Component 4 case study:  
The impacts of an NDS data collection: the IDRS/EDRS

Purpose of the case study

The purpose of this case study is to add to understanding about how data can be used to monitor emerging drug trends for use as an evidence base when formulating drug policies in Australia. Specifically, this case study will examine the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Report System (EDRS). (The EDRS was previously known as the Party Drug Initiative. For simplicity, the title EDRS alone will be used in this case study.)

This case study examines the contribution of these two data collections in:

(a) monitoring emerging drug issues and trends and

(b) informing policy activity.

The Proposition that the case study addresses is that a specific drug information system or a specific component of a broader drug information system (in this case the IDRS/EDRS) can:

(a) provide information that is both potentially useful and is actually used to monitor emerging drug issues and trends, and

(b) contribute positively to NDS policy activity.

Method

This is a single case study with two embedded units of analysis, namely the IDRS/EDRS as a tool for monitoring emerging drug issues and trends, and its impacts on policy activity in the NDS.

Two data collection strategies were employed: document analysis and informant interviews. The documents reviewed included the annual reports and more frequent products of the IDRS/EDRS program itself; journal articles and related scientific publications discussing IDRS/EDRS as a drug information system, its findings and its utilisation; the report of the NDS Data Analysis Project (Campbell Research & Consulting 2007) and NDS policy/strategy documents that were informed, or that could have been informed, by the products of the IDRS/EDRS. The research questions addressed in interviews for the case study are shown below.

<table>
<thead>
<tr>
<th>Research Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How does the IDRS/EDRS monitor emerging drug issues and trends?</td>
</tr>
<tr>
<td>2. In what ways, and to what extent, does the EDRS/IDRS meet criteria of excellence as a tool for monitoring emerging drug issues and trends?</td>
</tr>
<tr>
<td>3. What methods are used by the managers of the IDRS/EDRS and others to optimise the dissemination and use of its findings?</td>
</tr>
<tr>
<td>4. How, and to what extent, have the implementation processes and findings of the IDRS/EDRS impacted on NDS policy activity?</td>
</tr>
<tr>
<td>5. How does context (including policy communities) impact upon the responses to IDRS/EDRS findings, including their use or rejection?</td>
</tr>
<tr>
<td>6. What can be learned from the IDRS/EDRS about the data collection/research/policy/practice nexuses within the NDS?</td>
</tr>
</tbody>
</table>

The data were analysed using qualitative research methods, including the identification of themes using deductive techniques based on the research questions.
How the IDRS/EDRS monitors emerging drug issues and trends

The Illicit Drug Reporting System (IDRS): Managed by NDARC, the IDRS began as a trial of the methodology in NSW in 1996 (Hando et al 1998). After successful piloting, it was expanded to three states (NSW, VIC and SA) in 1997, and continued in these three states in 1998.

In 1999, a truncated version consisting of two components (the survey of Key Experts and the synthesis of indicator data) was expanded to the remaining jurisdictions, while NSW, VIC and SA continued the complete method, including the injecting drug user (IDU) survey. In October 2000, the IDU survey was extended to the five jurisdictions that did not implement this component in 1999 (QLD, the ACT, the NT, TAS and WA), and the Key Experts survey and the synthesis of indicator data were also undertaken in these jurisdictions, to enable the full IDRS to be conducted for the first time in all Australian States and Territories.

The IDRS is funded by DoHA, and has in the past received funding from resources such as NDLERF and some State governments. It is intended “to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS is designed to be sensitive to trends, providing data in a timely manner, rather than to describe issues in detail. Therefore the IDRS can provide direction for more detailed data collection on specific issues (Black et al 2008a, 1)

The purposes of the IDRS, as documented in the 2007 report (Black et al 2008a, 2), are:

1. to document the price, purity, availability and patterns of use of the four main illicit drug classes in this country, primarily focusing on heroin, methamphetamine, cocaine and cannabis;
2. to document risks and harms associated with drug use; and
3. to detect and document emerging drug trends of national significance that require further and more detailed investigation.

