

## **Global Drug Policy Index Expert Interview Report: Obstacles, Solutions, and the Path Forward.**

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## Report Take-aways

Co-creation with end users of the index offers a clear, collaborative path forward for creating, disseminating, and iterating the GDPI.

While UN documentation offers a viable solution to the conceptualisation of 'Drug Policy' that will underpin the GDPI, an explicit and accessible framing of what the index measures is key to the success of the project.

Allowing end-users to understand, in detail, why a state performs poorly or well in the index ranking will be necessarily to stimulate constructive and meaningful dialogues with audiences.

While technical challenges remain surrounding the operationalisation and weighting of indicators, solutions have been offered: exploring and adopting such solutions represents the 'next step' in the GDPI project.

A key challenge is to capture both policy 'on the books' and policy 'on the ground' in a single index. A combination of metrics capturing both formal policy and policy implementation will be required, as comparable/reliable 'outcome' data is unavailable.

Global coverage is desirable for the project to meet its goals, but issues of variable data availability and reliability will need to be addressed in the project methodology.

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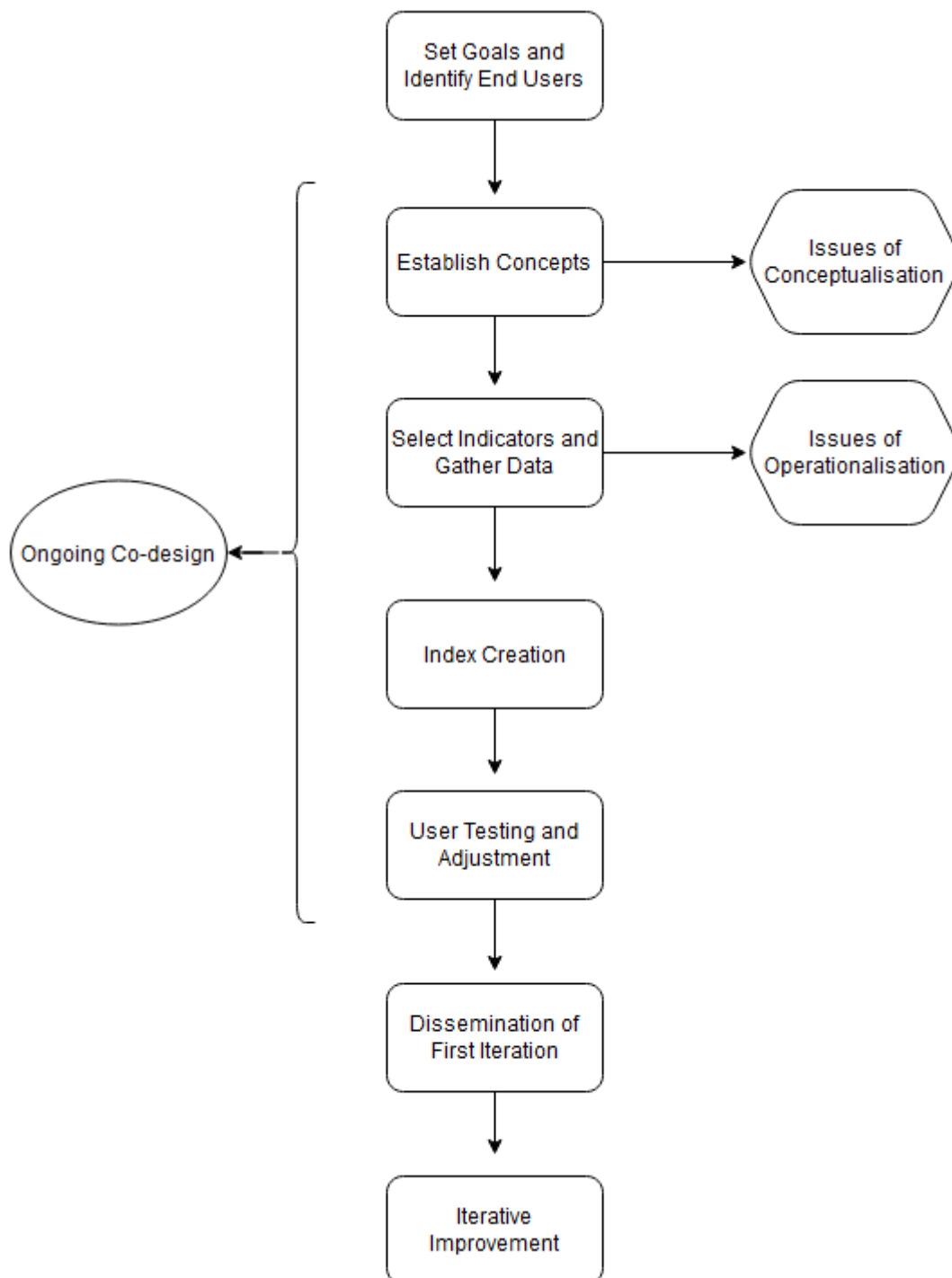
## Executive Summary

