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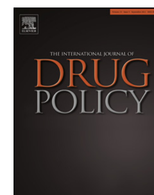

Research paper

The role of evidence and the expert in contemporary processes of governance: The case of opioid substitution treatment policy in England

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ABSTRACT

Background: This paper is based on research examining stakeholder involvement in substitution treatment policy which was undertaken as part of the EU funded FP7 ALICE-RAP (Addictions and Lifestyles in Contemporary Europe – Reframing Addictions Project). In England, the research coincided with a policy shift towards a recovery orientated drug treatment framework and a heated debate surrounding the role of substitute prescribing. The study aimed to explore the various influences on the development of the new 'recovery' policy from the perspectives of the key stakeholders involved.
Methods: The paper is based on documentary analyses and key informant interviews with a range of stakeholders, including representatives of user organisations, treatment providers, civil servants, and members of expert committees.
Results: Drawing on the theoretical insights offered by Backstrand's 'civic science' framework, the changing role of evidence and the position of experts in the processes of drugs policy governance are explored. 'Evidence' was used to problematise the issue of substitution treatment and employed to legitimise, justify and construct arguments around the possible directions of policy and practice. Conflicting beliefs about drug treatment and about motivation for policy change emerge in the argumentation, illustrating tensions in the governance of drug treatment and the power differentials separating different groups of stakeholders. Their role in the *production* of evidence also illustrates issues of power regarding the definition and development of 'usable knowledge'. There were various attempts at greater representation of different forms of evidence and participation by a wider group of stakeholders in the debates surrounding substitution treatment. However, key national and international experts and the appointment of specialist committees continued to play dominant roles in building consensus and translating scientific evidence into policy discourse.
Conclusion: Substitution treatment policy has witnessed a challenge to the dominance of 'scientific evidence' within policy decision making, but in the absence of alternative evidence with an acceptable credibility and legitimacy base, traditional notions of what constitutes evidence based policy persist and there is a continuing lack of recognition of 'civic science'.
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Introduction

The rhetoric of evidence-based policy and practice emerged strongly and gained currency across policy domains throughout the Labour government's period of office in the UK (1997–2010). It occurred in parallel with a drive towards de-centralisation of policy (or localisation) and the establishment of a variety of new networks and structures, such as partnerships, intended to facilitate the implementation of evidence based policy at local level and widen participation in governance (Newman, 2001). Within a rational knowledge-driven model of the relationship between policy and evidence, 'scientific' evidence was offered as the appropriate foundation for legitimising policy options at all levels. Scientific evidence was held to derive from particular forms of research with randomised controlled trials (RCTs), meta-analyses, systematic reviews, epidemiological analyses and 'modelling' studies being valued above research adopting what was seen as less rigorous methodologies. In this model, the 'expert', as interpreter (and sometimes the producer) of evidence is at the forefront.

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However, the notion of 'scientific' or research based evidence as the dominant factor in policy decisions has long been criticised as divorced from the realities of policy making (Pawson & Tilley, 1997) and more recently questions have been raised regarding how some particular forms of knowledge come to be regarded as 'evidence' while other forms are rejected or seen to be of lesser value and, therefore, less deserving of policy attention (Williams & Glasby, 2010). In particular, as local decision makers are increasingly responsible for policy and practice development, the question of what kind of evidence or knowledge is appropriate and useful in deciding on local issues becomes especially pertinent. The localism agenda has helped to create new layers of stakeholders concerned with the production and use of evidence to develop locally appropriate policy and implement 'best practice'. Local service commissioners, for example, are expected to conduct regular needs assessments and to base decisions on service provision on evidence of local needs and service providers are expected to provide evidence of outcomes and of success in meeting set targets. As a result, an increasing number of stakeholders have become involved in policy debates and governance networks and have drawn on evidence to argue their case.

A parallel development has been the call for a broader notion of knowledge-based policy and practice, which includes the experiential knowledge of practitioners and the lived experiences of service users (Glasby & Beresford, 2006), and stretches even to the inclusion of 'citizens' (Backstrand, 2004a). This highlights a challenge to the traditional dominance of scientists, experts and policy makers as the main stakeholders within the science-policy interface. Backstrand (2004a) points out that, although top down models of the science-policy relationship grant power to networks of scientific experts, specialists and bureaucrats, the boundaries between scientific evidence and non-scientific evidence, expert and lay knowledge, global and local knowledge are not clear cut and can be negotiated in the course of the policy process. The production, source and use of evidence (or knowledge) thus become a core strategic element within governance networks.

