The Impact of Research on Policy in the Drugs Field

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Abstract

The article uses examples of UK drugs research (1980-2010) to illustrate the complex relationship between research, policy and politics. “Drugs” is a contested issue and values compete with evidence to influence decisions. Research provides only one form of evidence. Sociological research became less influential in these years, reflecting the neo-liberal climate. The absence of research was also influential in shaping policy. However social research made significant contributions. It impacted initially by helping to understand a new problem; then through the construction of the ‘harm reduction approach’; and then by contributing to ‘the criminalisation of drugs policy’. Research helped by gathering intelligence, accumulating findings, raising questions and encouraging a culture of objectivity. Cases described indicate the role of filters as evidence percolated into or was rejected by policy-making circles. As government advisors, researchers risked being captured by politicians. But engaging in public debate could be challenging as researchers might lose control over how their findings were interpreted. The media were dominant influences in public debate and the simplification of discourse at this level was a hindrance.

It is concluded that research has had impact where it linked directly to the policy market. Networks, think-tanks and policy entrepreneurs played key roles. An appropriate packaging of findings was important. Impact happened where there was a receptive audience and a window of opportunity opened, raising the issue on policy agendas. To intervene effectively, researchers had to ensure that reports were timely, to act quickly and work in alliances. Researchers who had impact often had a specific commitment to the drugs field. Beyond this, there remains a need for humanities and social science scholars to engage in public dialogue on this issue.

Keywords: Drugs; research; impact; policy; politics; evidence; sociology; social research; networks.

Introduction

A review of drugs research in the UK over a thirty year period (1980-2010) illustrates the complexity of the relationship between research, policy and politics. ‘Drugs’ is a hotly contested field where moral values as much as evidence influence decision-making. Research has had impact at various times in different ways, depending on the needs of the moment. It can be seen to have at times legitimised a shift in policy then, once a consensus was established, assisted in improving the implementation of that approach. Research which challenges an accepted consensus tends to have less immediate impact on policy per se but over time it can be seen to help to develop alternative perspectives and, in alliance with other forces, may lead then to a further policy shift when a ‘window of opportunity’ arises (Kingdon 2002; Sabatier and Jenkins-Smith 1993). In the drugs field, research linked to the appearance of HIV had a major impact by assisting in the construction of
the ‘harm-reduction’ approach to policy and practice. Later, research indicating a link between drugs and crime had impact and justified another policy shift, the diversion of ‘problem drug users’ from the criminal justice system into treatment.

Over this same period, research grounded in the humanities and social sciences has become relatively sidelined as biomedical, psychological and epidemiological perspectives have dominated since they fit neatly into a neo-liberal political and economic paradigm (Seddon 2010; Krieger 1994; Porter 1996). These focus on ‘risk’ and ‘problems’ located in individuals and tend to ignore the influence of broader social and cultural contexts. Given the limited success of drugs policies and the growth of serious social problems of inequality and ill-health, there is now an urgent need for critical thinking and for researchers to engage with a broader public audience. However such engagement is fraught with difficulty as some examples will demonstrate.

The article draws on a review of literature, documentary analysis, interviews and participant observation. It concludes that, in addition to the quality of research, to have impact what is required is the presence of a receptive audience, communication channels that allow the translation of research evidence to wider communities, including but not limited to official policy makers, and the opening of a window of opportunity, raising the issue on policy agendas.

Problems in assessing ‘impact’

The desire to have impact derives from military strategic thinking and from combative sports – it is necessary to make contact to have an effect. It also involves crucially the idea of lasting and sustained change over and above immediate outputs or effects (Roche 1999). In assessing the impact of research on policy, we may ask ‘who are the individuals or groups that research findings might influence?’ If impact on government or policy-makers is the measure of research value, we should note that these groups do not always welcome certain facts being given attention. There are various audiences for research findings: scientists and scholars have to decide which side they are on in contested debates. Judging the value of research merely in terms of whether it finds favour with powerful groups should not be the only criterion. And what is listened to in one period may be ignored in another. Particularly where arguments are made for reform, findings which do not fit with the dominant paradigm are routinely filtered out and sidelined, although in the fullness of time they may prove to be more important. This is the choice between being a ‘lame technician serving government’ or a thoughtful critic (Rein 1976; Bulmer 1985) and relates to Becker’s seminal argument in ‘Whose side are we on?’ where he stresses the importance of values in the choice of audiences (Becker 1967). Aligning with vulnerable and marginal groups in order to speak on their behalf - becoming an advocate – is a step beyond being a pure researcher. It may however prove much more satisfactory, as Gerry Stimson has attested. After years as a social science researcher (and influential in that role) he became Director of the International Harm Reduction Association and found this fulfilling in a way academic life never was (Stimson 2010).

To have impact, research evidence has to be linked directly to the policy market. In the drugs field, international networks linking researchers and policy communities can be seen to have been important. The deliberate construction of these networks through bureaucracies, like the European Centre for Drugs and Drug Addiction (EMCDDA) and the United Nations Office on Drugs and Crime (UNODC), and through networks of non-governmental organisations, like the International Harm Reduction Association (IHRA) and the International Drug Policy Consortium (IDPC), has shaped debate on drugs policy (Hartnoll 2004; MacGregor and Whiting 2010).

The drugs problem and policy in UK

Features of the context within which drugs research is conducted today include a huge rise in the depth and breadth of this social problem; the emergence of national strategies and attempts at coordinated drugs policies; a rise in the amount of information being collected; increased attention to the issue, moving from a marginal, specialist topic to one of major national importance; and the arrival of new players in the policy field, competing with the previous rather cosy policy communities which linked a small circle of scientists and policy makers.
Drugs policy in the UK for 40 years has been set in the context of the ‘War on Drugs’ – a policy initiated by US President Richard Nixon then given a new dimension under President Ronald Reagan - and, because of US dominance in this field, its acceptance internationally. The fundamental principle has been prohibition of supply and use of illegal drugs, although certain types of substances and of use have been tolerated. Drug possession and supply are defined as criminal offences and what are illegal substances is set out by the Misuse of Drugs Act. UK drug policy is framed both as a crime and as a health issue and there has always been a tension between the two.

The realities of the research-policy connection

The idea of evidence-based practice has become the orthodoxy in medical and health services in recent years (Sackett et al. 1996). Some have extended these notions to argue also for evidence-based policy. Calls for more respect for evidence are frequent in the drugs field, mainly because of the overly dominant influence of myths and stereotypes in public discussions of the topic. Researchers have aimed to move their field ‘from faith to science’ (Heather et al 1992) hoping that knowledge might have more influence than ideology. An evidence-based policy, if initiated, might involve something like the following process: firstly, the generation of conclusions, drawing on evidence derived from the use of robust scientific method; secondly, peer review of the methods used, to filter out unsound conclusions; thirdly, selective transmission of sound evidence to policy; followed, neatly and fourthly, by the response of policy to these findings. In a rational world, some argue, policy would act on this evidence. But, of course, the real world is not entirely rational and few would want to see a technocratic, all-powerful elite determining the essentially political outcomes of who gets what, how, where, when and why (Lasswell 1911).

