A note to researchers: Communicating science to policy makers and practitioners

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Abstract

This paper provides commentary from a policy maker’s perspective to researchers seeking to inform public policy and practice. It points to a number of issues that limit the usefulness of researchers’ work. These issues are grouped into the two broad areas: format and forum. Format issues include the manner in which research reports are presented, their often equivocal nature, and their failure to take into account the cycles and calendars of executive or legislative policy makers. Forum issues involve, among other things, undertaking a systematic response to substance abuse, and related problems, among adult and juvenile offenders—so as to guide systemic action. The paper ends with some practical steps researchers can take to make their work more accessible, and useful, to policy makers and practitioners.

Keywords: Research; Practice; Policy; Communication

1. Introduction

I have been asked to address a series of interrelated questions:

• What problems and challenges affect policy maker and agency support for the incorporation of scientifically based knowledge of effective alcohol and drug treatment services in the juvenile and adult justice systems?

• What gaps exist in the treatment research-policy maker interface? How can these gaps be overcome?

• Why haven’t knowledge of alcohol and drug treatment needs and treatment effectiveness and impact in the juvenile and adult justice systems, and scientifically based best practices, found their way into sufficient increases in treatment capacity?

My position, as Chief of the Treatment Branch, Office of Demand Reduction, Office of National Drug Control Policy, requires my continuous review of research reports and of statistical data. The public documents and addresses that express policy require a continuing infusion of reliable knowledge and information. Similarly, critical review of legislation, budget requests, and testimony can best be accomplished when a working knowledge of the relevant science can be brought to bear on questions raised.

Research is important to me, but it is seldom served up in a way that directly responds to policy questions. Indeed, it is seldom served up at all. To put research to use, I have to find it, understand it, and express its most salient points. Translating research findings into simple, apply-able language is virtually always a necessity. Accessibility of findings is often hindered by "publication" language. Peer-reviewed research reports are generally accepted as scientifically sound, but understanding them often demands more effort and time from policy makers than they are willing or able to spend. I share Einstein’s view that everything should be made as simple as possible, but not simpler.

In my experience related to the substance use and other disorders presented by criminal and juvenile justice populations, there are a number of reasons why scientific research is not embraced more quickly and completely by policy makers, resource allocators, and practitioners; some are significant, none insurmountable. At base, most of the reasons relate to format or forum.

2. The importance of format

The Institute of Medicine’s (IOM)1998 report, Bridging the Gap Between Practice and Research (Lamb et al.,
Research accessibility

How Media Make and Unmake the Scientific Picture of Reality

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chapter of their recent book, David Murray and his colleagues (2001), in the first secondary or tertiary source, often the popular press. The language and spirit of the report have made their way into Federal executive branch budget requests, policy statements, and program initiatives. Clinical trials networks, recovering community support grants, and the National Treatment Outcome Monitoring System are among the responses. Furthermore, the recommendations have made their way into bipartisan legislation. (See, for example, research sections of S. 304, the Drug Abuse Education, Prevention, and Treatment Act of 2001.) These implementing actions reflect an openness to the influence of science, when it is well-established and simply communicated. Unfortunately, simple communication is not the norm for research presentation.

As noted above, research is often inaccessible. Information on the existence and location of research reports is limited and language employed in research reports often demands a great deal of effort on the part of the reader.

Most research findings are equivocal, with marginal or uncertain impact on the overall state of knowledge. Thus, most research findings are likely to be given little attention and are often subject to manipulation by advocates for a particular position. It is also extremely important for researchers to understand that most who become aware of their findings will do so through a secondary or tertiary source, often the popular press. David Murray and his colleagues (2001), in the first chapter of their recent book, It Ain’t Necessarily So: How Media Make and Unmake the Scientific Picture of Reality, provide a summary assessment of the problem of research accessibility:

The research community, however, operates by a different set of rules than do journalists. For researchers, certainty is often an illusion, since knowledge is developing and liable to change with tomorrow’s results. In the mind of scientists, ‘reality’ is held inside a frame of contingency, an expectation that every number and conclusion is provisional. … Research must cross many barriers on its way to the morning’s headlines. Advocacy groups consciously shape and prune the results. Government agencies put political pressure on the interpretations. And journalists bring to bear not only their professional interests but also their sometimes limited scientific capacities. At every step in the transmission process, room for error increases.