The changing relationship between scientific evidence, expert, professional and lay knowledge has coincided with the rise of a 'civic science' framework which helps to conceptualise the 'various attempts to increase public participation in the production and use of scientific knowledge' (Backstrand, 2004a, p. 24). Within this perspective, citizens have a stake in the science-policy nexus. Backstrand (2004a) argues that the science-policy interface requires reframing as a triangular interaction between scientific experts, policy makers and citizens. She points to the different agendas relating to democratizing scientific expertise including increasing public and stakeholder participation in science; complementing scientific with alternative forms of knowledge; ensuring accountability and transparency within science; and transforming the hierarchical relationship between scientific expert and lay non scientists (Backstrand, 2004b, p. 656). These processes have been examined principally in the field of sustainability science (i.e. climate change, management of natural resources and bio-safety) but provide a framework for examining trends in other policy domains. However, in many policy areas, the framework requires adaptation to account for the different role of 'citizens' within the debates. Within drugs policy and the substitution treatment debate more specifically, the wider public does not have the same interest or stake as they do within the environmental science debates. Nor do they play a role in the production and use of evidence other than as the subjects of research or as the recipients of 'evidence based' policy and practice or as the target group for media information and professional messages. 'Citizens' therefore need to be defined widely to include, for example, professional groups, non-governmental organisations (NGOs) or user groups, as well as the general public. Drawing on these theoretical insights, we consider the changing role of evidence and the position of experts in drugs policy governance in England.

The rhetoric of evidence-based policy and practice has been emphasised in the drugs field for many years. The 'gold standard' is systematic reviews of mainly RCTs conducted by the Drugs and Alcohol Group of the Cochrane Collaboration. The Cochrane Collaboration is an international, independent, non-profit organisation funded by various sources including governments, universities, hospital trusts and charities. In addition to producing systematic reviews, Cochrane scientists engage in advocacy for evidence-based decision making. Day (2013, p.19) argues that this form of review 'strives to present the whole picture, and to do so in a way that invites critique and improvement. This puts vested interests to one side and can only benefit the consumer'. Although the drugs field is dominated by the 'expert', top down model of production and use of scientific evidence in the policy process, we can see examples of widening participation and representation; for instance, through consultation exercises and consensus conferences arranged in an attempt to reach agreement around the future direction of policy. Similarly, a wide range of stakeholders provided evidence to the recent House of Commons Home Affairs Committee inquiry into drug policy, including the traditional medical 'experts' as well as advocacy and activist organisations, think tanks, a range of treatment providers, academics, pharmaceutical companies, user groups and users representing themselves, including the recovering celebrity, Russell Brand who provided evidence in person as a key witness (Home Affairs Committee, 2012). There is some indication, therefore, of broadening out towards a more inclusive concept of 'evidence' and 'expertise'. As MacGregor (2012, p. 14) argues, the evidence has increased in both volume and complexity over time which relates to the increase in the stakeholders involved and the growing public attention to drugs issues.

However, at the heart of stakeholders' discourses lie different types of evidence, produced and disseminated by these groups. Boundaries or borders may be established between scientific and 'lay' knowledge within the policy space through the maintenance of the legitimacy, credibility and authority of scientific knowledge (Gieryn, 1995). But even among experts, differences of opinion arise over the significance, interpretation and sufficiency of the evidence; sometimes the same body of evidence is used to advocate different policy solutions to a perceived problem. Within this dynamic, some expert stakeholders are able to exert power and influence in determining what evidence gets used, how it is used and when it is used. They also decide how different types of evidence and sources are balanced against one another. Other voices have to struggle for policy attention and some may be excluded altogether. As Backstrand (2004a, p. 30) states, 'Scientific knowledge is in many areas provisional, uncertain and incomplete. Thus, competing expert knowledge has in many instances given rise to a battle between experts and counter experts'. The notion of 'civic science' is useful, therefore, to understand how various types of 'evidence' have been employed in recent drugs policy debates and to consider the extent to which the traditional expert scientist-policy bureaucrat dominance has been challenged and, possibly, opened up by stakeholders who both question the science and produce alternative forms of evidence. Recent debates between stakeholders surrounding the role of 'recovery' in drugs treatment, particularly regarding the place of opioid substitute prescribing in treatment policy, provides a window into examining both the nature and role of evidence and the role of 'experts' in influencing policy. The debate on opioid substitution treatment has raised questions regarding the concept of *recovery* and in particular has focussed attention on recovery goals. It has tended to polarise arguments into two camps – those who advocate abstinence as the goal and those who stress the need for harm reduction approaches (including substitution treatment). In reality, the issues are more

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