Evidence which seems persuasive to researchers is sometimes viewed less favourably by other policy players. Politicians, policy-makers and practitioners sometimes express scepticism about academic or scientific research and dismiss it as irrelevant or inconclusive. To them, academic research can seem too abstruse, written in incomprehensible language and not sufficiently focused on the practical day to day issues that are their main interest (anonymous interviewee). There are cultural divides of language and ways of working, of time-scales and purposes, which separate the worlds of politics and policy from those of academic research, which differences can seem unbridgeable. In general, ideas and facts that cross the divide do so via ‘policy entrepreneurs’ or ‘diplomats’ who are able to function equally well in both worlds and speak both languages fluently.

What sort of research advice do politicians and policy-makers want?

For research to have influence, an appropriate packaging of ideas and findings is important. Discussions with policy-makers generally reveal that what they want includes:

- provision of accurate information - researchers should collect, analyse and interpret data reliably;
- identification of examples of good practice;
- finding new ways of tackling persistent problems that prevent policy from being effective; and
- identification of new problems and issues before they come to the attention of policy makers (MacGregor 2006a).

What Whitehall also wants from research are brevity and clarity, attention to financial and policy implications and to the potential for scaling up initiatives. Paul Wiles, as Chief Social Scientific Advisor, proposed a 1-3-25 method of dissemination: a one page abstract, a three page summary and then a report no longer than 25 pages for those who were really interested. (Policy makers only have time to read one page, it is said, so this needs to clearly detail the outcome of research and its implications).

Social research on drugs policy in UK

While biomedical, psychiatric, psychological and epidemiological studies dominate the ‘addictions’ literature, social research has contributed variously at different times, most often as a handmaiden but sometimes
playing a larger role. It can be seen to have impacted on drugs policy, firstly by helping to understand a new problem; then through the development of the harm-minimisation approach; and later by contributing to the ‘criminalisation’ of drugs policy. Methodological developments, both quantitative and qualitative, have had influence: ethnographic work assisted in understanding cultures of drug-taking; epidemiological analysis helped to assess the distribution of risk; repeat surveys identified the increasing salience of the fear of crime in local communities; and health economists assessed the cost of crime and the cost-effectiveness of treatment.

The translation of research findings into a form usable by policy-makers and practitioners is a key part of the process of helping to ensure that research has impact. Routine processes of translation in the drugs field include the production of manuals for use in assessments or other tests of need and condition; production of guidelines by NICE (National Institute for Health and Clinical Excellence) and the Royal Colleges; linking research to training and education, directly through teaching or by writing textbooks or other readable literature; and participation in local dissemination of findings in dialogue with practitioners and other local actors.

One by-product of research activity is that it can throw light on what is going on at ground level and raise issues over and above the specific objectives of the original research design. These ‘intelligence gathering’ observations can be of as much interest to policy-makers as the ‘robust’ evidence of carefully conducted investigations. Research may raise questions as well as provide answers and policy-relevant research often contributes by providing a running commentary on developing situations and contributing to a dialogue about the direction of policy. The accumulation of findings from several studies rather than one blockbuster ‘definitive findings’ study can work to influence policy development and cast light on what is happening in the real world – the enlightenment model being as important as the engineering in this field (Weiss 1977).

With the rise in the size and salience of the topic, the amount of attention to drugs research has grown. Publications doubled between 1993 and 2003 (Witton 2003) and there was a greater need for digests of research findings and the use of systematic or comprehensive reviews of studies. The development of new forms of ICT was crucial in shaping the new policy response and the type of research being prioritised. International collaborations influenced the construction of data collection within Europe and also involved contacts with the USA and Canada and later Australia. Slowly over time, networks of researchers influenced policy not so much via findings per se but through encouraging more generally a culture of objectivity and careful enquiry which began to modify previously ideological positions (Hartnoll 2004; MacGregor and Whiting 2010). With the global spread of the HIV epidemic, internationally networks developed focusing on the link between HIV and injecting drug use and aiming to improve policy and practice through such collaborations, supported by funds from agencies like the Department for International Development and the Open Society Institute (funded by the philanthropist George Soros) among others, helping to spread these ideas to even more countries.

In Britain, with growing public interest in the topic of drug misuse, reports emerged not only from academic researchers but also (and equally or more importantly) from government agencies, like the Audit Commission, National Audit Office, National Treatment Agency, Social Exclusion Unit, as well as from independent research bodies, like MORI, YouGov, and NatCen; and funding came from government and research councils and from philanthropic organisations like the Joseph Rowntree Foundation as well as from European sources and international bodies.

The paradox has been however that with more information, there may be even less understanding. The gap between the two worlds of the policy-practitioner experts and the politicians-media voices seems to be growing.

Research with impact

Helping to understand a new problem

Sociological studies helped to explain a new social problem as the heroin epidemic of the 1980s took hold. Howard Parker has described how he received a phone call one day from the government asking him to do
some research in Merseyside (Liverpool). He was invited to do this because of his track record in research with young unemployed men. He answered ‘I don’t know anything about drugs’. ‘Neither do we’ was the answer. Government’s ‘need to know’ propelled funds in his direction and began an important series of studies on recreational drug use for which he and his department in Manchester became well-known (Parker and Newcombe 1987; Parker et al 1988; Parker et al 1998). Other local studies, for example by Geoff Pearson and colleagues, described and analysed the new phenomenon of heroin use among unemployed young men on poor northern housing estates (Pearson 1987). These studies were informed by sociological notions and were implicitly critical of government policy.

Government began to fund more services in response to intelligence coming from the ground, including from social research findings. The Central Funding Initiative (CFI) pumped new money into the sector to help to develop a range of new community-based services: 70% of community services in England were established after 1984. A House of Commons Social Services Select Committee commented in passing that it assumed that this new initiative was being evaluated? Alarmed, Department of Health (DH) civil servants responded promptly and commissioned a research study linked to the CFI (MacGregor et al 1991).

The Department of Health funded the Drugs Indicators Project (DIP), based initially at University College and later at Birkbeck College London, to help to answer the policy questions ‘How big is the problem? What is it like? What is its new shape? And what should we do?’ DIP developed a methodology using routine indicators and based on a capture-recapture methodology which would eventually develop to form the basis of a Europe-wide monitoring system. The Pompidou group was established and the DIP methodology spread to Europe. Key indicators were established - drug use prevalence, drug-related deaths, morbidity of PDUs (problem drug users), drug-related treatment and incarceration statistics - as estimates of the hidden population and thence to measures of the effectiveness of policy interventions. Richard Hartnoll moved from leading DIP in London to a key research role in the newly established European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. British ideas and methods had a powerful influence on perceptions and began to inform policies at the European level through these networks.

The development of the harm-minimisation approach

The discovery of HIV and the AIDS epidemics which arose from the 1980s onwards switched concern towards risk behaviour and questions of public health. Although in Europe the epidemic was relatively successfully contained, new epidemics linked to drug-taking appeared in other parts of the world and drugs researchers became important players on the international stage. The challenge for social research was how to access hidden populations, especially those of injecting drug users (IDUs). The link between HIV and IDU had been noted by researchers like Sam Friedman in New York and conveyed by word of mouth to fellow researchers in the UK. Through a series of studies by a group of researchers who worked closely together in this phase, new research techniques were developed, especially those using field assistants to provide privileged access to ‘hard to reach’ groups. Researchers argued for the need to observe the cultures and rituals of injecting to understand transmission and support harm-minimisation practices.

