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ДЕМОНСТРАЦИОННЫЙ ВАРИАНТ

Время выполнения задания – 180 мин.

I. СПЕЦИАЛЬНАЯ ЧАСТЬ

В соответствии со своим выбором программы магистерской подготовки выберите и прочтите статью, сделайте ее критический анализ на русском языке в соответствии с заданными вопросами.

«Политический анализ и публичная политика»

The role of research evidence in drug policy development in Australia

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Abstract:
The mantra of "evidence-based policy" is continuing to gain ground, with calls for public policy to be informed by scientific evidence. However, in many areas of public policy the role of evidence and science is highly contested. This is amply demonstrated in the area of illegal drugs policy. Illegal drugs policy, concerned with governments approaches to controlling the sale and use of drugs such as heroin, cocaine, and cannabis, is a highly contested area, and hence a fruitful case example of the complexity of policy.
There are a number of features of illicit drug policy: multiple government departments; political ambivalence; multiple stakeholders outside government; high media profile; and strong community attitudes that need to be taken into account in understanding the relationship between policy and research evidence.
Illicit drugs policy is not confined to one area of government – Law Enforcement, Health, Education all have roles to play. The objectives for illicit drug policy can differ between these governmental areas – where for example public health goals may conflict with law enforcement goals. Co-ordination and cross-portfolio co-operation are required. Budgets must be allocated between departments, rather than within one area.
Political leaders are also highly ambivalent about drugs policy: desirous to be seen to be „tough on drugs" in Australia, yet supportive of approaches that minimise the harmfulness of drug use, without necessarily reducing use per se. In the case of the latter, needle syringe programs represent a harm reduction intervention that has attracted political interest.
The role of the media and community attitudes frames much of the illicit drug policy debate. Media portrayals of illicit drugs tend to focus on the criminal, rather than health aspects. Community attitudes can be polarised – either strongly in favour of a zero tolerance and abstentionist position; or strongly in favour of harm reduction and decriminalisation. Politicians, democratically elected, take notice of both media and community attitudes.

In this context, the role of research evidence can be fraught. In the first instance, we need to understand whether, indeed, decision makers actually even access research evidence. One of our studies examined the sources that Australian policy makers in the alcohol and drug portfolios of government actually used when faced with their most recent decision-making opportunity: the most used source of research evidence was seeking advice from an expert, followed by accessing the internet, using statistical data and consulting technical reports. The least frequently used sources were consulting other policy makers, using academic literature and employing a consultant. The results suggest that researchers may need to consider dissemination through sources other than academic journals in order to improve the likelihood of the uptake of evidence in policy making. In another study, we explored the extent of policy influence of two research projects. Three data sources were used to ascertain policy influence: policy documents; policy processes and media mentions. Consistent with public policy theories about the importance of policy processes, relationships, and interactions we found that the research has been actively taken up in Australian policy processes. We found instrumental, symbolic and conceptual uses of the research in policy discussions. And noted the ongoing, dynamic and relational processes between research and policy. In this paper, both of these studies will be described and discussed in terms of implications for understanding the nexus between research and policy.

Introduction

Evidence-based or evidence-informed policy is a common mantra. Good public policy includes consideration of research evidence, but the uptake of evidence in policy-making processes is fraught with barriers (Anderson, et al., 2005; Brownson, Royer, Ewing, & McBride, 2006; Edwards, 2005; Gregrich, 2003; Hanney, Gonzalez-Block, Buxton, & Kogan, 2003; Lomas, 1997; Secker, 1993; Stone, Maxwell, & Keating, 2001). Barriers from the research perspective include the long timeframe for research; often contradictory or equivocal findings; research questions that are not relevant; the absence of any research evidence; and the research environment – which does not reward policy relevant activities. From the policy point of view, barriers include the policy environment itself, the short timeframe for decisions, rapid change, lack of skills to interpret and use research effectively and poor access to research.

In my experience, researchers feel frustrated and policy makers feel misunderstood. “The policy world is as alien to most researchers as a distant foreign land and most do not even realise it” (Agar, 2002).

Drug policy is a perfect example of a complex social problem, without obvious solutions, driven by highly emotional arguments and strong interest groups. It is ideal for the study of the role of evidence, inasmuch as evidence is but one input into policy.

Before commencing with a discussion of drug policy actors within government, I want to start with a list of the current debates in drug policy internationally. This will give a flavour for the kinds of policy concerns that abound. I have chosen the “hot topics” internationally – not every country or state is considering these policies actively, but most people in society have a view about drugs policy: these are the “taxi driver” conversations that I have when I travel.

Hot topics in drug policy right now include:

- International conventions: outdated, anachronistic and interfere with sovereignty
- Law reform: legalisation of use/possess, especially cannabis
- Medical marijuana
- Injecting rooms
- Prescribed heroin
- Prescription drug misuse (eg: opioids like oxycodone)
- “Harm reduction” as a policy framework/policy goal
- Workplace drug testing
- Drug driver testing
- Goals of drug treatment (abstinence or reduced use)
- Naloxone distribution
- Human rights based drug policy

How can evidence contribute to these? What kinds of evidence contribute? Or are these policy debates less about evidence and more about ideology? I will return to this theme at the end.

Illicit drug policy: government actors

Drug problems are complex and involve physical, social, psychological and community aspects. For some people, drug problems are seen solely as a criminal justice problem – drug users should be arrested, and drug traders punished. For others it is firmly a health problem. In the USA, promulgation of "addiction as a disease" has seen the growth in treatment interventions and a strong push for the health portfolios of government to lead the way in drug policy. For example DuPont et al (in press) state "The root of the drug problem is found in the human brain, specifically the brains reward centers that control behaviour". At the same time, the "addiction as disease" concept has attracted criticism from social scientists, who note that drug use is a social phenomenon, and occurs as a consequence of environment, social circumstances and so on. In addition, the "addiction as a disease" leaves little room for recreational drug use. Recreational drug use is the most common form of drug use (only a minority go on to develop a dependence or addiction per se, (Wagner & Anthony, 2002). Yet recreational use can be harmful – and should be the subject of drug policy as much as "addiction".

Taking the broader perspective on drug policy, which is inclusive of health but also social and community aspects, leads to the appreciation that drug policy spans multiple areas of government, notably law enforcement and policing, health, community services and education.

Tables 1, 2, 3 and 4 display the large variety of „drug policies" within the four pillars of drug policy: Prevention; Treatment; Law enforcement; and Harm reduction (Ritter & McDonald, 2008).

INSERT Tables 1, 2, 3, 4 5

More than 100 different drug policy options can be readily identified, each of which has a variable evidence base (some strong, some weak). When presented in this way, there are a number of reflections that can be made.

