

**Evaluating Major National Strategies in Human Services: Challenges and Possibilities
The Case of Australia's National Drug Strategy 2004-2009**

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Abstract

Australia's National Drug Strategy is an example of a complex, multi-faceted program that presents major challenges to both those commissioning its evaluation, and to the evaluators. With the support of the Ministerial Council on Drug Strategy, Siggins Miller has been commissioned by the Australian Government Department of Health and Ageing to monitor and evaluate the 2004-2009 phase of the Strategy. Here we discuss some of the underlying issues and report on the evaluation strategy and progress.

Issues in evaluating major national strategies in human services

The functions of monitoring and evaluation in major national strategies

In the context of major national strategies in human services such as the National Drug Strategy, monitoring and evaluation can fill a number of functions. Stufflebeam & Shinkfield (2007) have recently pointed to four core functions of evaluation generally, and they map nicely to the evaluation of the National Drug Strategy. Those functions are improvement, accountability, dissemination & enlightenment:

- Improvement: monitoring and evaluation have been components of the National Drug Strategy since its inception in 1985, and the current managers of the National Drug Strategy have a commitment to using the products of the monitoring and evaluation for purposes of continuous improvement.
- Accountability: the Ministerial Council on Drug Strategy and related organisations and players are accountable to a variety of stakeholders, including the nine State and Territory Governments that are represented on the Council, the people working in alcohol and other drug agencies, people who use drugs, and the community at large. Tracking the intervention and reporting on the findings of its evaluation are part of this accountability process.
- Dissemination: the monitoring and evaluation processes need to entail both disseminating information about the progress of the Strategy to various stakeholders and disseminating learnings that might inform other major national strategies.
- Enlightenment: the enlightenment role of evaluation has been a topic of interest ever since Weiss (1979) first documented it. Experience with previous evaluations of the National Drug Strategy suggests that both the processes of conducting them, and their findings, have percolated into the alcohol and other drug sector's policy settings.

Part of the function of monitoring and evaluation of this type of intervention is being explicit in shaping the monitoring and evaluation activity so that it fills both decision support and capacity building roles.

Special issues and methodological challenges

A number of special issues need addressing in this context:

- *Gaining an accurate understanding of the strategy and its constituent programs is a challenge*
Attention needs to be given to boundary setting, scoping and framing (Bammer 2007), including defining the evaluand in terms of what is to be evaluated, within an agreed budget and timeframe.
- *We have a relatively poor theoretical and experiential base for the evaluation of complex interventions*

The National Drug Strategy can be understood as a complex intervention, contrasted to simple and complicated interventions (Glouberman & Zimmerman 2002). As such, it is usefully understood as a system, with complexity, uncertainty and emergent properties having to be addressed, along with a deep understanding of context and change processes. The issues involved here were canvassed by Sue Funnell and Patricia Rogers (2006) at the 2006 AES International Conference, illustrated by their evaluation of the Australian Government's Stronger Families and Communities Strategy, so will not be repeated here.

- *Challenges exist in making explicit and dealing with apparently conflicting or competing framings, philosophies, assumptions, worldviews, stakes, etc.*
- *The existing models of evaluation and evaluation theory do not address these issues systematically nor in depth*

The Utilisation-Focused Model (Patton 1997) is a good starting point with its emphases on assessing merit and worth, facilitating improvement, and generating knowledge, along with understanding and responding to stakeholder needs and being situationally-responsive including being willing to change the evaluation focuses during the course of the evaluation as stakeholders identify changing roles for the evaluation. Its eclectic approach to evaluation methods provides the flexibility needed, but its limitation of dealing with turnover of key sponsors and potential users, and the consequent lack of clarity of utilisation pathways, is always a challenge.

- *Multi-methods* (Bledsoe & Graham 2005) and *mixed methods* (Creswell & Plano Clark 2007) are essential owing to the diversity of the Strategy's components but they create challenges in designing and conducting the evaluation, understanding the causal webs, and convincing some stakeholders about the validity of the findings.

What is Australia's National Drug Strategy?

