indicate the priority they would give to each one (on a scale of low, medium, high) and discuss their reasoning. Their choices are collated in Table 1 below, which shows the frequency of selection of priority level for each principle. It should be noted that not everyone gave a priority ranking to every principle. Below we discuss each issue in turn, in order of the priority given by respondents starting with the highest ranking.

1. Robust evidence base

KEY POINTS:

- Having a robust evidence base is important in objective-setting, developing policy options, and evaluating and learning from evaluation
- How evidence is used in policy should be transparent and policymakers should be held to account for their use of the evidence

In their comments several respondents identified having a robust evidence base as critical to objective-setting, developing policy options, and evaluating policy and learning from these evaluations. They also indicated that the building and use of evidence related to a number of other principles (e.g. it fostered equitability and was critical to determining effectiveness and efficiency). However, some caveats were made about how the evidence is developed, and the limitations of the existing evidence base. Firstly, some respondents noted that the use of evidence in policy should be transparent and accountable. For policymakers this means that they must explain the evidence used to support their policy decisions, and give their reasons when they choose to create policy that diverges from the evidence base. If a policy is found to be ineffective, policymakers should be required to learn from this evaluation and modify their policy. Some respondents also noted that there are areas where there is so little evidence, that creating 'evidence-based policy' would be premature. In these areas of policy evidence-building, rather than use, needs to be the first priority. Finally, a few participants noted that though processes of education can increase public understanding of, and trust in, the evidence, society's values need to be taken into account in policymaking, even if they do not always accord with the evidence.

2. Effectiveness and efficiency

KEY POINT:

- Effectiveness and efficiency are related to using evidence in policy

³³ *The questions asked are available in Appendix A*

For many respondents effectiveness and efficiency were inextricably connected to the use of evidence in policymaking. However, one respondent noted that “all of the principles, structures and frameworks exist within a power dynamic that ultimately determines what is deemed effective” [Expert E³⁴].

3. Accountability and transparency

KEY POINTS:

- Accountability requires the use of evaluation and review
- Accountability and transparency are linked

Accountability throughout the policymaking process was deemed crucial to providing a check on power. One respondent suggested that accountability required meaningful measurement of policy actions including evaluation and review, which should then be learned from and integrated into further policy development. Accountability was frequently tied to the principle of transparency, though a few of those surveyed were hesitant about having too much transparency, on the grounds that constant scrutiny might divert attention and resources inappropriately if policymakers over-prioritise responding to certain issues that became subject to a particular, perhaps short-term, public focus.

4. Equitability and inclusiveness

KEY POINT:

- Inclusiveness while generally valuable, can become an obstacle to reaching consensus given the diverse stakeholders involved in drug policy

While none of the respondents took issue with the principle of equitability, two noted that there could be problems in requiring inclusiveness. They suggested that though inclusiveness is generally desirable, allowing for too wide a consultation throughout the policy process could be an obstacle because reaching consensus would be difficult with such a large pool of stakeholders. Despite this potential challenge, it was suggested that equitability and inclusiveness could play an important part in identifying what are the most important challenges, setting the policy agenda, and designing policy.

³⁴ The experts sampled were each given an alphabetical identifier.

5. Coordination

KEY POINT:

- Coordination is a process and may only be necessary in specific areas of policy.

Though a few respondents saw coordination as essential to creating a coherent strategy, a number of the experts indicated that coordination was a process rather than a principle. As such, they noted that coordination is only needed in certain relationships, for example between specific relevant departments. One respondent remarked that though coordination could be helpful, it would only happen where the involved parties saw it as in their own interest.

6. Responsiveness

KEY POINTS:

- Responsiveness to evaluation and improvements in knowledge is important; but
- Being too responsive can lead to reactive, events-based policymaking

One respondent noted that responsiveness was not a principle in itself, but rather the result of other principles being properly implemented. For example, the use of the evidence-base and structures of policy scrutiny should lead policymakers to respond to evaluation processes. Given the nature of respondents' comments, the research team thought some of respondents who saw responsiveness as a lower priority did so because they thought that responsiveness could easily lead to *reactive* policymaking or '*events-based*' policymaking. For example, there have been instances where policymakers rush to ban certain substances as a reaction to a death which has not yet been proved to have been caused by this substance.

7. Additional principles

Respondents had the opportunity to add other principle they felt were important and a number of additional principles or qualities were proposed, some of which appear to be related to the seven principles included in the questionnaire. For example, 'coherence' and 'consensus-orientation' were suggested as being likely to influence coordination and effectiveness; while 'legitimacy' may depend on transparency and accountability. Other principles added by respondents were 'empowerment' to "help citizens help themselves" [Expert D]; and 'involvement of drug users and their 'carers'' which could both be seen as necessary aspects of achieving equitability and inclusiveness. Some other suggestions included 'clarity of concepts', 'political acceptability', 'simplicity' and 'following the rule of law', many of which related to the frequently cited concern of the appropriate power balance in policy governance.

Priority ratings

Respondents' priority ratings provide some additional understanding of what qualities are seen as most crucial in carrying out good drug policy making. Although it was rare for respondents to fundamentally disagree with any of the suggested principles, it was clear that they saw some principles as being of greater importance (see Table 1). Having a robust evidence base, striving to be both effective and efficient, and ensuring a sufficient level of accountability and transparency in the policymaking process received a good deal of support as the majority of respondents rated these as high priority issues, and almost no respondents placed these as low priority issues. The other principles received more mixed responses. From the comments provided it appears that coordination received a lower priority rating because it was seen more as process than principle. For equitability and inclusiveness, the lower priority given may have been the result of some respondents fearing that being very inclusive could make consensus building very difficult. Responsiveness received the lowest priority rating of the principles given. This appeared to be largely a result of fear that responsiveness would be akin to 'reactiveness'. Respondents indicated changes must be made carefully and deliberately and not quickly in order to seem responsive to a particular need. Interestingly this desire to avoid being reactive was expressed by politicians, academics and third sector experts.

TABLE 1: FREQUENCY OF RESPONDENTS' PRIORITISATION OF KEY PRINCIPLES*

	High Priority	Medium Priority	Low Priority
<i>Robust evidence base</i>	16	5	1
<i>Effectiveness and Efficiency</i>	14	7	0
<i>Transparency</i>	13	5	1
<i>Accountability</i>	12	6	1
<i>Coordination</i>	9	10	3
<i>Equitability and Inclusiveness</i>	9	6	5
<i>Responsiveness</i>	8	5	7

*Some respondents did not provide priority ratings

Processes and Structures

In the second part of the questionnaire respondents were asked a series of questions concerning the processes and structures involved in drug policy governance. Seven key areas were presented in the questionnaire: leadership; coordination; creation and maintenance of a comprehensive and rigorous evidence base; translation of evidence for use in policy and practice; implementation; scrutiny and accountability; and implementation and facilitation of open debate. Each of these issues was introduced with a brief description of the issue and an initial key question relating to key components that promote an effective process or structures that facilitate it. Respondents were then asked follow up questions relating to barriers and facilitators to effective implementation of each of these components in drug policy governance, and to provide examples

from which UK drug policy may learn. At the end of the section respondents were asked to rate these areas of processes and structures as high, medium or low priority in order to help identify the most critical areas for involved in governance of drug policy. The issues raised for each component are discussed below in order of the priority given to them by respondents (the results of the priority rating are shown in Table 6 below).

1. Leadership

KEY POINTS:

- Good leadership will seek consensus and to 'depoliticise' debate, have clear priorities, use evidence, have sufficient resources and authority, and be accountable
- There was no clearly preferred structure of leadership for effective governance with respondents generally split between a centrally led structure, a single department led structure or a hybrid structure
- Drug policy is often a lower priority for policymakers

Respondents were asked, "What type of leadership structure(s) do you consider to be most likely to promote effective policy governance?", and leadership processes and structures were rated a high priority by the majority of participants. Their comments within this section largely concerned qualities of good leadership (see Box 3 for a list of qualities suggested by the respondents), how the leadership regime should be structured, at what levels power should be held, and what influences (or should influence) how those responsible for leading execute their power.

BOX 3: DESIRABLE QUALITIES FOR DRUG POLICY LEADERSHIP

- | | |
|---|--|
| <ul style="list-style-type: none">• Seeks consensus• 'Depoliticises' the issue• Accepts the importance of evidence• Has sufficient authority | <ul style="list-style-type: none">• Able to deliver resources• Sets clear priorities• Has internal or external scrutiny and accountability |
|---|--|

There was a good deal of disagreement on the best shape for the leadership structure but three main leadership forms could be identified within the responses (see Table 2).

The first of the structures suggested was a centrally organised form of leadership. Some suggested that this would be the best option as it would allow for change in policy to be accomplished more easily than if multiple groups had to form a consensus to initiate policy. A few respondents mentioned that the Department of Health would be a good lead for a single department-led drug policy strategy. Hybrid models were supported by a number of respondents; however, a few respondents raised concerns with 'independent bodies' as part of a

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hybrid model, as they would not be accountable to the public.

TABLE 2: MAIN STRUCTURES OF LEADERSHIP IDENTIFIED BY RESPONDENTS

Centrally Organised Leadership	Single Department Leadership	Hybrid Leadership
<ul style="list-style-type: none"> • Led by a single drug strategy coordinator • Other departments report to the coordinator • Housed in a high level government office 	<ul style="list-style-type: none"> • The Department of Health was a frequently suggested location for leadership 	<ul style="list-style-type: none"> • Led by a cross-departmental committee working with (semi)autonomous bodies • Some thought this body should have a clear leader, others thought that all departments involved should be equal

Respondents indicated that there are different considerations for leadership processes and structures depending on the part, or level, of government in which it operates. For example, there is a distinction between high-level leadership which micro-manages and that which provides oversight to the policy process. Respondents suggested that a more oversight-oriented form of leadership would be appropriate for activities such as high-level objective-setting, building cross-party consensus, maintaining a healthy debate and developing the *systems* for scrutiny rather than actually running the implementation of policy. One respondent suggested that leadership of delivery of particular policies should be the responsibility of local authorities. Finally, in the case of systems with an external body to monitor government decision-making, it was noted that these bodies would need to have their own leadership structure.

A number of potential barriers to effective leadership were identified. Lack of clarity on who should lead and what the responsibilities are of the various individuals/departments involved in making policy were major concerns for respondents. This was because it was thought that this lack of clarity could contribute to turf battles (which were mentioned by a few respondents as potentially problematic) and the exclusion of some stakeholder groups that should be involved in determining policy. Additionally, poorly defined roles could hinder coordination and communication between stakeholders and make the system unnecessarily opaque.

Respondents also noted a number of barriers to leadership supportive of evidence-based policy. Events-driven decision-making, shifting political priorities, fear of media reaction, and the broad stigmatisation of drug-taking were suggested as reasons that scientific advice is sometimes rejected by policymakers. Respondents also registered concerns that political interference with the way evidence is gathered and analysed could impair the breadth and quality of the evidence base. Finally, some experts noted that governments often do not see drug policy as a priority. This lack of prioritisation can lead to unwillingness to transfer sufficient authority and resources to the bodies charged with developing and carrying out drug policy. Without these resources it may

be difficult to carry out any kind of policy change.

A few means of facilitating good leadership of policymaking were suggested, some of which were extant features of the current system, and others were features that could be developed to enhance policymakers ability to change policy. Though there were varying views on what constitutes adequate evidence, there was general consensus that improvement to and the increased use of the evidence base is critical to helping those in charge develop effective policymaking strategies. Respondents also noted that international conventions can help drive policy change, though depending on the sway or direction of those conventions this could lead to change in any of many different directions. Respondents suggested a number of examples of leadership structures that they felt are relatively successful at executing their policy goals. These examples are presented below in Table 3.

TABLE 3: EXAMPLES OF SUCCESSFUL LEADERSHIP STRUCTURES SUGGESTED BY RESPONDENTS

Location	Example of successful structures and processes
<i>Scotland</i>	The collaborative decision-making process in setting the recovery agenda
<i>National Institute of Clinical Excellence (NICE), UK</i>	NICE provides best practice guidance to medical practitioners based on evaluation and review
<i>Human Fertilisation and Embryology Authority</i>	Effective arms-length body that contributes to the policymaking process
<i>Nixon era American drug czar system, USA</i>	The close relationship between the drug czar at the time Jerry Jaffe to the President’s office helped give drug policy sufficient priority to carry out the research based drug strategy
<i>WODC, The Netherlands</i>	The WODC is consulted and advises Dutch policymakers on drug policy. This is rarely acrimonious

2. Coordination

KEY POINTS:

- The roles and responsibilities of those involved in drug policy-making and implementation are not always clear, and this needs to be amended to avoid creating gaps in policy
- Setting agreed upon outcomes would help ensure policy is developed and carried out as intended by getting buy-in from all involved

Given the cross-cutting nature of drug policy, coordination between those with interests in drug

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policy and the outcomes of drug policy is often raised as a key issue. The initial question asked in this section was, “how do you think drug policy can be most effectively coordinated across relevant bodies?” Those who responded to the questions on coordination repeated concerns mentioned in the section on leadership regarding which organisations should have responsibility for policy. Again, the three main structures suggested were centralised coordination overseeing a cross-departmental group, a single ministerial department leadership model, and hybrid models with cross-departmental groups as well as external advisory boards.

Respondents also provided some suggestions of processes that might enhance coordination. A suggested priority for governance was to ensure that the different departments or groups involved in policymaking and delivery have clearly defined roles. Respondents suggested that in order to avoid ‘buck passing’, explicit descriptions of roles and responsibilities were needed. Furthermore, a respondent suggested that the specification of agreed outcomes for which each policy area or department is responsible, along with clearly defined reporting procedures, would enhance co-ordination. Some recommended that coordination should include some consultation with relevant actors to set the agenda and to determine what performance measures should be developed to establish the efficacy or otherwise of their policy. One expert noted that local authorities needed to be included at this stage, as they will be responsible for policy execution. In order to ensure that this process of organised policy development is sustainable, staff training may be needed to ensure knowledge transfer. Finally, a respondent noted that co-ordination will not be perceived as equally relevant or desirable for all stakeholders involved in the policy process, so some incentives to encourage coordination may be needed for some stakeholders.