Firstly, it demonstrates the requirement for a comprehensive, whole of government approach to drug policy. This in itself creates many challenges: government departments often operate in silos and certainly in competition with eachother for limited resources. Thus, if the health system argues that greater investment in health responses will lead to reductions in spending within the criminal justice areas, this is of little comfort to the health bureaucrats because the savings do not accrue to their portfolio. In addition, portfolios can have conflicting goals. For example the attendance by police when an ambulance is called for a drug overdose. The police goal is to arrest the user; the ambulance officers goal is to save the person's life. (In Australia there is now agreement that police do not attend overdose events).

The second observation is that usually one area of government is required to provide overall leadership for drug policy. In many countries, including Australia, this occurs within "Health". In most EU countries it occurs at the President, Prime Minister or cross-Ministerial level (eg USA Drug Tsar, Office of National Drug Control Program). In Croatia the „Commission for Combating Drugs" is composed of members of all relevant ministries and is chaired by the Deputy Prime Minister in charge of social issues and human rights. And in other countries it occurs within the crime and policing portfolios. Notably in South East Asian countries, responsibility for drugs occurs more often through criminal justice or social departments, such as in Vietnam "The Department for Social Evils Prevention (within the Ministry of Labour Invalids and Social Affairs). Interestingly there has been no documented analysis or research on the impact of where the policy control body sits within government (an interesting PhD topic!).

Thirdly, returning to the list of possible options, it should be apparent that one must rely on a portfolio of strategies, across all the areas, rather than single interventions. This is consistent with the notion that effective drugs policy must contain both a supply reduction element (law enforcement) and a demand reduction element (treatment and harm reduction). Reducing supply without reducing demand for drugs will have little influence; likewise reducing demand for drugs without attending to supply will also be limited. This begs the question regarding an

appropriate "balance" between drug policy elements. Many nations formally state that drug policy should entail balanced efforts across multiple domains. For example in Australia, one of the aims of the National Drug Strategy is „to achieve a balance between harm-reduction, demand-reduction and supply-reduction measures to reduce the harmful effects of drugs in Australia. This approach has been echoed recently in the USA with the Obama administrations 2010 National Drug Control Strategy emphasising a balanced policy of prevention, treatment, law enforcement and international cooperation (Office of National Drug Control Policy, 2010). Switzerland's National Drugs Policy similarly emphasises „the four pillar model as a pragmatic middle way, and aims to increase the interchange between prevention, treatment, harm reduction and law enforcement (Swiss Confederation, 2006). Despite this rhetoric, however, there is little policy analysis of how balance can be achieved, nor what that „balance" should look like – a fruitful area for research (Ritter, 2010).

Fourthly, and finally, such a list of possible interventions across four pillars tempts the notion of evidence-based policy. Surely the key task for governments is to choose from amongst these options those which show the greatest effect for the least cost, operate synergistically and minimise unintended consequences. In a world where evidence reigns supreme, drug policy would be a rational construction from the menu of options and one which achieves society's desired goals in the most cost-effective manner.

This technocratic view of drug policy ignores the reality of a policy area where there are strong emotions, morality politics are at play and there are not necessarily shared goals. The technocratic view of policy processes is infrequently supported in other areas of social policy: the role of politics, public opinion, interest groups and coincidental „opportunities" have been well documented in the policy literature (Kingdon, 2003; Lindblom, 1959, 1979; Ritter & Bammer, 2010; Sabatier, 1988, 2007; Stone, 2002; Weiss, 1983).

Politics of drug policy

Illicit drugs have great symbolic significance in politics (Bertram, Blachman, Sharpe, & Andreas, 1996). Characterised on a simple spectrum, the politics of drug policy can be either „zero tolerance" or „harm reduction". For the former, drug policy signifies a moral statement by government against drug use and an endeavour to eliminate such "social evil" from society, through a zero tolerance or abstentionist position. Drug use must be eliminated, those responsible must be punished and society must be protected from those (marginalised and stigmatised) individuals. For harm reduction, government's role is to protect society from the consequences of drug use, but not eliminate drug use itself (which is seen as unrealistic). The harm reduction position accepts that the majority of people in society use drugs (either once or often, across many substances), and that the harmful consequences of such use are the target of government policy. In its extreme, legalisation of all drugs would reduce the harmfulness of drug use given that arguably many of the harms arising from drug use occur as a consequence of its illegality (criminal sanctions, imprisonment, impure substances, black market activity and so on).

Internationally, it is difficult to ascertain where on this simplified spectrum drug policy is heading. Three international bodies are responsible for the implementation of international drug policy: the Commission on Narcotic Drugs (CND), the United Nations Office of Drugs and Crime (UNODC) and the International Narcotics Control Board (INCB) (Babor, et al., 2010). The international bodies are clearly abstentionist and the international treaties explicitly note the requirement for nations to criminalise drug use and drug trade. These include the United Nations *Single Convention on Narcotic Drugs* the *Convention on Psychotropic Substances*, and the *Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (United Nations Office on Drugs and Crime, 2010).

The US has been highly influential in international drug policy and their restrictive policy „holds sway". At the same time, there is a groundswell towards decriminalisation and in some cases legalisation of cannabis. Portugal's now famous decriminalisation policy (Hughes & Stevens, 2007) has been discussed across the globe as an example. Likewise, the recent Californian referendum (November 2010) on the legalisation of cannabis, which was narrowly defeated

(53.5% voting against it). This latter has been subject to policy analysis (Kilmer, Caulkins, Pacula, MacCoun, & Reuter, 2010), but there are few other examples of such policy analysis at the macro level.

This is despite there being notable differences between countries on rates of drug use – indeed, there is an „objective" policy measure in this instance (although some would argue that rates of use per se are not sensitive to more important variables, such as extent of harm). By way of example, Figure 1 provides lifetime drug use rates in students across 34 countries. As can be seen, drug use rates vary greatly across European countries.

INSERT Figure 1

There has been little policy analysis that compares policy stance and drug use rates (another excellent PhD topic). It has been suggested that those states with stronger welfare policies have lower rates of use, but this is not substantiated. (The reverse has also been argued: DuPont in press). Policy stance likewise, does not obviously distinguish countries. And one notes that drug policy has actually been largely stable. For example in the USA, their restrictive drug policy has remained stable since the 1970's despite changes in political parties (Democrat vs Republican). This is also true in Australia in that both our Liberal and Labour governments have maintained the same drug policy since 1985. There does not appear to be a simplistic left-right; conservative-progressive divide.

One possibility to account for the „stability" is that drug policy does not have any attractive or beneficial aspects for a politician. Putting drug policy on the agenda merely identifies a problem – the solutions are not obvious, and any substantial shift in direction (from repressive to progressive or vice versa) would entail substantial effort. Given global stability in drug use rates (United Nations Office on Drugs and Crime, 2009), there appears little in it for a politician. In Australia this appears to be the case. At the last two federal elections (November 2007 and August 2010) illicit drugs were not a significant part of the campaigns and since the change in government in 2007 little has been said that could be interpreted as a comprehensive policy statement. Rather, the focus has been on alcohol and tobacco, which although timely and to be encouraged, could indicate that the issue of illicit drugs has slipped off the agenda.