It should be noted that these are not strictly statements of the purposes or goals of the data collection. Rather, they specify the activities undertaken: ‘documenting’ and ‘detecting’. As noted above, the actual purpose or goal, as set out in IDRS/EDRS documents, is to provide strategic early warning of emerging trends in illicit drug markets.

It is implemented through the triangulation of three data sources:

1. a quantitative survey of regular IDUs in the State and Territory capital cities, who act as a sentinel group (usually 100 participants in each city) for the detection of emerging trends in illicit drug use
2. a qualitative survey of (200-300) key experts who work in the field of illicit drugs
3. a synthesis of extant indicator data sources such as police and Customs seizures, purity and arrest data and health services data.

Triangulation from these three major data sources is undertaken in the expectation that weaknesses in one area will be compensated for by strength in another.

The Ecstasy and Related Drugs Reporting System (EDRS), also funded through DoHA, uses a similar method except that interviews are conducted with what are referred to as ‘current regular ecstasy users’ (REU) rather than people who regularly inject illegal drugs, as is the case with the IDRS. For the purposes of this data collection, the term ‘ecstasy and related drugs’ covers ‘drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals’ (Black et al 2008b, 1). The drugs are MDMA (ecstasy), methamphetamine, cocaine, LSD, MDA and GHB. National data have been available since 2003.

In 2000–2001 a trial of the Party Drug Initiative (PDI – its title was changed to the EDRS in 2006), was conducted in NSW, QLD and SA to assess the feasibility of monitoring Ecstasy and Related Drug (ERD) markets. Based on the success of this trial (Topp et al 2004), the EDRS was expanded in 2003 to monitor ERD markets in every State and Territory across
Australia. Data were collected from samples of ERDs of 809 in 2003, 852 in 2004, 810 in 2005, 752 in 2006 and 741 in 2007 (Black et al 2008b).

The stated aims of the EDRS in 2007 were:

1. to describe the characteristics of a sample of current REU interviewed in each capital city of Australia;
2. to examine the patterns of ERD use of these samples;
3. to document the current price, purity and availability of ERDs across Australia;
4. to examine participants’ reports of ecstasy-related harm, including physical, psychological, occupational, social and legal harms; and
5. to identify emerging trends in the ERDs market that may require further investigation (Black et al 2008b).

An early warning system

A critical issue for clarification is the role of the IDRS/EDRS as an early warning system. Our informants have widely varying views on this. For example, ‘It fills an early warning function, it is more timely than most data collections’; ‘It is good as an annual reflection—an annual monitoring survey—but it is not an early warning system’; ‘Once a year interviews - can it serve as an early warning system?’; ‘I think the information is pretty much as up to date as you're going to get’. Similarly, the NDS Data Analysis Project also questioned the utility of the IDRS/EDRS as an early warning system and drew attention to other data sources that also fill this role (Black et al 2008b).

At issue here are the varying perceptions of different commentators about the concept of an early warning system. Significantly, the IDRS/EDRS is described as a 'strategic early warning system'. This is to be contrasted with a 'tactical early warning system' - a distinction highlighted by the consultant who investigated and recommended on the establishment of the IDRS (Wardlaw 2008). He pointed out that 'tactical early warning applies to situations that require immediate response'. These are normally of a highly localised nature; an example is the sudden appearance of a particularly high-purity batch of heroin in a particular locality at a particular time.

In contrast a 'strategic early warning system'

“…is any type of warning issued early enough to permit decision-makers to undertake counter-measures. This may involve policy changes designed to affect the situation unfolding in a way which is consistent with the decision-makers’ goals. Ideally, strategic warning provides sufficient time to take preventive measures which either forestall or (more realistically) lessen the size of the phenomenon in question or minimise its impact” (Wardlaw 2008, 13).

Wardlaw recommended that the IDRS be established to provide strategic early warning, not tactical early warning. This recommendation has been followed in the design and implementation of the IDRS/EDRS, and must be taken into account in assessing their usefulness as an early warning system. Our informants’ criticisms in this area highlight the relative absence of tactical early warning systems in most jurisdictions, a matter upon which recommendations were made in the NDS Data Analysis Project report (Black et al 2008a, 68-72).

