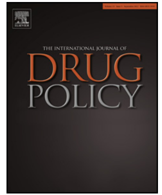
International Journal of Drug Policy 49 (2017) 41–47

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Commentary

Strengthening advocacy efforts with empirical evidence: A case example of the conduct, uptake and utilisation of research in drug policy decision-making in Vietnam

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ARTICLE INFO

Article history:
Received 29 March 2017
Received in revised form 27 June 2017
Accepted 26 July 2017
Available online xxx

Keywords:
Drug policy
Evidence-based policy making
Research utilisation
Compulsory treatment
Methadone treatment
Vietnam
East and Southeast Asia

ABSTRACT

During the last decade, international aid agencies and advocates have been working with Southeast Asian governments to move away from punitive responses towards people who use drugs to more public health, humane approaches. The lack of local scientific evidence about the effectiveness of different treatment approaches has made this advocacy work more challenging. This paper reflects on a generation of treatment research evidence and how it can assist advocacy efforts. The case example is the cost-effectiveness research, comparing centre-based compulsory treatment with community-based voluntary methadone maintenance treatment in Vietnam (2012–2015). Using our long-term and on-going connections with key Vietnamese decision-makers and government agencies, our collective experiences in drug policy advocacy and our unique insight into the working of government in Vietnam, we have used strategies to maximise opportunities for research to inform policy discussions. We have made an assessment here about the extent to which study findings have contributed to policy change in Vietnam and the challenges that impede progressive policy implementation. In doing this, we hope to make a contribution to the research evidence use literature.

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Background

The uptake and utilisation of research to inform policy reflects two distinct dimensions. The first relates to the conduct of the research itself (e.g. the extent of connection between research activity and decision-making bodies). The second occurs after the research is concluded and pertains to how research findings are disseminated and the policy processes that facilitate uptake in decision-making circles. Both aspects are important components of effective research utilisation. For the former, a useful theory is the *Linkage and Exchange* research utilisation model by Jonathan Lomas (Lomas, 2000). For the latter, a useful framework is the *Ideology, Interest* and *Information* (the I–I–I framework) by Carol Weiss (Weiss, 1983).

The *Linkage and Exchange* model places importance on the interactions between researchers and research users (policy-makers) at both an individual and institutional level, to ensure they are exposed to each other's worlds and needs. The model also recognises the wide variety of groups and individuals engaged in connecting policy and research. In the model, in addition to policy-makers and researchers, there are two other important groups – research funders and knowledge purveyors. The focus of the model is the interface between these four groups. In the linkage and exchange process, policy-makers ask researchers about pressing problems, and researchers aim to supply policy-makers with evidence-informed appropriate solutions. Research funders consult with policy-makers around key problems, issues and priorities, and then translate these into funded programs for research. Finally, through knowledge purveyors (such as think tanks, conferences, journals and the media), findings from research (together with other forms of evidence) become ideas, best practices and interventions to be fed directly to policy-makers. The *Linkage and Exchange* model suggests that research use will happen when the links between the four groups are both mutual and

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http://dx.doi.org/10.1016/j.drugpo.2017.07.029
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strong (Lomas, 2000). It represents a 'virtuous cycle', in which any weak link in these relationships may inhibit the uptake of research within the policy community (Canadian Health Services Research Foundation, 2000). Central to the model is the understanding that it is critical for the partnerships to operate throughout the research process; from problem definition, to research conduct, to the interpretation and application of research findings.

Research evidence is not the only factor that influences policy-makers decision-making in drug policy (Lavis et al., 2005). Policy decisions are informed by a number of factors: *Ideology*,*Interest* and *Information* (Weiss, 1983). Each of these forces interacts with the others in determining the policy-makers' stand. *Ideology* means the systems of beliefs, moral and ethical values and political orientations that guide policy-makers' action. *Interests* are first and foremost the self-interests of those engaged in the policy process, whether they are political (advancing a particular cause) or personal (advancing one's career). Most public policies are developed out of competing interests by a range of groups. Also, people tend to formulate ideologies that accord with their self-interest. Research is one type of *information* and competes with other types of information (such as prior knowledge, and the potent influence of the media). According to Weiss, information then competes with ideology and interest. In essence, every policy is the product of the interplay amongst ideology, interests and information. Therefore, how much effect research will have on policy depends on these three sets of interactions. Importantly, the I–I–I framework offers one critical insight: when there is a *shift* in ideology or interest, this is the time when research can have a *better chance* of gaining attention or even action.