The paradox, however, appears to be the central interest by the general public in drug policy. Drug policy attracts media, and most of the general public hold views about drugs. In the „Public Opinion Towards Governance: Results from the Inaugural ANU Poll 2008 (http://www.anu.edu.au), 2% of Australians thought that illicit drugs were the most important issue facing Australia, behind the environment (19%), the economy (17%) and jobs (6%). We turn now to examine public opinion more closely.

Public opinion

The interrelationship between policy and public opinion has been well documented (Burstein, 2003; Gonzenbach, 1992; Page & Shapiro, 1983; Stimson, 2004).

Public opinion on illicit drugs has been the subject of frequent polls – in Australia the general public are surveyed every three years regarding their opinions on a number of drug policy questions (Matthew-Simmons, Love, & Ritter, 2008). By way of example we explore public opinion on cannabis. Figure 2 shows the changing nature of the Australian public's attitude towards small quantities of cannabis being made legal for personal use. Of note is that over the years between 1993 and 2007, opinions have changed. Opposition declined to a low in 1998 (44.5%) but has subsequently increased since then. (In 2007, 56% of the general population opposed legalisation for personal use). In addition, one notes the rise in "don't know" responses. (This is the subject of separate work by one of my PhD students, Francis Matthew Simmons). Looking across multiple surveys, the trend regarding falling opposition in late 1990" s followed by increasing opposition since then is consistent (see Figure 3). Each of these surveys used slightly different wording (which can influence the results) but note the overall trend. Finally, on decriminalisation: support for this policy is higher than for legalisation, but the trend remains the same: declining support for decriminalisation and increasing „don't know" responses (Figure 4).

INSERT Figures, 2, 3 4

In Australia, we can conclude that if policy follows public opinion, then it is highly unlikely that governments will move to change the legal status of cannabis; the window of opportunity for that policy shift appears to have been in the late 1990's and is now closing.

More generally, the Australian public opinion research suggests a generally conservative shift in attitudes towards a range of drug policy issues (Matthew-Simmons, et al., 2008). But the picture is not straightforward. Although we found that support for reforms such as cannabis legalisation had decreased and support for law enforcement increased, there was also evidence of increased support for harm reduction measures such as needle syringe programs and safe injecting centres. We concluded that this may indicate that Australians are less wedded to particular ideologies about drug issues, and more concerned with pragmatic solutions to the problem. Polarised political debate is unlikely to resonate with the community at large. McKnight (2005) argues that the Left-Right ideological divide is increasingly irrelevant for many issues in Australian politics, and that Australian society will increasingly prefer for policy to be judged on its own merits. The trend in public opinion in relation to drug issues would suggest that this might be the case for this policy arena, as much as any other.

Media influence

The role of media in shaping public opinion and political debate is also significant. Media can set the agenda and define public interest, frame issues through selection and salience, and feed into political debate and decision making (Lancaster, Hughes, Spicer, Matthew-Simmons, & Dillon, 2010). Crucially, media build consensus about what issues are the most important within the community (McCombs, 1997; McCombs & Shaw, 1972) and can define the nature of solutions through what they choose to present to their audiences. This has implications for many aspects of illicit drug policy. The way in which media construct and represent drug issues can shift attitudes within the broader community (see for example Fan, 1996).

There have been a small number of studies in Australia examining the influence of the media in relation to illicit drug policy. In a study of press coverage of a proposed heroin trial, it was found that dominant media portrayals of heroin users as „deviants" presented by opponents of the trial played a significant role in the political demise of the heroin trial (Elliott & Chapman, 2000). Likewise, Lawrence et al. (2000) suggested that it was the substantial negative coverage by selected media outlets which ultimately influenced the final policy decision not to proceed with the trial. There are also positive examples of the role of media in shaping public attitudes to drug issues. For example, McArthur (1999) noted the shift in media coverage regarding the efficacy of methadone treatment in the 1980‟ s which contributed to greater community understanding of the benefits from treatment in reducing crime.

Media portrayals of drug issues over a 6 year period (2003 to 2008) were examined. Print media (11 newspapers) were searched for any mention of five different drugs: cannabis, amphetamines, ecstasy, cocaine and heroin. Text elements were coded for topic, explicit or implicit messages about the consequences of drugs/use and three value dimensions: overall tone, whether drugs were portrayed as a crisis issue and moral evaluations of drugs/use. The results revealed that the dominant media portrayals concerned law enforcement or criminal justice action (55%). (This is despite the strong focus by government on health responses and an overarching framework of harm minimisation). Most articles were reported in a neutral manner, in the absence of crisis framings.

Insert Figures 5 and 6

The „neutrality" of the media drug portrayals (at least in Australia) is consistent with illicit drugs not being on the political agenda, and the overall stability of illicit drugs policy. This suggestion is complemented by the public opinion data (in Australia) demonstrating increasing rates of „don't know" responses, coupled with the lack of a consistent „ideology" amongst respondents. This seems to suggest an environment where evidence-based policy may have some traction, given that issues which have very high emotional content tend to attract greater contest regarding the evidence. Where does evidence-based drug policy sit given this context?

Evidence-based drug policy? Alas, despite this somewhat promising analysis, the role of evidence in drug policy remains limited. On a broad level, we can certainly say that evidence competes with other information, and then competes with interest groups and ideology (Weiss three I's; (Weiss, 1983). Likewise, „advocacy coalitions" may use research evidence, notably in professional forums (Sabatier, 1988). In Kingdon's multiple streams model of policy processes, research plays a central role in the policy stream, where new solutions are explored (Kingdon, 2003). Perhaps most frequently, however, policy change occurs in a series of small incremental shifts (Lindblom, 1959, 1979) where decision-makers are choosing between marginal improvements. These can frequently be informed by research evidence. In each of these theoretical frameworks for policy, case studies of research evidence being used to inform illicit drug policy has been identified (Ritter & Bammer, 2010).

As a first step, however, decision makers need to access research. Even if we think the policy processes are complicated and that research only plays a minor role, we still need to know how to get the research onto the desks of decision makers so at least it can be considered within the mix.

Accessing research evidence

A study conducted in Australia (Ritter, 2009) involved interviewing senior government bureaucrats, and asked them to reflect on their last decision. Once they had established in their minds what that decision was, I then asked whether they had accessed any research on the topic and if so, from what sources. The good news is that in every case, the decision makers stated that they sourced research evidence (although there may have been some bias in responses to this question). When asked for the sources (unprompted), the following results were revealed.