In Britain, a key study which had significant impact was the evaluation of needle and syringe exchange schemes (NSEs) led by Gerry Stimson. In the 1980s, alarm had been raised by high rates of HIV infection found in blood taken from samples in an Edinburgh general practice (Robertson et al 1986). These figures were somewhat idiosyncratic. But given the absence of other evidence, they led to a fear that HIV would be spread via IDUs into the wider population. Provision of clean injecting equipment had been raised as a possibility in the McClelland report of 1986. In autumn 1986, after a visit to Amsterdam to see NSE schemes operating there, Norman Fowler, then Secretary of State for Health, announced that pilot NSE facilities would be set up in the UK and evaluated for their effectiveness in persuading injectors to reduce the sharing of equipment. Fifteen pilot schemes were set up in England and Scotland in 1987, mostly in community-based services. Evaluation was built in to the experimental programme - apparently an example of rational policy-making. However developments somewhat pre-empted the outcome of the evaluation and by the time Stimson’s research group reported, there were many more NSE schemes operating (Stimson et al 1988). The Advisory Council on the Misuse of Drugs (ACMD) was taking evidence at the same time and their report, published at the end of March 1988, appeared just as the pilot phase ended. The ACMD report echoed the
McClelland report and, in a famous passage concluded ‘the spread of HIV is a greater danger to individual and public health than drug misuse’ (ACMD 1988:75).

The Stimson NSE evaluation was influential because it appeared at the right time and showed it was possible to implement what were controversial new practices. It legitimised a major shift in policy, giving the stamp of research approval to a movement for change which was supported by other policy actors. At this time, the drugs ‘policy community’ was small and cohesive, involving especially the Senior Medical Officer at the Department of Health (DH) (Dr Dorothy Black) along with certain psychiatrists, representatives of the voluntary sector, and trusted researchers. They were able to convince government ministers of the need for an expansion of community-based services and for NSE schemes, using well-prepared evidence, which led to decisions to provide new money to meet what was described as a new threat to public health. An alliance of evidence and activism led to a radical policy change. The findings reported from the NSE evaluation, rather than in themselves leading to policy change, legitimised a decision that had already been taken. Carefully presented, they confirmed the wisdom that NSE had a role to play (Stimson 1995). And beyond supporting the initial policy shift within UK, this study would later be cited to support claims for the effectiveness of harm reduction internationally, arguing that the British approach had been crucial in warding off an HIV epidemic.

By the early 1990s, methadone maintenance and harm reduction came to form the heart of DH policy on drugs. This was very much as a result of research evidence and the promotion of these ideas by experts working as advisors to government.

Research also had policy impact when used strategically to fight off critiques of treatment, as happened via the Polkinghorne Review in the mid-1990s (Task Force 1996; MacGregor 2006b). The then Minister of Health was initially critical of methadone prescribing, partly on the grounds of cost and partly from a general preference for abstinence. A Task Force was set up to consider the effectiveness of treatment, chaired by the Reverend Dr Polkinghorne (not seen as a soft option, being both an eminent scientist and a Christian). Through this review, the sheer weight of evidence and its technical quality silenced opponents. ‘We determined at the outset that we would seek to found our conclusions on evidence as firmly based as possible and to have recourse to anecdotal opinion only as a complement to more rigorous studies or where nothing further was available’ said the report. Mobilising this counter attack took considerable resources and the efforts of large sections of the treatment lobby, who had felt their very survival to be at stake. They were supported by key international allies. The members of the Task Force received evidence and made visits. Nine studies or pieces of original research were commissioned to aid its enquiries. Centres of expertise played key roles in supporting the work of the Task Force. Importantly, in this effort, independent reviews of evidence by international experts on, for example, methadone treatment and residential rehabilitation were commissioned and these gave state of the art accounts of existing knowledge.

A key outcome of attention being given to the need for evidence on the effectiveness of drugs treatment was the funding of a longitudinal study - the National Treatment Outcomes Research Study (NTORS) - by the Department of Health. The absence of longitudinal studies has been a major gap in the UK drugs field, mainly due to the unwillingness of funders to support them when budgets are tight. The NTORS study had continuing impact as it was the only longitudinal cohort study funded over a number of years which could provide information on the outcomes of treatment and of the costs of treatment.

Early findings from this survey were given prime place in the presentation of the Polkinghorne Task Force report (Task Force 1996). The very first words of the Executive Summary (Para 1.1) stated: ‘Drug misuse causes immense harm to individuals and to society. For example, the 1,100 drug misusers included in the National Treatment Outcome Research Study we commissioned had, in the two years before they entered treatment, committed 70,000 crimes which cost their victims some £34 million. We have found clear evidence that treatment – which embraces social care and support as well as clinical interventions – can be notably effective in reducing such harms’. At the press conference, the report had to include a hastily added corrigendum slipped into copies of the report: ‘the 70,000 crimes referred to in this paragraph were carried out in the three months before treatment commenced, not two years. The figure of £34 million is an estimate based on the costs to victims if crimes had been committed at the same rate over a two year period’ – (an
unlikely assumption). Thus began the defense of drug treatment services in terms of their contribution to reducing crime.

**Supporting a policy shift towards the ‘criminalisation’ of drugs policy**

There was a vast expansion of research on crime from 1997 onwards, reflecting New Labour’s interest in the topic. But some feel the potential of research was ‘over sold’ and it did not deliver, that is, it did not provide answers to the questions politicians and policy makers were asking (anonymous interviewee). This produced a backlash, leading after the initial glut to a drought in research funding.

Some interviewees involved in the policy process have commented that research which has impact is that which fits with the mood of the time, answers the questions which are at the top of the agenda and fits with the assumptions of key policy players. It has also to be persuasive as analysis and in its methods. Influential research may not be original research but a synthesis or review of existing research. A prime example was Mike Hough’s review of the literature on the links between drugs and crime, funded by the Home Office Drugs Prevention Initiative (DPI). This report appeared at just the right moment to mesh with policy initiatives being proposed. The executive summary concluded:

> ‘Whilst research in this country is sketchy, large minorities (and sometimes majorities) of dependent drug users report financing at least part of their drug misuse through acquisitive crime. Research from elsewhere suggests that a large minority of dependent drug users’ aggregate income is derived from crime. . . Crimes committed by dependent heroin users alone may involve losses of between £58 million and £864 million annually…. Reduction prescribing of methadone will not achieve as much as maintenance prescribing . . . The criminal justice system can be an important conduit through which drug users with serious drug problems reach treatment. ....Legally coerced treatment is no less effective than treatment entered into “voluntarily” . . . [and] The criminal justice system is well placed to coerce people into treatment and keep them there’ (Hough 1996:1-3).