This report summarises the insights of a series of one-to-one expert interviews conducted by Dr Matthew Wall and Professor David Bewley-Taylor to gain insight into the technical development of a Global Drug Policy Index (GDPI). The experts were selected for their insight into three domains: the analysis of drug policy, global governance and monitoring of drug policy, and the creation and evaluation of complex indices. These interviews were complemented by two group sessions, one ‘echo back’ meeting with the experts who provided individual interviews and the other with UN agency technical experts whose work intersects in various ways with global drug policy.

This report provides an-in-depth analysis of these insights, breaking them into three broad categories: 1) the overall process of generating a GDPI; 2) the importance of conceptualising what the GDPI will measure; 3) the nature of the technical choices surrounding the operationalisation of a GDPI.

Regarding the overall process – engagement with ‘end users’ of the GDPI throughout was repeatedly emphasised, as was the importance of creating an iterative approach to the development of the GDPI over-time, with iteration informed by end user experience and feedback on each version. The interviews allowed us to identify the project’s end users as the 192 Non-Governmental Organisations (NGOs) focused on drug production, trafficking, and use which are members of the International Drug Policy Consortium (IDPC). It is also envisioned that other, non-member, drug policy advocacy NGOs may also become end users. The ‘audience’ at which their use of the GDPI will be directed includes actors and agencies responsible for setting and implementing drug policy at local, national, regional, and international levels of governance. As such, the GDPI should be designed to allow end-users to engage with their target audiences and to support evidence-based policies that are effective at reducing drug-related harm. Figure 1 captures the process flow that emerged from the interviews. The other two major themes in the report (conceptualisation and operationalisation) are inserted in this Figure to capture their situation in this process flow.

Figure 1. GDPI development process flow-chart



Regarding conceptualisation, this refers to the overarching definition of what the GDPI will measure. This was a highly contentious and challenging aspect that emerged across all of the interviews and group sessions. Reflecting the need to balance conceptual clarity, substantive relevance, and international acceptance, the project team arrived at an approach based on a 2019 report entitled: *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters* produced by the UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters.<sup>1</sup> Figure 2 captures the categories into which the report recommendations are grouped, while figure 3 captures the content of each category in terms of substantive policies.

**Figure 2 Categories of Drug Policy Recommendations in ‘What we have learned’**



<sup>1</sup> UN System Coordination Task Team on the Implementation of the UN System Common Position on Drug-related Matters, *What We Have Learned Over the Last Ten Years: A Summary of Knowledge Acquired and Produced by the UN System on Drug-related Matters* (2019), [http://fileservr.idpc.net/library/UN\\_What\\_we\\_have\\_learned.pdf](http://fileservr.idpc.net/library/UN_What_we_have_learned.pdf) [accessed 15 December 2020].