Insert Table 5

In every case, the policy maker contacted someone who they regarded as „expert" and asked for advice. Interestingly, the expert need not be an expert on the topic at hand, but someone trusted and available. In addition, all the respondents said that they looked for some reference, in their office, that they could use. This speaks to the value of having readily available technical reports that the policy maker can take down and rapidly consult as required. When I present this work to researchers wishing to increase the availability and accessibility of their research, I suggest they produce technical reports with a large, colored spine, such that it is readily identifiable to the policy maker in his/her office. The third most common source was „google" – this was not „google scholar" nor particular academic sites, but simply google. It should be remembered that many policy makers do not have access to academic libraries, journals and so on, so they rely on whatever they can find rapidly and without cost/subscription.

Reassuringly, in Australia at least, more than half the policy makers referred to statistical data in making their last decision. Australia has a strong tradition of epidemiological data collection (household surveys, epidemiological monitoring systems (as discussed next), surveys of school students and so on).

Less than half consulted the academic literature (35%). There were a number of comments made about the use of academic literature: it is difficult to source, it is highly specific to a particular topic, and one can frequently find an alternate paper that will contradict the one one wishes to cite. This last point is important: policy makers need research to stand by the decision, but also need it not to be refutable. Academic publishing is concerned with publishing refutable pieces, or refuting pieces of work. This is an inherent problem for policy makers.

It will be important to replicate this study in other bureaucracies and governments to see whether Australia is atypical in how decision-makers access research evidence.

Types of research utilisation

The ways in which research can be taken up and used has been most extensively examined by Carol Weiss and colleagues (Weiss, 1979, 1977; Weiss, Murphy-Graham, & Birkeland, 2005). In her typology there are three primary ways in which research is used: instrumentally, politically/symbolically and conceptually. The instrumental view is akin to an engineering model, where research gives direction to policy, and research findings lead to action. This is the

usual interpretation but is arguably the most uncommon use of research. In political /symbolic utilisation, research is used to support or justify pre-existing preferences or actions or to justify delay. It has primarily a legitimation function and offers proof of responsiveness. The conceptual use of research is also termed „enlightenment". In this delayed and indirect research usage, research contributes to the percolation of new ideas and concepts which over time become „common knowledge" and contribute to the overall knowledge endeavour rather than any one specific policy decision. (Weiss also notes two further uses: imposed/mandated use; and ignored entirely). We sought to examine the extent to which Australian research was used in the ways described by Weiss. We took a specific case example, two epidemiological monitoring systems (IDRS and EDRS), and examined the ways in which the research findings were used in Australian drug policy.

By way of brief background, the Illicit Drug Reporting System (IDRS) and its companion system the Ecstasy and related Drugs Reporting System (EDRS) were established in Australia as strategic early warning systems (Hall & Degenhardt, 2009). Commencing nationally in 2000 the IDRS is an annual survey of trends in injecting drug use, monitoring price, purity, availability and emerging patterns of use. Three data sources (interviews with a sentinel group of injecting drug users; key expert interviews and secondary data from police and health) are triangulated to form a picture of the rates of use and harm of various drugs across Australia. Commencing nationally in 2003, the EDRS targets a population of regular ecstasy users and follows the same method. A report is produced each year with the detailed results (Black, et al., 2008; O'Brien, et al., 2007). Dissemination of the results includes the annual technical report, media releases, conference presentations, and academic research papers arising from the work.

We examined the use of this research in four different ways:

- Contribution to policy decision – the extent to which they assisted, or reinforced a decision/priority area/focus/initiative
- Contribution to policy processes – the extent to which they informed the policy debate
- Contribution to the public debate – the extent to which they were reported on in the media
- Contribution to knowledge – the extent of academic publication (peer review literature).

Consistent with this, four types of data were sourced:

- Policy documents: reference to IDRS and/or EDRS
- Policy processes: use of IDRS/EDRS data within policy processes
- Media: media analysis of IDRS and EDRS mentions
- Academic literature: Scopus citation analysis

Examination of the extent to which IDRS/EDRS were referenced within submissions, hearings and parliamentary reports demonstrated strong utilisation. The notable finding, however, was the central importance of relationships, interactions and policy processes. It appears that where the IDRS/EDRS are most actively taken up is within policy processes, such as where evidence is given in Inquiries, or submissions are made to parliamentary deliberations. These came not just from the researchers themselves but also interest groups using the research findings.

We found evidence to support Weiss three types of research utilisation. Perhaps surprisingly, we found instrumental use of these research findings in policy decisions. This was notably in relation to new policy formation around the problem of methamphetamine. The research was the first to document the emergence of the crystal form of methamphetamine, and was one of the only sources of data on growing methamphetamine use at that time. This meant that the research was used to estimate the size of the problem and to formulate appropriate responses for the specific types of methamphetamine that were prevalent.

We also noted symbolic/political usage: within government reports there was mention of the government's investment in the research, by way of demonstrating commitment and responsiveness. In these reports, reference was not made to the research results per se, highlighting that it was symbolic use. "The combination of information from a wide variety of

data sources including … the Illicit Drug Reporting System (IDRS)… informed IGCD's responses to priority areas and also identified new and emerging issues" (Annual report, IGCD, page 17).

Finally we noted that the peer review academic publications arising from the work had contributed to understandings about early warning systems and the methodological issues associated with establishing and maintaining such research (Degenhardt, et al., 2005; Dunn, Topp, & Degenhardt, 2009; Shand, Topp, Darke, Makkai, & Griffiths, 2003; Topp, Barker, & Degenhardt, 2004; Topp, Degenhardt, Kayes, & Darke, 2002). At the time when this research first commenced (2000) there were infrequent mentions of early warning systems but the research has contributed now to a substantial body of knowledge about these systems. In this sense the work has contributed to an overall „enlightenment".

Conclusions

I have argued that a whole of government approach is required across multiple government actors; that politics influences drug policy but there has been a level of stability in drug policy that belies its emotive content; that public opinion on drug policy is less driven by coherent ideology and more by pragmatic responses, and that decision-makers rarely access academic literature and use research in instrumental and symbolic ways. To return to the hot topics listed at the start of this paper: how can evidence contribute to these? And what kinds of evidence contribute? It is striking that in the case of some of the hot topics, research evidence is either completely absent or marginal to the question. As noted earlier there is a slowly growing group of studies on cannabis legalisation, but these are most commonly conducted by advocates who have already established a position (with RAND‟ s work being a notable exception). In the case of prescribed heroin, however, we have a very strong evidence-base demonstrating efficacy (Oviedo-Joekes, Brissette, Marsh, & et al., 2009). But the accessibility of those results to decision makers may be questionable. Perhaps more importantly, however, is that this is an example of where politics and interest groups play a more substantial role than the evidence base per se. This is certainly the case in the Australian injecting room debate (Van Beek, 2004).