EDRS/IDRS as a tool for monitoring emerging drug issues and trends

Many users of the IDRS/EDRS data treat them as outcome indicators for the NDS, as they provide a way to monitor illicit drug availability, patterns of use, and adverse consequences. To the extent this is the case, well-known criteria for assessing the quality of performance indicators can be used. A number of useful sets of criteria are available (e.g. HM Treasury 2001; Kusek & Rist 2004; Royal Statistical Society 2005; Williams 1997), those set out by Wardlaw will be used (1994, 2008) in recommending that the IDRS/EDRS be established.
Those criteria are:

- provision of data in a timely manner
- nationwide collection of comprehensive data
- comparability of data between different sources and locations,
- the information system is as simple as possible to operate
- it is linked to a mechanism which can quickly commission the collection of more detailed data in order to investigate further the trends identified by the IDRS

**Timeliness**

As the quotations from informants indicate, there is great diversity of opinion about the timeliness or otherwise of the IDRS/EDRS, and this diversity largely reflects different ideas as to whether the data fill the role of a *tactical* early warning system or a *strategic* early warning system. Since it has been designed and implemented as a strategic early warning system, it is inappropriate to judge it as a tactical early warning system. The full national and State and Territory reports on both data collections are generally available in April following the year of data collection, and that *Bulletins* covering specific topics are released even earlier. This is highly commendable. In our judgment and that of a number of our informants, this process certainly provides timely strategic early warning information.

**Collect comprehensive data nationwide**

One of the achievements of the managers of the NDS at national, State and Territory levels, and the managers of the IDRS/EDRS, has been to extend these data collections to cover at least some part of each State and Territory. We note that both the IDRS and EDRS are conducted only in the capital cities, reflecting understanding of the distribution of the people who use the drugs covered in that data collection. This means that they are not nationally representative and not as comprehensive as they could be, so do not fully meet this criterion of excellence.

We also draw attention to the fact that the IDRS has been conducted in a consistent manner over many years. While this is a strength in terms of comparability of data over time, some informants have raised the possibility that it is also a weakness. They point out that advances have been made in technologies for collecting, collating and analysing data of the types used in this survey program over the years (eg fuzzy measure theory), but that these innovations do not seem to have been adopted – or even carefully considered – by the managers of the IDRS/EDRS. Questions have also been raised about the sampling strategy used to select the people who use illegal drugs as informants, and the implications for the validity of these strategies. For example, we understand that some respondents are interviewed in successive years and that they are accessed, in part, from the same agencies each year. The implications of this warrant investigation.

**Ensure that the data collected are comparable**

Wardlaw (2008, 16) pointed out: “If the data are to be a basis for policy deliberation, the policy makers *must* have confidence that data collected from all sites conform to the same standards of reliability and are collected according to common definitions or criteria”. This criterion has been met well, partly because of the strong central management by NDARC staff of the complex national system of data collection, data collation, analysis and dissemination. We have heard no criticisms of the degree of comparability of data between sites.

Further, the production of State and Territory reports, as well as national reports, in a nationally consistent manner, highlights the comparability of the data in a manner that facilitates their use.
Be as simple as possible to operate

The IDRS/EDRS data collections are far from simple to operate, and thus do not fully meet this criterion of excellence. They involve a large network of researchers interacting with key experts, the holders of administrative datasets, and people who use illegal drugs. The auspices for implementing the data collections vary among the different States and Territories. Given this complex, the managers of the overall program, based at NDARC, are to be commended for the way it is implemented. This reflects, in part, the experiences gained over the years and the fact that the program began with a small trial and has been progressively expanded to its current coverage, with data collection now occurring in each State and Territory.

Linked to a mechanism which can quickly commission the collection of more detailed data

Wardlaw had a clearly developed view of how the data and findings of the IDRS would be used by policymakers at the national level. He envisaged that, soon after the data were produced each year (if not more frequently) IGCD and/or MCDS would meet to review the implications of the findings. (He envisaged that this would be a quite different process from the annual reflection workshops that he referred to as the National Drug Trend Indicator Meetings and that are now realised in the form of NDARC’s annual Drug Trends Conferences.) An outcome of those meetings would be the commissioning of specific pieces of research to investigate more fully the trends which appeared to be emerging.