**Figure 3. Substantive Policy Recommendations in ‘What we have learned’ grouped by category**



It was agreed that, in evaluating the extent to which the policies recommended by this report have been realised, the index would need to capture both *de jure* and *de facto* realisation of policies. That is to say, ‘policy on the books’ as well as ‘policy on the ground’, that is, both formal policy and policy implementation. In doing so, it will have to contend with differences in the extent and manner of policy implementation which will vary between cases.

Finally, regarding the technical issues around selection of data and integrating sources into a single index, a variety of opinions and options were presented. Exploring and choosing among these options will be the key work of the technical team (supported by the advisory group) going forward. One key insight that drove thinking was the paucity and unreliability of ‘outcome’ data, which was a key theme described by nearly all experts with experience of drug policy analysis. As such, the focus of the GDPI on policy content and implementation was selected with this limitation in mind.

## Overview

At the heart of this report is a research process designed to elicit the insights of a range of experts to inform the development of the GDPI project. The goals of this process were as follows:

1. To learn from existing composite index projects about methodological and practical lessons that can be applied to the GDPI.
2. To obtain guidance from a range of experts on the potential scope, parameters, methods, data sources and challenges for GDPI.
3. To use this guidance to develop a path-analysis for the GDPI in order to identify the order in which key decisions will be made, to maximise awareness of the inherent trade-offs, and to facilitate a forward mapping of decision implications.

The goals and process of the interviews and focus group sessions and their integration into the wider GDPI project are captured in a concept note that was circulated to all participants by the project team. This report was compiled by Jack Tudor, a PhD student at Swansea University working under Dr Wall's supervision. Informed consent of participants was obtained via email by the project team.

The experts were selected for their insight into three domains: the analysis of drug policy, global governance and monitoring of drug policy, and the creation and evaluation of complex indices. Many of our interviewees had expertise that cut across several of these domains. A full listing of the expert participants in this research process is provided in the Appendix to this report.

Though opinion was split between methodologists and drug policy experts in their respective interviews, it remains abundantly clear that the creation of a drug policy index is a difficult task. A key point raised was the importance of including the end-users across the process of index creation. For example, in her interview, Thalia Kehoe Rowden (Human Rights Measurement Initiative) stated:

“Co-design as a concept, human-centred design, [centres on trying to] bring all of the stakeholders, all of the interested people into one place, find out what's needed, and what will be the solution. So, if we came into the group and said, so we're measuring these things, isn't that great? We have to be prepared to hear, well, I mean, it's nice, but what you [actually] need is this”.

While the construction and implementation of all indices is a problematic process rife with trade-offs, drug policy presents a particularly difficult area around which to create a comprehensive and global measurement index. Chief amongst the issues that it brings to bear are problems surrounding conceptualisation and framing, and those concerning data and operationalisation, respectively. The issues of conceptualisation can be broken down into two primary forms: issues of abundance and contestation. Owing to the nature of drug policy as a subject area, it presents an abundance of subject-specific terms in need of conceptual clarification and, ultimately, definition. As such, extensive conceptualisation is required in the front matter of the index to ensure that the focus of the project is clearly understood by its audience and end users.



The issue presented by the raw number of points in need of clear conceptualisation is compounded by their contested nature. It is clear from the interviews that the meaning of, and connotations surrounding, key terminology within drug policy is not subject to consensus. While documents and frameworks exist from which near-consensus opinions can be drawn, such as those drafted by the UN and its associated organisations, any conceptualisation engaged in within the project will need to be robust and defensible, such that it can stand up to inevitable disagreement and scrutiny. Importantly, it must also be easily understandable to end users. Suitably robust and clear conceptualisations could be taken from peer reviewed academic literature, as such literature has already undergone and survived a high degree of scrutiny, or from the collaborative process of co-design.