The emergence of new forms of drug abuse, such as prescription opioids, requires research funding for monitoring systems. The research described earlier has shown the value of such monitoring systems to enhancing the quality of the policy debate (in this case in relation to the emergence crystal methamphetamine). Instrumental use of research on prescription opioid misuse is likely.

On topics such as the suitable goals for drug treatment (abstinence versus reduced use), research evidence can contribute data on outcomes (for example DuPont & Humphries, 2011) but it cannot resolve what is essentially a moral or ideological question. This requires engaged public debate. Similarly, workplace drug testing has both proponents and opponents. Research may contribute better technology but ultimately it is a values question. These two examples (along with human rights drug policy and harm reduction) highlight the importance of policy processes over and above research evidence.

Finally, one obvious gap in our research evidence is in relation to policy research. Throughout this paper I identify numerous issues that would benefit from close examination. These included: the extent to which restrictive or progressive regimes have different rates of drug use; analysis of the impact of where the policy control body sits within government; exploring notions of „balanced" drug policy; comparisons of how other policy-makers access research evidence when making decisions; and of course more research on the hot topics... because it is these that governments will be faced with addressing in the future.

Table 1: Prevention drug policy options

- Mass media campaigns
- Targeted media campaigns to at-risk groups
- Media advocacy
- Employment
- Reducing poverty
- Improving overall public health

• School-based drug education (SBDE) programs – education and information
• Affective education programs in schools
• Resistance skills training programs in schools
• Generic skills training/competency enhancement programs in schools
• Social influence programs in schools
• Community/system-wide school programs
• Community-building / neighbourhood enhancement programs
• Community programs for young people
• Crime prevention through environmental design (CPTED)
• Infancy and early childhood programs for at-risk groups
• At-risk family interventions
• At-risk youth programs
• Post-natal support for drug dependent mothers
• Parenting skills for drug dependent women
• Proactive classroom management & school policy
• Mentoring and peer support programs
• Renewal programs
• Drug Action Teams
• Screening in health settings
• Drug testing in schools

Table 2: Treatment drug policy options
• Drug monitoring programs
• Drug detection devices
• Brief interventions
• Telephone information and counselling services
• Withdrawal treatment: Opioid agonist mediation
• Withdrawal treatment: Alpha adrenergic medication
• Withdrawal treatment: Opioid antagonist medication
• Withdrawal treatment: Symptomatic medication
• Withdrawal treatment: Other (eg: acupuncture)
• In-custody withdrawal services
• Methadone maintenance
• Buprenorphine maintenance
• Heroin maintenance
• Naltrexone maintenance LAAM maintenance
• Morphine maintenance
• Therapeutic community
• Contingency management
• Supported accommodation programs
• Relapse prevention programs
• CBT (individual and group)
• Family therapy
• Psychodynamic psychotherapy
• Work/industry programs
• Dual diagnosis programs
• Services for pregnant women - pre-natal
• Narcotics Anonymous
• NARAnon
• Drug education in prison
• Treatment programs in prison
• Parole programs
• Post-release programs

Table 3: Law enforcement drug policy options
• Drug-free zones
• International treaties and conventions
• Bilateral and multilateral international agreements and operations
• Prohibition
• Decriminalisation
• Prescribed availability of drugs
• Licensed availability of drugs
• Legalisation of drugs

• Crop eradication programs
• Crop substitution programs
• Customs and border control
• Multi jurisdictions taskforces against trafficking
• Crackdowns
• Raids
• Undercover operations
• Intensive policing
• Zero tolerance policing
• Police management reform
• Asset forfeiture
• Financial controls and monitoring re money laundering detection and prevention
• Controls on precursor chemicals
• Crime mapping technology
• Multi agency taskforces/partnerships
• Community policing
• Civil remedies, third party policing, drug nuisance abatement
• Police discretion
• Cautioning only
• Cautioning with compulsory drug education/treatment
• Pre-trial court diversion
• Pre-sentence court diversion
• Post-sentence court diversion
• Drug courts
• Restorative justice programs
• Detention of intoxicated drug user
• Neighbourhood Watch groups
• Drug driving programs
• Monitoring of drug use by inmates

Table 4: Harm reduction drug policy options
• Peer-led advocacy and support programs
• Needle Syringe Programs
• Outreach programs
• Peer education for users
• Regulations (and/or legislation) in relation to drug paraphernalia
• Overdose prevention programs
• Peer administered naloxone
• HIV prevention and education programs
• HIV/hepatitis voluntary counselling & testing programs
• Supervised Injecting facilities
• Tolerance zones
• Harm reduction programs in prisons
• Non Injecting Routes of Administration (NIROA)

Figure 1: Lifetime use of any illicit drug. Secondary School Students. 2007. (Taken from: p. 85 Figure 14b, The 2007 ESPAD Report)