This criterion of excellence has not been met. Many of our informants pointed to the fact that there is no resource or process for converting the findings of the IDRS/EDRS and other data collections into policy activity. This is not to say that information flowing from the IDRS/EDRS is not used in policy activity; rather, there is no ongoing, formal manner in which this occurs. Use of data from the IDRS/EDRS and other data collections is somewhat ad hoc and often reactive. In this regard, the full potential of the IDRS/EDRS has not been realised, and no pathway exists at present for it to be become so.

It is worth noting, however, that the NDS national research centres and others sometimes have the capacity to follow-up particular issues that arise from the data where this falls within the scope of their research programs and available resources. An example is how NDARC used non-IDRS resources to get interviewers into the field within two weeks of first hearing about the 2000-2001 heroin shortage to assess the extent and reality of the phenomenon, and a parallel response occurred in Melbourne through Turning Point.

Cost effectiveness

Wardlaw's final criterion of excellence in the design, implementation and use of the IDRS was that it be cost-effective. Although we do not have details of the resources used in this data collection (most of which are provided by the Commonwealth Department of Health and Ageing, supplemented by the States and Territories) those of our informants who are aware of the resourcing stated that they consider it to be good value for money. We have no reason to dispute this assessment.

Over-all assessment

Our over-all assessment is that the design and implementation of the IDRS/EDRS largely, but not fully, meets the criteria of excellence set out by Wardlaw (and the set he explicated is consistent with the sets of criteria proposed by other authorities). It is not comprehensive, being capital-city oriented, and far from simple to understand and implement. Another exception is the absence of any explicit, ongoing process, on the part of senior policymakers at the level of IGCD or MCDS, for converting the strategic early warning information produced by the data collections into policy activity.
The most trenchant criticisms are that it fails to provide an effective early warning system. People who make this comment generally have in mind tactical early warning systems, rather than the strategic early warning system that the IDRS/EDRS comprises.

**Methods to optimise the dissemination and use of IDRS/EDRS findings**

The dissemination of the findings of the IDRS/EDRS takes place continuously throughout the year and takes a number of forms, including:

- **Annual publication of a comprehensive national report** (O’Brien *et al.* 2007). These are available online in full text covering the years 2000 to 2007 for the IDRS and 2003 to 2007 for the EDRS.

- **Annual publication of comprehensive reports covering each State and Territory.** (They are referred to on the NDARC website as ‘jurisdictional’ reports, but in fact the only jurisdictions covered are Australia and the individual States and Territories.) The State and Territory reports cover different years depending when the particular jurisdiction entered the research program. The reports covering each of the eight States and Territories are now available in full text online.

- **Quarterly brief Bulletins** addressing specific topics. A separate bulletin series disseminates information from the IDRS and from the EDRS, and they are also available in full text online.

- **Other publications**, many of which are listed at the NDARC website, including peer reviewed journal articles and media releases covering the period 2001 to 2007.

- **The annual Drug Trends Conferences.**

The Department of Health and Ageing fully funds the IDRS/EDRS, including its data collection, analysis and the printing of reports. In earlier years, the core products of the data collection were available only as printed reports which had to be purchased from NDARC. The Bulletins, national reports and State and Territory reports are now available free of charge in full text online. NDARC reports that 71,341 unique visitors accessed the IDRS/EDRS web pages in 2007. The printed products are distributed free of charge to many stakeholders, including government and non-government agencies, participants, researchers and libraries. People not on the free list have the option of purchasing the printed versions of the national and State and Territory reports or downloading them for free from NDARC’s web site.

Some IDRS/EDRS data are incorporated into AIHW’s three yearly report *Statistics on drug use in Australia* (AIHW 2007b) and are also used in various State and Territory reports such as *The extent and nature of alcohol, tobacco and other drug use, and related harms, in the Australian Capital Territory* (McDonald 2008).