Most research findings related to treatment for substance use disorders are based on self-report rather than objective measures (e.g., urine tests and criminal records) and few are able to fully discount selection bias when comparing treatment and non-treatment groups. Thus, positive research findings are often met with skepticism, especially among those who distrust the veracity and motives of treatment populations.

The presentation of research findings seldom takes into account the decision cycles and calendars of executive or legislative policy makers. First, research findings are not often presented to policy makers at the times of greatest receptivity to advances in knowledge: the beginning of a legislative session, the beginning of the budget development cycle, the beginning of the grant-in-aid program development cycle. Second, research, and especially evaluation, often drags on for years before yielding results, while the programs under study experience numerous changes. Final evaluation results often address a program that no longer exists.

Research findings are not often reported in a manner that directly takes into account the resource limitations faced by policy makers and practitioners. Research addressing assessment is a good case in point. There is an expansive quality to the research, the identification of an ever-growing number of domains to be covered—gender differences, cultural differences, and co-occurring disorders, to name a few. Practitioners are overwhelmed rather than helped and inaction is the most likely response.

Research is not often undertaken, or reported, in a manner that addresses the most pressing questions facing policy makers. Policy makers are not helped by general conclusions such as: treatment, when compared to no treatment, reduces drug use, crime, and high risk behaviors; length of stay is positively related to successful outcome; or treatment need exceeds treatment capacity. To craft effective policies they want to know: the essential elements of treatment; the modalities most suited to specific populations, and why; the appropriate duration and costs for the phases of treatment from intake to recovery support; the essential, minimal elements for assessment; the essential actions to retain people in treatment; effective ways to prevent relapse and/or extend recovery; effective ways to monitor treatment quality; and ways to identify the types of treatment capacity most needed.

Finally, researchers do little to distinguish themselves from other, self-interested, parties seeking to influence public policy or the allocation of public resources. The worst case scenario involves researchers who are themselves (sometimes unwittingly) advocates for a point of view or a program. Inconclusive data can be tortured into yielding positive, or negative, results. In my own experience, this has been the case with certain reports on drug courts, intensive supervision probation, needle exchange, acupuncture, and drug sentencing. Thus, whenever I address state and local officials regarding research of major significance to them, my counsel is to read the entire report, rather than rely on the popular press or the author’s abstract.
rub, of course, is that taking a systemic approach is not the recognized responsibility of any of the individual collaborators. Individual perspectives must be transcended by a shared sense of purpose, possibility, and benefit.

Research can help inform this effort. Much is known about assessment, treatment planning, program placement, program engagement, retention through sanctions and rewards, relapse prevention, and follow up support. The challenge is to communicate this knowledge to all needed collaborators, as a group, in a manner that fosters systemic action. A forum is required that brings them together to comprehend the state of knowledge and work out how to apply it. A few years ago Office of National Drug Control Policy (ONDCP) was instrumental in providing such a forum.

In December 1999, a National Assembly on Drugs, Alcohol Abuse, and the Criminal Offender was co-sponsored by ONDCP, The Department of Justice, and the Department of Health and Human Services. This unprecedented gathering of 900 health and justice officials, primarily from state and local government, reviewed effective efforts at each point in justice system processing and discussed practical approaches to link the justice system with other service systems, to provide a series of opportunities for intervention with drug and alcohol disordered offenders:

To prevent entry into the criminal/juvenile justice system for those who can be safely diverted to community social service systems

To limit penetration into the criminal/juvenile justice system for adult and juvenile nonviolent offenders through community justice interventions in concert with other social service systems

To intervene with those who must be incarcerated or securely confined, through appropriate treatment and supervision, both during and after confinement

State and local assembly participants established clear expectations within their respective governments, operating as teams and developing action plans to implement sound policy. Federal participants committed to providing access to best practices, and providing one-stop technical assistance and training. A number of states have followed up with their own assemblies and there have been a number of calls for a repeat of the national assembly, to bring the latest science to recently appointed state and Federal officials.