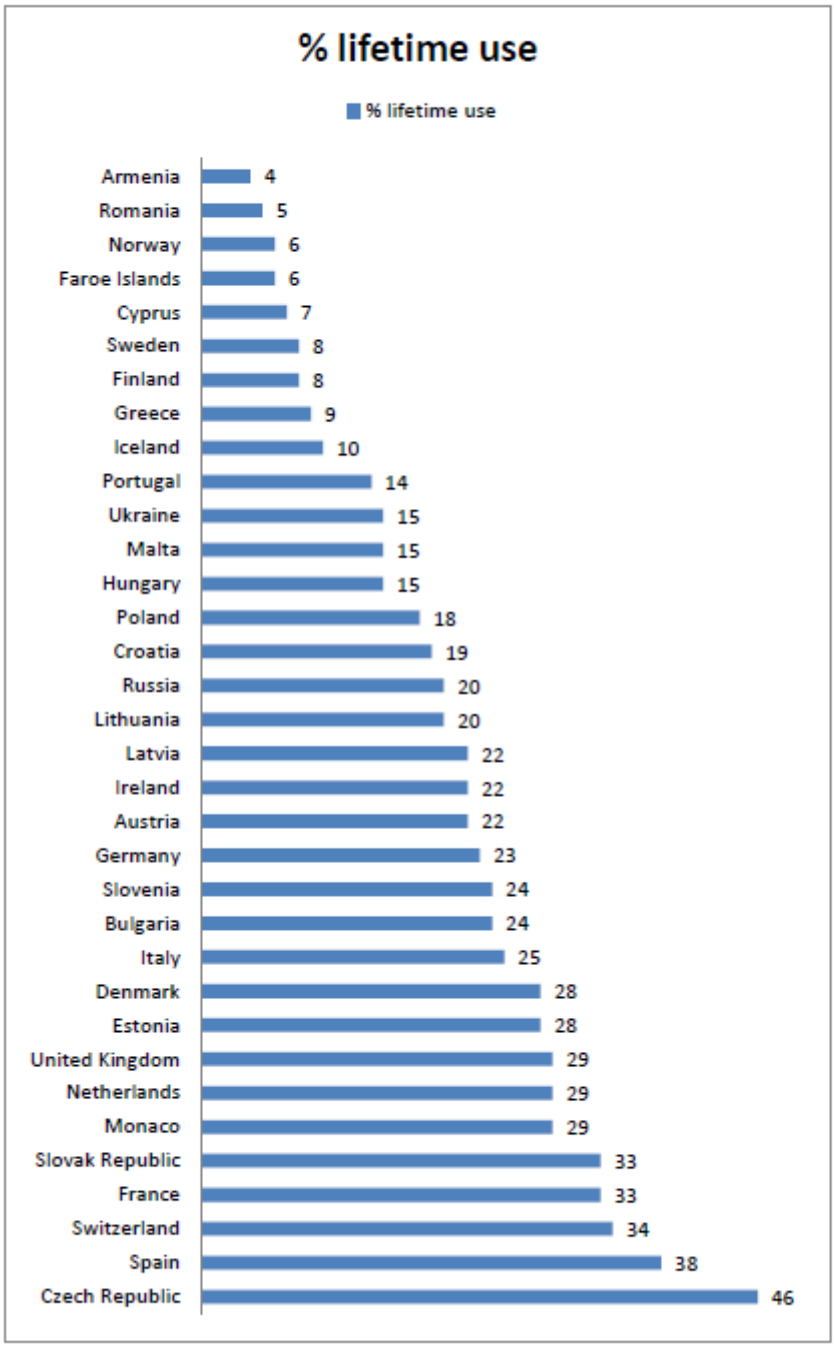

Figure 2: Opinion on the personal use of cannabis being made legal (Australia, NDSHS)

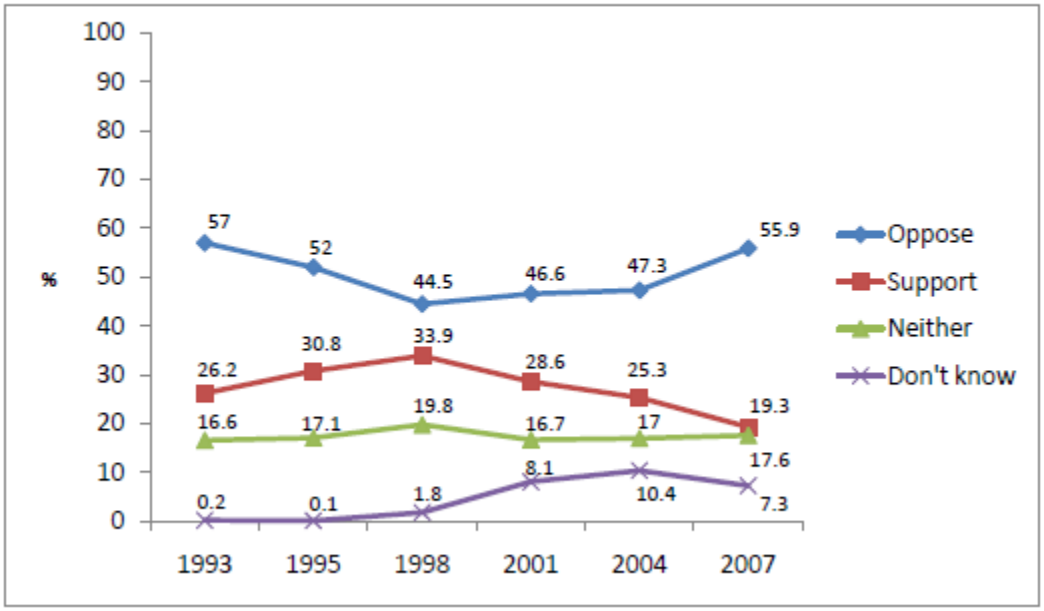

Figure 3: Support for cannabis legalisation, multiple surveys, Australia

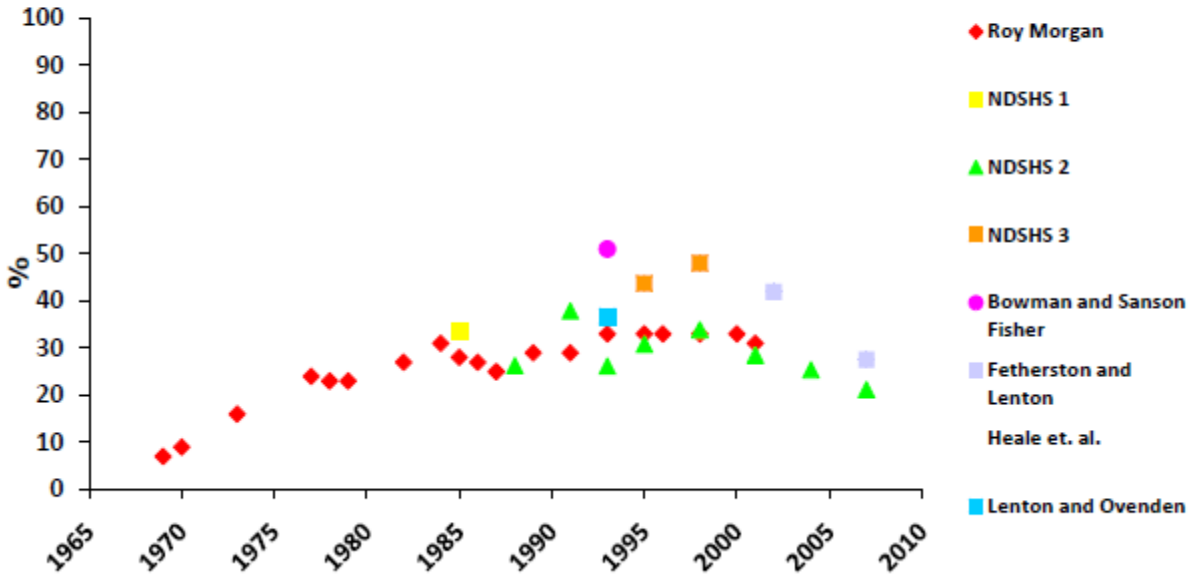

Figure 4: Support for cannabis decriminalisation (Australia, NDSHS)