The issues of framing that the GDPI project must overcome also centre on the need for specificity. Rather than referring to itself as a 'global drugs policy index', as the present acronym does, interviewees recommended the use of more targeted and specific nomenclature in the framing of the index. These recommendations ranged from placing issues such as drug-related harm and the focus on implementation at the forefront of initial framing efforts, to the alteration of the title of the index to better encompass its focus and scope. Ultimately, the issues of framing raised by the interviewees go hand-in-hand with the issues of conceptualisation, as both demonstrate the importance of delimiting the scope and focus of the index clearly and as early as possible.

Ultimately, it is paramount that the issues of conceptualisation and framing identified by interviewees are addressed as early in the process of index creation as possible, as they directly inform and bound subsequent steps. Not only do they delimit the universe of possible indicators which can be included within the index, but the interviewees were clear that one cannot hope to adequately operationalise that which has not first been thoroughly conceptualised. Consequently, the issues of conceptualisation and framing, and those of data and operationalisation are intimately linked, with the resolution of one necessarily preceding the other.

In addition to overcoming issues of definitional clarity and contestation, interviewees made clear that the index must frame itself constructively, as being a process of structuring dialogue about drug policy, if it is to achieve its goal of stimulating dialogue between countries. As some audiences will resist or contest a poor ranking, the index must find a way to provide meaningful information without alienating those actors it hopes to engage with. The creation of rankings necessarily involves the reduction of diverse information into a singular score. Consequently, they can be seen to be reductive measures, a fact which some of our experts highlighted. While the reductive nature of assigning ranks to countries was evident within the interviews, the production of rankings was also highlighted as a necessary component of comparative indices. As such, to achieve the twin goals of adopting a constructive focus while still providing meaningful rankings, it was recommended that the GDPI ought to provide scores that are easily deconstructed into their components in the presentation of the index. This will allow end-users to constructively engage their audiences so that they can better understand what they are doing well and where they need to target efforts to improve.

Much like the issues of conceptualisation and framing, the data and operationalisation-orientated issues facing the creation of the index are born of the intricacies of drug policy. Specifically, the issues of operationalisation that the GDPI project faces stem from

the interrelated problems of the variable availability of drug policy-related data and its restricted cross-case comparability. Those interviewees who were experts in drug policy repeatedly made it clear that the quality, nature, and availability of drug policy data varies considerably between countries. This variability not only concerns which elements of the illicit drugs trade, illicit drug consumption and drug-related harm reduction are measured, but also the manner in which notionally identical aspects are measured between countries, and the stringency with which pertinent data is collected.

In the first instance, the issues of data availability and variable operationalisation raised three concerns within the interviews. The first surrounded the selection of countries for inclusion within the index. Owing to issues of data availability and comparability, it was recognised that the creation of a larger, wide-ranging index would present a greater number of data-related issues than a more focused, narrow index. However, all international comparative indices, irrespective of scope, face such issues in their development. As the GDPI project is fundamentally global in nature, an inductive approach to case selection was acknowledged to be the most appropriate strategy as it ensures that the cases and data encompassed by the index are commensurable. This relates to the manner in which indicators are selected for use within the index. As not all countries will possess data on the same indicators, it will be necessary for the first iteration of the index to limit its selection of indicators to those which are shared by a sufficiently large sample of countries and on which reliable data is readily available. It was suggested that consensus-based approaches, such as the Delphi method and a co-design approach, the use of extant academic literature, and deference to UN documentation could be used to arrive at the most pertinent indicators. Importantly, it was recognised that both the framing of the index itself and the availability of data will necessarily delimit the universe of possible indicators. Consequently, while a deductive rationale for their inclusion will be useful and necessary at first, it will need to be revised inductively when data is collected.

Finally, it is important to think carefully about the manner in which the indicators selected for inclusion within the index are measured and treated. Given the differing operationalisation of indicators between countries, it may be necessary for the index to adopt measurement processes that prioritise tractability over specificity. To achieve this, certain interviewees recommended the use of binary measures to detect the presence of desired indicators, rather than grading their presence on a continuous scale. Given the difficulty of operationalising many drug-related indicators, it was suggested that the project could defer such decisions to the academic literature, thereby providing a robust and peer-reviewed defence should instances of disagreement arise.

