



Review essay

Theory and methods in comparative drug and alcohol policy research: Response to a review of the literature



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ABSTRACT

Comparative drug and alcohol policy analysis (CPA) is alive and well, and the emergence of robust alternatives to strict prohibition provides exciting research opportunities. As a multidisciplinary practice, however, CPA faces several methodological challenges. This commentary builds on a recent review of CPA by Ritter et al. (2016) to argue that the practice is hampered by a hazy definition of policy that leads to confusion in the specification and measurement of the phenomena being studied. This problem is aided and abetted by the all-too-common omission of theory from the conceptualization and presentation of research. Drawing on experience from the field of public health law research, this commentary suggests a distinction between empirical and non-empirical CPA, a simple taxonomic model of CPA policy-making, mapping, implementation and evaluation studies, a narrower definition of and rationale for “policy” research, a clear standard for measuring policy, and an expedient approach (and renewed commitment) to using theory explicitly in a multi-disciplinary practice. Strengthening CPA is crucial for the practice to have the impact on policy that good research can.

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Introduction

Policy is a device for scaling a practice within a legal or institutional framework. At the core of policy research is the question of what effects a practice codified in a policy produces. If the policy has positive effects, at reasonable cost and without significant side effects, research can spur the policy’s refinement and wider adoption. If a policy causes harm, or provides too few benefits to justify the costs of enforcement, research can help speed its modification or repeal. Comparative research has been

used to assess the impact of policies on health (Burris & Anderson, 2013). Alcohol research, particularly in the road safety domain, has demonstrated the potential for rigour and impact in this tradition. In a 2016 review of 62 comparative policy analysis studies published since 2010, Ritter et al. report that the practice lacks “a clear definition of what counts as CPA” and consensus on methods of “policy specification” (Ritter, Livingston, Chalmers, Berends, & Reuter, 2016) (“Ritter et al.”). In an unpublished portion of the study, which I read as a peer reviewer and allude to with permission, the authors also noted the absence of explicit theory in nearly half the papers reviewed.

There is good reason to be talking now about the state of CPA. Though prohibitionist policies remain widespread, there are also

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many signs of declining faith in that model, leading to more openness to policy innovation and research that tests the current approach or evaluates innovations. This includes not just outright legalization of some drugs, and substantial abandonment of criminalization for others, but also policies of non-enforcement and the creation of safe spaces for services and treatment (Csete et al., 2016). There has always been “considerable room for manoeuvre” in the international conventions (Bewley-Taylor & Jelsma, 2011), and that space grows as support for prohibition declines.

As the policy environment features more legalization, or at least changes in policy and practice that make drugs a little less illegal, drug research gradually looks more like alcohol research, with greater interjurisdictional variation, better access to data and more opportunities for research funding. Chatwin (2016) suggests that this is a time of opportunity to promote policy innovation as a virtue and evaluation of innovation as a primary role of national and international drug control and health agencies. From the epistemologically Machiavellian point of view, even jurisdictions that adhere to rigid prohibition can assist in the identification of positive innovation by serving as die-hard counterfactuals.

Yet there are those bumps in the road of CPA highlighted by Ritter et al.: lack of a clear definition and taxonomy of CPA, problems in the specification of the policy under study, and a failure to exploit theory as a way to strengthen research and its utility across disciplines. I confronted these same obstacles in my work providing funding and technical assistance in the overlapping field of public health law research (PHLR)—“the scientific study of the relation of law and legal practices to population health” (Burris et al., 2010; Wagenaar & Burris, 2013). This paper draws on the PHLR experience to suggest ways to address these key challenges in CPA.

The importance of defining and classifying CPA

Ritter et al. (2016, p. 40) start with a crucial observation: “Comparative policy analysis is a diverse set of activities, undertaken by many different disciplines, all with their own approaches — it is not a unified field of study”. It is a good thing that contributors to CPA do not use the same theoretical frameworks, methods or designs. It is good that they may be interested in different aspects of policy phenomena, different dimensions of implementation processes, or different outcomes. Unfortunately, the other side of a diverse multi-disciplinary practice is that we cannot assume that practitioners care about what participants in different disciplines are doing, or have any interest in defining themselves as comparative policy researchers. A coherent and consistent practice of “comparative drug policy research” may be as much a wish as a description.