3.1. Digression 2: Forum as response

There are times when the sheer force of insight, presented by a researcher or clinician, can stimulate practitioners to create the needed forum for action. When this phenomenon occurs, the canons of acceptance by which the information is judged have shifted. Rather than simply subjecting the information to verification as scientific...
knowledge (i.e., assessing its general repeatability) the practitioner determines, virtually at once, that it is specifically relevant to his/her situation, that its truth is possible, and that the bearing and credentials of the informant warrant a response (Percy, 1977). One simple example of this phenomenon is taking place today in Loudoun County, Virginia. Sitting in on a one-day training session for court and social service workers in September 2001, a juvenile court judge and a county commissioner were simultaneously struck by both the elegant simplicity of the approach being presented and by the need for broad-based, systemic action to implement that approach. In a nutshell, the clinically-based approach offers parents and other adults the information and skills needed to take charge of difficult adolescents and the situations they present (Sells, 2001). The judge and commissioner acted first together, and then in concert with other system stakeholders, to adopt this approach as their standard operating procedure. Systemic training is now underway, covering staff including the courts, probation, social services, and parks and recreation, and specific agreements among stakeholders are being worked out.

4. Some practical steps

While apparently effective, IOM reports and national assemblies are expensive and not generally available to either researchers or policy makers. Other means of communication, however, are available and can be quite efficacious. While, realizing that there are many things policy makers can and should do, I will focus the rest of my discussion on steps researchers can take.

4.1. Making effective contact

Use the mail. An easy first step for researchers is to mail their research products to the heads of relevant agencies, with a short cover letter summarizing key findings, indicating their relationship to current policy, and offering to engage in additional discussion. Take the time to get the name right; a “Dear Colleague” letter is unlikely to get attention. Take the time to focus discussion of findings on those areas of immediate interest to the agency. Materials addressed to the heads of agencies virtually always enter a system of controlled correspondence, which means they are virtually always read and are generally answered. The late David Nurco would go a step further, sending reprints of published material to the agency head with a copy to staffers he thought most likely to be assigned to prepare a response.

Build a mailing list. Identify the agencies and organizations most likely to be interested in research findings. At the Federal level, ONDCP will be interested in virtually all research related to drug policy. The same can be said for the Substance Abuse and Mental Health Services Administration, the Office of Justice Programs, and their constituent agencies. Agencies with operational and training responsibilities, like the Administrative Office of the United States Courts and the Federal Bureau of Prisons, are likely to be receptive. Staff and members of Senate and House Judiciary and other committees should be considered. Of course there are comparable agencies at the state and local level. Finally, professional and membership organizations, virtually all of which seek presenters for annual conferences, should be considered.

Keep track of responses. Supportive, interested people will emerge. They might not all be in agencies you wish to reach, but they might know and suggest people in those agencies. Maintain contact with those who respond, using e-mail if possible. E-mail is the perfect vehicle for communicating with people who may have little predictable time for taking or returning phone calls.

Offer to meet informally and brief interested individuals. It needn’t be a special trip. You or they may have already scheduled travel that will bring you in proximity and make meeting easier.

Be prepared to follow up with formal presentations and briefings to their superiors and colleagues. When the opportunity presents itself, make full use of it. Be brief. You will be lucky to get an hour from a senior policy official; tailor your presentation accordingly, leaving time for discussion. Always use visual aids and have useful reference material to leave behind. Slides and brief fact sheets that capture the essence of your presentation are best because they will be revisited and shared.