Beyond their operationalisation, interviewees identified that the indicators selected for inclusion within the index must be treated with care due to the characteristics that they may possess. Chief amongst these was the presence of (non-)compensation which concerns the ability for positive indicator scores to ameliorate negative ones. It must be decided by the authors of the index whether this process of compensation will be implemented and, if so, to what degree. Moreover, the issues of substitutability, unrepresentativeness, and confounding must also be accounted for when handling indicators. That is, care must be taken to ensure that those indicators selected for inclusion within the index cannot be directly substituted for one another, are representative of its harm-related foci, and are not knowingly obscured or elevated by the presence or absence of other indicators.

In addition to their careful assessment, the manner in which indicators are weighted is also of paramount importance to the creation of a defensible composite index. Interviewees suggested a range of weighting techniques, including the use of the Delphi method, but ultimately conceded that the weighting of indicators will primarily be an inductive endeavour that becomes increasingly clear as the conceptual framework for the project crystallises. Weighting speaks to a significant issue identified by interviewees: the disparity between de jure policies and their de facto implementation. It was recognised that the existence of drug policies within statute books is not a reliable indicator of their implementation on the ground. It was also conceded that both should be included within the index in order for it to be meaningful. In order to achieve this, it was agreed that policies ought to be weighted by their implementation, thereby providing a solution to both outstanding issues.

Beyond matters of weighting and treatment, interviewees recognised the need to measure those indicators included within the index on a common scale to allow for equitable aggregation. Fortunately, a readily available scale was identified in the form of the monetary cost of the policies addressed. While it was recognised that a degree of nuance would be needed in order to ensure that cost was being measured fairly, due in no small part to differences in the spending power and currencies of countries, it was agreed that it was likely the best common measure for the purposes of aggregation and comparison.

Ultimately, in order to successfully achieve the first iteration of its composite index, the GDPI project must overcome the issues of conceptualisation and framing, along with those of operationalisation and data identified by the interviewees. While some questions remain substantively unresolved, consensus was reached within the interview process regarding the resolution of others. Several step-by-step approaches were outlined by interviewees for achieving these resolutions, overcoming obstacles, and driving the project forward. Together, these recommendations form a clear process flow for the future progression of project. In short, once the end users of the GDPI have been identified, its conceptual underpinnings must be rigorously established. Once this is complete, the indicators and data upon which the index is to be based must be identified, leading to the creating of its first iteration. Thereafter, the first iteration of the index must be subjected to user testing and adjustment before being disseminated widely. The GDPI will then be subject to iterative improvement over time, represented by the release of subsequent iterations in the future.

Stages two and three of this progression, namely the processes of conceptualisation and operationalisation, were the substantive foci of the expert interview process. Resultantly, they are the dominant focus of this report. In the subsequent sections, this report provides in-depth decompositions of the issues and solutions provided by interviewees in relation to these processes in order to guide and inform the creation of the GDPI.

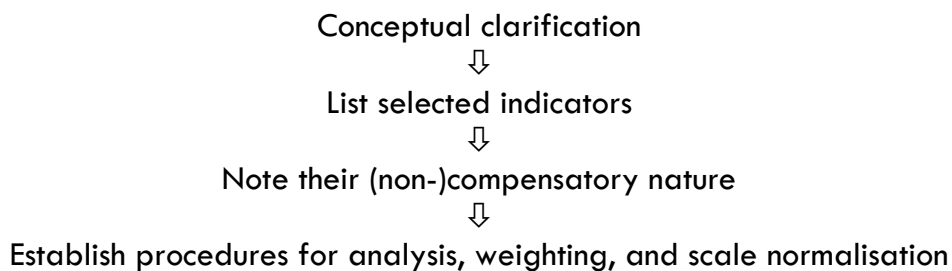
## Introduction

Through the process of reviewing and analysing the semi-structured interviews conducted with experts for the Global Drugs Policy Index (GDPI) project, it became increasingly clear that the process of creating an index to measure drug policy is fraught with difficulties. Broadly, these difficulties take two forms: those surrounding conceptualisation and framing, and those concerning data and operationalisation.