In this commentary we use both theoretical frameworks to reflect on our experiences of research translation and policy-making in the context of Vietnamese drug treatment policy. Specifically, we provide a systematic narrative and analysis of the process of our engagement as researchers with a range of Vietnamese policy-makers in the formulation, implementation, and dissemination of our cost-effectiveness study. The study has been completed (2012–2015) and the design and results published elsewhere (Vuong et al., 2015, 2016, 2017). This cost-effectiveness study examined six outcomes: 1) heroin abstinence; 2) reduction in the number of days using illicit drugs; 3) reduction in rate of criminal behaviours; 4) reduction in drug-related overdose incidents; 5) reduction in blood-borne virus risk behaviours; and 6) reduction in monthly drug spending. The study found that MMT was not only less costly but also more effective than CCT in achieving the number of drug-free days (DFDs) for heroin dependent users over three years in Vietnam. By investing in MMT instead of CCT, not only would one dependent heroin user in Hai Phong City achieve on average about 344.20 more drug free days over three years, but the government of Vietnam would also save VND17.35 million (US$831) per user. In terms of opportunity costs and personal costs, an average dependent heroin user would save VND68.39 million (US$ 3277) to achieve these additional 344.20 DFDs. The study results have been widely disseminated in different fora in Vietnam during 2015 and 2016. As such, this paper reflects on the context in which the study was conducted (suggesting facilitating factors for uptake), as well as the actual conduct and dissemination process. In addition, the paper focuses on the factors that might have contributed to or hindered the receptivity of policy-makers to the study findings by offering an analysis of the political and social contexts of drug policy-making in Vietnam. Ideology and interests underpin all political decision-making and it is through their exploration that the basis for decisions can become more apparent (in the Weiss framework). Understanding the challenges faced by policy-makers and support for incorporating research evidence on effective drug treatment approaches for dependent heroin users is critical for strategic research dissemination (Gregrich, 2003). In doing this, we hope to make a contribution to the research utilisation literature (Kuruvilla, Mays, Pleasant, & Walt, 2006).

The context for drug policy research evidence in Vietnam

Vietnam is a country with divergent views among government decision-makers on how to best balance supply reduction, demand reduction and harm reduction responses. From 2003 there was an influx of funding from international donors for HIV programs alongside new 'ideologies' that came with the funding. This was when Vietnam was the 15th PEPFAR (President's Emergency Program for AIDS Relief) country, chosen to receive funding from the US government for a comprehensive HIV/AIDS program to control an HIV epidemic which was (and still is) primarily driven by injection drug use. The HIV law was endorsed in 2006, and provided the legal framework for the official introduction and implementation of needle exchange programs and methadone treatment. This was arguably evidence of the Vietnamese government's receptiveness to international evidence demonstrating the effectiveness of harm reduction programs as a way to stem the spread of HIV and other diseases associated with injecting drug use. There were some remarkable achievements in terms of implementing harm reduction programs in Vietnam: the needle and syringe program was expanded from 21 provinces/cities in 2005 to 60 provinces/cities by 2009 (Government of Vietnam, 2010), with the total number of needles/syringes distributed increasing from two million in 2006 to 24 million in 2009 (Vietnam Administration for AIDS Control, 2009). Pilot methadone treatment programs were established in six clinics in Hai Phong City and Ho Chi Minh City, commencing in 2008. Positive health outcomes from the 12-month methadone effectiveness study (Vietnam Ministry of Health, 2010) won over more political supporters, who had been concerned that methadone treatment would not reduce heroin use. In 2009, a full expansion plan for methadone treatment was endorsed by the Prime Minister and by the end of 2012, the program had expanded to 60 clinics in 20 provinces catering for 12,253 patients (7.5% of 163,000 dependent heroin users).

While international organisations focused their resources on the introduction and scale up of the needle and syringe and methadone programs, centre-based compulsory rehabilitation (CCT) system, established in 1993, continued unabated. People who use drugs, who have broken the law (by using illicit drugs), can be detained in a CCT centre for up to two years without either their consent or due process (International Drug Policy Consortium, 2014). These centres are not part of the criminal justice system and their detainees have not necessarily been convicted of any crime (Clark, Busse, & Gerra, 2013). By the end of 2015 there were 121 centres nation-wide, holding approximately 45,000 people at any one time (Vietnam Ministry of Labor Invalid and Social Affairs, 2015). Over the last twenty years, the Vietnamese government has invested around US$47 million/year into these centres (Government of Vietnam, 2010).

While on the surface Vietnam appears to be making a smooth transition from a punitive approach to a more humane, public health approach (as reflected in the language of legislation on HIV, the allocation of government funding for needle and syringe program and the rapid expansion of the methadone program), underneath there have been fractures preventing a whole-government approach. These have been caused by: substantial conflicts across legislative frameworks; competition and overlap of work across two key implementing ministries (Ministry of Health implementing MMT program and Ministry of Labour, Invalids and Social Affair (MOLISA) implementing CCT); and a clash between

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