Watch your language I. Subject matter experts are among your readers. Assume that they know more about the subject matter (e.g., drug treatment) than you do, and that you can learn from them. This will always be the case when you are evaluating a specific program. If you mischaracterize the program’s objectives, the principles that guide it, the program’s treatment population, or the program’s methods, you will undercut the potential utility of your findings with the very audience you want to reach. To avoid this problem, communicate early and often with experts and program administrators. Seek comments on early drafts; ask for advice.

Watch your language II. Your objective is to teach, so know who you are talking to and what they are sensitive about. When coaching little league basketball, I learned that little boys were happy to extend their shooting arms and “break their wrist” at the top of a jump shot. Little girls, on the other hand, were more immediately receptive to turning their shooting arm “from a box to a swan.” The result was the same. Do a bit of preparatory work; if you want the attention and acceptance of correctional officers, don’t ever call them “guards.”

Listen and refer. The people you address know you are not the only game in town. Demonstrate that you know it, too. When questions arise that your research does not address, refer the questioners to researchers who do address those questions. It doubles your potential value—making you both a source of knowledge and a resource.
nominator—and gives people an additional reason to contact you in the future.

Don’t present findings and seek funding at the same time. If you solicit funds, policy makers will view that as your primary reason for meeting, and will discount your research presentation accordingly. If your presentation informs policy makers on a matter of importance to them, they will bring up funding during the presentation or contact you later. If they do not, contact them later by e-mail to seek referral to possible funding sources. Provide a bit of detail on what you are seeking funding for and provide extensive contact information—address, phone, fax, e-mail. That way they can simply forward your e-mail with a quick note to possible funding sources who will be able to contact you with ease.

4.2. Writing to educate and influence

Respect the limited time of policy makers and practitioners. At a minimum, provide an abstract that actually summarizes your findings, not just your approach or method. Preferably, provide a one to two page summary of findings that indicates whether your results reaffirm or depart from existing knowledge. Ideally, provide a meta-analytical context for your findings, indicating how your findings relate to, and contribute to, the existing body of knowledge.

Respect the need of policy makers and practitioners for timely information. If you are engaged in an evaluation that will require years for completion, identify and provide important, interim information as it becomes available. For example, the outcome evaluation of drug treatment in the Federal Bureau of Prisons (TRIAD, 2001) was a 3-year process; however, data were available much earlier on the reduced rates of misconduct on the part of inmates participating in the program. Such interim information is important to policy makers and program managers who continually review and revise programs.

Respect the resource limits faced by practitioners. Whenever possible, indicate ways research findings can improve effectiveness without increasing cost. One obvious, recent example is the National Evaluation Data Services finding that the most consistent and significant predictor of retention, among public treatment clients, was that “the client saw the treatment plan” (Center for Substance Abuse Treatment, 2000). Practitioners unable to act on other predictors, such as case managers or vocational education, can certainly act on this one.

Respect the values and insights of policy makers and practitioners as much as those of scientists. The mantra of the National Institute on Drug Abuse in recent years has been “replace ideology with science.” A more intellectually honest statement might be “replace other ideologies with science.” The insistence that science is only a method for determining what is true and not a body of beliefs in itself leads to a subtle narrowing of inquiry to those areas where “hard” science works most comfortably, such as the observation and measurement of microscopic matter and process (Pirsig, 1991; Schumacher, 1977). For policy makers and practitioners, brain imaging may be fascinating, but its utility for diagnosis and the monitoring of interventions is far from established. Furthermore, understanding addiction as a brain disease need not be equated with acceptance of the view that the chemical changes observed in the brain constitute the addiction rather than one, albeit important, observable manifestation of the addiction. Thus, for the foreseeable future, services research will be more important to policy because its findings can be applied.

5. A final note

In the final analysis, presenting research to inform public policy and practice is a balancing act. On the one hand, you must not go beyond your data. On the other, your ability to spur action with your research findings will depend largely upon the degree to which your presentation translates readily into the stuff of program development: program elements, phases, and operating standards. You must determine the degree to which your research allows you to suggest not just the need for action, but the outlines of its content.

References