In decomposing these difficulties and framing the present state of the project, this report comprises four substantive sections. The first adopts a process-orientated focus, outlining the top-level findings born of analysing the interviews and prospective routes forward for the project. The second and third comprise in-depth decompositions of the issues of conceptualisation and framing, along with the operationalisation- and data-orientated issues raised by the interviewees, respectively. The final section then presents concluding remarks, along with the most viable routes forward for the project on the basis of the stances taken by interviewees. All citations included within the report refer directly to either supporting documentation or timestamped quotations present within the edited interview transcripts produced for the project.

## The Process of Creating a Global Drugs Policy Index (GDPI)

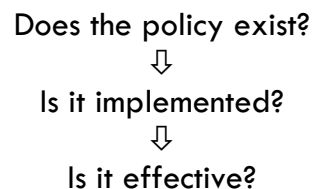
In going about producing a global drugs policy index, three clear step-by-step approaches were offered by interviewees. The most comprehensive of these was outlined by Cees van der Eijk and comprises the four-step progression from conceptualisation to analysis outlined below:



The progression presented by van der Eijk broadly captures the manner in which the GDPI project is expected to progress in light of the expert interviews. Initially, the conceptual underpinnings must be carefully and thoroughly established before indicator selection and operationalisation can begin. In the selection of indicators, the authors of the index must be aware of their (non-) compensatory nature when determining their weighting and, consequently, their overall contributions to the scores provided by the index. With the nature of the indicators and their relationship established, the project must then consider the methods of analysis that it intends to employ. Inherent within this fourth step is also the process of bounding the scope of the index which, if taken to be an inductive process, will be directly informed by the processes preceding it. Ultimately, the step-by-step progression offered by van der Eijk takes the GDPI project from its

present pre-conceptualisation state through to the provision of scores and actionable information.

While van der Eijk provided a broad overview of the project, Ritter offered an extremely useful and easily digestible characterisation of the measurement process at the heart of the project. Her proposed approach centred on answering three questions, with each leading into the next, to establish the existence and extent of drug-policies within target countries. These questions are outlined below:



Though they rest on the decisions made regarding the measurement of implementation and efficacy, adopting such a three-stage approach could be beneficial for the index in not only establishing the presence of policies within its target countries, but also in taking a nuanced approach to the manner in which they exist in a de facto sense. That is, Ritter's approach allows for the explicit recognition of those instances in which policies are implemented but are either done so poorly, or are simply inherently ineffective. This would allow the project to encompass contentious policies, such as the death penalty, thereby increasing the scope of its advocacy potential. Additionally, the three questions proposed by Ritter expound the fourth step proposed by van der Eijk, allowing the two to be considered in tandem.

The step-by-step progressions offered by van der Eijk and Ritter offer an excellent blueprint for the future progression of the GDPI project. However, the decision-making undergirding these approaches can be informed by the recommendations of Thalia Kehoe Rowden regarding co-design. Under the precepts of co-design, projects are continually informed by the input of end users and interested parties. Consequently, in making decisions such as the selection of indicators, the establishment of weights, and the measurement of implementation and efficacy on which the progression of the project rests, this collaborative approach can be used to arrive at determinations which are not only fit for purpose, but directly meet the needs and expectations of end users. In so doing, the index can resolve many of the indeterminate aspects of the approaches proposed by van der Eijk and Ritter and exist safe in the knowledge that it will not stray too far from either the expectations of end users or stakeholders, ensuring that it remains relevant and defensible as a project.