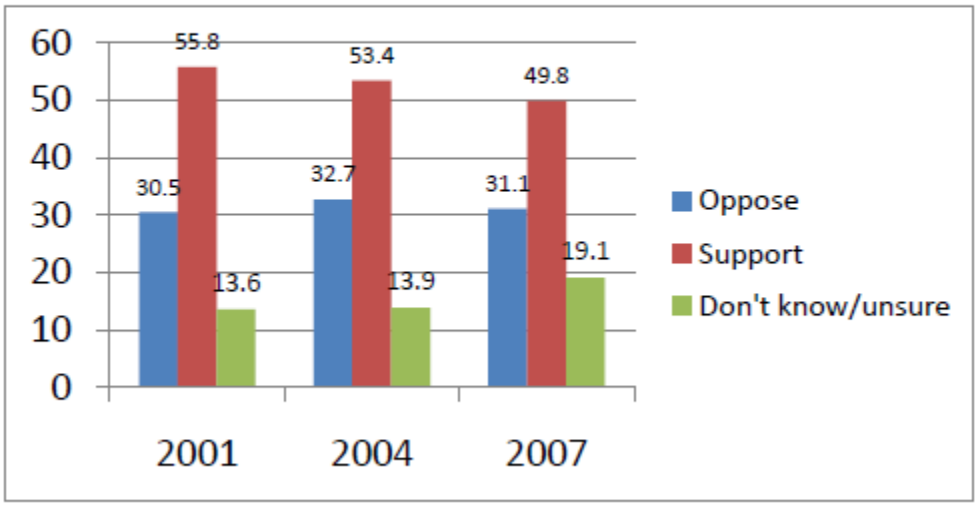

Figure 5: Media analysis: themes regarding drug use in Australian media
Taken from: Hughes, C., Spicer, B., Lancaster, K., Matthew-Simmons, F., & Dillon, P. (2010). *Monograph No. 19: Media reporting on illicit drugs in Australia: Trends and impacts on youth attitudes to illicit drug use, DPMP Monograph Series, Sydney: NDARC.*

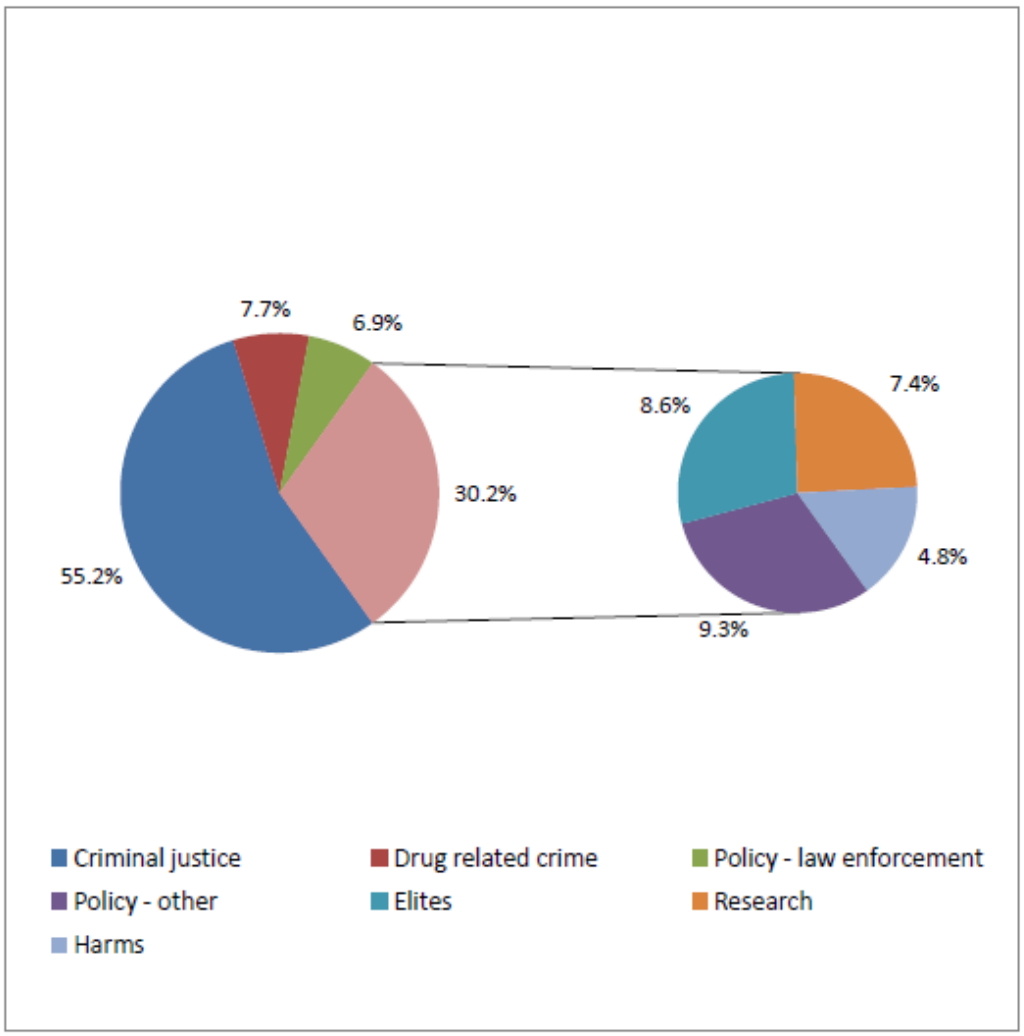

Figure 6: Media portrayals of consequences of drug use in Australia

Taken from: Hughes, C., Spicer, B., Lancaster, K., Matthew-Simmons, F., & Dillon, P. (2010). *Monograph No. 19: Media reporting on illicit drugs in Australia: Trends and impacts on youth attitudes to illicit drug use, DPMP Monograph Series, Sydney: NDARC.*