Aside from the point about some stakeholders’ resistance to departmental collaboration, very few barriers were mentioned regarding coordination. One notable issue raised by a respondent was the tendency to develop departmentally influenced ‘tunnel vision’. For example, if the structure for policy development were housed in the Department of Health, criminal justice issues, such as the drug supply, might not be given due concern (and vice versa). One respondent argued that the use of performance measures and consultation with stakeholders responsible for delivery could facilitate greater collaboration and help inform stakeholders of each other’s needs. It was noted that systems that have more integrated and collaborative methods for the coordination of drug policy development exist. One example given was the city of Frankfurt, where coordinated city meetings have been used to develop the new framework for drug policy for the city. Local structures or processes, such as the UK’s ‘Total Place’ initiative, that facilitate collaboration and information sharing between stakeholders at a local level, were thought to be good examples of effective coordination. Some exemplary national strategies were also mentioned; respondents indicated that the Australian, Austrian and Danish systems could provide some lessons in successful coordination. Additionally, one respondent noted that the 2008 UK drug strategy made a number of steps towards an improved and clarified system of drug policy development.

3. Evidence in policy

KEY POINTS:

- Having an evidence base to draw upon when creating policy increases legitimacy
- However, the limits of the evidence base should be recognised
- Communication between researchers and policymakers needs to be improved to ensure evidence is considered in the policymaking process; possible methods include using 'knowledge brokers' or concise briefings to convey the most relevant research findings
- To increase policymakers use of evidence, both researchers and policymakers must take account of their differing timescales for work

Two questions in the first round of the Delphi exercise addressed issues related to the role of evidence in the policymaking process. The first question was, "how important do you think it is to create and maintain a robust evidence base across the range of drug policy areas and related interventions?" and the second was, "how important is it to communicate and 'translate' evidence and data in a form that makes it accessible to, and encourages its use by, those involved in policymaking and implementation? How might this be done?"

There was consensus amongst respondents that having a comprehensive evidence base is important to developing drug policy. Respondents saw having a rigorous evidence base as important because it helps ensure policy is legitimate, mitigates against political reactivity, and can provide information on how well and why a policy is working in order to feed back into the formation of new policies. One respondent suggested that the evidence base should: be independent of government influence, be cross disciplinary in nature, and be held to some uniform standard of quality. Despite a strong commitment to using evidence in policy, some caveats were given regarding the state of the evidence base. One respondent stated that when providing evidence for policymakers, researchers should also explain the limitations of their research. Additionally, some respondents reiterated the point that while evidence is important, researchers and policymakers must be aware that evidence will be balanced against other forms of information which policymakers consider when designing policy, such as anecdotal stories and media portrayals.

Respondents identified a number of barriers that hinder the development of a robust evidence base. One major issue is that in some areas of research there is disagreement about what constitutes evidence. Respondents noted that since there are often differing levels of quality of evidence available, whenever researchers share evidence they should report on the quality of that evidence as well. Another problem raised was that politicians sometimes are "not prepared to follow where [the evidence] leads" [Expert A] and may decide not to invest in an area of research that could inform them of whether or not previous policies have been effective. Finally, some politicians may not see promoting drug policy change as beneficial to their political career, even if supported by evidence, since in the past drug policy has generally not been associated with

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strong public or political support. However, one respondent noted that when evidence is successfully disseminated, this has the potential to reduce moral panic-driven policy. The issue of poor uptake of research into policy combined with the limited accessibility of some academic research can create a strained relationship between researchers and policymakers.

Respondents suggested that some areas of policy have been successfully informed by research such as environmental policy. Experts gave a number of suggestions of existing structures which they believed facilitate the construction and use of an evidence base (see Table 4).

TABLE 4: EXAMPLES OF STRUCTURES THAT INTEGRATE EVIDENCE INTO POLICYMAKING PROVIDED BY RESPONDENTS

Location	Structures to include evidence in policy
<i>Europe</i>	The European Monitoring Centre on Drugs and Drug Addiction develops and manages an independent database on drugs and drug policy research
<i>Canada</i>	The Canadian national framework on substance abuse includes building consensus in goals and using measurement to establish effectiveness
<i>The Netherlands</i>	The WODC (Research and Documentation Centre) performs independent evaluations across the country which are provided to the government and frequently integrated into new policy decisions

Though respondents noted a few other issues that might hamper evidence-based policymaking, such as the independence of academic research, and lack of open access publications, web-based fora, or other information portals, one of the most cited problems in incorporating evidence in policy was the lack of communication between researchers and policymakers. To increase policymakers' understanding and use of evidence, it was suggested that researchers should provide concrete and concise answers to ministerial research requests and demonstrate how their research is relevant to policy questions when presenting it to policymakers. A few respondents suggested using 'knowledge brokers' or independent advocates who have an understanding of both research and policymaking to mediate the discussion between researchers and policymakers, or communicating through those researchers who have established positive relationships with policymakers. Another recommendation from several experts was the utility of providing briefing notes, media press releases, or other shortened accessible documents to help fit into policymakers timescales (i.e. succinct, message-driven announcements or presentations of research findings). However, a few respondents cautioned that though researchers should condense their evidence into a readily digestible format for politicians, this does not mean they should sacrifice the quality of research they produce.

Respondents noted that improved communication between researchers and policymakers may face both organisational and value-based barriers to change. A number of respondents noted that researchers and policymakers face a coordination problem because they operate on different

timescales. Researchers need time to develop evidence that meets a sufficient standard of quality to be considered valid, and this takes significantly longer than most policymakers are willing or able to wait. Policymakers need simply communicated and quickly produced research to inform policy decisions. Politicians may not have the motivation or capacity to seek out and consume academic reports and data. Additionally, some suggested that politicians are unlikely to be amenable to research which might be perceived as unhelpful to their political needs or the party line. Where this occurs, policymakers are apt to overrule the evidence for other concerns. With these challenges in mind, researchers must take considerable care in the way they communicate their findings and their significance.

In addition to adapting the actual means of communication, respondents recommended that researchers should take steps to learn more about the policymaking process. A respondent suggested that some training (probably by policymakers) could be provided on policy awareness and understanding political constraints. At the same time, respondents suggested that policymakers should take steps to ensure the use of evidence in their decision-making by including researchers when setting the research framework. These face-to-face meetings help build personal relationships which are critical to integrating evidence into policy because they foster a mutual understanding of each other's needs and limitations.

A number of existing mechanisms that help develop better lines of communication between researchers and policymakers were identified. A few respondents praised meetings held under the Chatham House Rule for allowing those involved in these discussions to speak freely without fear of political ramifications. Some respondents identified other areas of research, such as climate change, where this translation process has been achieved by researchers and advocates repeatedly explaining what the impacts of climate change are rather than just stating facts on the current state of the environment. Open source data fora, such as the Cochrane Collaboration, which include explanations for the 'intelligent layman', are also very helpful in disseminating research. By modelling their communication methods on some of these examples, as well as undertaking some of the strategies discussed above, researchers and policymakers may be able to foster a healthy dialogue to increase the integration of evidence into policy.

4. Implementation of policy

KEY POINTS:

- There were varying opinions on whether implementation should be driven from a national level or whether significant power should devolve to local authorities
- An outcome framework would help ensure that policy implementation happens as planned
- Local authorities and stakeholders should be given a voice in setting any outcome framework

Though a great deal of policy design currently occurs at the national level, many participants at the St George's House consultation highlighted the fact that policy is in fact implemented at the local level. Therefore, respondents were asked to consider the question, "what mechanisms can

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facilitate effective implementation of drug policy?”

There were varying views among respondents on whether a more top-down structure or a flatter organisational structure was more appropriate for policy implementation. Some saw policy as largely being dictated from above and carried out by local service providers. This system would therefore require high levels of vertical coordination to ensure the policy was carried out as close to the original design as possible. Others argued that those operating within local structures needed to be more involved in the policy design stage. In a flatter structure in which this was the case, people operating within local structures would require greater authority and resources to design and execute the policy.

Respondents noted that in order for drug policy to be well implemented, certain processes were likely to be needed. One possible means of improving implementation which was suggested by a few respondents would be to require the establishment of an outcome framework that articulated specific action plans for implementation. Within a framework of this kind, mechanisms need to be put in place to measure and monitor the implementation of actions taken and to evaluate their success or otherwise. A few respondents stated that local authorities should be involved in setting the policy objectives, as they will be held to account for their execution. Multiple respondents suggested that this could also help facilitate the 'buy-in' of local authorities to the objectives. Additionally, it was suggested there was a need for policy implementers to be given training around the evidence-base on which the policy draws. This would increase their understanding of policy decisions and further develop their investment in delivering the policy successfully. Further steps suggested to enhance commitment to good quality implementation include introducing consequences for improper implementation and/or incentives for well-executed implementation.

Though these mechanisms could help improve policy implementation, some barriers may exist. A few respondents stated that policy implementers are often susceptible to 'event-based' policy changes, as their responsibilities are often not very clearly articulated to allow room for local difference. This lack of clarity could lead to ad-hoc changes in implementation as well as making it easier for some roles and responsibilities to become blurred where they are not clearly delineated. One respondent also noted that implementation can suffer from service providers' tendency to measure their success by activities (e.g. we delivered the drug treatment programme to 2000 people) rather than outcomes (e.g. 80% of participants in the drug programme did not relapse over a one year period). Though activity measurements are important, outcome measures are needed to evaluate the success of a given policy. However, if policy implementers have clear mandates, transparent implementation guidelines, and guidance from experts, the dangers of the above problems may be lessened.

Respondents provided some useful examples of policy areas that had effective mechanisms for policy implementation. Scotland's process in developing a national outcomes framework, in which stakeholders were consulted and involved in the delivery, was identified by one respondent as an effective strategy for implementation. Another expert suggested the European Commission's impact assessments as a good example of monitoring the quality of policy implementation in a way that feeds into future policy.

5. Accountability

KEY POINTS:

- Accountability and scrutiny are important, but there were mixed views on when this should take place in the policymaking process
- There were mixed views on how independent the accountability structure should be
- More open access information on the evidence base and policy decisions would facilitate scrutiny of policy decisions
- However, the mixed quality of the evidence base must be considered when holding policymakers to account

Clearly developed processes and structures to ensure that the policymaking system is open to scrutiny and people are accountable for the decisions they make was considered by some to be a necessary feature in a contentious policy area such as drug policy. Respondents were prompted with the question, “how can we facilitate scrutiny and accountability at all stages of the policymaking process?” Most participants saw accountability as a reasonably high-priority issue, though less so than issues around leadership, evidence, and transparency. Respondents were split on when scrutiny should occur within the policymaking process. Many saw scrutiny as a continuous process, but others believed that this would hinder effective policymaking by limiting political actors from exploring all the options around a given issue, for fear of making an unpopular decision. As an alternative, some suggested that scrutiny should take place when a policy is initially designed and piloted and then again at the evaluation stage to feed back into new policy decisions.

Respondents were also split on what kind of structure would promote accountability. Some saw this as a role for some form of external independent (or semi-independent) body like a Royal Commission, while others saw this as an internal process, such as a means of holding civil servants accountable to the evidence base where it exists when they make policy recommendations to ministers. There was also a range of views on whether there should be an established structure for ‘quality oversight’. Some saw this as an unnecessary piece of bureaucracy, whereas others saw this as essential means of holding policymakers to account. A few of those who disagreed with the notion of having a quality oversight body saw accountability as important, but noted that an extensive system of quality oversight was not feasible (because it was seen as likely to be too bureaucratic and many would be hostile).

Respondents suggested that open information sharing was essential for scrutiny. Many suggested that reviews of policy needed to be published in open fora and that research should not be censored regardless of the results. Finally, respondents highlighted the importance of feeding results of internal or external scrutiny back into the political process and learning from these results in a deliberative democratic process.

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A number of challenges to improving accountability and scrutiny came to light during this expert survey. Respondents acknowledged that political pressures like election cycles, results-driven policy, acceptable political orientations, and media representation can make politicians hesitant to open themselves up to scrutiny. Additionally, a few noted that in many areas of drug policy a strong evidence base does not yet exist, which makes it more difficult for those responsible for holding policymakers to account to determine whether or not a particular policy in that area is appropriate. On the other hand, there is political pressure to have a more transparent political system, and there is broad agreement if not general consensus among policymakers that policy development should take existing relevant evidence into account.

Some existing structures were identified as having established effective systems of accountability to monitor their policy process and their outcomes. A respondent suggested the World Bank's records on national levels of accountability as a model for effective policy oversight. Another successful application of accountability identified by one respondent was the commitment to evaluation and review within the National Treatment Agency (NTA). Finally, one respondent suggested that the UK's system of monetary policy, with the Bank of England as an independent body, might also serve as a useful model of how an independent body can evaluate policy and have a significant influence on future policy.

6. Facilitation of an open dialogue

KEY POINT:

- Various structures for facilitating dialogue on drugs and drug policy were suggested including: roundtable discussions, workshops, internet fora, media exposés, professional monitoring, and 'safe space' for a

The issue of engaging with various stakeholders and across party lines has arisen in a number of other areas above, but also merits particular attention on its own. Respondents were asked whether they agreed with the notion that an open dialogue would be useful to raise awareness of the many policy options, increase understanding of the evidence, and identify the points of agreement and disagreement, and how this might be done best.

Some possible structures which experts thought could benefit dialogue around drugs and drug policy included: roundtable discussions, learning workshops that explain the logic of and impacts from various policy models, internet fora, accurate media exposés, professional associations which monitor practice such as NICE, and pragmatic fora where ideologies are left at the door. We further probed this model of an ideology-free forum by asking participants whether the concept of a 'safe space' for policy discussion (as suggested at the St George's House event) would be an effective way to encourage a healthy debate around drug policy issues. Many participants responded positively to this idea, though some saw it as not feasible given the politically charged nature of drug policy. Those who did support this idea suggested that these

fora could be run according to the Chatham House Rule to alleviate the risk to policymakers of being subject to negative media portrayals. Others thought that independent bodies such as universities or think tanks could be brought in to run these events. One respondent suggested that such fora could be run online to maintain the anonymity of participants. Alternatively, a few respondents thought this kind of open debate could be part of the role of a Royal Commission. A number of examples were provided of structures that currently carry out successful fora for open debate. These structures are listed in Table 5 below.