Australia's National Drug Strategy was established in 1985 as the National Campaign Against Drug Abuse. Its current title was adopted in 1993 as an outcome of the second evaluation, referenced below. The current phase of the National Drug Strategy covers the period 2004 to 2009.

Its *mission* is 'To improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society' (Ministerial Council on Drug Strategy 2004, p. 1).

The Strategy document describes '*The Australian Approach*' to drugs policy as having 'the principle of harm minimisation' at its core:

The principle of harm minimisation has formed the basis of successive phases of Australia's National Drug Strategy since its inception in 1985. Harm minimisation does not condone drug use, rather it refers to policies and programs aimed at reducing drug-related harm...Harm minimisation is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies...Individual jurisdictions and non-government organisations will continue to develop plans and strategies that reflect the key elements of the National Drug Strategy, and will report annually on implementation of programs, activities and initiatives (op. cit., p. 2)

Twelve rather detailed *objectives* of the Strategy are listed, and the *priority areas* are identified as:

- Prevention
- Reduction of the supply of drugs
- Reduction of drug use and related harms
- Improved access to quality treatment
- Development of the workforce, organisations and systems
- Strengthened partnerships

- Implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006
- Identification and response to emerging trends (op. cit., pp. 6-10)

A complex set of governance arrangements is in place shaped, to a considerable extent, by the recommendations of the fourth (2003) evaluation. At the peak is the Ministerial Council on Drug Strategy with its links to the Council of Australian Governments and other Ministerial Councils. It receives advice from the Inter-Governmental Committee on Drugs and the Australian National Council on Drugs. Expert panels and committees are appointed to advise these bodies on an *ad hoc* basis, and there is a network of standing committees contributing to policy activity and program implementation. Details may be found at <www.nationaldrugstrategy.gov.au>.

Previous evaluations of Australia's National Drug Strategy

This is the fifth evaluation of the National Drug Strategy since its inception in 1985. The previous evaluations have been as follows:

1. Stephenson, E, Brown, H, Hamilton, M, McDonald, D & Miller, M 1988, *The National Campaign Against Drug Abuse 1985-1988: report of the Task Force on Evaluation*, 2 vols., Ministerial Council on Drug Strategy, Canberra (Chairperson: Dr Eric Stephenson)
2. National Campaign Against Drug Abuse Second Task Force on Evaluation 1992, *No quick fix: an evaluation of the National Campaign Against Drug Abuse*, Ministerial Council on Drug Strategy, Canberra (Chairperson: Prof Ian Webster)
3. Single, E & Rohl, T 1997, *The National Drug Strategy: mapping the future; a report commissioned by the Ministerial Council on Drug Strategy*, Dept of Health and Family Services, Canberra
4. Success Works Pty Ltd 2003, *Evaluation of the National Drug Strategic Framework 1998-99 – 2003-04*, [Dept of Health & Ageing], [Canberra]
5. National Drug Strategy 2004-2009: currently being monitored and evaluated by Siggins Miller.

While previous evaluations of the National Drug Strategy were retrospective and conducted over quite short periods of time, the current evaluation, implemented over the period 2006 to 2009, has a prospective (monitoring) component as well as a summative component towards the end of this phase of the Strategy's implementation. Furthermore, a higher level of resources has been allocated to this evaluation than to the previous ones.

The evaluation of the National Drug Strategy 2004-2009

Context of the current National Drug Strategy evaluation

The objective of this project is to evaluate and monitor the *National Drug Strategy 2004-2009* from the perspectives of the health, law enforcement and education sectors across the Commonwealth, State and Territory Governments and non-governmental organisations, and research bodies. The goal is to evaluate comprehensively the effectiveness and efficiency of the Strategy, monitor the Strategy during the period 2006-2009, and identify future needs and opportunities for improvement.

The evaluation comprises four components:

1. Evaluation of the Strategy as a policy framework
2. Evaluation of the outcomes of programs under the Strategy
3. Evaluation of the roles and workings of the advisory structures
4. Monitoring of actual and potential drug issues and trends

It is expected that the outcomes of the evaluation will form recommendations to enhance later iterations of the National Drug Strategy.

The evaluation team

The evaluation team consists of experts in policy and the health sector, in particular the alcohol and other drugs domain, and researchers in health, political and social sciences.