When the proposed approaches to the future progression of the project are considered in tandem, a thorough step-by-step flow can be established. In order for a co-design approach to be adopted, the first stage of the project must surround the identification of end users. Once these end users have been identified, the collaborative process of creating the index can begin. In line with the recommendations of van der Eijk and the expert interviewees at large, the creation of the index must start with rigorous conceptualisation. Establishing a robust and defensible conceptual framework will provide the project with a firm basis on which to move into the selection and

operationalisation of indicators and the gathering of relevant data. These indicators and data can then be weighted to produce the composite index scores themselves. Each of these processes can be undertaken in collaboration with end users in order to guide and refine them, with each step being subject to user input and each iteration of the index being adjusted on the basis of user testing. This step-by-step process could be followed cyclically until the index reaches its desired levels of detail and scope. Thereafter, it could be used periodically to ensure that the index is up-to-date and relevant. This process is captured in the flow-chart presented in Figure 1 of this report.

Within this step-by-step flow, two key problem areas exist and stem from the processes of conceptualisation and data collection, respectively. These problem areas were the predominant focus of the expert interviews conducted for this project and, as such, the remainder of this report serves to provide a detailed decomposition of their nature and proposed solutions.

### Issues of Conceptualisation and Framing

Within the interviews conducted for the GDPI project, it was broadly agreed that the process of creating the index must begin with robust conceptualisation and clear framing.<sup>2</sup> Despite agreement on the necessity and centrality of clear conceptualisation to the index, its focus was subject to varying recommendations. At their most prosaic, the issues of conceptualisation raised by interviewees concerned the need for the clarification of what is meant by the use of the term 'drug'.<sup>3</sup> On its surface, this centred on the need to make clear that the index focuses on the illegal use of illicit drugs, rather than the illegal use of prescription drugs.<sup>4</sup> Building on this, the need for clarity when conceptualising what is meant by drug use, especially in terms of the inclusion of normatively charged terms, was raised. In its focus, it was held that the index must make clear conceptual choices between a series of binaries – use or abuse, a drugs issue or drugs problem, and so on – as these conceptual elements ultimately serve as its normative framework and guide both its course and intent.<sup>5</sup> In addition to being conscious of the normative connotations of the nomenclature it uses, the index must also be clear on how it conceptualises its central focus: harm reduction.<sup>6</sup> Ultimately, the interviewees focused on the importance and specificity of the terminology used within the index speaks to the need for total and defensible clarity in the use of any and all subject specific wording. The inclusion of too much nuance and the inclusion of caveats were highlighted as profound issues that ought to be avoided.<sup>7</sup>

Beyond the centrality of clear conceptualisation to establishing the focus and scope of the GDPI, interviewees also deemed it useful in the selection of indicators. While the selection of indicators for inclusion within the index presents practical limitations, which will be addressed in the subsequent section, it was held that a robust conceptual framework delimits the universe of possible indicators, rendering their selection more

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<sup>2</sup> Kenneth Benoit, 13:34; Sandeep Chawla, 17:51; Cees van der Eijk, 19:05; Vivienne Moxham-Hall, 15:54; Alison Ritter, 21:47; Desmond Cohen, 58:01.

<sup>3</sup> Benoit, 13:34.

<sup>4</sup> Ibid., 14:30.

<sup>5</sup> Chawla, 17:51.

<sup>6</sup> van der Eijk, 19:05; Moxham-hall, 15:54.

<sup>7</sup> Ritter, 19:28.

straightforward. Additionally, the terminology adopted by the index within the process of conceptualisation has the potential to limit its scope. Specifically, it was noted that the differing severity and normative connotations of ostensibly synonymous terms, such as incarceration and imprisonment, directly affects the ability to include countries within the index, due to the manner in which their policies are worded and implemented.