This literature review was published by the Home Office DPI in 1996. It had been conducted in just two months October and November 1994. Being timely is critical: researchers have to be willing to move quickly, take time out from their routine work and prioritise one study above others in order to seize the moment. The Hough review relied on ideas and reference points from key experts in the field, who acted as filters. A variety of literature was covered, ranging from local reports, for example on an arrest referral project in Southwark, to academic journal articles, to ACMD reports, to Home Office papers, key handbooks and edited collections, and other government publications.

Also important was the clear route into the inside track of the making of New Labour policy. Hough cited a review of US literature conducted as part of a Harkness Fellowship by Justin Russell, a key policy entrepreneur in this story (Russell 1994). Both reviews were influential because they had clear simple messages, giving certainty and confidence to the audience, but also because they were channelled directly into powerful circles. What messages get through is a key part of the process – the message alone is not enough in itself. The review was of English speaking literature so inevitably dominated by American perspectives. Through personal networks which spanned the Home Office and New Labour circles, these recommendations found their way directly into policy.

However it is important to note that such syntheses could not have been conducted if there had not already been a prior accumulation of evidence from surveys conducted steadily over time which demonstrated a link between drug-taking and crime (eg Ramsey and Percy 1996; Bennett 1998) and showed growing public concern around crime and social disorder and drug-taking in communities.

Within the criminal justice field of drugs research, Karim Murji has noted how research he conducted had an impact on policy but not quite in the way intended (Murji 2009). This research challenged the conventional idea of how drug markets are structured – in a neat pyramid from top level to middle men to low level street dealers. Murji and his colleagues argued instead that drug markets in practice are much more chaotic (Dorn et al 1992). At the time, drug enforcement organisation reflected the dominant image of the drug market as
hierarchical and pyramidal. Coinciding with the publication of their book, the structure of enforcement changed. Murji wondered if this was pure chance or had their research had an impact? Or were both the research and the policy shift responding to changes that were going on at the same time, picking up on the same issues and awareness? Or even, he wondered, were researchers being used by people they interviewed, deliberately to encourage a certain direction of change in policy? The answer is not clear – all could have been at work and it is not obvious which influenced which – was research influenced by policy shifts or were policy shifts influenced by research? Elsewhere Murji has argued that ‘public policy find[s] it easier to deal with instrumental, policy-oriented academic constructions rather than reflexive ones’ (Murji 2010: 16).

From his experience, Murji stresses the importance of the process through which evidence produced by researchers is interpreted by others: what policy-makers do is pick out from the total package what suits them or accords with their interests or views. Evidence is filtered in and some evidence is filtered out. He says that the key issue for academic researchers is ‘can they get complexity across to policy?’ He concludes ‘if we want to have an impact on policy, we need better understanding of what policy do with evidence – we need to follow up the process that takes place after we deliver the evidence’ (Murji 2009).

Similarly Alex Stevens has looked at the research-policy relationship in the context of Drug Treatment and Testing Orders and the Alcohol Harm Reduction Strategy. He observes that the use of evidence ‘is affected by processes of selection’ and that the question for researchers becomes ‘how to avoid such selection ruling their ideas out of contention for policy impact’ (Stevens 2007: 32).

Some interviewees commented that under New Labour, departmental staff were encouraged to present a rosy view of the impact of policy, cherry-picking research findings to give the best spin to developments - such as apparent reductions in drug use or changes in perceptions emerging from school surveys (cf also Stevens 2011). On the other hand, given the adversarial nature of contemporary politics, in reporting on survey results, journalists would often pick out and highlight the least complimentary statistic in order to rubbish government policy – so spin was sometimes just trying to redress the balance of coverage.

**Research with little impact on policy**

Evidence which had little impact on policy was sometimes ironically given a lot of attention in the media. In these examples, researchers were drawn into engaging with wider circles in the public debate and had to shout loudly with rather simple messages if their voices were to be heard above the mêlée. This oversimplification is a problem for research as one feature of findings is that they are rarely conclusive. Uncertainty is common and interpretation of findings is crucial. Nuances get lost and drowned out in fractious politics.

In 2000, the ACMD was asked to review the classification of cannabis by the then Home Secretary, David Blunkett. In the UK the *Misuse of Drugs Act 1971* (MDA) provides the framework for the control of substances deemed harmful. Related to this is a classification and scheduling process within which the ACMD has the statutory role to provide independent and expert advice to government. At that time, cannabis products were either class A or class B. The ACMD recommended regrading all cannabis preparations to C. This was followed two months later by a Home Affairs Select Committee report on the Government’s drug strategy (Home Affairs Committee 2002), which supported the Home Secretary’s proposal to reclassify cannabis. This recommendation became law in early 2002.

In this cannabis debate, scientists mobilised on various sides. There were some who believed that the increased strength of the ‘skunk’ form of cannabis was of concern and new data were emerging on cannabis and psychosis. The next Home Secretary, Charles Clarke, asked the ACMD to review the evidence on cannabis harms again. They did so and again concluded that it should remain a class C drug. Soon after Gordon Brown became Prime Minister, he publically stated that he thought cannabis should be a class B drug. ACMD were asked to review cannabis again. During this third review, there were repeated briefings from the Cabinet Office to the effect that whatever the ACMD decided the Prime Minister had determined it would be class B. The then Chair, Sir Michael Rawlins, wrote to the Prime Minister to say that if this discourteous behaviour did not stop, the ACMD would cease its review. This was agreed and the prejudicial comments from Number 10 stopped. However, despite the ACMD concluding that cannabis was still a class C drug, the
government went against this advice. The argument put forward was that the harms of skunk could be greater than ACMD had concluded and that its use was ‘unacceptable’.

Charlie Lloyd has commented that since the 2000 Report of the Independent Inquiry into the Misuse of Drugs Act (Police Foundation 2000), ‘there has been almost unremitting media coverage of the question of classification, linked increasingly with fears surrounding the association between cannabis and schizophrenia and linked fears concerning stronger strains of cannabis or “skunk”’ (Lloyd 2008:1). He links policy changes to the Lambeth experiment (where police were encouraged merely to caution those found in possession of small quantities of cannabis thus saving considerable police time). This approach was at first well received then it fell from favour, partly because of local discontent but also in a context of vilification of the local Commander Paddick via homophobic articles in the media. ‘The press escalated its onslaught: the Daily Mail ran a double-page story under the headline “Has Blunkett made a hash of it?” . . . and there were other stories claiming that young people were now openly rolling joints and smoking cannabis in parks and on the streets’ (Lloyd 2008: 5). Lloyd points out that as well as press campaigns, lobbying from the Association of Chief Police Officers (ACPO) was influential in the change of policy: ‘According to ACPO, “the bottom line from a police point of view is that since reclassification four years ago, we have seen a significant rise in cannabis farms, which point to increasing use of organised crime in this particular market; that’s a worry for us”’ (Lloyd 2008: 7).

Another example involving much sound and fury but little impact on policy - and again one where evidence challenged the drugs classification system – was the case of Professor Nutt. In October 2008, David Nutt, then Chair of the ACMD, wrote a paper based on an insight obtained from one of his patients who had been permanently brain-damaged falling off her horse. Nutt coined the term equasy [equine addiction syndrome] and compared the harms of horse-riding with those of MDMA [ecstasy] (Nutt 2008). This paper was designed, he said, to provoke thoughtful discussion about the relative harms of two relatively common activities. He shared the contents of the paper with the ACMD secretariat and received feedback from them and from the Home Office Chief Scientist, which he incorporated into the final piece. The paper was submitted for publication to the Journal of Psychopharmacology and accepted for publication.