We must see Ritter et al., and other, similar papers (Burris et al., 2010; Burris, Mays, Douglas Scutchfield, & Ibrahim, 2012; Gilson & Raphaely, 2008; Walt et al., 2008), as efforts to make that wish for confrontation, complementarity and coherence among a diverse group of scholars come true. Setting reasonable and transparent boundaries around the practice, and describing the population of studies within those boundaries, is essential. From there, one can compare the research, identifying strengths and weaknesses in design and execution, and, ultimately, assemble a picture of what we know about policy phenomena that is the sum of parts that might not otherwise be summed.

Ritter et al. propose a definition of CPA as a study that “explicitly examined an alcohol and/or drug policy” in a comparison of two or more states (Ritter et al., 2016, p. 41). But what sort of “analysis”? Ritter et al. make the important distinction between research that primarily examines a policy (included in the definition of CPA) and research that has policy implications – an epidemiological study of

drug-related harms across countries, for example – or that uses policy as a control variable (neither of which is CPA). Ritter et al. do not address what we found in PHLR to be an equally important criterion: the distinction between work that uses a recognized and explicit empirical method versus work that does not. This criterion is deliberately broad, to separate empirical work in all its diversity (from history through systematic reviews to randomized controlled trials) from work in which lawyers analyse legal rules or commentators offer views on what policy ought to be or can be expected to achieve. Empirical research is so different from normative analysis and commentary in so many ways that it is impossible to assess them in a single framework. In our public health law research work, we distinguished between PHLR (the empirical work) and “legal scholarship” (the commentary and non-empirical analysis) (Burris et al., 2010). Non-empirical work can illuminate CPA, but for purposes of discussing methods and results of scientific evaluation, it is useful to define a similar distinction. From here on in this paper, I am confining CPA to empirical research.

If the biggest problem was failing to distinguish empirical work from other forms of commentary, we would be in decent shape. But we also tend to ignore the biggest question of all: What, exactly, does the P in CPA stand for? The typical definition of policy is so capacious that almost anything can creep across its fuzzy border. The Centers for Disease Control and Prevention (CDC), for example, defines policy as “a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions” (Office of the Associate Director for Policy, 2015). Policy is the thing we all are supposed to care about, and in evaluation research it is the primary thing to be measured. If we are not on the same general page about that, it will be hard to thrive as a field.

Any definition of key concepts in a field like CPA will inevitably have fuzzy borders, and any scheme for classifying studies can easily be dismissed as arbitrary or analytically imperfect. Policy is a useful concept for many purposes and in colloquial use precisely because it is broad. But when we are in science mode, concerned with causal models, theories, measurement and inference – and trying to incorporate methods, tools and results from many different disciplinary perspectives – this fuzziness is a big problem that manifests in a number of more but also less obvious ways. A good place to start this discussion is with Ritter et al.’s classification of the five “way[s] in which ‘policy’ (the unit of study) is identified, measured and/or coded” (p. 42): “policy classification,” “policy index score,” “implied policy differences,” “data-driven policy coding,” and “descriptive policy differences.”

“Policy classification,” the simplest and most often employed approach, indicates presence versus absence of a broad type of policy, such as medical marijuana, cross-sectionally (Cerdá, Wall, Keyes, Galea, & Hasin, 2012) or longitudinally (Bachhuber, Saloner, Cunningham, & Barry, 2014). “Policy index scores,” used to rate or rank policies, encompass multiple important policy components within a single measure. The components may be explicit elements of the law, like size of fines or activities prohibited, or more elaborate constructs like “stringency” or “comprehensiveness.” In the “implied policy differences” approach, policies are broadly characterized (e.g. “restrictive” vs. “permissive”) without explication of specific, observed policy differences, hence Ritter et al.’s use of “implied.” For example, a comparative study of U.S. and Australian “policy” on adolescent alcohol use characterized Washington, United States as a “zero-tolerance” state and Victoria, Australia as a “harm-minimization” one based on secondary sources (McMorris, Catalano, Kim, Toumbourou, & Hemphill, 2011). “Data driven policy coding” is described as using non-legal data, either inputs (like enforcement staffing) or outputs (like tickets) as the policy measure, rather than relying on the policy “as

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