Some of the State and Territory coordinators are active in face-to-face communication with stakeholders in their jurisdictions about the findings of the IDRS/EDRS, and also provide locally-targeted briefing documents and conference presentations to such audiences. A large number of these dissemination activities take place around the nation each year. Generally speaking, and with the exception of the annual Drug Trends Conferences, this valuable activity is not funded under the IDRS/EDRS program nor is it explicitly built into its design. Importantly, specific efforts are made to feed back the IDRS/EDRS findings to the participants and services involved in the project, along with information on their implications, where relevant. This has included seminars, feedback sheets, and posters and flyers showing results.

A small number of informants referred to the annual *Drug Trends Conferences* coordinated by NDARC. The October 2007 Conference was promoted as follows (http://notes.med.unsw.edu.au/NDARCWeb.nsf/page/Conference):

> The National Drug Trends Conference will present recent findings in illicit drug use, markets and related harms across Australia. Convened by Australia’s largest drug monitoring systems, the Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS), the one day conference will cover a range of
topics, including the first release of the 2007 findings, and discussion of emerging trends in methamphetamine and also pharmaceutical use among regular drug users.

These conferences were recommended by Wardlaw (1994, 2008) based on his experiences in running a series of drug indicator meetings in the 1980s under the auspices of the then National Campaign Against Drug Abuse. While the current Drug Trends Conferences provide a good opportunity for people involved in the IDRS/EDRS, and others, to present up-to-date findings and discuss what they see as their implications, the design of the conferences is such that there is little scope for in-depth discussion of those findings. There does not seem to be any structure, associated with the conferences, to facilitate follow-up action in either the policy or research arenas. Scope exists for adding value to the conferences through a focus on ways to use the information presented and discussed there.

Assessment

The dissemination of the findings of this program of research each year is sound, compared with a number of other large research activities. Providing all the project reports free of charge online, as well as in printed form, along with the e-mail distribution of quarterly Bulletins from both the EDRS and the IDRS, is commendable. Conducting the annual Drug Trends Conference, with some capacity for discussion of the findings, is also useful, as is the use of media releases and the associated mass media publicity that has long been identified as one of the strengths of NDARC. Dissemination through academic conference presentations, refereed journal articles, book chapters, etc. is also an important part of the dissemination package, although these channels probably have less impact outside of the research community.

Impact of implementation processes and findings of the IDRS/EDRS on NDS policy activity

A number of taxonomies exist to help us understand what we mean by the use or impact of research findings, in particular the ways in which research has an influence on broad understandings, on policy and on practice. Perhaps the best known is that produced by Weiss (1979, later updated). She argued that research findings can be ignored, or can be used:

- instrumentally, to give direction to policy and practice
- politically or symbolically, to justify pre-existing preferences and actions, or
- conceptually, to provide new generalisations, ideas, or concepts that are useful for making sense of the policy scene (Weiss 2005, 13).

Use of the IDRS/EDRS in NDS policy documents

Since the IDRS/EDRS is funded by the National Government as part of the NDS, and its purpose includes providing sound information about patterns of drug availability, use and harms, as well as filling a strategic early warning function, one might expect that NDS policy documents would refer extensively to the IDRS/EDRS and its findings. This would be an example of instrumental use, to use Weiss’ taxonomy. We reviewed recent NDS policies relating to illicit drugs to ascertain the extent to which they make direct reference to the IDRS/EDRS and their findings. These data collections are rarely referenced directly:

• National Amphetamine-Type Stimulant Strategy 2008-2011: not mentioned other than in the list of acronyms and bibliography.

The national strategies mentioned above are designed to cover the whole Australian population. Since the IDRS and EDRS are conducted only in the capital cities, their findings are not necessarily nationally representative. (In contrast, the NDS Household Survey uses a nationally representative sample.) This may be a factor in their limited use as inputs to the national policy documents.

The National Action Plan on Illicit Drugs, the NDS Integrated Framework document, the National Amphetamine-Type Stimulant Strategy and the Cannabis Strategy document all have separate background publications associated with them that provide the supporting evidence for the policies covered. Each mentions the IDRS, and two also mention the EDRS:

• Statistics on Drug Use in Australia 2006 (AIHW 2007b) is a companion document to the National Drug Strategy: Australia's Integrated Framework 2004 – 2009 and makes extensive use of the findings of both the IDRS and the EDRS.