This article was picked up and referred to in the press and government politicians became alarmed. The then Home Secretary, Jacqui Smith, announced, in the House of Commons on February 9 2009, ‘I have spoken to Professor Nutt this morning and told him I was surprised and profoundly disappointed by the article reported . . . I made clear that his comments went beyond what would be expected from him as Chair of the ACMD . . . he apologised to me and I asked him to apologise to the families of the victims of ecstasy’ - after which Professor Nutt duly appeared in the contemporary version of the stocks (BBC Radio 4’s Today Programme) and issued an abject apology.

Shortly afterwards, in mid-February 2009, the Centre for Crime and Justice Studies at King’s College London invited David Nutt to give the Eve Saville lecture. Professor Nutt says that he discussed this with the Home Office science secretariat and developed the content of his lecture and the slides with their assistance. The lecture was advertised amongst other places on the Home Office website and on July 14th 2009 he gave the lecture. On Thursday October 29 a transcript of the lecture was publicized by the Centre for Crime and Justice Studies with a press release. A shortened version of the lecture was published as an article in the Guardian, and Professor Nutt gave interviews for BBC radio and TV.

In the ensuing media storm, David Nutt was labelled the ‘nutty professor’ by mean-spirited journalists and was summarily sacked from his position as Chairman of the ACMD on October 30 2009, after clashing with the then Home Secretary, Alan Johnson. Justifying his dismissal of Professor Nutt, Alan Johnson, speaking in the House of Commons on November 2 2009, said that the role of the Chair was to advise not to criticise government policy. He stressed that the Chief Medical Officer and the Chief Scientific Advisor both accepted that the role of advisors was to give independent advice, while the role of government was to consider this carefully but it was their prerogative to endorse or reject such advice. The key issue was that a scientific advisor was engaging with the public not just with government. Opinion had been put in the public domain, most especially it had been given attention by journalists. This influenced
the extent to which the government and, especially the Home Secretary, could have confidence in and trust the advisor. What was also at issue was the relative power of the two offices, the expectation being that scientific advisors (like civil servants) should defer to politicians.

The Nutt case demonstrates that facts do not speak for themselves. Some see Professor Nutt as a single-minded, even pig-headed, stubborn proponent of a very particular argument. The simple argument he made is hardly contentious and could almost be seen as common sense. Yet all hell broke out when he dared to keep raising the issue. Why was this? Because it challenged core elements in contemporary drugs policy: the separation of illicit from licit drugs – with alcohol and tobacco being distinguished from heroin, cocaine, cannabis, ecstasy, amphetamines and other substances; because it challenged US policies; because it challenged puritanical views on use of drugs for pleasure (Hunt and Evans 2008); and because it demystified some very useful scapegoats which serve purposes of social control and divert attention from more fundamental social issues.

David Nutt’s comments had a huge impact on the general policy debate, being taken up in the media and by supporters in the House of Lords, other politicians, researchers and activists, but he was vilified and led to resign because politicians did not like what he was saying. Professor Nutt has continued to fight his corner, establishing an Independent Scientific Committee on Drugs and he returns to the issue frequently. In November 2010 a further article appeared in the Lancet presenting an even more refined version of the central claim about the relative harms of alcohol, cannabis, tobacco, heroin, cocaine and other drugs (Nutt et al 2007; Nutt et al 2010). Valid criticisms can be made of the Nutt articles and the assumptions on which their methods are based. But a key question is ‘how valuable are the judgements of experts?’ Dismissing their work as ‘not scientific’ – as some of his opponents do - is not enough to refute the argument altogether. The informed views of experts could be said to be of equal or greater value than those of the man or woman in the street or of leader writers in newspapers and surely have a right to be heard. Unfortunately, once in the media spotlight, opinions tend to harden into ‘for’ and ‘against’ and be presented as simple statements that can be summarised in a sound bite – a situation not conducive to well-judged policy-making (cf also Coomber et al 2000).

The differing cultures of policy and research.

Wise policy-making could be said to rest on searching for compromise, admitting uncertainty and finding flexibility. This may clash with the single-minded pursuit of truth and adherence to scientific methods necessary in basic research and encapsulated in the notion of maintaining the integrity of the research process. At the same time, researchers involved in strategic, evaluative or applied research have to take care not to be captured by policy-makers.

Different government departments have different cultures and environments and different systems for linking research to policy. At the Home Office, which again became the lead department for drugs policy after 2001, research needs were more tightly specified by policy customers than at the DH. After some restructuring, the drugs researchers at the Home Office were located together with the policy team and were thus able to interact with them on a day to day basis. This encouraged the feeding in of evidence to policy and ensured research was meeting the needs of policy teams. The presence of researchers within government departments helps in research translation. They were able to present findings in a policy-friendly format. Demands on policy teams change rapidly and they need answers quickly – having researchers based in departments means answers to immediate questions can more readily be informed by existing data.

Researchers based in university departments, on the other hand, are caught between the demands of their colleagues in academic disciplines, where basic research is what counts, and the interests of policy and practitioners - who may be more interested in assessing the value of a very specific intervention, such as how drugs are dispensed or ways of reducing harm in injecting sub-cultures. Research looking at small incremental changes can be extremely valuable and impact on the health and well-being of drug users and wider society – but funders and academic peers seem often to accord greater value to more dramatic, ‘big’ research questions, ideas or findings (anonymous interviews).
The same applies with criminal justice research. Local crime surveys conducted over time have proved valuable: each one might have little to say but the accumulation of findings can cast light on features of the environment that influence patterns of crime or drug-taking and responses to these. The assessment of research on an individual researcher or individual project basis neglects the value of the accumulation of knowledge through a series of related studies carried out over time.

Sometimes, however, calling for research may be a substitute for action, leading one interviewee to exclaim ‘no more reports!’ What is needed instead is the political will to act. This interviewee commented ‘we know we have a population at high risk of hepatitis B infection, ten per cent of whom are going to die early from cirrhosis or cancer which is preventable. We have the contacts and we have the opportunity to do it and we don’t do it. We don’t need to study anything – we have all the information needed – all that is missing is for someone to close the loop and say “that is sorted”.

One theme emerging from interviews with research-policy actors is that research impacts on policy but not always in the way intended: it does so not in a direct linear and immediate way. As important as the ‘killer fact’ can be a process of incremental change, changes in culture and the unintended consequences of policies. And lack of research can be as important as findings: the neglect of some topics by research has an impact on the shape and direction of policy (Hunt et al (ed) 2010). Similarly, difficulties in securing publication of qualitative findings hinder deeper understanding of the causes and consequences of drug use (Rhodes et al 2010). Currently there are those who argue insufficient attention has been paid to research on recovery or on rehabilitation while others note the fundamental failure to recognise the contribution of deprivation and inequality or cultures of consumption to patterns of drug-taking (Stevens 2011; Wilkinson and Pickett 2009).