TABLE 5: EXAMPLES OF STRUCTURES THAT FACILITATE OPEN DEBATE SUGGESTED BY RESPONDENTS

Location	Structure
<i>DrugScope, UK</i>	DrugScope is the national membership organisation for the drug sector and provides expertise on drugs and drug use. It is an independent charity.
<i>NTA, UK</i>	National Health Service agency with responsibility for funding and overseeing drug treatment provision. They have responsibility for publishing drug treatment statistics collected through the National Drug Treatment Monitoring System.
Crime Policy, Finland	Finnish crime policy is made through a collaborative process with open debate across parties
Institute for Government, UK	The Institute for Government is a non-partisan charity whose mission is increasing efficacy of government

Priority ratings

The prioritisation ratings given by respondents provide some insight into which processes and structures are most important to good governance of drug policy. These results are presented in Table 6 below. The importance of leadership was apparent from its high priority rankings; however, as the comments above made clear, determining which form of leadership would be best is still unclear. Development of the evidence base and its translation were also rated as high priority issues as was development of a system of accountability for policy design and implementation. Coordination was rated as a relatively low priority issue. From the comments provided, it can be inferred that for some respondents this was because it was seen as impossible to enforce coordination, and therefore was less valuable than other processes. Another explanation that arose from the comments was that coordination overlaps with leadership on a number of issues, and thus, may have been seen as a subset of leadership. Less than half of the respondents rated facilitation of open debate as a high priority issue. However the comments indicated that respondents were not against it, but considered it may be less fundamental to good governance, than leadership, evidence use, and accountability. Finally, facilitation of effective implementation was the lowest priority. While no respondents explicitly stated why this was the lowest priority issue for them, one possible explanation may be simply that the focus remains on first developing good policy, before implementation is considered. Interestingly, there were no clear trends based on the respondents’ professions (i.e. academic, third sector experts, politicians,

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et cetera) which indicated that particular prioritisation decisions were associated with a particular profession. For example, the view that increasing the evidence base should be prioritised was not held by researchers alone.

TABLE 6: FREQUENCY OF RESPONDENTS' PRIORITISATION OF PROCESSES AND STRUCTURES

	<i>High Priority</i>	<i>Medium Priority</i>	<i>Low Priority</i>
<i>Leadership</i>	14	3	1
<i>Creation of a comprehensive and rigorous evidence base</i>	13	5	0
<i>Translation of evidence for use in policy and practice</i>	12	6	1
<i>Accountability in policymaking and implementation</i>	12	5	2
<i>Facilitation of open debate across political lines and between stakeholders</i>	11	4	4
<i>Coordination in policy Development</i>	8	8	3
<i>Facilitation of effective policy implementation</i>	7	11	0

Actors

The preceding discussion of structures and processes has already included discussion of some of the actors involved in drug policy making. Many other stakeholders play an important role in shaping drug policy, such as Ministers and civil servants, directly involved in policy creation. Because of the broad range of actors with interests in drug policy, due consideration should be given to identifying the key stakeholders who could be involved in bringing about more effective policy governance.

As was noted in the St George's House event, media play an important role in drug policy. We asked the experts who participated to respond to the question, "how can the media be accommodated in the policymaking process to encourage effective use of the range of media for public information and commentary, and where possible, try to avoid its playing a counterproductive role in debates around drug policy?" Many respondents at the St George's House event highlighted the problems of an adversarial relationship between policymakers and the media; however, media can also help convey the logic of policy decisions and help educate the public on the evidence base. Therefore, how policymakers interact with the media should be reconsidered.

Respondents provided some feedback on possible ways to improve the relationship with the media. Though a few stated that nothing could, or perhaps even in some cases should, be done to change the way the media deals with drugs and drug policy, other respondents provided some possible steps that could be taken to improve media coverage of drug policy. Many respondents saw greater and more frequent interaction between politicians and the media as an important step to improving this relationship. Respondents suggested that communication between policymakers and media outlets should ideally be amicable. A few respondents reiterated that politicians should also be willing to explain and provide the evidence behind their decisions so the media is adequately informed. Efforts could also be taken to educate the media on the evidence base to help reduce misconceptions. Finally, some respondents noted that steps should be taken to help the media understand that, on many issues, their readership may be more progressive than they think.

Respondents provided some examples of productive relationships between those involved in the policy arena and the media. UKDPC's meeting with a number of senior newspaper editors, the Society of Editors and the Press Complaints Commission to discuss the findings of their 'Stigma' research project and discuss the benefits of more accurately portraying those with addiction was highlighted by one respondent as a successful instance of working well with the media. The potential role the media could play in changing attitudes (as they did for mental illness) was highlighted, and guidelines for journalists are being developed by the Society of Editors as a result of this discussion. Another example provided was the media's relatively positive and supportive attitude during Portugal's move to decriminalise drug use and (minor) possession. Finally, one respondent gave the example of the role media outlets played in supporting environmental policy changes in light of climate change advocacy in the UK.

Respondents provided an extensive list of additional groups involved in drug policy making (building on those groups already suggested at the St George's House event. From this combined list we identified the 15 main groups below (see Box 4) to take forward the second half of modified Delphi exercise discussed in the next chapter.

Box 4: DRUG POLICY GOVERNANCE STAKEHOLDERS

- | | |
|---|--|
| <ul style="list-style-type: none">• Policy officials/ civil servant• Politicians• Media• Prisons and probation services• Policy, customs/border officials• Health Practitioners• Treatment Agencies• Advocacy groups• Researchers | <ul style="list-style-type: none">• Communities• Government departments central to drug policy (e.g. Health, Home)• Government departments peripheral to drug policy (e.g. FCO)• International organisation (e.g. EMCDDA, UNODC)• Drug Users• Families of Users |
|---|--|

Summary and selection of issues for Delphi round two

The Delphi exercise continued the discussions raised at the St George's House event on what characteristics were seen as likely to be helpful for drug policy governance. To identify the main issues of importance in this round the research team categorised the principles, processes, structures and actors by main themes of discussion. From this process described above (see Introduction) six main themes were drawn from the discussions in responses: evidence, leadership, implementation, accountability, overarching goals, and stakeholder engagement (see Box 5). However, it is worth noting that across these the depth of discussion and level of consensus varied.

BOX 5: ISSUES IN DRUG POLICY GOVERNANCE FOR FURTHER EXPLORATION

Evidence:

- What constitutes good evidence?
- What mechanisms could improve evidence use in policy?
- How should research to policy relationship be characterised?

Leadership:

- Should decision-making be 'depoliticised'?
- What is the role of evidence in decision-making?
- How responsive should leadership be?
- What structures and processes are needed to ensure good leadership?

Implementation:

- How should the relationship between local and national level authority be characterised?

Accountability:

- What mechanisms are needed to ensure accountability of leadership and accountability to the evidence?
- Should scrutiny processes be external or internal?
- How much transparency is necessary to ensure accountability?

Overarching Goals:

- What kinds of goals are needed to guide drug policy governance?
- How can these goals be developed?

Stakeholder Engagement:

- How important are various stakeholders?
- What mechanisms are needed to better engage stakeholders in the policymaking process?

The first round of this process drew out principles, processes, structures and actors related to most of the components of governance that had been identified. While principles, processes, structures and actors were then separated out in this round, it was clear that in defining good practice it was often difficult to conceive of one part (for example the principle of accountability) without the others (the processes, structures and actors involved in ensuring accountability). In reviewing the responses, it became apparent that what respondents saw as good governance involved a mix of principles, processes, structures and actors. Given the interconnected nature of

principles, processes, structures and actors for each issue of governance for drug policy, we presented these aspects together in the following round.

In the second round we aimed to further elucidate what respondents thought would be needed in areas where there is relative consensus. We also sought to explore differences of view which arose in the first round, examine why some issues seem to be less critical than others to some respondents, and address questions which arose from the first round. The next chapter discusses the second round of the Delphi exercise.

Chapter 4: Modified Delphi Round Two

The second round of the Delphi exercise was designed to provide further discussion on subjects raised during the previous round. In the second part we received responses from a total of 24 experts from a variety of backgrounds related to drugs and policymaking (academics [11], politicians [3], civil servants [3], third sector experts [6], and representatives from international organisations [1]). Five of the experts who participated in the first round of the Delphi exercise were unable to participate in the second round; however, six additional participants who had been unable to participate in the first round were able to respond at this stage. While there remained a mix of participants from different backgrounds, the representation of academics continued to be greater than that of other groups. As in the previous questionnaire, we solicited open-ended responses as well as rankings on different aspects of drug policy governance.

The questions for this round focused on five main areas that arose from the first round of the Delphi exercise. Within each of these broad themes, respondents were presented with a series of statements describing what the responses to the previous round suggested might be key characteristics of good policy governance. They were asked to react to each of these by indicating if they agreed or disagreed, ranking the importance of this characteristic and explaining the rationale for their decision. Following each statement we included a brief explanation, often incorporating quotations from the responses in the previous round. The full text can be seen in the second Delphi questionnaire shown in Appendix B. The five thematic discussions addressed the following:

1. The importance of clarity and agreement around overarching, high-level goals
2. The qualities of good leadership and coordination
3. The role of evidence in policy and evidence translation for policy use
4. Implementation of policy
5. Stakeholder engagement

Accountability was not addressed as a separate theme but rather included in the other questions where respondents had indicated it was important in the previous round. By building on responses from the previous round, we sought to clarify what this group of experts viewed as important for the development of good drug policy, and to begin to develop a clearer picture of what they thought may be needed to make this happen.

Setting overarching goals

KEY POINTS:

- Clarity of goals helps voters know whether their leaders are delivering what they set out to do
- Goals should be realistic so that their outcomes can be achieved, but still aspirational to motivate those involved with policymaking and delivery
- Though consensus between key stakeholders on these goals would be ideal, it may not be essential to carrying out good policy
- Having a neutral space for discussion of goals in order to find areas of consensus was generally supported by respondents, but there was disagreement about how this could be achieved; some questions were raised by some participants about the value of independent commissions and widespread consultation.

Respondents' views on the key characteristics suggested

Respondents were given three suggestions of qualities related to the overarching goals of drug policy shown in Table 7, and they were asked to agree or disagree with each suggestion as well as rank its importance on a scale of 1 to 3 (1 = most important, 3 = least important). Additional room was provided for feedback or to clarify their responses. The frequency of agreement, as well as the mean ranking of importance (note that a lower number indicates a higher rating of importance), are presented in Table 7.

TABLE 7: RESPONDENTS' FREQUENCY OF AGREEMENT AND MEAN SCORE OF IMPORTANCE FOR SETTING OVERARCHING GOALS*

Qualities	<i>N</i>	Frequency of agreement	Mean score of importance
<i>Clarity about overarching goals</i>	23	21	1.7
<i>Realistic and achievable goals</i>	23	22	1.9
<i>Consensus around the overarching goals</i>	23	20	2.2

*Some respondents did not provide responses to the quantitative questions

1. Clarity about overarching goals

Twenty-one respondents agreed with the statement that a key characteristic of good policy governance is clarity about the overarching goal(s). For example, one respondent stated that there was a need to be clear about "what success would look like" [Expert G]. Overall, respondents felt that this component of goal setting was the most important (mean = 1.7) of all three suggestions provided. Clarity of overarching goals was deemed important for a number of reasons. For some, this was seen as a necessary part of holding political leaders and bureaucrats to account and letting voters know what they should expect from their leaders. It was also seen

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as helpful in fostering productive relationships between stakeholders. A few respondents noted that though this is a good aim, there is a risk that if these overarching goals are too vague they may not further the process of policy development and execution.

2. Realistic and achievable goals

The aspect respondents considered second most important was that drug policy goals are realistic and achievable (mean = 1.9). It was supported by 22 participants. Though most respondents agreed that goals should be realistic, four respondents disagreed with the notion that they should be 'achievable'. Instead it was suggested that goals should be realistic but *aspirational*. More challenging goals were thought to be motivational and foster cooperation. One respondent noted that these objectives must also be measurable and conducive to assessment so policymakers can determine if and how targets are reached.

3. Consensus around the overarching goals

The characteristic relating to goals which received the lowest level of support was that there should be consensus around the overall policy goal. While 20 respondents agreed with this statement, it had the lowest importance rating (2.2). Those respondents who either disagreed or gave this suggestion a low ranking indicated that this was because they doubted its feasibility in drug policy. Though many felt that consensus should be sought, it was not considered to be essential to achieve. Indeed, two experts also suggested that having dissenters was "healthy in a democracy..." [Expert F].

Mechanisms for establishing overarching goals

In the second half of this question we explored the various suggestions that were given in the previous round to help achieve clarity and, at least to a certain extent, consensus on the main objectives of drug policy. Five suggested mechanisms were given:

1. A neutral space for discussion and debate of drug policy (including cross-party engagement)
2. Differentiation between issues that can be agreed upon and issues which cannot be agreed upon
3. Consideration of what should (and should not) be considered data to inform policymakers on the problems at hand
4. An independent inquiry tasked with making recommendations, including cost-benefit assessments of current policy and recommendations of core policy aims
5. A wide consultation or deliberative exercise with the plethora of stakeholders

Of the respondents who addressed the concept of a 'neutral space' most seemed to agree with the suggestion that such a space for discussion would be helpful. Finding a way to differentiate between issues that can and cannot be agreed upon was also supported by most of those who

responded to the suggestion. It was suggested that this process would help policymakers articulate their policy goals and better understand the aims of other stakeholders. Again, one respondent noted that this would be a difficult process to carry out, but was very important.

The need to establish what data should be used to inform decision-making received support from those respondents who commented on the issue. One respondent noted that this would help establish what counts as evidence and ensure that there is clarity on what information has contributed to a given policy. However, another noted that one potential problem that might arise from determining which data should be used, was the possibility that necessary information could be excluded too early in the policy creation process.

Establishing an independent inquiry and carrying out a wider consultation process were two issues that were more controversial than the previous three suggestions. While multiple respondents seemed to support the notion of establishing an independent inquiry, more were hesitant to use this method to establish policy aims. Three of those who supported this idea were most interested in having a Royal Commission, as they saw it as the only version of an independent inquiry that would have sufficient power to influence policy. Those who were less supportive of this idea often took issue with the inclusion of cost-benefit analyses in this process, as well as its divergence from democratic processes (as an independent body would probably be unelected). Finally, four respondents registered their concern that independent inquiries have not been very successful in the past, and therefore could be a waste of time and resources. There were no clear patterns based on participant profession (i.e. academic, government official, third sector expert) for or against independent inquiries.

Though somewhat less controversial, wide consultation with stakeholders also received a mixed response. Many of those surveyed praised wide consultations for their ability to draw in parties who would otherwise not get the chance to influence policy and their ability to facilitate some consensus. However, other respondents noted that the wider the consultation, the more difficult it would be to achieve consensus. One respondent stated that even when consensus could be achieved, these decisions were likely to produce conventional responses that are of little help to drug policy. A few respondents stated that deliberative exercises should be considered separately from wide consultation, and felt the former would probably be more productive as deliberative exercises include an educational component that helps expand and develop the thinking of those involved. One participant noted that in any exercise undertaken it may be worth setting time limits to how long one can spend on each issue or level of assessment in order to ensure the process progresses.

