



Briefing for the first ACT ATOD Sector Research eBulletin, October 2011, regarding establishing a collaboration, such as a Centre for Drug Research, Policy and Practice in the ACT

1. Proposal

To expand and strengthen alcohol, tobacco and other drug (ATOD) research in the ACT and region, and enhance ATOD policy and its implementation, through establishing a structured collaboration, such as a Centre for ATOD Research, Policy and Practice in the ACT.

2. Introduction and context

The ACT ATOD sector is committed to evidence informed policy and practice. This approach is reflected in key policy documents, such as the *ACT Alcohol Tobacco and Other Drug Strategy 2010 – 2014*. The sector had expressed interest in developing strategies to strengthen a sector-wide approach to evidence informed practice.

In September a discussion paper was developed and distributed to identified researchers based within the ACT. On 11 October 2011 a workshop was held with cross-institutional researchers, practitioners and policy makers in the ACT. At the workshop it was agreed to progress establishing a collaboration, such as a Centre for Drug Research, Policy and Practice in the ACT. Participants included representatives from the Australian National University, University of Canberra, Australian Catholic University, ACT Government Health Directorate, ATODA and the ATOD sector. This briefing is an outcome of that workshop and other sector discussions.

3. Structure

Many possible structures and processes exist for moving towards achieving the goal of better interaction and integration between ATOD researchers, policy workers and practitioners in the ACT and its region. The vision for a Canberra collaboration for ATOD Research, Policy and Practice includes a multi-site institution the members of which are drawn from all three parts of the ATOD sector: research, policy and practice.

It would need infrastructure support such as an Executive Officer/Manager to run it. This could be an ideal role for a post/doctoral researcher who has their own research program and who is also interested in developing skills at facilitating research utilisation in the ATOD field.

4. Activities

Examples of possible activities include the following:

- Facilitate the preparation of joint grant applications across institutions and involving a number of different drug researchers for major, high impact studies that are beyond the reach of individual researchers.
- Provide a forum for policy workers to think systematically about their information needs that could be filled by engagement with researchers and practitioners, and developing strategies for meeting those needs.
- Provide a vehicle for ATOD agencies and practitioners to engage with researchers to enhance their service delivery, including through conducting evaluation research.
- Undertake collaborative work on complex problems that would benefit from the insights that come from all three parts of the sector sharing their knowledge and experiences, and integrating these.
- Provide support to ATOD sector continuing professional education and other workforce development programs within the ACT and region.
- Conduct in-house Chatham Rule discussion sessions in complex areas of ATOD policy.
- Conduct public conferences and seminars emphasising knowledge dissemination and utilisation.
- Facilitate the exchange of personnel between research institutions, ATOD policy development bodies and service delivery agencies in the community.
- Etc.

5. Next steps

ATODA is currently taking the lead in progressing this important and exciting initiative with stakeholders and feedback is sought from the Evaluation Group. A funding submission is currently being developed by stakeholders and potential activities are being mapped out.

6. Further information

For further information regarding this proposal please contact Carrie Fowlie, Executive Officer, ATODA, on carrie@atoda.org.au or (02) 6255 4070.

Attachment 1: Background and rationale

We are currently in an era of evidence-informed policy. For some people, the pathways towards achieving this are clear, whereas for others evidence-informed policy is seen as an unattainable goal.

Evidence-informed policy is a particularly difficult challenge for the ATOD field because of the multiple inputs into policy activity in this area. Policy development and implementation are impacted upon by attitudes, values, public opinion, etc., and have to compete with other sectors such as medical care, law enforcement, education, social welfare, etc., making it difficult for ATOD research to have as much impact on policy activity and its implementation as many would like.

Some ATOD practitioners are concerned that their practice is not as evidence-informed as it could be, and they are keen to ensure that the services that they provide to their clients are of the best possible quality, reflecting the latest and best knowledge about what works, with whom, in what circumstances.

There are many people engaging in research in the ATOD field in the ACT. Many of these do not identify specifically as ATOD researchers, finding their professional identities within their own disciplines. They apply the paradigms, research strategies and methods that characterise their own disciplines to answering research questions relating to drugs. This constitutes a missed opportunity for the benefits that come from integrating a range of different worldviews and approaches to research.

At the same time, many ACT ATOD researchers would like to be more effective in influencing drug policy. Most are isolated, however, from the policy environment. They do not know what questions policymakers are dealing with that could be supported through research.

Some drug policy workers are unaware of the interests and skills that local researchers could contribute to their work; others have little or no experience in collaborating with external researchers in their work as policy officers.

Similarly, some practitioners providing ATOD services in the community would welcome opportunities to be involved in research activities, and to be more actively engaged with researchers with the aim of enhancing the quality of their practice. This comes, in part, to workforce development and continuing professional education activities that should be linked to quality improvement within agencies.

What this means is that we have a problem of three communities with insufficient interaction. Both practical and attitudinal barriers exist to mutually respectful and productive interactions between members of the three communities.

An additional challenge is that, in the ACT, we have no coherent program of ATOD research. It sometimes happens that studies are conducted in parallel with researchers not being aware of

what other researchers are doing, and with little capacity for integration and the synergy that flows from combining research insights achieved through a range of different studies.

All this means that it is valuable to implement strategies to address these deficiencies within the local context.