Viv Evans of AdFam (a voluntary body campaigning for families and children affected by drug use) has commented that ‘there is limited evidence of what works in terms of interventions with families’ (Evans 2009). Innovative approaches developed locally by voluntary or family groups, which seem to have some merit, have rarely been evaluated: the so-called gold standard of interventions are often those developed and tested in USA which may then be adopted into NICE guidelines. There might be equally useful interventions emanating from other sources but, because there is no funding to develop these or to evaluate them, this knowledge does not get across to influence policy and practice more widely.

**Impacting on public debate and influencing policy communities**

A dominant approach sees research as fulfilling a mainly technical role – research, it is said, should operate to support policy but policy decides on what are the key questions. But some policy-makers also value research which takes a critical stance, offering new ways of looking at an issue (or reminding of old ways). Challenges to orthodox thought should be valued by policy-makers, especially in democratic societies. This becomes apparent in the context of electoral politics and a change of government, as currently in UK, where the search may be on for new and distinctive policies. Research may then be taken up by policy entrepreneurs and used to promote alternatives to existing (‘old and discredited’) responses to social issues.

This kind of activity differs from conventional research. Michael Burawoy, in his 2004 American Sociological Association (ASA) presidential lecture, outlined the different ways in which sociological researchers can operate (Burawoy 2004). *Professional sociology* is aimed primarily at academic journals and peer review and involves solving puzzles. *Policy sociology* is concerned with solving problems mainly for government and business. *Public sociology* involves a conversation with society about values. He sees the three types as being interdependent and stresses that without rigorous scholarly standards no public sociology would be taken seriously.

If researchers aim to influence the wider policy debate, deliberate attempts have to be made to address a public audience not only scientific peers or those funding research. Operating in this sphere are the think-tanks which have become increasingly influential in British politics. Think-tanks aim to act as intermediaries between researchers and policy. One leading think tank in the drugs field, UK Drugs Policy Commission (UKDPC) has as its raison d’être trying to get evidence into policy. It aims to bring objective analysis into the
drugs field. Think-tanks try to improve communication but they may also be drawn to conduct research themselves—perhaps an indictment of academic research. They shape their research for maximum impact, starting with a key policy question, reviewing existing evidence, conducting consultations on the topic with key stakeholders, and carrying out focus group discussions to access public or stakeholder opinion. This is a less ‘scientific’ approach to answering a policy question. They claim that this enables them to provide politicians with more accessible and relevant research-based reports, which combine evidence with attention to values and present options in a reasoned way. Think-tanks know their audience and are responsive to their needs—whereas academic researchers’ main audience is their peers—and the questions they address, and the methods they use, are determined accordingly. Think-tanks also pay a lot of attention to getting their reports into the public eye through effective use of links with the media.16

In the drugs field, Druglink and other non-scientific journals are important outlets for research findings. The so-called high impact journals, beloved of the RAE/REF, rarely influence directly policy and practice but may do so where publicized in the press (and journal editors like those of the British Medical Journal and the Lancet increasingly aim for this). Commissioners of research and policy-makers do however want findings to be published in academic journals, to demonstrate that they have been vetted by peer review.

These processes have changed the shape of the ‘epistemic communities’ which influence drugs policy. Epistemic or policy communities involve institutionalised interaction between policy and science but these communities have become more complex and involve a wider range of actors than in earlier years. So policy-related research takes place in neither a political nor an economic vacuum and its impact depends on the relationships between researchers and policy actors. Factors intervening in these relationships include values, the balance of power, mistakes, money, timing, competing issues, the extent of understanding, vested interests, and difficulties of implementing change. Politicians may, in their calmer moments, say they wish to take scientific research evidence into account but the reality of their daily lives is of pressure from events and the need to make quick decisions.

‘Nothing beats hearing it from the front line.’17 For MPs, getting out and meeting people, the view from the constituency level, is more influential than academic research, taken together with the findings of public opinion surveys, focus groups and headlines in newspapers. Within government, civil servants and advisors may become more conversant with detailed research evidence and use this to temper the wilder ideas of politicians and to shape the details of the policies which they are tasked with developing along broad lines set out by government ministers.

Conclusion

What is required for research to have impact, as well as or separately from its quality?

- A receptive audience which understands the data.
- Communication channels to allow the translation of research evidence, i.e. a knowledge transfer process.
- A moment when attention focuses on the issue, opening a window of opportunity.
- Key actors—champions of an idea or set of evidence.
- Recognition that research evidence should be seen in the round, avoiding the dangers of killer facts or emotive cases.

Overall it seems that researchers who have had impact are those who are determined to continue on their chosen path, regardless of immediate rewards or the evaluations of funders or academic peers. They do so because of a commitment to the ‘drugs field’, deriving sometimes from their own life experiences, which gives them an identity somewhat different from one that might encourage total commitment to a specific university or specific academic discipline. They continue in this mode sometimes in spite of the fact that their research may not be valued locally by managers—or by peers in particular disciplines.18
Most notably there is a need for more recognition of humanities and social sciences scholarship and research. Over the forty years of the war on drugs, the problem has at best been contained but use of psychoactive substances has grown and become more varied, producing a complex situation not amenable to control through simple systems of classification and prohibition. Recognising the casualties of the war on drugs from Afghanistan to Aberdeen and the failure of policy to improve the public health in tandem with increases in social wealth are major challenges to all citizens. Social science contributes especially to understanding of contexts and to understanding of human and social dimensions: there is a need for this to be seen as more important by policy. Sociology can also contribute by helping understanding of the implementation of policies and in dispelling myths (Coomber 2006).

Many modes of conducting research are about speaking truth to power, to the establishment in charge of policy. But in democratic societies, there are other roles too which involve challenging existing policy, formulating alternatives, demystifying false assumptions and stereotypes, educating the general public, showing through historical and contemporary study that there are other ways of responding to drug use and explaining features of the social order and system of opportunities that lead to drug dependence and recreational, (possibly harmless), drug use. Use of psychoactive drugs may be enjoyable, may help people cope with difficult stressful situations, may be a form of self-medication, may meet a need to “get out of my box” – the very effects on the brain and the senses are what are sought in drug-taking. All the explanations as to why people use tobacco and alcohol can help explain why people use illegal drugs. These reasons will change over time, will change by substance, - the amount, how, where, how often etc - and will vary between individuals and groups. A first step in demystifying drug use has to be to draw attention to the demonisation of illegal drugs which has prevented moving beyond first base in aiming at more rational discussion of the issue (Lloyd 2010).

There is too a need to recognise the many unsung heroes of research, whose work has influenced the development of policy and practice: surveillance and public health monitoring, showing rates of HIV+, hepatitis B and C, injecting, drug-related deaths and so on, and relating these trends to socio-economic variables; surveys of ‘hard to reach’ or out of contact groups or of emerging new problems and patterns of drug taking; evaluations of new interventions and practices, in collaboration with pioneering practitioners; and estimates of costs in complex health and criminal justice settings. Such studies build up knowledge and expertise through slow, dogged, careful work. Such accumulation of knowledge and expertise builds a body of knowledge on which judgements can be made and which can be used to challenge the simplicities of ideologues and the endless snake oil salesmen, competing for the attention of politicians.