• The Background Paper to the National Action Plan on Illicit Drugs 2001 to 2002-03 contains just one brief mention of the IDRS in the context of heroin (p. 5).

• The detailed NDS monograph provides background material to the National Cannabis Strategy (McLaren & Mattick 2007), published well after the Strategy was endorsed by MCDS, has two very brief references to the IDRS (p. 26) but none to the EDRS.

• The NDS monograph supporting the National Amphetamine-Type Stimulant Strategy 2008-2011 (National Drug Research Institute & Australian Institute of Criminology 2008) has extensive references to both the IDRS and EDRS data.

Other evidence of the direct use of the IDRS/EDRS in policy activity

Despite the lack of evidence of direct use of the IDRS/EDRS findings in national drug policy documents relating to illicit drugs, other evidence exists of the contribution of this research program to policy activity, as follows.

Topp & McKetin (2003) provided illustrations of the use of the IDRS data in policy activity. Examples include:

• Highlighting new forms of drug use as a priority, particularly with methamphetamine.

• Formation of policies and strategies appropriate to local conditions, e.g., the Tasmanian Alcohol and Drug Service provided regular reports on injecting drug use in the state to a Cabinet subcommittee, and the reports drew heavily on IDRS data.

• Developing governmental strategic drug control plans: IDRS data was said to have formed the basis of the NT government's three-point plan on drug use and abuse.

• Identifying needs for access to treatment: service development in the ACT was informed by IDRS data.

A recent paper (Hall & Degenhardt 2007) offers other examples of the use of IDRS data and research findings. They remind us that the IDRS was already in place before the ‘heroin drought’ began at the end of 2000, enabling pre-post ‘drought’ analyses to be undertaken. The 2001 wave of the IDRS was particularly important in demonstrating the immediate and steep reduction in heroin availability and use caused by the heroin shortage. Subsequent detailed analyses of the IDRS data demonstrated the positive changes that occurred in terms of the health status of people who used heroin, as a result of the reduced availability, including the dramatic reduction in a heroin overdoses and overdose mortality. Changes in patterns of criminal behaviour among drug users were also revealed. Furthermore, the IDRS/EDRS data made it possible to investigate the displacement of drug use from opioids to other drugs including psychostimulants.
Another example deals with evaluation of policies aiming to reduce the injection of Temazepam gel capsules (Degenhardt et al 2008). This formulation of Temazepam was removed from the Australian market in early 2004. The IDRS research team were able to use IDRS data to examine the impact of this intervention among people who inject illegal drugs. The study investigated, in particular, the effect of this change on the prescription of benzodiazepines in tablet form, its over-all impacts on benzodiazepine use among people who inject illegal drugs, and whether any reduction in benzodiazepine use had been offset by the use of other prescription drugs. They concluded: “Removal of an easily injectable form of benzodiazepines appeared to halt injection of benzodiazepines among disadvantaged IDU. However, IDU continue to use the drug heavily and interventions to assist IDU with reducing dependent benzodiazepine use are warranted. There is a need for continued vigilance to emergent injecting drug use risks to implement timely harm reduction strategies” (145).

The IDRS has also provided valuable information on the misuse of prescription drugs including benzodiazepines (Fry & Bruno 2002), antidepressants (Darke & Ross 2000), morphine (Degenhardt et al 2006), and methadone and buprenorphine (Jenkinson et al 2005; Nielsen et al 2007). IDRS data underpinned a series of reports funded by NDLERF on illicit prescription drug markets in Melbourne, Hobart and Darwin.

IDRS has also monitored the much slower uptake of cocaine that portrayed in the media (Darke et al 2002) and the inaccuracy of reports on a potential ‘epidemics’ of fentanyl use (Gibson et al 2007) and GHB use (Degenhardt & Dunn 2008).