Leadership and Coordination

KEY POINTS:

- Leadership should show commitment to using evidence throughout the policy process, though the limits of the evidence base must be taken into account along with the role of societal values in the process
- The logic and reasoning underpinning decision-making should be transparent
- High level cross-departmental involvement is important in drug policy for co-ordination and delivery of resources but there is also a need for clarity of roles and responsibilities
- The mixed quality of the evidence base must be considered when holding policymakers to account
- Leadership should respond to changing circumstances; however decisions should be made with considerable deliberation and reference to evidence whenever possible and their impact assessed
- An independent or semi-independent body responsible for scrutiny of drug policy may be useful; however, it may also create needless bureaucracy
- Respondents generally supported strong leadership but highlighted the danger of misuse of power and were split over the need and achievability of cross-party support and consensus and the depoliticisation of the policy-making process, as well as the importance of a single-point of leadership. Support for placing leadership in the Department of Health was limited, mainly based on fears about the level of priority drug policy would receive in this case. Independent expert groups were seen as potentially having an important role in identifying policy and in providing scrutiny but decision-making needs to be a government responsibility.

Respondents' views on the key characteristics suggested

Responses to the questions on leadership and coordination were plentiful in the previous round. From this feedback, we identified nine possible key characteristics of good policy governance. Again respondents were asked whether they agreed or disagreed with the suggestion and asked to rate the importance of that issue on a scale of 1 to 9 (1 = most important, 9 = least important). They were also given space to provide feedback on each of these suggestions. The frequency of agreement and mean score of importance are presented in Table 8.

TABLE 8: FREQUENCY OF AGREEMENT AND MEAN SCORE OF IMPORTANCE OF CHARACTERISTICS OF GOVERNANCE CONCERNING LEADERSHIP & COORDINATION*

Characteristics	N	Frequency of agreement	Mean score of importance
<i>'Evidence-imbued' leadership</i>	23	22	2.9
<i>Transparent decision making</i>	23	22	3.2
<i>Involvement of all relevant departments at a high level</i>	22	21	4.1
<i>Clarity and agreement around roles and responsibilities of different departments to improve coordination, buy-in, and accountability</i>	23	21	4.6
<i>Processes that are able to respond to changing circumstances appropriately while avoiding knee-jerk reactions</i>	23	21	5.1
<i>An independent process for scrutiny of policies</i>	23	19	4.6
<i>Strong political leadership, seeks consensus and cross-party support</i>	22	16	4.0
<i>Clear single point of leadership</i>	23	13	4.6
<i>Depoliticised decision-making process</i>	22	9	4.7

*Some respondents did not provide responses to the quantitative questions

1. 'Evidence-imbued' leadership

Twenty-two respondents agreed that evidence-imbued leadership was important to the good governance of drug policy. The question included the explanation that by evidence-imbued leadership we meant that "those responsible for drug policy need to be committed to a scientific approach and to collecting and acting upon evidence about the effectiveness of interventions and their policies." This characteristic was also highly ranked in terms of importance for good leadership and coordination (mean = 2.9). Though the vast majority of the sample supported the ideal of evidence-imbued leadership, four respondents noted that deciding which evidence should be considered relevant would be challenging. One expert mentioned the need to balance evidence with the public's values as a possible challenge to achieving evidence-imbued policy. At the same time, another respondent suggested that though this balancing of evidence and values may be necessary, the leadership should be required to explain their logic when they choose to develop policy which does not align with the evidence base.

2. Transparent decision-making

The value of transparent decision-making was well supported by the respondents ($N = 22$). Most respondents saw it as a relatively high priority issue (mean = 3.2). A few participants suggested that transparency “goes hand-in-hand with a technocratised approach” [Expert G] and helps the public understand policymaking decisions. However, it was noted that though transparency is important, there is a difference between “show your reasoning” transparency and “do it all in public” transparency [Expert I]. This expert suggested that the former is important for rational decision-making processes, while the latter can become problematic as it could hinder the implementation of policy. Some limits to transparency may therefore be necessary.

3. Involvement of all relevant departments at a high level

Involving all relevant departments at a high enough level to ensure commitment and access to resources was considered a key characteristic of good drug policy governance by 21 respondents, though it was generally ranked lower than the previous characteristics (mean = 4.1). Respondents suggested that involvement of all relevant departments was important to balancing the needs of these departments. Locating departmental representatives at a high level (whether in the form of an equal cross-departmental body or as part of a team under a single leader) was seen as necessary to ensure that drug policy was not ignored by political leaders in their decision-making processes. Additionally, three respondents noted that high level placement of a drug policy governing body would help ensure that sufficient resources are provided to drug policy.

4. Clarity and agreement around roles and responsibilities

Almost all respondents supported the proposition that there should be clarity and agreement around the roles and responsibilities of the departments involved in drug policy for good coordination of policy, stakeholder buy-in and accountability ($N = 21$); however, it was not a highly ranked characteristic for many of the respondents (mean = 4.6). One respondent noted that this was particularly important for policy implementation but another suggested that some areas of policy may require greater coordination, but others function relatively well when left to their own devices.

5. Processes that can respond to changing circumstances appropriately

One problem which respondents identified as an issue in the first round of the Delphi exercise was that drug policy-making can be susceptible to ‘events-based’ policymaking while at the same time recognising that it does need to be able to respond to new challenges. In this second round, almost everyone agreed with the suggestion that good governance involves having processes that are able to respond to changing circumstances appropriately while avoiding ‘knee-jerk’ reactions ($N = 21$). Though the majority of respondents supported this suggestion, it was not a very high

priority for most of them (mean = 5.1). Flexibility was suggested as an essential quality for good policymaking, but one respondent noted that these processes should be balanced with patience and deliberativeness to avoid overly reactive policy decision-making. One of the fears around rushed decision-making was that policies made this way might not have time to develop performance indicators, without which policymakers would be unable to determine whether their policy decisions were effective. However, one expert stated that in the real world the policymaking process is too chaotic for this form of deliberative policymaking to work.

6. An independent process for scrutiny of policies

In the first round of the Delphi exercise the issue of accountability of leadership and decision-making was raised and one suggested approach was the use of an independent process of policy scrutiny, for example through an independent commission as in Scotland, use of parliamentary committee system, or through the commissioning of an independent evaluation. This suggestion was supported by a smaller majority than the other characteristics for leadership discussed above ($N=19$). Though many were in favour of such a process, it was ranked lower than many of the other suggestions (mean = 4.6). A number of those who supported this suggestion did so with multiple caveats. For example, a few thought that this body would not necessarily need to be completely independent, but rather could be a select committee or something of a similar ilk. Additionally, a respondent noted that even an independent body would need to be monitored through the evaluation and review processes to ensure it was fulfilling its mandate. Those who opposed this idea of independent scrutiny suggested that it would create unnecessary bureaucracy and get in the way of policy delivery.

7. Strong political leadership that seeks consensus and cross-party support

The importance of strong political leadership which seeks consensus and cross-party support for good governance was a somewhat less popular suggestion, with less than three-quarters agreeing ($N=16$; mean = 4.0). A number of respondents suggested that strong leadership with cross-party support was needed in drug policy to ensure that the government gives drug policy due consideration. Though most participants supported the notion of strong leadership, two cautioned against allowing those in leadership roles to have so much power that they can use their position more like a “bully-pulpit” [Expert Y] than a place from which policy coordination stems. The majority of concerns with this suggestion related to the varying opinions on necessity of consensus or cross-party support. One respondent noted that some criticism is necessary in developing policy. Another suggested that cross-party support is often overrated and frequently has little bearing on the quality of political decisions.

8. Clear single point of leadership

Like the suggestion of strong leadership seeking consensus and cross-party support, the importance of a clear single point of leadership to provide drive and impetus and ultimate

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accountability received mixed levels of support. Just over half of the respondents agreed with having a single point of leadership for drug policy ($N = 13$; mean = 4.6). Respondents who agreed indicated that considering the contentious nature of drug policy, having one person in charge (most likely at a high level within the central government structure) is needed. Though one expert suggested the Department of Health (DH) should be the central point, others disagreed, as they feared that it would not be a priority issue within for the DH. A few of those who disagreed with the statement about a single point of leadership stated that centrally-administrated drug policy using a 'Czar'-like structure had failed previously and should not be repeated. Some respondents seemed to prefer a more cross-departmentally run body, arguing that accountability can be collective and does not necessitate a clear single point of leadership.

9. Decision-making is 'depoliticised'

The final statement which respondents were asked to consider was whether decision-making should be more 'depoliticised' to facilitate good policy governance. This suggestion received support from less than half of the sample ($N = 9$; mean = 4.7). Those who agreed with the concept of 'depoliticisation' of the decision-making process for drug policy saw it as a means of safe-guarding the debate from political manipulation and misuse. However multiple respondents thought this suggestion was problematic because it could be anti-democratic. One participant saw it as oxymoronic since any decision-making by policymakers will necessary be political. Thus, it appears from this exercise that completely depoliticising the political discussion may not be feasible or desirable.

Structures for leadership

In the second part of this section relating to leadership and co-ordination, we asked respondents to evaluate the three possible leadership structures that came to light in the first round of the Delphi exercise.

1. One main government department should lead and that should be the Department of Health
2. Central government should lead and this should be at a high level (e.g. the Cabinet office)
3. a hybrid model involving an independent expert group, central government and co-ordination between relevant departments.

While we were able to gather more information regarding the three models, there continues to be no clear preferred choice of leadership structure.

Only two respondents explicitly supported a DH-led drug policy. One reason given for the preference of the DH model was the belief that a centralised model would give too much influence to the leader. However, more respondents were hesitant to support this model because the DH would not have adequate capabilities in addressing the border control, supply and justice issues related to drug policy. These respondents also feared that drug policy would not be a priority for the DH.

Four of the experts surveyed explicitly supported a centralised model of leadership (though a few others suggested a hybrid model that would include a central lead). One reason given by a respondent for their preference for this model was its potential to overcome the constant turf battles between health and justice approaches. However, others noted that a structure where an independent body was responsible for good deal of policy could run the risk of being undemocratic. One respondent noted that the efficacy of this structure would depend on how centralised the government structure was in the first place.

The most frequently supported model of leadership involved a hybrid structure that included cross-departmental leadership and often an external committee to act in a policy recommendation and policy scrutiny role ($N=6$). Some suggested that there should be a central office (e.g. the Cabinet office) coordinating the inter-departmental steering group. There was also some variation in views on how much power an external body should be given. Some saw these bodies as vested with the power to set policy, others preferred these bodies to provide recommendations only. A number of respondents provided some responses regarding the conflict between having policymaking through an independent body and the democratic process. Most respondents thought that though an independent body should not lead, it could be a part of the structure by providing analysis and recommendations. Others saw these external bodies as undemocratic and often designed without appropriate transparency and accountability for government decision-making. Only one expert seemed wholly in favour of empowering expert bodies to make policy.

Evidence use and translation

KEY POINTS:

- The quality of the evidence base in drug policy is mixed and thus needs mechanisms such as research frameworks and financial incentives to expand it
- The ways in which researchers and policymakers communicate need to be improved. Some suggestions included, use of knowledge brokers, more frequent engagement- face-to-face or otherwise, provision of accessible briefings on the evidence, discussion of the limitations of research
- Greater continuity among the officials with responsibility for drug policy could be helpful to ensure knowledge transfer but can also have disadvantages
- Though greater clarity on the relationship between the democratic process and evidence would be helpful, there were varying views on the role of evidence in informing public opinion and influencing the political agenda

Respondents' views on the key characteristics suggested

The need for policy to be based on evidence and the need to ensure good communication of evidence from researchers to policymakers were some of the most strongly supported areas of concern in the previous round. Though almost all respondents agreed with these as aims, there

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were differing views on where this evidence was needed and how it should be conveyed to policymakers. In this second round of the Delphi process, we asked respondents to agree or disagree with five statements around evidence in policy and the translation of research evidence into policy, as well as to provide a ranking of importance for these suggestions (1 = most important, 5 = least important). The respondents were also asked to expand on their rankings and clarify anything they wished regarding each question. The rankings of the evidence related characteristics are presented below in Table 9.

TABLE 9: FREQUENCY OF AGREEMENT AND MEAN RANKING OF IMPORTANCE OF MECHANISMS FOR EVIDENCE USE AND TRANSLATION*

Qualities and Mechanisms	N	Frequency of agreement	Mean score of importance
<i>Mechanisms for building the evidence base across all aspects of policy</i>	23	23	2.1
<i>Reflective and responsive climate between researchers and policy</i>	24	23	2.0
<i>Continuity of officials</i>	23	20	3.6
<i>Evidence is made available in policy relevant and accessible ways</i>	23	20	3.0
<i>Clarity about the relationship between evidence and the democratic process</i>	23	17	2.8

*Some respondents did not provide responses to the quantitative questions

1. Mechanisms for building the evidence base across all aspects of policy

There was unanimous agreement that mechanisms for building the evidence-base across all aspects of policy is a key characteristic of good policy governance. This proposal was ranked as a relatively high-level priority by most respondents (mean = 2.1). A number of respondents indicated that this was important given that the state of the evidence base in many areas of drug policy is insufficient. Without a stronger evidence base it will be hard to convince policymakers to rely more heavily on evidence when formulating policy. One respondent noted that this was a particular concern for drug law enforcement policy. Some respondents also provided suggestions on how to develop these mechanisms for evidence building. One respondent stated that more financial investment in research is needed to establish a stronger evidence base across drug policy. Another expert suggested that data regarding drug policy should be collated and stored centrally, since it is gathered from such a wide range of sources. One respondent suggested that any research strategy should ensure the inclusion of all relevant areas of drug policy, not just those that are politically advantageous.

2. Reflective and responsive climate between researchers and policy

Twenty-three respondents supported the suggestion that a reflective and responsive climate between researchers and policymakers is important in order to bring about better use of evidence in policy (mean score of importance: = 2.0). Though one respondent noted that a certain amount of conflict could be productive, the majority of respondents thought a more open discourse between researchers and policymakers was important for good policymaking. One respondent suggested that *trust* needed to be built by researchers by ensuring that they are acting as advisors not advocates. This respondent also noted that policymakers must, in turn, respect the integrity of researchers and their recommendations. Others suggested that greater engagement, including more meetings and points of contact, must take place to help build this relationship. Additionally, one expert noted that researchers need to present their findings in more palatable ways to policymakers. The mutual acceptance by researchers and policymakers of the limitations of existing research was seen as an important component to good drug policy development, as was the acceptance by policymakers that the evidence may not match with the political goals of the administration. Finally, one respondent suggested within this context that policymakers should have to explain their reasoning when they choose to act contrary to the evidence base as was previously mentioned by other experts.

3. Evidence is made available in policy relevant and accessible ways

Closely related to the requirement for a reflective and responsive climate between researchers and policymakers, was the suggestion that evidence needs to be made available in policy relevant and accessible ways. Providing evidence that is policy relevant and accessible was supported by 87% ($N = 20$) of those surveyed; however, compared to the other issues related to evidence it was rated as of relatively low importance (mean rating of 3.0). One respondent suggested that this proposition may not be appropriate because it could lead politicians to insist that all research should fit into their political agenda, thus cutting off less popular areas of research. Additionally, one researcher noted that if research is entirely driven by political concerns, we may miss important pieces of evidence, as often we learn things from aspects of research which are not part of the original research question. Those who agreed with the proposition that evidence should be made available in policy-relevant ways suggested that the support of policymakers is critical to bring increased evidence use into routine practice; therefore, making sure they understand the evidence is essential. One person noted that producing more accessible synopses of the evidence would also help other stakeholders who often do not understand, or have access to, academic research.