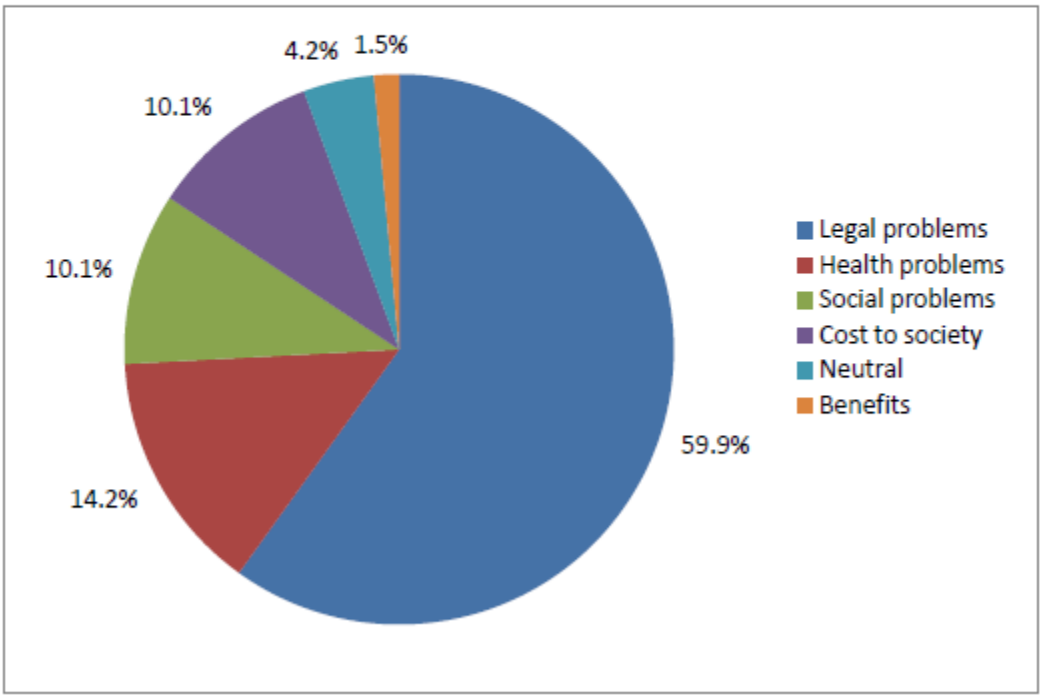

Table 5: Sources of research evidence for Australian policy makers (n=31)
Ref: Ritter, A. (2009). How do drug policy makers access research evidence? *International Journal of Drug Policy, 20*, 70-75

1. Consult an expert (phone) 100%
2. Consult technical report / bulletin 100%
3. Access the internet (Google) 57%
4. Use statistical data 57%
5. Consult other jurisdiction(s) 50%
6. Use academic literature 35%
7. Use internal expertise 28%
8. Use government policy documents 14%
9. Employ a consultant 14%

Вопросы, на которые необходимо ответить

1. Аргументируйте, что данные события относятся именно к публичной сфере и влияют на публичную политику.
2. Являются ли рассмотренные в статье проблемы актуальными для публичной политики в России? Насколько применимы результаты проведенного исследования в российской практике?
3. Какие из приведенных и/или примененных в статье исследовательских подходов и методов, выводов по результатам исследования

представляются вам спорными, неполными, недостаточно обоснованными? Почему?

4. Каковы ограничения проведенного исследования? Как бы Вы развили данное исследование?
5. Каковы основные проблемы, рассматриваемые в статье? Сформулируйте и детализируйте ключевую проблему, затронутую статьей.
6. Какие факты, обстоятельства, статистика свидетельствуют об остроте затронутой проблемы?
7. Интересы каких акторов были задеты? Сформулируйте публичный интерес акторов, заинтересованных в решении данной проблемы.
8. По вашему мнению, как результаты проведенного анализа могут быть использованы лицами, принимающими решения (decision makers)?
9. Возможно ли урегулирование проблемы политико-управленческими средствами? Обоснуйте такие возможности.
10. Какой политический субъект и какими средствами может и должен решать эту проблему?

МЕТОДИЧЕСКИЕ РЕКОМЕНДАЦИИ

В рамках специализации "Политический анализ и публичная политика" студенты учатся проводить анализ политического поля, поведения субъектов политики выстраивать стратегии своего поведения в конкурентном, динамичном, информационно-открытом политического пространстве.

Специализация «Права человека и демократическое управление» предоставляет фундаментальные знания по правам человека, а также практическим методам их защиты в России и за рубежом, с опорой на опыт правозащитных проектов, реализованных как кафедрой, так и отдельными преподавателями в других известных правозащитных организациях.

Обе специализации ориентированы на международное сотрудничество. Треть курсов магистерской программы читается на английском языке профессорами и доцентами ГУ-ВШЭ, а также профессорами и доцентами университетов Дж. Мэйсона (США), Болонского университета (Италия) и Туринского университетского колледжа (Италия). В том числе в режиме видеоконференций.

Приглашаем тех, кому интересен политический анализ актуальных проблем, права человека, тех, кто неравнодушен к проблемам международного сотрудничества, глобального управления, гражданского общества, демократии и влияния экспертного сообщества на повестку дня.

Мы приглашаем выпускников политологии, социологии, права, менеджмента, экономики, журналистики, бизнес-информатики, истории, государственного и

муниципального управления, а также практиков-правозащитников и аналитиков, желающих приобрести новые навыки и знания.

Если Вы не занимались ранее общественными науками, но видите в этом свое призвание, то сильная мотивация и хорошее портфолио (https://www.hse.ru/data/2010/06/03/1219802669/priem.pdf и https://www.hse.ru/data/2010/06/03/1219803093/portf.pdf) помогут Вам стать студентом программы «Политический анализ и публичная политика».

Подробнее http://www.hse.ru/org/hse/ouk/politanaliz/admissions#unique-identifier

Рекомендуемая литература:

1. Morse K. Struyk R. Policy Analysis for Effective Development. Lynne Rienner Publishers, Inc. 2006
2. William N. Dunn. PUBLIC POLICY ANALYSIS: An Introduction. Third Edition. Graduate School of Public and International Affairs University of Pittsburgh. PEARSON.2004.
3. Аналитические сообщества в Саратовской области : сб. ст. / Под ред. Ш.Ш.Какабадзе ; МОФ «ИНТЕРЛИГАЛ». — М.: «ИНТЕЛКОРП», 2010 — 192 с. (Серия: «Становление аналитических сообществ в регионах России» / Отв. ред. серии Н.Ю.Беляева)
4. Ахременко А.С. Политический анализ и прогнозирование. М.: Гардарики. 2006.
5. Дегтярев А.А. Политический анализ как прикладная дисциплина: предметное поле и направления разработки // Полис, 2004, № 1. С. 154-168
6. Зудин А.Ю. «Основы политического анализа». http://www.hse.ru/edu/courses/8373651.html
7. Конституционное развитие России: задачи институционального проектирования: сб.науч.ст./ отв.ред.-сост. Н.Ю.Беляева; Гос. ун-т- Высшая школа экономики.- М.: ТЕИС, 2007
8. Мангейм Дж. Рич Р. Политология. Методы исследования. М. Издательство «Весь мир». 1997.
9. Помимо рекомендованных материалов и ресурсов предлагаем познакомиться с письменными работами (на русском и английском языках), подготовленными студентами и магистрами в рамках Международной студенческой школы ГУ-ВШЭ «Практика на Балтике», которую организует наша кафедра публичной политики http://balticpractice.hse.ru/
10. Публичная политика в современной России: субъекты и институты: сборник статей/отв.ред.-сост. Н.Ю.Беляева: Гос.ун-т Высшая школа экономики.- М. : ТЕИС, 2006
11. Симонов К.В. Политический анализ. М.: Логос. 2002.

12. Стенограмма экспертного семинара по теме "Использование материалов социологических исследований в деятельности органов государственной власти", 24.10.02. http://www.zircon.ru/russian/publication/6/021024.htm
13. http://ombudsman.gov.ru/
14. http://www.citizens.ru/
15. http://www.sovetpamfilova.ru/
16. www.hro.org