Dr Mary-Ellen Miller, Director, Adjunct Professor, School of Psychology, Griffith University;
Adjunct Senior Lecturer, UQ Medical School

Professor Ian Siggins, Director, Adjunct Professor, UQ Medical School

Professor Wayne Hall, Associate, Professorial Research Fellow and Director, Office of Public Policy and Ethics, UQ

Professor Robert Bush, Associate, Head of the Department of Public Policy at the Unjversiti Brunei Darussalam

Mr David McDonald, Associate, Fellow of the National Centre for Epidemiology and Population Health, ANU

Dr Michael Bolton, Associate, Senior palliative care physician at Mt Olivet Hospice, Brisbane

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Ms Crissa Sumner-Armstrong, Staff consultant, organisational psychologist

Mr Peter O'Connor, Associate, quantitative data analysis

Mr Eamon Siggins, Staff consultant

Evaluation governance arrangements

- The current evaluation of the National Drug Strategy has a high level of sponsorship, being supported by the Ministerial Council on Drug Strategy, the Inter-Governmental Committee on Drugs and the Australian National Council on Drugs
- The a high level Project Working Group provides advice on both conceptual and methodological aspects of the evaluation
- The evaluation team meets with the Project Working Group on a regular basis and gives presentations to meetings of the Intergovernmental Committee on Drugs and the Ministerial Council on Drug Strategy
- The evaluation team submits monthly progress reports, in addition to three Interim Reports, the Draft Final Report and Final Report, to the Project Manager whi is based in the Australian Government Department of Health and Ageing
- Feedback and approval for reports are sought from the Intergovernmental Committee on Drugs.

Evaluation methodology

In order to address the challenges associated with evaluating major national strategies in human services, three methodological approaches underlie the current evaluation of the National Drug Strategy: (1) a systems approach, (2) a program logic approach, and (3) contribution analysis.

These approaches are used to assist with:

- Gaining an accurate conceptualisation of the National Drug Strategy
- Defining the scope of evaluation (i.e., what is to be evaluated and measured within the established timeframe and budget)
- Determining the contribution of National Drug Strategy programs (i.e., attribution)

In addition, principles of action research (Reason & Bradbury 2001) are applied throughout the evaluation project. Action research involves a continuous refinement of methods, data and interpretation through regular critical reflection and learning. It is also characterised by the use of a mixture of qualitative and quantitative methods leading to the triangulation of methods and data sources to increase the validity and reliability of findings. The use of the action

research approach enables a rigorous and transparent evaluation process that promotes shared understanding, participation, and support from all those involved.

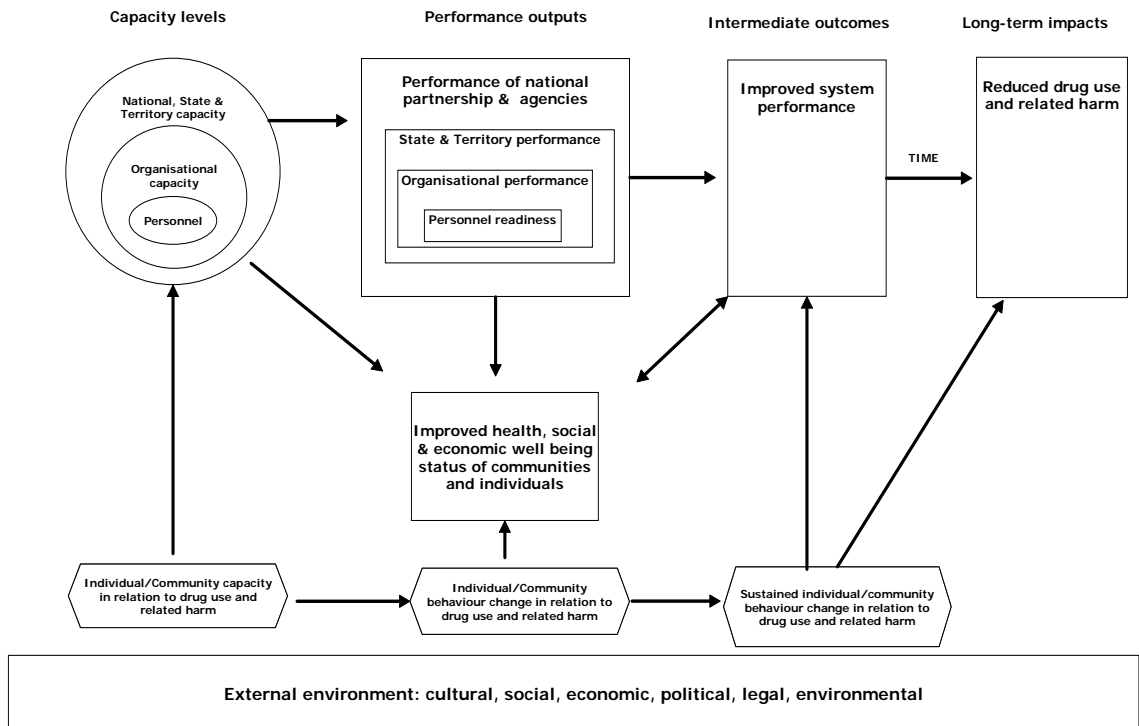
1. Conceptualising the National Drug Strategy: A Systems Approach