4. Continuity of officials

The suggestion that the continuity of officials was an important characteristic of good governance because it allows the build-up of knowledge and expertise was supported in 20 responses, but was seen as the least important issue related to evidence (mean = 3.6). A respondent noted that constant turnover in government departments limits policymakers ability to become fully versed in the nuances of drug policy. Not only would a lower turnover improve the capacity of civil

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servants to learn more about their policy area, it might also increase staff commitment. Though continuity of officials was generally supported, respondents presented a few caveats to the usefulness of this suggestion. One participant noted that if too much of the responsibility is placed on one or two individuals, when these officials eventually leave the department, there could be a significant degeneration of knowledge on drug policy. Another person stated that that leaving people in one field of policymaking too long could isolate departments from each other. Finally, one respondent suggested that longer terms for officials would only be perceived as an improvement if the views of the officials matched the stakeholders, which is not always the case.

5. Clarity about the relationship between evidence and the democratic process

The importance of clarity about the relationship between the evidence and the democratic process as a characteristic of policy governance received slightly mixed reviews (17 agreed, 5 disagreed while 1 was unable to agree or disagree). Respondents who provided comments on the importance of clarity about the relationship between evidence and the democratic process were generally positive about it. For example, one respondent suggested that “unless the democratic process is informed and supported by evidence you not only get policy failure, but also this is a sham democracy” [Expert W]. Some respondents reacted to the example from the previous round provided for this suggestion, which stated that evidence should be taken into account “AFTER the democratic process has stated what it cares about” [Expert N]. A few respondents agreed with the quotation because they saw some scientists as advocating for evidence outside the proper democratic channels, and seeking to shape policy when they are not elected officials. Interestingly, those who favoured the democratic process preceding consideration of evidence were mostly from the United States.

Conversely, a number of respondents suggested that building evidence is not connected to the democratic process, and that public opinion should not affect how evidence is developed. One respondent stated that evidence should come *before* the public decides what issues are important to them, because evidence should be available to help inform the public on the subjects on which they then vote. Though there were a variety of responses, it appears that most respondents would seem to agree that evidence needs to be available to policymakers and the public at large so they can make informed decisions; however, it is the nature of the democratic process that policymakers and the public can chose to go against the evidence if they see fit.

Mechanisms to improve communication between policymakers and researchers

In the second part of this discussion on evidence we solicited reactions to the mechanisms respondents provided in the previous round to improve the relationship between researchers and policymakers. Respondents were also given the opportunity to contribute additional suggestions on how to improve the relationship between researchers and policymakers. The following possibilities were presented to respondents:

1. Use of existing bodies to bridge this gap,
2. Use of educational sessions on the evidence for media and policymakers,
3. Use of knowledge brokers or other forms of 'translators',
4. Conducting policy simulations or gaming to show how evidence can be used to inform policymakers decisions,
5. Meetings and roundtables between researchers and policymakers,
6. Targeted short research briefings for policymakers relating to specific issues as they arise,
7. Using researchers with positive established relationships with policymakers as 'translators'; and
8. A collaborative and iterative process where researchers and policymakers design research and analyse the relevance of its results for policy.

While respondents did not provide feedback on all these mechanisms, a number of useful points were set out in the responses. Two experts suggested that existing bodies with good governmental relationships like UKDPC are helpful in bringing evidence to light for policymakers, and could act as facilitators for various other events bringing researchers and policymakers together. Knowledge brokers were supported by two respondents, one of whom noted that they have been successful in the case of the NTA; however, two others suggested that knowledge brokers could make the process of knowledge-sharing more cumbersome and might be dangerous, should they import their own interests into the process. Two respondents saw conducting policy simulations as a good idea for improving policymakers ability to use evidence, but one respondent noted that it is unlikely that policymakers would be willing to sacrifice the time needed to carry out this exercise. Multiple respondents supported short briefings for policymakers. A number of suggestions were also made to improve the likelihood that policymakers would take these recommendations to heart. One expert suggested that they should be delivered personally to build trust; another suggested that policymakers should be taught how to understand systematic reviews, as they are an effective way to convey a good deal of information. Finally, one respondent suggested that some incentive should be given to researchers to encourage them to create these kinds of documents. Using well-positioned researchers as the 'translators' was supported by a few respondents who saw these researchers as useful advisors; however, others suggested that this might give individual researchers too much authority. None of the surveyed experts commented on the use of education forums, roundtable sessions or the iterative, collaborative process of designing and learning from research.

Some additional suggestions were provided regarding ways to improve the sharing of and learning from evidence. A respondent noted that researchers need to capitalise on opportunities when they arise, not only rely on set routines and relationships. Finally, one respondent suggested that policymakers and researchers do not need to have a closer relationship, rather researchers should stay independent of policy to avoid compromising the integrity of their advice.

Implementation

KEY POINTS:

- Policy implementers, such as local authorities and front-line service, should be held accountable through a transparent system of performance management. The performance targets or outcomes should be developed with the involvement of local implementers
- There should be some flexibility for local innovation, which is supported by a commitment to look for policy failure and learn from it
- Sufficient resources and access to the evidence base should be provided to implementers to facilitate policy execution

Respondents' views on the key characteristics suggested

Though respondents indicated that implementation was a less of a priority than other themes in the first round of this exercise, we felt it important to explore this area further as a number of issues related to implementation were raised, especially with regards to the role of localism in drug policy. Respondents were given seven statements related to the quality and mechanisms necessary that were important for the implementation of drug policy. They were asked to agree or disagree with these statements, rate their level of importance (1 = most important, 7 = least important), and finally, explain their reasoning for their responses. The data in Table 10 shows the frequency of agreement and mean level of importance.

TABLE 10: FREQUENCY OF AGREEMENT AND MEAN RANKING OF IMPORTANCE FOR QUALITIES AND MECHANISM FOR IMPLEMENTATION OF POLICY*

Qualities and Mechanisms	N	Frequency of agreement	Mean score of importance
<i>Transparent performance management</i>	23	23	2.8
<i>Flexibility for variation and experimentation at the local level</i>	23	23	3.3
<i>A culture where policy failure is sought out and learned from</i>	23	23	2.9
<i>Adequate resourcing</i>	23	22	2.3
<i>Mechanisms to provide good access to the evidence base for implementation</i>	22	21	3.6
<i>Local areas given responsibility and are held accountable for outcomes</i>	21	18	3.8
<i>Vertical and horizontal coordination</i>	21	18	5.2

*Some respondents did not provide responses to the quantitative questions

1. Transparent performance management

A number of these suggestions received unanimous approval from respondents. Transparent performance management was seen as an important issue to respondents (mean rating = 2.8). Most respondents saw this as important as it helps clarify expectations of policy implementers, as well as helping inform the public of the impact of policy decisions. The only reservations presented by two of the respondents related to the extent of 'openness' in this system, and who should be responsible for ensuring that this process remains transparent.

2. A culture where policy failure is sought out and learned from

The second statement receiving unanimous support was that "a culture where policy failure is looked for and learned from" is an important feature of good governance. One expert noted that this is essential if policymakers intend to allow for some flexibility in delivery. Another respondent stated that for this kind of culture to be established, stakeholders need to develop sophisticated systems for data gathering and management and decide on what should (and should not) count as failure. Finally, a few respondents noted that establishing such a culture requires support from politicians who ultimately make policy decisions, and are accountable to the public. Multiple respondents noted that developing this kind of culture could be extremely difficult but was nevertheless very important.

3. Flexibility for variation and experimentation at the local level

The third suggestion which received unanimous support (though was seen as of lower importance with a mean score of 3.3) concerned the importance of some flexibility for variation and experimentation at the local level, which one respondent saw as directly linked to the aforementioned ideal of a culture that accepts and learns from policy failure. While the need for flexibility for local variability was generally supported, some provided caveats to their agreement. Notably, one respondent felt that there should still be some limits to the level of experimentation at the local level and that local bodies should be required to provide some explanation for any significant policy modification. One final issue that was suggested by a respondent was the possibility that a system which allowed for this variation at the implementation stage might allow national level policymakers to shift blame onto the localities if a policy fails. If there are serious consequences to diverging from national policy, there is little incentive for local areas to carry out experimentation, thus undermining the movement toward de-centralisation of responsibilities.

4. Adequate resourcing

The proposition concerning the importance of adequate resourcing received almost total support ($N = 22$ agree; $N = 1$ disagree). Though it was a high priority issue (mean = 2.3), there were still a few caveats expressed. While good resourcing was seen as fundamental by the vast majority of respondents, three noted that policy success in times of fiscal restraint is not impossible. These individuals noted that though having ample resources would be ideal, policy should be made with the country's financial situation in mind.

5. Mechanisms to provide good access to the evidence base for implementers

Almost all respondents supported the suggestion that mechanisms to provide good access to the evidence base for implementers ($N = 21$) was a key characteristic of good governance systems. Given the mid-range score for importance (mean = 3.6), it appears that this was not as high a priority for the majority of the sample as other facets of policy governance relating to implementation. Many thought that providing information on evidence in the form of accessible data and training would be beneficial. Additionally, one respondent noted that the feasibility of this aspect of governance is low because in devolved systems this would involve providing information to a large portion of the population.

6. Local areas given responsibility and are held accountable for outcomes

Most respondents supported the suggestion that local areas should be given responsibility for policy implementation and held accountable for outcomes ($N = 18$). However, they placed this as a mid-level concern (mean = 3.8). Despite their agreement in theory, there were a number of concerns about this suggestion. A few respondents noted that unless implementers are also involved in the policy design, it is unfair to hold them to account for the national policies. One respondent brought up the issue of 'buck passing' in relation to national governments shifting blame onto the local authorities. The suggested solution given to this problem was that policymakers should consider balancing accountability frameworks with genuine local discretion and control. Another concern which arose was that by devolving power, policymakers run the risk of losing good national level structures (e.g. the National Drug Treatment Monitoring System).

7. Vertical and horizontal coordination

Finally, the last statement in this group concerned the importance of vertical as well as horizontal coordination. Though the majority of the sample supported this suggestion ($N = 18$) it was rated the lowest priority issue by a significant margin (mean = 5.2). However, two respondents took issue with vertical coordination in particular because of the possibility that it may conflict with the localism agenda, as well as the fact that it may be very difficult to differentiate between vertical coordination and central control.

Mechanisms to improve policy implementation

In the previous round we received a few suggestions on possible mechanisms to improve implementation. In the follow-up question on implementation we asked respondents to provide feedback on the two mechanisms suggested in the previous round: having a strong manifesto that clearly outlines the responsibilities of implementers; and a system where local authorities are accountable to higher levels of government to demonstrate work towards previously agreed upon objectives. While a few respondents supported the idea of developing an implementation

strategy, far more feedback was provided on the proposition that local authorities should be held accountable to objectives by the national leadership structure.

Though a number of respondents felt that a framework for accountability for local implementation would be helpful, most of these respondents supported this idea *if and only if* local authorities were involved in the formulation of these objectives. One expert noted that it is also important for local authorities to make agreements with their local service providers to ensure that these service providers support the objectives set out in the implementation framework. Some additional suggestions provided by respondents included developing alternative systems for coordination such as models that are more of a support system than a 'target-driven' system, structural improvements such as better sharing of local data, and support measures for implementation, such as having respected professionals in the field of drug policy champion the implementation strategy.

Stakeholder engagement

KEY POINTS:

- From the responses there were five main groups of stakeholders articulated here in respondents' order of priority for engagement: policymakers; the media; researchers; service providers; and users, families and communities.
- Engagement of these groups around the evidence base was seen as a key area.
- A wide range of different mechanisms for engaging with these groups were described.

Respondents' views on engagement with different stakeholders

In the final section of the second round of the Delphi exercise we presented to respondents the list of fifteen stakeholder groups who were mentioned in the previous round. The respondents were asked to rank the importance of engaging with these actors and provide examples of how this might be done. The mean ranking score for each of these actors is presented in Table 11. From these rankings and the responses on mechanisms we were able to determine some key groupings of stakeholders and appropriate mechanisms for their engagement.

TABLE 11: MEAN SCORE OF IMPORTANCE OF STAKEHOLDERS*

(Note: a lower score indicates higher importance)

Drug Policy Governance Stakeholders	Mean score of importance
<i>Politicians</i>	2.6
<i>Policy officials/ civil servants</i>	2.7
<i>Government departments central to drug policy (e.g. Health, Home)</i>	2.8
<i>Media</i>	4.9
<i>Health Practitioners</i>	5.6
<i>Researchers</i>	6.1
<i>Treatment agencies</i>	6.2
<i>Police, customs/border officials</i>	6.5
<i>Prisons and probation services</i>	6.7
<i>Advocacy groups</i>	6.7
<i>Drug users</i>	6.7
<i>Communities</i>	6.9
<i>Families of users</i>	7.9
<i>Government departments peripheral to drug policy (e.g. FCO)</i>	8.2
<i>International organisations (EMCDDA, UNODC)</i>	10.3

*Some respondents did not provide responses to the quantitative questions

1. Policymakers

The three highest ranked stakeholders were politicians, policy officials, and government departments central to drug policy governance. Indeed, at times these three types of actors overlap. Perhaps reflecting the fact that a considerable proportion of respondents were involved in research and analysis in one way or another, most of those who responded to this question provided comments related to how researchers, or more specifically the evidence base, can make an impact on policymakers. A few respondents noted that direct engagement, through informal and formal meetings, was needed if stakeholders intended to get their ideas across to policymakers. Some suggested that providing briefings or conducting expert seminars could facilitate the engagement of policymakers. It was also felt that policymakers need to engage with the public through public meetings and disseminating valid information. A few respondents also noted that legislators also should be more open to reasoned debate around drug policy issues and actively engage in cross-party work.

2. The media

The media was seen as the highest priority stakeholder for engagement aside from the policy maker group mentioned above. Though many saw the media as important, there was a mix of

responses on whether it could have a positive influence on drug policy. One respondent felt that media generally hindered good policy, and that many media actors preferred sensational headlines to accurate portrayal of the situation around drugs and drug policy. Others noted that the media can shape public opinion and therefore needs to be well-informed. Most suggestions related to how to better engage the media were directed at researchers and policymakers. Some respondents suggested that briefing the media and keeping them continually updated on policy decisions would improve the quality of reporting on drug related issues. A few suggested that relationships with unbiased media correspondents should be nurtured and that education forums or consultations could be carried out with the media to persuade reporters to publish articles which are informed by the evidence.