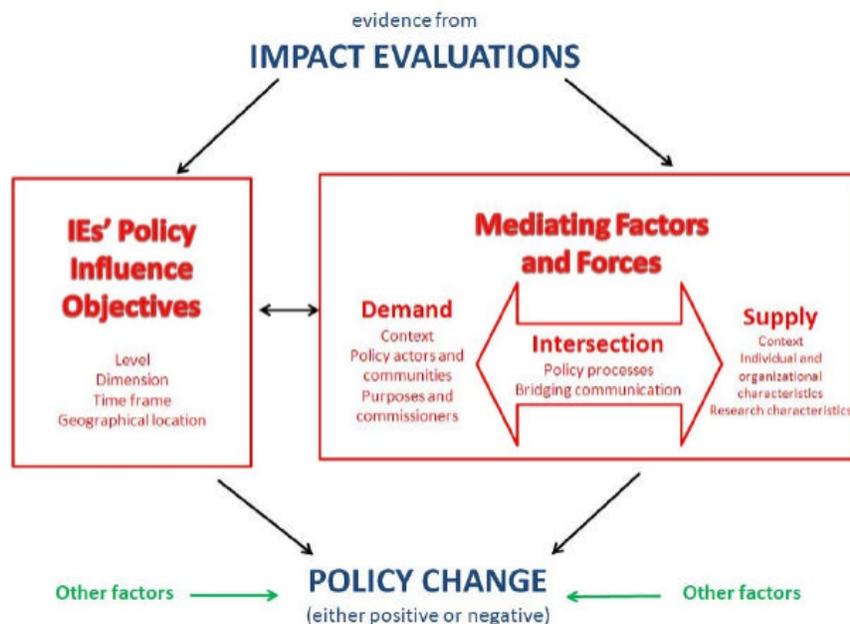
Attachment 2: Models

Various terms are used to try to capture what this collaboration is be about. These include:

- Enhancing research utilisation
- Knowledge transfer and exchange
- Knowledge mobilisation
- Etc.

For current purposes, the framing ‘enhancing the utilisation of research in policy development and its implementation’ may be useful.

Two models (among others) are helpful in explaining how this is done. The first is the Center for the Implementation of Public Policies Promoting Equity and Growth (CIPPEC) model, which focuses on the supply of research activity and its products, the demand for these processes and products, and the interaction between the supply and the demand. This is illustrated in the following figure (there ‘IE’ stands for ‘impact evaluations’):



Source: Weyrauch, V & Langou, GD 2011, *Sound expectations: from impact evaluations to policy change*, New Delhi, International Initiative for Impact Evaluation, p. 43, http://www.3ieimpact.org/admin/pdfs_papers/Working_Paper_12_Final.pdf. 3ie is the International Initiative for Impact Evaluation.

A second useful model is that developed by the Research Unit for Research Utilisation (RURU) at the University of St Andrews and the University of Edinburgh. It seeks to address the 'black box' problem of the intersection between supply and demand in the CIPPEC framework. (This model was successfully used in the recent (as yet unpublished) assessment of the influence on Australian illicit drug policy of the Drug Policy Modelling Program (DPMP).

This model draws attention to five key mechanisms for enhancing the utilisation of research in policy development and its implementation. The mechanisms are:

- Dissemination
- Interaction
- Social influence
- Facilitation
- Incentives and reinforcement.¹

While these five mechanisms are often seen as activities in which researchers and research organisations engage, the fact is that they can be seen both from this perspective and from the expectations of those on the demand side, i.e. people engaged in policy development and practice roles who are keen to make better use of researchers and research products.

Attachment 3: Examples of successful collaborations

[Expanding Naloxone Availability in the ACT \(ENAACT\)²](#)

We do not need to look beyond the ACT for an initiative that has provided the springboard for this proposal.

Work is currently in hand to develop a program to provide naloxone for distribution by people in the community (the ENAACT program), along with its associated independent, external evaluation.

This initiative, facilitated by the Alcohol Tobacco and Other Drug Association ACT (ATODA), is a collaboration of researchers, policy workers and practitioners. The initiative for the project and the evaluation research came from the Manager of the peer / consumer group Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), and people in other service agencies are involved in program development.

Drug policy workers are involved, bringing their unique insights and providing conduits to the decision-making areas of government. Researchers (local and interstate) are involved in both developing the program and its evaluation (assuming that the program goes ahead as planned). The interstate researchers are Associate Professor Paul Dietze and Professor Simon Lenton from the Burnet Institute and the National Drug Research Institute (NDRI), respectively. Their interest in ENAACT, and their engagement in an active, mutually respectful way with policy workers and practitioners in the ACT, is an example of the willingness of members of the research community to work collaboratively in a way that the Canberra Collaboration could facilitate.

Population Health Intervention Research Initiative for Canada (PHIRIC)³

The PHIRIC provides some parallels of what the Centre will seek to do, it aims:

To increase the quantity, quality and use of population health intervention research in Canada through a strategic and deliberate alignment of initiatives by key organizations responsible for public health research, policy and practice. PHIRIC is guided by a strategic alliance of individuals and organizations that develops plans to facilitate the necessary alignment of organizational priorities, investments, and activities.

¹ Nutley, SM, Walter, I & Davies, HTO 2007, *Using evidence: how research can inform public services*, Policy Press, Bristol

² For further information about ENAACT visit: www.atoda.org.au/policy/naloxone

³ For further information about PHIRIC see: www.cihr-irsc.gc.ca/e/38731.html