Those who promote evidence-based policy – what they see as rational policy-making – have to realise that such a system could only operate where there was a consensus of values. Where issues are more contentious and society and politics more divided, research evidence will be less definitive. Social research evidence will only ever be just one source of evidence and its influence varies over time and place. The orchestration and mobilisation of evidence is critical for impact. This is done best when researchers work in alliance. The choice for researchers is whether to be a ‘tame technician’ or a ‘bold critic of society’ 19 whether to be mainly an advisor or advocate. And researchers have to make a choice about which groups to work closely with. Such decisions are made on the basis of values and philosophies not solely on ‘hard facts’.

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Notes

1 In the drugs field, the power of ideas and findings is closely related to the power of different disciplines. The respect in which a discipline is held will influence the extent to which its research has impact. Addiction was constructed as a scientific field over one hundred years ago and became mainly the property of psychiatry and pharmacology. Increasingly this means neuropharmacology, brain sciences and genetics. With regard to policy, however, the position of addiction specialists has been challenged in recent years, with economists and psychologists playing an influential role, offering answers to the ‘what works’ questions in terms of interventions and to the ‘how much does it cost’ questions which are central to contemporary social policy. As for sociology, it has, as in other areas, lost credibility with the rise of individualism – being outshone among the social sciences by economics and psychology, which are viewed as harder sciences, mainly because of their individualistic basis and presentation of findings succinctly in the form of numbers and graphs rather than in words.

2 Science’s fundamental idea is that ‘there are ways of pursuing inquiry that are more likely than others to generate sound knowledge’ (Hammersley 2009: 4). Key features of scientific method are: defining solvable problems; testing ideas against reality; the importance of controls; and the central role of peer review. The idea of science as ultimate truth has been propagated by some scientists. This has been questioned by historians and sociologists of science, who show how evidence is historically and spatially constructed.

3 Such scepticism means that practitioners may be unwilling to cooperate with research. Thus to do good research, which might have an impact, requires building up good working relations with practitioners – with police, drugs agency workers, clinicians – something not always costed and factored into research proposals.

4 For example, currently a lot of attention is being given to Wilkinson and Pickett’s The Spirit Level. This book which is a comprehensive review of a range of evidence presents an old argument about inequality but in a readable fashion – including cartoons – suitable for a public audience.

5 interview available on FEAD website – http://www.fead.org.uk

6 Task Force report, Foreword - letter to Rt Hon Stephen Dorrell MP Secretary of State for Health from John Polkinghorne, ppi.

7 These included: Reaching drug misusers not in treatment Robert E Booth; Eight reviews of the international literature on treatment of drug misusers: what lessons for the Department of Health? J Jaffe; Maintenance approaches to treating drug misusers: a review of the empirical evidence R P Mattick; Residential rehabilitation, C Cooke; Residential rehabilitation, R Hubbard; The consequences of drug treatment for criminal behaviour, P Reuter.

8 These included Jud Barker, Martin Plant, Howard Parker, and Michael Farrell.

9 Robin Murray, a consultant at the Maudsley Hospital, spoke out frequently on the dangers of cannabis use among young people and made use of the media to draw attention to the issue. But evidence on the links between cannabis and mental health is inconclusive in the absence of longitudinal studies (Macleod 2010).

10 Some have seen direct influence from the United States on this position.

11 Response to the request from the Science and Technology Select Committee for information about the background to the sacking of Professor Nutt from the ACMD on the 30th October 2009.

12 MB BChir MA DM FRCP FRCPsych FMedSci, Edmond J Safra Chair in Neuropsychopharmacology and Head of Department of Neuropsychopharmacology and Molecular Imaging, Imperial College London – a psychiatrist who has researched the field of drugs of abuse for thirty years and published over 700 papers and 26 books.

13 In response to the Nutt controversy, on 6 November 2009, guidelines were offered to government on how to use scientific advice (Sense about Science 2009). These set out three principles: academic freedom; independence of operation; and proper consideration of advice. Production of these followed several days of intense discussion across the scientific community.

14 A cry echoed by Simon Jenkins in the Guardian, November 3 2010, ‘Britain’s drugs hypocrisy is a giant self-inflicted wound’ – ‘there is no need for any more reports, seminars, committees or thinktanks’.

15 the absence of reliable longitudinal data on British populations is a major inadequacy, leading to continuing reliance on studies from other countries, especially the USA.

16 For example UKDPC published a report on stigma which had extensive coverage on radio and in newspapers August 25 2010 (Lloyd 2010).

17 Alan Johnson speaking on BBC Four, 14 February 2010 (Michael Cockerell Great Offices of State – the Home Office).

18 since drugs research is essentially multi disciplinary and involves working in teams and in partnership, none of which fit neatly with subject specific research assessment procedures.

19This distinction was encapsulated in an argument between Mark Abrams and A H Halsey on the Heyworth Committee that led to the setting up of the Social Science Research Council in Britain in the 1960s (cf King 1997).
References

ACMD (1988) *Aids and Drug Misuse*, Part 2, Department of Health, HMSO.

Becker H.S. (1967) ‘Whose side are we on?’ *Social Problems*, Vol. 14, No 3 (Winter), pp 239-247.

Bennett T. (1998) *Drugs and Crime*, Home Office Research Study, 183.

Bulmer M. (1985) ‘The influence of research on policy: how do they relate?’ *Research, Policy and Planning*, 3, (2), pp13-18.

Burawoy, M. (2004) ‘Public Sociologies: contradictions, dilemmas and possibilities’ *Social Forces*, 82 (4), pp 1603-18.

Coomber R., Morris C. and Dunn L. (2000) ‘How the media do drugs: quality control and the reporting of drug issues in the UK print media’, *International Journal of Drug Policy*, 11 (3), pp 217-25.

Coomber R. (2006) *Pusher Myths: re-situating the drug dealer*, Ashford: Free Association Books.

Dorn N., Murji K. and South N. (1992) *Traffickers: drug markets and law enforcement*, London: Routledge.

Evans V. (2009) Presentation to seminar held at London School of Hygiene and Tropical Medicine, October 26.

Hammersley M. (2009) ‘Why critical realism fails to justify critical social research,’ *Methodological Innovations Online*, 4 (2), pp 1-11.

Hartnoll R. (2004) *Drugs and drug dependence: linking research, policy and practice*, Pompidou Group, Council of Europe Publishing.

Heather N., Wodak A., Nadelmann E. and O’Hare P. (editors) (1992) *Psychoactive Drugs and Harm Reduction: from faith to science*, Whurr Publishers.

Home Affairs Committee (2002) *The Government’s Drugs Policy: is it working?* Session 2001-2002, HC 318, London, HMSO.

Hough M. (1996) *Drugs misuse and the criminal justice system: a review of the literature*, Home Office Drugs Prevention Initiative, paper 15, executive summary.

Hunt G. and Evans K. (2008) ‘‘The great unmentionable’’: exploring the pleasures and benefits of ecstasy from the perspective of drug users’ *Drugs: Education, Prevention and Policy*, 15 (4), pp 329-49.