The National Drug Strategy and its components do not exist in a social, policy and community vacuum. A systems approach, therefore, assists with the conceptualisation of the National Drug Strategy as a whole by taking into account the impact of both internal and external (e.g., social, political and economic factors) factors.

The National Drug Strategy has key roles in (1) developing and building capacity in the health, education and law enforcement sectors to address drug related harm and (2) supporting interventions and programs of effort that address the determinants of drug related harm and the reduction of drug related harm at system, organisation and personnel levels. Given the implications of the National Drug Strategy for determinants at system, organisation and personnel levels, the capacity mapping model developed by La Fond, Brown & Macintyre (2002) is used for mapping and assessing system capacity and the contributions that an initiative such as the National Drug Strategy can make. This model, therefore, provides a useful framework for conceptualising the National Drug Strategy at multiple levels.

Figure 1 illustrates the program of effort at multiple levels, the relationship between interventions aimed at increasing capacity or performance, and the relationship between improved capacity and improved outcomes in relation to the reduction of drug related harm. It further demonstrates the complexity of these relationships by highlighting the impact of the external environment on capacity and performance.

Figure 1. Conceptual framework for the evaluation and monitoring of the National Drug Strategy
NDS conceptual framework for monitoring & evaluation



Guided by this conceptual framework, the program logic approach is used to clarify and assess the expected outcomes of the National Drug Strategy and factors that influence (positively and negatively) the achievement of these outcomes.

2. The Program Logic Approach

The program logic approach involves making explicit and testing the logic of the National Drug Strategy program of effort by identifying the underlying assumptions about how the National Drug Strategy will work to achieve its intended outputs and intermediate and long-term outcomes.

In the current evaluation of the National Drug Strategy, the program logic approach is used to clarify the aims, scope and intended outcomes of the Strategy, identify what is to be evaluated and measured and build the framework for evaluating each Component of the Strategy.

This approach, therefore, helps to plan and manage the evaluation more accurately and ensure shared understanding between the client and evaluators. Importantly, it facilitates direct discussion with the client about the balance of efforts against timelines to identify the level of evidence and the choice of methods necessary to produce the levels of certainty of conclusions required; ensuring that efforts are appropriately placed to maximise the success of the evaluation.

The basic components of the logic model are:

- **Inputs:** available human, financial, and organisational resources
- **Processes:** activities, tools, events, technology and actions
- **Outputs:** direct products of project activities and processes
- **Intermediate and long-term outcomes:** specific changes in systems, organisations within systems, and personnel within organisations, which result from the project and contribute to the achievement of its ultimate goal. Based on these components, most

program logics are summarised diagrammatically in a linear causal chain:

Inputs → Processes → Outputs → Outcomes

However, given the complexity, multi-level and multi-faceted nature of the National Drug Strategy, program logic is applied in a more sophisticated way to take into account the feedback loops and inter-relationships among outcomes between and across the four Components.