3. Researchers

Researchers were also seen as a key stakeholder group for good drug policy governance. As was mentioned previously, many felt that researchers should be part of advisory groups and provide input for policymakers through forums. One respondent suggested that researchers should be mindful that they provide disinterested advice, not act as advocates for a particular policy agenda. A few of the experts surveyed gave suggestions to improve how researchers are engaged by policymakers including providing recognition of research through payment and/or publication, and expanding the areas of drug policy in which research is conducted.

4. Frontline service providers

The next highest ranked group of stakeholders was frontline service providers. This included health practitioners; treatment agencies; police, customs and border officials; advocacy groups; and prisons. Though health practitioners ranked slightly higher than the rest of the service providers, and prisons ranked slightly lower, most respondents suggested similar mechanisms for engagement with all these groups. It was suggested that service providers need to be engaged in the policy process on two levels: first, the national associations for these stakeholders should be consulted at the policy development stage at the national level, and second, local authorities should engage with service providers in their region to ensure that these providers are informed on national policy decisions and are involved at the implementation stage. It was suggested that researchers and policymakers should also engage with service providers by disseminating briefings on the evidence base and policy, and carrying out some educational seminars to help improve the understanding of the evidence base. A few respondents thought that service deliverers should be directly engaged in the policy development stage, but a number of respondents also thought that this was not a feasible option.

5. Users, their families and the community

Participants in the Delphi gave similar responses with respect to engagement with drug users, their families and the community. These individuals are either directly or indirectly the recipients of a good deal of drug policy and most respondents felt that, for developing effective drug policy,

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these groups should be engaged, where appropriate through their relevant service provider/advocacy groups. Other suggestions given to engage with this group were conducting educational fora and improving relationships between these groups and their local services.

6. Other stakeholders

Two final groups of stakeholders were suggested in the first round of the Delphi exercise: government departments peripheral to drug policy, and international organisations. Though these are very different stakeholder groups, respondents saw both these groups as much less relevant to drug policy governance. Most thought that policymakers should keep these bodies informed of their policy decisions through briefings, and researchers should ensure that these bodies had access to the evidence base. Additionally, a few respondents suggested that policymakers should not only consider how their policy will affect these peripheral departments and international conventions, but also learn from examples in these different sectors and countries.

Summary

The second round of the Delphi exercise provided clarity and greater detail on the issues which respondents saw as central to good governance for drug policy. The questions in this round sought to engage the respondents in issues which were not covered during the first round, provide more information on why respondents thought certain subjects were of the greatest salience, and highlight where difference of opinion remain for many people involved in drug policy governance.

Overarching goals

Respondents made clear that having well-articulated, high-level, goals was important to ensuring drug policy governance is carried out effectively. The majority of respondents felt that these goals should be realistic, but aspirational. Consensus or cross-party support should be sought when forming these goals but it was not essential.

Leadership and co-ordination

Respondents felt that the following issues were critical to ensuring good governance: leadership should be evidence-imbued; decision-making and the policymaking process should be transparent; the roles and responsibilities of departments should be well defined; and that processes should exist to allow flexibility to deal with changing circumstances while protecting against 'events-based' policymaking. However, there were diverging views among experts around the specific structures and actors who would ensure these qualities. While most respondents seemed to agree that seeking consensus and cross-departmental support was a worthy pursuit, a few disputed the necessity of this activity. Though a hybrid leadership structure (including options for cross-departmental structures, some central oversight and/or external monitoring bodies) received the most support, there was no clear preferred type of leadership structure.

Evidence in policymaking

Central to the improvement of evidence use in policy was creating a reflective and responsive relationship between researchers and policymakers as well as building an evidence base across all aspects of policy. Respondents seemed to agree that this required steps to be taken by both researchers and policymakers. A number of structures and actors were presented to facilitate this dialogue between research and policy. The most often mentioned methods of communication were providing short policy briefings for policymakers and conducting various fora for knowledge sharing (e.g. online forums, expert seminars). While most respondents supported the idea that greater continuity in officials of drug policy would improve institutional knowledge and memory, it was pointed out that this continuity would only be perceived favourably by those who support the policies of the leadership. Finally, a range of opinions remained on the exact relationship between evidence and the democratic process. Many, but not all, respondents seemed to believe that ensuring that policymakers and the public are sufficiently informed of the evidence prior to making their policy decisions would facilitate better policymaking. However, whether policymakers chose to adhere to the evidence base cannot be enforced, as evidence will ultimately need to be balanced with values.

Implementation and localism

While there was generally support for the central role of local authorities in executing drug policy, this support was contingent on a number of factors. Many of the experts surveyed felt that a system of performance management would be necessary to ensure that policy is implemented effectively but that local authorities should have a role in developing the outcomes against which they will be held accountable. Secondly, though carrying out nationally-designed policy is important, some flexibility must be allowed for local variation. Creating a culture where policy failures are looked for and learned from will also be important, should flexibility for local variation be encouraged.

Stakeholder engagement

There appear to be five main groups of stakeholders with different levels of drug policy involvement (presented here in descending order): policymakers and government departments central to drug policy; the media; researchers; frontline service providers; and users, their families and the community at large. Given their varying levels of involvement, the means of engagement differed across these groups.

The results from this round have further developed the picture of what participants considered to be the qualities, processes and structures associated with good governance of drug policy. These, alongside the insights from the St George's event and the first round of the Delphi, were then used to develop a preliminary list of important components of drug policy governance as described in the next chapter.

Chapter 5: Characteristics of Good Policy Governance

As described in the introduction to this report, concerns have been raised about several aspects of the way in which drug policy is made in the UK which suggest that some re-evaluation of the policy process will be an important step to progressing policymaking. Though no previous attempts have been made to examine the governance of drug policy specifically, two projects have been undertaken recently that have considered ways of improving policy governance in general: The Institute for Government's *Making Policy Better* project, and the Whitehall & Industry Group and Ashridge Business School (hereafter WIG) report *Searching for the 'X' Factors*. The IfG produced a series of reports (*Making Policy Better*³⁵, *System Stewardship*³⁶ and *Policy Making in the Real World*³⁷) building a coherent framework highlighting factors associated with good policy governance. These IfG reports provide what they call 'policy fundamentals',³⁸ which could provide the foundations for improvements to a variety of aspects of the policymaking process. Similar to the IfG reports, the WIG in collaboration with Ashridge Business School produced a report in 2011, which detailed a strategy for good processes and governance for both government and business decision making.³⁹ The WIG report provides a framework of 14 key factors of governance along with seven 'X' factors which they suggest are essential in the decision-making process. The WIG report describes the ways in which both government and business make decisions and provides some directives to government and to business individually as well as some general points for both. A summary of the core aspects of these two frameworks is presented below in Table 12.

³⁵ Hallsworth, M. & Rutter, J. *Making policy better: Improving Whitehall's core business*. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/28/> (accessed January 22, 2012).

³⁶ Hallsworth, M. *System Stewardship: The future of policymaking?* Working paper. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/30/system-stewardship> (accessed January 22, 2012).

³⁷ Hallsworth, M., Parker, S. & Rutter, J. *Policymaking in the real world: Evidence and analysis*. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/29/policy-making-in-the-real-world> (accessed January 22, 2012).

³⁸ Hallsworth, M. & Rutter, J. *Making policy better: Improving Whitehall's core business*. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/28/> (accessed January 22, 2012).

³⁹ The Whitehall & Industry Group and Ashridge Business School. *Searching for the 'X' factors: A review of decision-making in government and business*, 2011. <http://www.wig.co.uk/decision-making> (accessed February 9, 2011).

TABLE 12: SUMMARIES OF TWO EXISTING GOVERNANCE FRAMEWORKS

IFG'S POLICY FUNDAMENTALS	WIG AND ASHRIDGE BUSINESS SCHOOL'S 'X' FACTORS
<ul style="list-style-type: none"> • Clarity on goals • Open and evidence-based idea generation • Rigorous policy design • Responsive external engagement • Thorough appraisal • Clarity on the role of central government and accountabilities • Establishment of effective mechanisms for feedback 	<ul style="list-style-type: none"> • Clarity of goals and well articulated and communicated strategy based on good analysis and evidence and framed in the right way, unconstrained by institutional boundaries • A clear line of sight to implementation with practical options developed through early interaction and good communication with trusted stakeholders; • Relentless focus on only a limited number of absolutely critical issues • Good team-working with the right mix of expertise, experience and trust • The provision of sustained opportunity for really frank challenge, exposure of dissent and exploration of risks • Clear accountability, with incentives for long term success but without inappropriate sanctions for occasional mistakes • Effective review and evaluation of deliver of desired outcomes, with willingness to make appropriate adjustments in the light of experience

Many of the responses we received over the course of the St George's House event and the Delphi exercise were compatible with both of these general policy frameworks; however, they build on these general findings by focusing in on a number of drug policy specific issues. Drawing from both the previous governance structures discussed above and our expert consultation process we have identified eight themes with related characteristics which experts identified as important to the governance of drug policy. For each of these themes we have identified a number of key aspects that arose from our analysis of the St George's House event and Delphi process. These themes are summarised in Box 6 and elaborated upon below.

BOX 6: PRELIMINARY CHECKLIST OF KEY CHARACTERISTICS OF GOOD GOVERNANCE OF DRUG POLICY

Overarching goals that are:

- clearly articulated;
- realistic but aspirational;
- consensual or with cross-party support, where possible.

Leadership that:

- Seeks consensus and cross-departmental support;
- Provides authority and resources;
- Is 'evidence-imbued' (i.e. recognises the importance of evidence in policy development and of policy evaluation including willingness to make changes based on feedback).

Coordination of policy efforts that:

- Begins at a high enough level of office to ensure commitment and resources;
- Provides clarity of roles and responsibilities of those involved in policy development and delivery;
- Involves those responsible for implementation in agreeing objectives based upon an agreed upon policy framework.

Policy design that:

- Balances scientific evidence with other types of evidence (eg public and expert views, politics, innovative practice) in a way that is transparent;
- Generates ideas and options which have clear logic models underpinning them;
- Incorporates clear mechanisms for evaluation and feedback and incorporation of learning;

Development and use of evidence that:

- Is supported by mechanisms that continually promote its development and expansion;
- Is based around agreed upon standards for what 'counts' as evidence;
- Includes mechanisms to facilitate knowledge-building and sharing between researchers and policymakers;
- Is available in accessible ways for all stakeholders in order to improve accountability.

Implementation that:

- Has some flexibility for variation based on local needs;
- Has sufficient financial resources and access to the evidence base.

Accountability and scrutiny that:

- Holds policymakers to account for their decision-making, including their decisions to use or not use evidence in their policy;
- Measures success based on outcomes set through a system of transparent performance management;
- Relies on rigorous, objective processes of evaluation and review;
- Is transparent itself.

Stakeholder engagement that:

- Includes wide consultation during the policy development and policy evaluation stages;
- Has fora to facilitate healthy debate between stakeholders;
- Promotes understanding of the evidence base among policymakers, the media and the public.

Overarching goals

For many respondents setting the overarching objectives for drug policy was the necessary starting point for any attempt to improve drug policy governance. This was similar to the Institute for Government's (IfG) recommendation in the *Making Policy Better* report which saw "clarity on goals" as one of the "policy fundamentals,"⁴⁰ as well as the WIG and Ashridge Business School's *Searching for the 'X' Factors*⁴¹ report, which also placed primacy on clarity of goals but in addition made clear the need for these to be based on analysis of the evidence. Given the divergent views held by many stakeholders in drug policy, respondents to the Delphi process felt that clarity on what policy aims to achieve is necessary. However, most of our sample of experts felt that with regards to drug policy though clarity on goals was essential, consensus was not. While policymakers should strive to increase the level of agreement around drug policy goals, it is neither always possible nor necessarily beneficial for all stakeholders to agree on all high-level goals. These findings are complemented by some of Patrick Murphy's insights into drug policy leadership which values "strategic coordination efforts" where some facets of leadership require collaborative, consensus building efforts (he gives the example of treatment services and prisons), and other areas can operate without total consensus.⁴²

Regardless of what specific objectives are set, respondents felt that these objectives should be both realistic and aspirational. Goals need to be realistic so that stakeholders can conceive of ways to attain them and measure their progress wherever possible, but at the same time these goals need to be challenging in order to motivate those involved in policy development and execution.

Leadership

Ensuring strong and effective leadership of drug policy was a high priority for respondents; however, no consensus could be reached on exactly what structure of leadership would be best. The majority of respondents tended to prefer a hybrid model of leadership where there may be a centralised high-level authority, but this leader would be kept in check through some form of cross-departmental structure and autonomous or semi-autonomous body that provides advice on policy creation and evaluates policy outcomes. Though the preferred structure for leadership remains unclear, there were some qualities of leadership which received high levels of support. Many participants believed that whoever is in charge of drug policy must have sufficient authority and access to resources to allow effective development and implementation of policy. Fiscal restraint is important in the current political context; however, without sufficient resources (both financial and human) policy delivery becomes very difficult.

⁴⁰ Hallsworth, M. & Rutter, J. *Making policy better: Improving Whitehall's core business*. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/28/> (accessed January 22, 2012).

⁴¹ The Whitehall & Industry Group and Ashridge Business School. *Searching for the 'X' factors: A review of decision-making in government and business*, 2011. <http://www.wig.co.uk/decision-making> (accessed February 9, 2011).

⁴² Murphy, P. *Coordinating drug policy at the state and federal levels*. RAND Research Briefs, 1997. http://www.rand.org/pubs/research_briefs/RB6005.html (accessed: November 20, 2011).

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Adequate authority is tied to the financial and human resources issue, but also relates to the structural organisation of leadership. Drug policy may not get the kind of attention it requires to improve policy outcomes, if it is not located at a sufficiently high level within government. Many respondents identified a need for leadership to recognise the importance of evidence and have an understanding of the evidence base when making policy decisions. Though policymakers must sometimes balance the public's values against the evidence base, policy should strive to be evidence-imbued. Finally, built-in systems for scrutiny are necessary to ensure that the leadership is held accountable for its decisions. These accountability mechanisms whether external or internal (or both), would act as a check on power as well as help policymakers learn from their actions to improve future decisions.

