

IS EVIDENCED-BASED DRUGS POLICY POSSIBLE?

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SUBSTANCE USE VS. ABUSE

Prof Kleiman iterated Prof Stimson's sentiment from yesterday that it would be better to have evidence-based policy making than policy-based evidence making, as is the current situation. Substance abuse policy should ideally seek to reduce the harmful consequences of substance abuse, and its success should be evidenced by real world outcomes. Substance abuse tends to be relatively rare and hidden whereas substance use is much more common and open. The homeless and the institutionalised are at high risk of drug abuse. However, surveying those who abuse substances is difficult and expensive compared to simpler surveys with household populations, which merely estimate the level of harm from the prevalence of substance use. Yet prevalence isn't a good proxy for the level of use or level of harm, and governments tend to use this measure. Consequently, evaluations of the need for policy change seldom target those in need of treatment.

PROBLEMS OF MEASUREMENT AND SCALING UP EXPERIMENTAL TREATMENTS

Considering other methodological problems, Prof Kleiman felt it more likely that measured changes over time in genuine substance abuse would be due to measurement error rather than a real change relevant to policy choices. Population-level trend management is possible in prevalence studies but sample size requirements make this research extraordinarily expensive and impractical for monitoring fluctuations in the short term. He suggested that the gap between the evidence that policymakers need and what scientists can deliver is too large to reconcile.

Experimental treatment studies also suffer from the difficulties of translating the findings from small groups to national programmes, or even from region to region. Furthermore, the programme evaluators are often the people who design the programme and so have a vested interest in its success. Treatment groups may also conform to expectations without adequate double-blind procedures, which are difficult to implement. Also, those successfully completing a treatment programme are likely to be successful in other respects, biasing results. Furthermore, five percent of programmes will return significant results by chance. Finally, journals tend only to publish positive results.

Whether a policy or programme is effective also depends on what phase of the epidemic the drug is at. Drug treatment is largely ineffective when a drug is in its early phase - when nobody is abusing the drug - whereas law enforcement may be effective early on but ineffectual when the drug is in its endemic phase. Further, it is speculated that positive drug tests and drug-use self-reports collected from those admitted to prisons

and emergency rooms would be more informative of the drug problem than general population surveys. Prof Kleiman ended by stating that we probably *should* be informing policy with evidence, but doubted our capacity to gather the relevant evidence.

KEY POINTS

Evidence relevant to the harms of substance abuse should look away from the general population and towards sub-populations where abuse is more concentrated.

Policy analysts and scientists need to be aware of methodological shortcomings when designing and responding to research evaluating drug policy.