Program logic models are then supported by developing outcome matrices (see Funnell, 2000) that analyse why agencies or programs succeed and identify indicators in which measurement is needed. Outcome matrices offer a systematic way of determining the explicit indicators (the success criteria) on which expected outcomes of the National Drug Strategy can be evaluated and enables the identification of relevant data sources (e.g. informant interviews, relevant documentation) to guide data collection and tracking and crosschecking data. They also ensure that important external factors to the program are identified and where possible monitored during the course of the evaluation.

The use of program logic models and outcome matrices, therefore, provides a rigorous and transparent means to evaluating the four components of the National Drug Strategy.

While the program logic approach attempts to explore and, where possible, demonstrate 'plausible associations', it does not remove the difficulties inherent in attributing causality in complex human and social programs. Furthermore, it is important to recognise that even a large scale national program of effort such as the National Drug Strategy will not be the only determinant of changes in the levels of drug-related harm. Thus, in order to assess the contributions of National Drug Strategy programs or the extent to which observed outcomes could be attributed to National Drug Strategy programs, it is necessary to undertake a broader contribution analysis using key stakeholder views, expert opinion, and existing data on the extent and nature of known or suggested barriers and enablers of success. A method based on one proposed by the Canadian Auditor General's Office is adapted to assist with the challenging issues of attribution in complexly determined performance and outcome areas.

3. *Contribution analysis*

By exploring possible links among the conceptualisation, program implementation and outcomes of the National Drug Strategy, contribution analysis is a valuable tool for ascertaining attribution.

Causal attribution cannot just be assumed in measuring the performance of programs. Little can be said about a program of effort's worth, nor advice about future directions without attention to the issue of attribution. It is possible that the observed changes in outcomes would have occurred even without the program, or would have happened later or at a lower level. Many other factors are usually at play in addition to program activities – related government actions or programs, economic factors, and social trends can all affect outcomes and must be considered in assessing the value of continuing with a program in its present form.

The approach to contribution analysis used in the current evaluation of the National Drug Strategy is based on work undertaken in this area by the Office of the Auditor-General of Canada (Mayne 2001), which involves six steps:

1. Develop the results chain: link to program logic
2. Assess the existing evidence on results
3. Assess the alternative explanations
4. Assemble the performance story
5. Seek out additional evidence
6. Revise and strengthen the performance story

In this evaluation of the National Drug Strategy, the contribution analysis involves a comprehensive review of existing documentation and data sources, stakeholder consultations, and case studies.

Progress of the evaluation project to date, and forthcoming activities

Guided by the systems approach and principles of action research, draft program logic models for each specified Components of the National Drug Strategy were developed based on a review of relevant literature and documentation. Workshops were subsequently held with Department of Health and Ageing officers to refine these draft program logic models and develop outcome matrices for each intermediate outcome identified for each Component. Data sources and collection methods were derived through this process and formed the basis for refining the methodology for evaluating each Component.

Initial work for Component 4 evaluation has also been undertaken. Specifically, this work involved reviewing available baseline data for monitoring drug trends and issues. The utility (strengths and weaknesses) of existing baseline data, gaps in data and the capacity of available data collections to facilitate and guide the National Drug Strategy's ability to monitor actual and potential drug trends and issues were analysed.

Continuing and forthcoming activities include:

- Selection of case studies for the evaluation of each Component
- Review of relevant international, national and State and Territory drug strategy documents and current literature on public policy practice and models
- Stakeholder analysis to identify stakeholders associated with each Component
- Presentation of progress to the Ministerial Council on Drug Strategy meeting on 26th September, 2007

Conclusions

Our monitoring and evaluation team has the somewhat unusual privilege of being commissioned to undertake this major piece of work prospectively, rather than retrospectively which has been the case with the four previous evaluations of the national Drug Strategy. We are addressing the complexities inherent in major national strategies in the human services by seeing the National Drug Strategy as a system exhibiting complexity, uncertainty and emergent properties. We are taking seriously the challenges of untangling the causal webs through combining the strategies and tools of program logic and attribution analysis. In 2009 we hope to report back to Conference participants on the outcomes of the evaluation, and lessons learned.

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