Coordination of policy efforts

A number of departments and levels of government have an interest in drug policy. In order to avoid exclusion of interested parties, 'buck passing' between policymakers, or inappropriate distributions of power, drug policy must be coordinated in such a way that responsibilities are transparent. Though the issue of defining the roles of those involved in policy governance was part of both the IfG's and WIG's more general frameworks, it was seen as especially salient to drug policy governance, as there are many parties with interests in the development and outcomes of drug policy, and these interests sometimes conflict. This issue is also corroborated by the IfG's *System Stewardship*⁴³ report, which noted that one of the key roles for central government in its increasingly devolved structure was clearly delineating roles and responsibilities to departments and individuals at different levels of government. However, many of our respondents also stipulated that given the tension that can manifest between the various departments involved in drug policy, coordination will most probably need to come from the centre where officials should have sufficient authority to direct more than one department and should be concerned with drug policy as a whole. The importance of involving those who will be responsible for implementing the policy in the policy development process, particularly goal setting, was also highlighted as important for good governance in our research.

Policy design

As was also suggested in the IfG reports,^{44 45} the experts consulted in this process thought that policymaking needed to be a balance of the technocratic and the political. Thus policy design will be based on various source of information including, but not limited to, scientific evidence. Since many kinds of information will contribute to policy design and the patchy nature of the evidence

⁴³ Hallsworth, M. *System Stewardship: The future of policymaking?* Working paper. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/30/system-stewardship> (accessed January, 22, 2012).

⁴⁴ Hallsworth, M. & Rutter, J. *Making policy better: Improving Whitehall's core business.* Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/28/> (accessed January 22, 2012).

⁴⁵ Hallsworth, M. *System Stewardship: The future of policymaking?* Working paper. Institute for Government, 2011.

base means that not all programmes will have clear underpinning evidence of effectiveness, steps need to be taken to ensure that policies have a clear logic model underpinning them, in order to justify their selection as well as provide a basis for evaluation. Finally, policy design must have mechanisms for evaluation and review to ensure that previous policy decisions are learned from and can influence future policy decisions.

Use of the evidence base

The importance of using evidence in policymaking is clear in both the IfG and WIG reports in both their commitment to using evidence in policy design and the use of policy evaluation and review to feedback into policy creation. In our iterative process there was consensus among respondents that steps needed to be taken to continue building the evidence base and increasing the use of evidence in policymaking. Some areas of drug policy have reasonably strong evidence bases (e.g. Heroin Replacement Therapy) but many other areas have very little evidence (e.g. enforcement measures). The first stage in developing the use of evidence within policymaking is expanding the evidence base upon which policymakers can draw. Given that evidence is sometimes limited and contested the suggestion to help policymakers better understand which evidence is credible and which is not by setting some standards for evidence quality seems eminently sensible. This process of setting standards for evidence is one possible step in the process of improving communication between researchers and policymakers. Researchers need to present the evidence in accessible ways for policymakers and policymakers need, in turn, to be respectful of the research process.

Increased and improved communication between these groups is important to the uptake of evidence into policymaking. Researchers also need to consider the accessibility of their evidence to the public as a whole, as the policymakers are ultimately accountable to the public, and will act in accordance with what they think the public believes. Though the public has the right to make decisions based on their own values, they should have adequate access to the evidence base in order to make informed decisions.

Implementation

Though the main focus of our study was on policymaking, policy implementation is likely to be an increasing concern in the on-going trend to greater devolution of power to local areas. Respondents felt that implementation strategies should be based on a policy framework to which both national policymakers and the relevant local authorities must agree. Policy implementers would then be held accountable to this framework. To establish whether a policy is (or is not) carried out successfully, outcomes (e.g. did the drug treatment policy reduce the number of overdoses) must be measured, not just activities (e.g. was the drug treatment administered to a given population). This focus on outcomes will also provide some flexibility for variation as implementers can make some modifications to the national policy design in order to accommodate issues that are specific to their region. This outcomes-focused structure would help facilitate the IfG recommendation to maintain oversight by the central government until the point

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at which local accountability becomes entrenched.⁴⁶ Finally, if implementers are given greater responsibility for the application of policy and they are held to account for executing a policy, then they must be given sufficient resources and access to the evidence base so that they will be equipped for their expanded role.

Accountability and scrutiny

In line with both general frameworks, respondents expressed the view that the need for accountability and scrutiny in policymaking and delivery was important across the policymaking process. In addition to holding policymakers to account for their decisions, many respondents felt that policymakers should be held to account to the evidence base by explaining their reasoning when their policy choices appear to run counter to the evidence. Respondents also recommended that those responsible for implementing policy must be held to account for the outcomes of their implementation. Respondents noted that accountability and scrutiny procedures should be based on rigorous processes of evaluation and review. Wherever possible, measurable outcomes should be used to judge policy efficacy. These processes of evaluation and review should be learned from when designing future policy. Finally, accountability and scrutiny authorities should be transparent bodies thereby increasing the legitimacy of their actions.

Stakeholder engagement

Drug policy has a wide, often polarised group of stakeholders who operate at various different levels. This can be problematic when developing and executing drug policy. Steps should be taken to improve the interactions between stakeholders and increase the use of stakeholder engagement in the policymaking process. Most respondents thought that stakeholders should be consulted at the policy development and policy evaluation stages of drug policy governance. To facilitate this wide consultation, some forums for open debate need to be made available for stakeholders. This may take the shape of some form of 'safe space' where open discussions can be held to air the concerns of the various stakeholders involved in drug policy.

Respondents noted that efforts must also be made to ensure that stakeholders have sufficient access to information on the evidence base so that they can make informed contributions and decisions. To facilitate this, it was suggested that policymakers and researchers should help establish both in-person and web-based forums which detail in accessible terms the evidence on drugs and drug policy and the logic of the policy decisions made by the current government. Certain stakeholders require greater attention to ensure that they have access to and understand the evidence base. Policymakers need to be provided with digestible briefings on the evidence, which include explanations of the potential impacts of this evidence. Finally, since the media plays a large role in shaping public opinion, educational forums should be developed make the evidence base more accessible to media representatives. Increased understanding and better access to

⁴⁶ Hallsworth, M., Parker, S. & Rutter, J. *Policymaking in the real world: Evidence and analysis*. Institute for Government, 2011. <http://www.instituteforgovernment.org.uk/publications/29/policy-making-in-the-real-world> (accessed January 22, 2012). Pp. 6.

the evidence may help how the media portrays drugs and drug policy to the public.

Next steps

As indicated above, within these eight main themes we have developed a tentative list of key characteristics that experts suggest will promote effective drug policy governance (see Box 6). While we believe that these features have credibility, being representative of the opinions of a number of leading experts with diverse backgrounds related to drug policy and also congruent with more general governance research, this list does not yet have empirical support. In order to determine whether this framework is useful for analysing drug policy governance they need to be tested and, if necessary, refined. In the next stages of the UKDPC Governance Project, this framework will be applied in an analysis of the current drug policy governance systems in the UK. Following this development process we would hope that this list of features could serve as the basis for a framework for further research into the processes of governance of drug policy.

Appendix A: Delphi Round One Questionnaire

Drug Policy Governance Delphic Exercise

QUESTIONNAIRE 1

Questionnaire Guidelines

Drug policy is a contentious, often highly polarised topic. While much effort has been expended on debating the merits of different policies and perspectives, much less attention has been given to discussion of how drug policy is developed, implemented and overseen. In order to redress this balance, RAND Europe, on behalf of the UK Drug Policy Commission, is seeking your expert views as part of a wider project examining whether some approaches to developing, implementing and overseeing policy are more conducive than others to arriving at effective national drug policies.

We are seeking your views on whether there are key principles, processes, structures and stakeholders that may underpin good governance of national drug policy. However, perspectives that may inform these questions are much wider than those involved in drug policy and research. We have therefore included a wide range of perspectives and expertise from different countries in this exercise. This will be an iterative process in which we will assess your responses to this first set of questions and draw on this assessment to develop a subsequent questionnaire you will receive later in November. Many thanks to all of you for agreeing to participate in this process.

The questionnaire discussion is divided in to three short sections: one on principles, one on structures and processes, and one on actors in the development, implementation and oversight of drug policy. Please provide your responses in the grey boxes. These boxes are expandable, so you may write as much as you feel is appropriate.

Please return your response by November 11, 2011 to lkh32@cam.ac.uk.

Questionnaire 1:

I. Principles:

1) In this discussion and questionnaire we use the term governance to cover the development, implementation and oversight of policy. In a recent forum on drug policy governance it was agreed by experts in a range of different aspects of policy that a number of principles were important to good governance of policy. Below is a list of some of the principles that emerged from discussion at this forum. While it is likely that many of these are desirable, we would like your views on the relative importance of each of these principles. **Please indicate the priority you would give to each principle: low, medium or high (enter in the grey boxes).**

a.

PRINCIPLE	PRIORITY	PRINCIPLE	PRIORITY
Equitability and Inclusiveness		Robust Evidence-base	
Accountability		Transparency	
Responsiveness		Coordination	
Effectiveness and Efficiency		Others?	

b. Please comment on the reasoning behind your prioritisation choices:

II. Processes and Structures:

In this section we ask you to consider some of the processes and structures involved in national drugs policy, and the role they can or should play in the policy making process. **The key question for each is bolded.** The subsequent questions are suggestions for further discussion; however, it is not necessary to address all these prompts.

- 1) There are a number of possible ways of organising the leadership of drug policy such as: based in central government; an independently run external committee; or a cross-departmental group.
 - a. **What type of leadership structure(s) do you consider to be most likely to promote(s) effective policy governance.** Enter comments here:
 - b. What in your opinion are the main obstacles/facilitators to effective leadership in the drug policy field? Enter comments here:
 - c. Can you give any examples of where drug policy or some other contentious policy area has had a particularly effective leadership structure? Enter comments here:

- 2) Drug policy is cross-cutting and a range of government departments and agencies have a stake in the governance and the outcomes of drug policies.
 - a. **How do you think drug policy can be most effectively coordinated across relevant bodies?** Enter comments here:
 - b. Can you give any examples of where you feel this kind of cross-cutting policy area has been co-ordinated particularly well? Enter comments here:

- 3) Many experts believe that a scientific approach that integrates relevant evidence and research is an important feature of effective policy making.

a. How important do you think it is to create and maintain a robust evidence base across the range of drug policy areas and related interventions? Please explain the reasons for your response.

Enter comments here:

b. Can you give examples of how or where a strong evidence base for drug or other policy areas has been or is being developed and maintained effectively? Enter comments here:

4) A lack of dialogue and understanding between policy and decision makers and those who conduct relevant research can be a challenge for policy governance when policy and decision makers seek research and evidence to inform their decisions.

a. How important is it to communicate and 'translate' evidence and data in a form that makes it accessible to and encourages its use by those involved in policy making and implementation? How might this be done? Enter comments here:

b. Can you give any examples of where this has been done well and there is good communication between research and policy? Enter comments here:

5) Policy as it is designed at the national level can often differ from how those policies are then implemented. While at times this can allow useful flexibility for local interpretation and tailoring of policy in practice, at other times it may entail disregard of key policy lines.

a. What mechanisms can facilitate effective implementation of drugs policy? Enter comments here:

b. Can you give examples of how mechanisms or processes help facilitate effective implementation of policy from either drug policy or other policy areas? Enter comments here:

Characteristics of good governance for drug policy

- 6) It has been suggested that increasing the accountability of those developing, implementing and overseeing policy may facilitate policy governance that fits with principles discussed above of being evidence-based, transparent, effective, etc. (Hallsworth and Rutter, 2011).
- a. **How can we facilitate scrutiny and accountability at all stages of the policy making process?** Enter comments here:
 - b. At what stages of the policy process are scrutiny and accountability most important? Enter comments here:
 - c. Would it be helpful to have a system or expectation of 'quality oversight' that holds civil servants accountable for 'quality checking' that evidence has been drawn upon and proposed aims fit well with proposed policies? Enter comments here:
 - d. Can you give any examples of where accountability and scrutiny are entrenched to good effect in the policy making process? Enter comments here:
- 7) Many stakeholders with a range of views about the aims of policy, about who should 'own' drug policy, etc, are involved in drug policy governance. It has been suggested that an open dialogue that allows all facets of drug policy debates to be aired could raise awareness of the many policy options and the evidence for and against different approaches.
- a. **Do you agree that this would be useful and if so, what would facilitate an open dialogue between stakeholders?** Enter comments here:
 - b. Would a 'safe space' for open discussion encourage a reflective approach to policy making across political and other lines? And if so, how could this be achieved? Enter comments here:
 - c. Can you give any examples of existing fora for open dialogue that have contributed to effective policy governance? Enter comments here:

Please indicate what priority you would give to each of the above processes and structures: low, medium or high priority. If you think any processes or structures have been missed please enter them in the 'Other' spaces.

PROCESS/STRUCTURE	PRIORITY	PROCESS/STRUCTURE	PRIORITY
Leadership		Coordination in policy development	
Facilitation of effective policy implementation		Translation of evidence for policy use and practice	
Creation of a comprehensive (to the extent possible) and rigorous evidence-base		Accountability in policy making and implementation	
Facilitation of open debate across political lines and between stakeholders		Other: enter here:	
Other: enter here:		Other: enter here:	

III. Actors:

In this section we ask you to consider those involved in drugs policy and the role they can/should play in the policy making process. **The key question is bolded.** The subsequent questions are suggestions for discussion; however, it is not necessary to address all these prompts.

- 1)** The media is diverse, and a range of media can influence both public opinion and policy-makers, potentially facilitating or hindering policy making.
 - a. How can the media be accommodated in the policy making process to encourage effective use of the range of media for public information and commentary, and where possible, try to avoid its playing a counterproductive role in debates around drug policy?** Enter comments here (max 250 words):
 - b.** Can you give examples of where media has been effective and/or structures that could facilitate this in either drug policy or other policy areas (Enter comments here:

Characteristics of good governance for drug policy

2) As mentioned earlier, drug policy involves many stakeholders with diverse objectives.

a. Who would you say are the key stakeholders in (a) drug policy development (b) implementation (c) oversight, and how do you think they should be engaged? Enter comments here:

a. Can you give examples of how stakeholders have been effectively engaged in drug policy or Enter comments here:

Are there any other issues important for considering drug policy governance on which you would like to comment? If so, please do so below.

a. Enter comment here:

End of Questionnaire

Thank you again for your participation in this Delphic exercise. We will send you the second round of this two-part survey shortly and look forward to hearing back from you again soon.

Appendix B: Delphi Round Two Questionnaire

Drug Policy Governance Delphic Exercise

QUESTIONNAIRE 1

Questionnaire Guidelines

Thank you all for participating in the last round. There were some very helpful and interesting responses, including some important points of agreement and tension around governance of drug policy. There were many challenges raised, suggestions offered and examples described. Much of the input from those responses is built upon further below as we clarify our understanding of your responses and seek to develop further some of this new thinking around drug policy governance.

For each area discussed in this second round we will provide a brief overview of your responses and ask for your view on the critical characteristics needed for that issue, structure or process to proceed effectively. We will also present back to you where possible a few of your suggestions for how that could be arranged and request any further examples where appropriate.