Hunt G., Milhet M. and Bergeron H. (eds) (2010) *Drugs and Culture: Knowledge, Consumption and Policy*, Ashgate.

King D. (1997) ‘Creating a funding regime for social research in Britain: the Heyworth Committee on Social Studies and the founding of the Social Science Research Council’, *Minerva*, 35, pp 1-26.

Kingdon J. W. (2002) (2nd edition) *Agendas, alternatives and public policies*, London: Longman.

Krieger N. (1994) ‘Epidemiology and the web of causation: has anyone seen the spider?’ *Social Science and Medicine*, 39 (7), pp 887-903.

Lasswell H. D. (1911) *Politics: who gets what, when and how*, Peter Smith Pub Inc.
Lloyd C. (2008) ‘The cannabis classification debate in the UK: full of sound and fury signifying nothing’, paper presented at ISSDP annual conference, Lisbon.

Lloyd C. (2010) Sinning and Sinned Against: The Stigmatisation of Problem Drug Users, UK Drug Policy Commission. 74pp. [http://www.ukdpc.org.uk/resources/Stigma_Expert_Commentary_final.pdf](http://www.ukdpc.org.uk/resources/Stigma_Expert_Commentary_final.pdf)

MacGregor S., Ettorre B., Coomber R., Crosier A., and Lodge H. (1991) Drugs Services in England and the Impact of the Central Funding Initiative, ISDD Research Monograph.

MacGregor S.(2006a) Improving the dialogue between social science research and social policy, Cross National Research Papers, 7 (6), December, European Research Centre.

MacGregor S. (2006b) ‘”Tackling Drugs Together” and the establishment of the principle that “treatment works”’, Drugs: education, prevention and policy, October 13 (5), pp 399-408.

MacGregor S. and Whiting M. (2010) ‘The development of European drug policy and the place of harm reduction within this’, in Harm Reduction: evidence, impacts and challenges, edited by T Rhodes and D Hendrich, EMCDDA monographs 10, Lisbon, pp 59-77.

Macleod J. (2010) ‘Drug-taking and its psychosocial consequences’ in Susanne MacGregor (ed.) Responding to Drug Misuse: research and policy priorities in health and social care, London: Routledge, pp 25-39.

Murji K. (2009) Presentation to seminar held at London School of Hygiene and Tropical Medicine, October 26.

Murji K. (2010) ‘Applied social science? Academic contributions to the Stephen Lawrence Inquiry and their consequences,’ Journal of Social Policy, Vol. 39, Issue 03, July, pp 343-357.

Nutt D., King L.A., Saulsbury W. and Blakemore C. (2007) ‘Development of a rational scale to assess the harms of drugs of potential misuse,’ The Lancet, 369, pp 1047-53.

Nutt D. (2008) ’Equasy – an overlooked addiction with implications for the current debate on drug harms,’ Journal of Psychopharmacology, 23 (1) pp 3-5.

Nutt D. (2009) Estimating Drug Harms: a risky business? Eve Saville Lecture, Briefing 10, October, Centre for Crime and Justice Studies, King’s College London [www.crimeandjustice.org.uk](http://www.crimeandjustice.org.uk)

Nutt, D., King L. A. and Phillips L. D. (2010) ‘Drug Harms in the UK: a multi-criteria decision analysis’ The Lancet, Vol 376, Issue 9752, pp 1558-1565.

Parker H. and Newcombe R. (1987)‘Heroin use and acquisitive crime in an English community’, British Journal of Sociology, Vol. 38, pp 381-350.

Parker H., Bakx K. and Newcombe R. (1988) Living with heroin: the impact of a drugs ‘epidemic’ on an English community, Milton Keynes: Open University Press.

Parker H., Aldridge J., Measham F. and Haynes P. (1998) Illegal Leisure: the normalisation of adolescent recreational drug use, London: Routledge.

Pearson G. (1987) The new heroin users, London:Basil Blackwell.

Police Foundation (2000) Drugs and the Law: report of the Independent Inquiry into the Misuse of Drugs Act 1971, The Police Foundation (Runciman Report).
Porter T. M. (1996) Trust in Numbers: the pursuit of objectivity in science and public life, Princeton University Press.

Ramsey M. and Percy A.(1996) Drug Misuse Declared: results of the 1994 British Crime Survey, Home Office Research Study, no 161.

Rein M. (1976) Social Science and Public Policy, Penguin.

Rhodes T., Stimson G. V., Moore D. and Bourgois P. (2010) ‘Qualitative social research in addictions publishing: creating an enabling journal environment,’ International Journal of Drug Policy, 21(6): 441-444

Robertson J. R., Bucknall A.B.V., Welsby P.D. et al (1986) ‘Epidemic of AIDS-related virus (HTLV-III/LAV) infection among intravenous drug abusers’, British Medical Journal, 292, p: 527.

Roche C.(1999) Impact Assessment for Development Agencies, Oxfam.

Russell J.(1994) Substance Abuse and Crime: some lessons from America, Harkness Fellowship Report.

Sabatier P. and Jenkins-Smith H. (eds) (1993) Policy Change and Learning: An Advocacy Coalition Framework, Boulder: Westview Press.

Sackett D.L., Rosenberg W.M.C., Gray J.A.M., Haynes R.B. and Richardson W.S. (1996) ‘Evidence-based medicine: what it is and what it isn’t’, British Medical Journal, 312, p71.

Seddon T. (2010) A history of drugs: drugs and freedom in the liberal age, London: Routledge.

Sense about Science (2009) ‘Principles for the Treatment of Independent Scientific Advice’, http://www.senseaboutscience.org.uk/index.php/site/project/421 - accessed 06/08/2010

Stevens A. (2007) ‘Survival of the ideas that fit: an evolutionary analogy for the use of evidence in policy,’ Social Policy and Society, Vol 6:1, pp 25-35.

Stevens A. (2011) Drugs, Crime and Public Health: the political economy of drug policy, London: Routledge.

Stimson G.V., Alldritt L,, Dolan K. and Donoghoe M. (1988) ‘Syringe exchange schemes for drug users in England and Scotland’, British Medical Journal, 296, p, 1717.

Stimson G.V. (1995) ‘Aids and injecting drug use in the United Kingdom 1987-1993: the policy response and the prevention of an epidemic’, Social Science and Medicine, Vol. 41, No 5, pp 699-716 .

Stimson G. (2010) ‘Harm reduction: the advocacy of science and the science of advocacy’, The Alison Chesney and Eddie Killoran First Annual Memorial Lecture, November 17, London School of Hygiene and Tropical Medicine.

The Task Force to Review Services for Drug Misusers (1996) Report of an independent review of drug treatment services, Department of Health, April, (Polkinghorne Report).

Weiss C. (1977) ‘Research for policy’s sake: the enlightenment function of social research’, Policy Analysis, 3 (4) Fall, pp 521-545.

Wilkinson P. and Pickett K. (2009) The Spirit Level: why more equal societies almost always do better, London: Allen Lane.

Witton J. (2003) ‘Evidence and expediency: research and recent UK drug policy’ seminar at London School of Hygiene and Tropical Medicine, 5 November.
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