Assessment

Mixed information is available about how, and to what extent, the IDRS/EDRS has affected NDS policy activity. Although its findings are not prominent in NDS strategy documents, nor in the supporting background documents for those policy statements, other examples exist of the data collection's contribution to policy. Some of these are direct and others indirect; some are examples of instrumental use and others examples of conceptual use. The absence of formal structures for each year analysing the data and findings of the IDRS/EDRS to identify their policy implications, discussed in a number of points in this case study, is an impediment to the more direct, instrumental use of this valuable body of data and research.

Impact of context on the responses to IDRS/EDRS findings, including their use or rejection

Contextual factors significantly affect responses to the IDRS/EDRS program and its findings, including their use or rejection. First, across the nation we have significant demand, in many different sectors, for information about illegal drugs. While some of this, as it is used in tabloid media, is somewhat voyeuristic, many others have legitimate uses for the research findings. In this respect, a variety of policy communities are involved. These include people in law enforcement, public health, medicine, academia and community-based advocacy groups.

Secondly, we have seen relatively rapidly changing patterns of drug availability, use and attendant harms in Australia in recent decades. At the same time, we have seen some changes – though not rapid changes – in responses. This means that the annual production of reliable and valid information from an illicit drugs strategic warning system is potentially very useful in shaping both understandings and responses.

Thirdly, over the last decade we have seen a significant increase in the amount of funds available for addressing substance abuse, an expanded the range of areas to which these funds can be applied, and changes in how the funds are channelled. While most of these changes are positive, they have brought with them new challenges to use the added resources in the most strategic manner. The IDRS/EDRS has potential, and indeed has been used to some extent, to inform evidence-based policy on the allocation of resources.

Fourthly, as discussed above, prominent representatives of people who use illegal drugs are not as positive about the IDRS/EDRS as are some other stakeholders. They are concerned
about the potentially adverse effects on current illicit drug users from both the misinterpretation of the findings of the data collections, and also of the use of findings by criminal justice agencies against the best interests of people who use illegal drugs.

While some stakeholders (particularly in law enforcement agencies) reject the validity of this argument, they warrant careful attention. A central issue is the extent to which law enforcement agencies might try to use IDRS/EDRS data for tactical, operational purposes compared with the broader strategic and policy purposes we highlight in this case study (Fowler et al 2007).

Fifthly, we do not have formal processes and structures for interrogating the findings of the IDRS/EDRS to identify the messages that can be used as strategic inputs to policy activity. This gap is problematic and results in a lack of follow-up to investigate in depth the emerging trends identified in the data collections.

**Observations**

The use of the data and findings of a monitoring program such as the IDRS/EDRS is sometimes direct or instrumental, and at other times indirect or conceptual. In our judgment, conceptual use (sometimes called ‘enlightenment utilisation’) of the IDRS/EDRS data and findings is most prominent. As well as providing detailed factual information that can serve as a strategic early warning system, the IDRS/EDRS personnel seek to influence, through their dissemination strategies, 'what everybody knows' about illicit drugs, illicit drug users and the impacts of drugs on them and the broader society.

This was illustrated by one of our informants who argued that the IDRS/EDRS data collections are particularly useful as they ‘put to bed the speculative anecdotal reports’ that we see in the media and elsewhere about illicit drugs. They reduce hysteria by filling the information vacuum, they argued, resulting in a higher quality of media comment which, in turn, results in higher quality policy activity. As discussed above, however, others hold different views, feeling that IDRS/EDRS have had few significant positive impacts.

As well as conceptual use, we have seen some instrumental use of the findings flowing from the dissemination activity, and these have been illustrated above.

A core finding is the lost opportunities that flow from the absence of well resourced, systematic processes for taking up the findings of the IDRS/EDRS each year and identifying and dealing with their policy implications. We are unsophisticated, in the NDS, in applying what is known from research about how to enhance the effectiveness of the research/policy/practice nexuses. (Nutley et al 2007 have recently collated and assessed the state of the art in this area.)

Responsibility for this lies both with the researchers involved in producing policy relevant information on the one hand, and with the people responsible for managing policy activity on the other. It could be mutually beneficial for some well informed, systematic dialogue to be undertaken to identify the opportunities for improving the links among research, policy and practice, with the aim of moving more effectively towards attaining the goals of evidence-based policy and practice within the National Drug Strategy.