Please type your responses into either the tables or text boxes where indicated. Once you have completed the questionnaire please send it to lk32@cam.ac.uk by **December 15, 2011**.

Thank you very much for your participation.

Characteristics of good governance for drug policy

1) In the last set of questions many of you emphasised the importance of widespread agreement on **the overarching, high level goals of drug policy and 'what success would look like'**, whether the priority is, for example, a world free of drugs (prioritising the development of approaches that may reduce the profitability and appeal of trafficking and distributing drugs), reducing the harms from those drugs that are trafficked and used so that fewer people are dying or ending up seriously ill from drug misuse, or a balanced approach that focuses on supply reduction and demand reduction in parallel. These comments arose in all sections. For example, some of you described good leadership in terms of building consensus around the aims of drug policy, while others spoke of an overarching consensus around the aims of drug policy as a foundation for good co-ordination or for underpinning accountability. These comments also identified, implicitly or explicitly, a number of characteristics that respondents suggested were important to good governance

a. The following table shows the key characteristics discussed in your responses. For each characteristic, please indicate whether you agree or disagree that they are important characteristics of overarching aims of drug policy, what ranking you would give to the characteristic and if possible explain your response in the table below.

A key characteristic of good policy governance is ...	Agree/ Disagree	Rank (1-3)	Comments
<p>... clarity about the overarching goal(s) for drug policy. Whether this a world free from drugs or a reduction of harms from drugs it was suggested that there was a need to be clear about "what success would look like".</p>			
<p>... consensus around what the overall policy goal should be. The value of consensus came across in many comments, for example "effective policy processes are more about the quality of the engagement [and] ...a high level of consensus on key principles and objectives..."</p>			
<p>... realistic and achievable goals. The need to be pragmatic and recognise the limitations of policy were mentioned by several people as in this example "the first step would be to create a clear and realistic goal for drug policy".</p>			
Any others you consider important:			

Findings from an expert consultation

- b. In your responses there were also some suggestions for how this clarity and consensus on the main objectives for drug policy might be achieved. These included:
- A safe space for discussion and debate about drug policy, and cross-party engagement (which would be facilitated by a safe space);
 - Differentiation between which problems could be agreed upon and which could not;
 - Consideration of what would count as data and information to inform those problems and what would not;
 - An independent inquiry tasked with making recommendations, starting with an independent assessment of the costs and benefits of current policies, moving on to a recommendation of core policy aims for drug policy;
 - A wide consultation or deliberative exercise with the plethora of stakeholders.
- c. Do you agree/disagree with any or all of these as means of working towards agreed overarching aims for drug policy, and if so why, and if not why not? Do you have any other suggestions or examples?

Please answer here:

- 2) The issue that was most frequently rated of great importance to effective governance of drug policy was **leadership**. We consider leadership and **coordination** together in this section because they were frequently discussed together in your responses, for example: leadership should be from the top down but include a cross-departmental advisory body; leadership requires clear delineation of various branches of governments' roles and responsibilities; and whether or not any one department or sector should have the lead responsibility for drug policy. Based on your responses, this area of leadership structures and coordination mechanisms appeared to articulate the fundamental basis on which drug policy should be governed.
- a. The following table contains the key characteristics of leadership and coordination discussed in your responses as being important for effective leadership and coordination of drug policy. Please indicate whether you agree/disagree with the characteristics below, what ranking of importance you would give to the characteristic in leading and coordinating drug policy, and explain your response in the table below.

A key characteristic of good policy governance would be ...	Agree/ Disagree	Rank (1-9)	Comments
<p>... decision-making is depoliticised. E.g. there is cross-party consensus or decision-making is technocratised. One respondent suggested, that this would "remove the debate from the inflammatory processes of old –successfully".</p>			

Characteristics of good governance for drug policy

A key characteristic of good policy governance would be ...	Agree/ Disagree	Rank (1-9)	Comments
<p>... strong political leadership that seeks consensus and cross-party support. The example of Scotland was given to illustrate the value of this, where the SNP minister worked to achieve cross-party consensus for a new drug strategy.</p>			
<p>... a clear single point of leadership to provide drive and impetus and ultimate accountability. Some people suggested this should be placed centrally to avoid inter-departmental turf wars ("leadership is required from the highest office levels of government (i.e. 10 Downing Street)") while other suggested this should be in health to refocus policy ("A cross-departmental group with strong ministerial leadership in the Department of Health").</p>			
<p>... evidence-imbued leadership. Those responsible for drug policy need to be committed to a scientific approach and to collecting and acting upon evidence about the effectiveness of interventions and their policies. One respondent considered that "it is profoundly undemocratic for governments to make claims about what they are doing ... when they have no clear evidence that these are or can be achieved."</p>			
<p>... transparent decision-making. "... [T]here will always be values and judgements to be made about what is more of a priorityevidence is lacking in many important areas (esp in enforcement side) and because values and value judgments play a role too. How many robberies "equals" one child abuse case or person-year of cocaine dependence? Those questions cannot be answered by "evidence" but must be part of the calculus of policy choice in this domain." It is therefore important that the reasoning behind the decision-making is open to scrutiny.</p>			

A key characteristic of good policy governance would be ...	Agree/ Disagree	Rank (1-9)	Comments
<p>... processes that are able to respond to changing circumstances appropriately while avoiding knee-jerk responses to incidents.</p> <p>Several people argued against the suggested principle of responsiveness because it was considered to "ad-hoc and/or incident based decision-making".</p>			
<p>... involvement of all relevant departments at a high enough level to ensure their commitment and access to resources.</p> <p>One respondent stated, "The structure of the leadership is less relevant than the authority and resources that said entity has at its disposal". Indeed another respondent pragmatically noted that, "leadership structure needs to reside within government due to budgets and financial control" and that "it also needs to be at the highest level possible of government".</p>			
<p>... clarity and agreement around the roles and responsibilities of different departments to improve co-ordination, buy-in and accountability.</p> <p>Coordination of drug policy can be achieved through "...clearly defined mandates and roles and accountability (also between departments and agencies)."</p>			
<p>... an independent process for holding policy to account.</p> <p>This might be through an independent commission as in Scotland, use of parliamentary committee system, or through the commissioning of an independent evaluation</p>			
Any others you consider important:			

- b. Many respondents described particular models of leadership structures for governance of drug policy; the main ones that were described and suggested in your responses could be broadly categorised as:
- One main government department should lead, and that should be health;
 - Central government should lead and this should be located at as high a level as possible;
 - Hybrid models including independent experts, central government and coordination across the relevant department.

Characteristics of good governance for drug policy

- While the models described for the most part fit in to the three groups described above, there were some particular competing views about the role of an independent expert group in leadership of drug policy. Some suggested that drug policy would be best led by an independent expert group, while others clearly thought this would be undemocratic and that any expert group should feed in to the process in a formal and transparent manner. Please comment further on this tension if possible, and on whether and why you would argue for leadership by independent expert group or for such a group to feed in to the leadership of drug policy governed by democratic representatives.

Please answer here:

- 3) Your responses about the role of **evidence and evidence translation** reflected on the challenges for evidence within drug policy making. For example you commented on the fact that:
- Evidence cannot be abstracted from the context in which it is being applied
 - There are differences in robustness of evidence and of our knowledge base in various areas
 - There are different types of information and levels of evidence, and importantly
 - Different uses for evidence such as: understanding drug challenges, framing objectives for drug policy and interventions, identifying potential interventions, evaluating policy and interventions, measuring progress against objectives, and
 - Providing legitimacy for policies and decisions in the eyes of onlookers and stakeholders.

If it is possible to arrive at some agreed overarching goals, then there would need to be ways of choosing and mediating between the range of evidence available to inform policy and practice around some of these goals.

- a. The following table contains the key characteristics of evidence and translation of evidence for policy discussed in your responses. Please indicate whether you agree/disagree with these characteristics as being important qualities in evidence and evidence translation for policy. Please also indicate what ranking of importance you would give to the characteristic if so, and explain your response in the table below.

A key characteristic of good policy governance is ...	Agree/ Disagree	Rank (1-5)	Comments
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A key characteristic of good policy governance is ...	Agree/ Disagree	Rank (1-5)	Comments
<p>... clarity about the relationship between evidence and the democratic process. While evidence was seen as of great importance many people pointed out that it was not the only consideration in developing policy, e.g., "AFTER the democratic process has decided what it cares about then evidence is essential".</p>			
<p>... a reflective and responsive climate between researchers and policy makers. The importance of communication to develop mutual understanding was highlighted in a number of ways. For example, one respondent wrote "one of the key elements of knowledge/research transfer are the meeting points between policy makers and researchers", while another commented that, "[w]hen presenting data, researchers should be sensitive about potential ambiguity in research findings and data".</p>			
<p>... mechanisms for building the evidence base across all aspects of policy. The wide range of types of evidence were remarked on by many people. Others talked about the unevenness of the evidence base and another suggested that having the lead based in a particular ministry might skew the knowledge base in that direction. One respondent noted that "the constant see-sawing between a criminal justice approach and a treatment approach rather than an evidence based approach" was problematic for the development of drug policy.</p>			
<p>... evidence is made available in policy relevant and accessible ways. Many people stressed the importance of this, e.g. one respondent said, "researchers must understand that policy makers need concrete answers to specific policy relevant questions".</p>			

Characteristics of good governance for drug policy

A key characteristic of good policy governance is ...	Agree/ Disagree	Rank (1-5)	Comments
<p>... continuity of officials. It was suggested that it was important for civil servants to specialise and be able to stay in one place long enough to build up knowledge and expertise. One respondent noted that a "committed and knowledgeable minister is critical" and cited Jack Straw's long tenure in the justice department as contributing greatly to the establishment of the Youth Justice Board.</p>			
<p>Any others you consider important:</p>			

b. In responses to the previous round of questions there were many suggestions that the relationship between research and policymaking needs to become less adversarial and more collaborative. It was also noted that this needed to come from both researchers being more responsive to policy questions, and making their research more policy-accessible through research summaries and other brief communications, and policy makers being more committed to evidence informing their decisions where possible and evaluating their policies and interventions, There were some suggestions of how this rapprochement between science and policy could best be achieved, though not many examples of where it is done well elsewhere (with the WODC research department of the Ministry of Justice in the Netherlands being a notable example, and the adoption of Portugal's drug policy changes through a high level scientific commission being another).

A few suggestions given included:

- Existing bodies such as the UKDPC could provide this bridge,
- Fora such as media and policy maker education sessions on the state of scientific knowledge in a given area of drugs challenges could be carried out,
- Knowledge brokers or specialist agencies could be used to translate and create feedback mechanisms between research and policy makers,
- Policy simulations and gaming in which policy makers receive information and evidence in ways that they can use to steer choices and rapidly see the likely outcomes of their choices
- Meetings and roundtables between policy makers and researchers can be important means of translation
- Short policy notes or briefings for policy makers could be disseminated by researchers, however opportunities for influence can come unexpectedly and researchers need to be ready to communicate with policy briefs to make best use for such opportunities

Findings from an expert consultation

- o Researchers who are credible, confident and trusted can provide channels of communication with policy makers, even in areas that are not necessarily their specific areas of greatest expertise
- o Researchers and policy makers could work together on the process of refining questions, designing research and interpreting results.

Please comment below on: any of the above suggestions, or any other suggestions you have for bringing science and policy closer together and whether/how this could work.

Answer here:

Please comment below on: whether having more shared overarching goals (as discussed in question 1) would help address this gap.

Answer here:

- 4) **Implementation** of drug policy may require different structures and processes than development of drug policy. Also, implementation may require different characteristics to be effective – for example given variations in needs across different communities and a move towards devolving responsibility in the UK (as well as elsewhere), localism is potentially more important in implementation than in making policy.
- a. The following table contains the key characteristics discussed in your responses with respect to implementation of drug policy. Please indicate whether you agree/disagree with the characteristic as being an important quality of implementation, what ranking of importance you would give to the characteristic and explain your response in the table below.

A key characteristic of good policy governance is ...	Agree/ Disagree	Rank (1-7)	Comments
<p>...transparent performance management. E.g. open publication of data so that the different bodies involved in implementing policy can be held to account. One respondent stated that it was necessary to “make data and evaluation more open and accessible, and more widely disseminated” to ensure accountability.</p>			
<p>... that local areas are given responsibility and held accountable for outcomes. “Sub-national level governments should be provided resources and then held accountable for achieving results”.</p>			

Characteristics of good governance for drug policy

A key characteristic of good policy governance is ...	Agree/ Disagree	Rank (1-7)	Comments
<p>... that there is some flexibility for variation and experimentation at local level. “[K]ey to the implementation of policy at the local level are indeed some flexibility and the tools...that ...support and influence local activities”</p>			
<p>... adequate resourcing. Several people pointed out the need for adequate resourcing if policy is to be implemented properly, e.g. “objectives are sufficiently resourced in their implementation”.</p>			
<p>... that there is vertical as well as horizontal co-ordination. As one respondent remarked “vertical coordination bodies are another tool that is necessary in federalist or decentralised countries”.</p>			
<p>... mechanisms to provide good access to the evidence base for implementers. This may be through provision of appropriate information sources or by “thorough training of all those required to implement” policy.</p>			
<p>... a culture where policy failure is looked for and learned from. As one respondent wrote “it is important to create a culture in which there is the ability to respond quickly to evidence of policy failure and recalibrate”.</p>			
<p>Any others you consider important:</p>			

- b. Few structures or mechanisms were suggested to facilitate effective implementation in response to the last round of questions. Some suggested that a strong manifesto that clearly outlines the responsibilities of implementers would be useful. Others suggested a system where local authorities were accountable to higher levels of government to demonstrate work towards previously stated/agreed objectives. Please comment below on the above suggestions and any other suggestions to develop structures/processes/mechanisms to facilitate implementation.

Please answer here:

Findings from an expert consultation

5) Responses to questions in the first round about who are the key stakeholders in drug policy governance covered a wide range of participants. Not all stakeholders necessarily have the same level of interest and expertise or input to offer at each stage, so in seeking to get a more nuanced understanding of the role of this wide range of stakeholders in the governance of drug policy it would be helpful to get your views on **how you think these different stakeholders can be most effectively engaged, and what stage?** (e.g. someone suggested an educative engagement with media, and someone else offered being able to get external expert advice in a formal and transparent, non-oppositional way).

Stakeholder	Engagement Priority (1-9)	Method for engagement
Policy officials		
Politicians		
Media		
The FCO		
Police, Customs/Border Officials		
Health Practitioners		
NGOs		
Users		
Families of users		
Any others you'd like to add?		

End of Questionnaire
Thank you very much for your contributions