In addition to aiding in the selection of indicators, the need for a clear and precise conceptual basis for the index was also raised in relation to their operationalisation. At a macroscopic level, it was identified that unambiguous conceptualisation was necessary for the purposes of targeted and defensible operationalisation. Put simply, the point was clearly made that you cannot hope to measure something adequately which has not first been identified clearly.<sup>8</sup> Moreover, the framing of the index was also identified by interviewees to be a determining factor in the selection of indicators. It was recommended that the index avoid as far as possible becoming politicised and, instead, pitch itself as a dispassionate and objective academic exercise.<sup>9</sup> Accordingly, it should endeavour to use indices which are objective and openly accessible to guard against any criticism of politicisation.<sup>10</sup>

The need to avoid politicisation lends itself to another consideration raised by interviewees: the need for constructive framing. It was made clear that countries do not like to be ranked against one another competitively, especially on global scales with normative connotations.<sup>11</sup> While ranking is an inherent component of indices, rankings themselves represent reductions of complex data into singular scores. Consequently, they can be seen to be reductive, a fact which some academics may be uncomfortable with. Though a degree of discomfort concerning the ranking of countries was present in the interviews,<sup>12</sup> it was conceded that the production of ranks is fundamental to the GDPI and indices more generally.

A key aspect of the index elicited by the interviews was its potential role as a catalyst for dialogue between both state- and non-state-based actors.<sup>13</sup> In order for this to be achieved, the adoption of a constructive approach to the conveyance of scores and rankings is imperative. To achieve this, it is important that the index and its associated scores are conveyed in such a way as to avoid emphasising inter-state competition and explicit normative judgements. While a degree of implicit judgement is unavoidable in the case of any scoring or ranking system, it can be mitigated in the case of the GDPI if the scores provided allow policy makers to easily discover areas in which they are performing well and areas in which improvement is needed. This will allow for both introspection on the part of individual states and dialogue between states in relation to their relative successes and shortcomings.

Importantly, interviewees made clear that the avoidance of explicit normative judgements and the promotion of inter-state competition does not preclude the index being used for these purposes by end users. It was recognised that, once published, the manner in which the scores assigned by the index are used is out of the hands of its

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<sup>8</sup> Benoit, 16:44.

<sup>9</sup> Chawla, 06:39.

<sup>10</sup> Benoit, 22:02; Chawla, 05:51.

<sup>11</sup> Chawla, 03:57.

<sup>12</sup> Moxham-Hall, 24:04.

<sup>13</sup> Cohen, 38:32; 58:01.

authors.<sup>14</sup> Consequently, it is possible for the GDPI to adopt a constructive approach in order to facilitate inter-state dialogue in its explicit framing, while still allowing advocacy partners to pursue more normatively orientated ends once it has been published.

In order to avoid both confrontation and confusion, the necessity of robustly conceptualising what is meant by 'effective' drug policy was raised in relation to both the selection and measurement of indicators within the index. Not only was the gap between de jure and de facto drug policy highlighted by interviewees as a key consideration when assessing effectiveness,<sup>15</sup> but also the differing manner in which policy-based efficacy can be determined.<sup>16</sup> In light of these issues, it was recommended that the index specifically address the issue of implementation in the determination of policy effectiveness, as the positive wording of a policy on paper does not ipso facto translate into practical efficacy.<sup>17</sup> Moreover, the index must be clear that it is assessing effectiveness in terms of the ability of governments to effectively implement their stated policies, as opposed to judging it on the ramifications of the success or failure of governments to do so.<sup>18</sup> Importantly, any assessment of effectiveness must be robust to disagreement, as the manner in which efficacy is perceived differs between individuals and organisations.<sup>19</sup>

Though the issues of conceptualisation and framing faced by the index are considerable in number, the interviewees presented two promising solutions to them. The first involved the outsourcing of potentially problematic issues of framing and conceptualisation to the extant academic literature.<sup>20</sup> Through doing so, the index could essentially defer discussions and disagreements concerning its selected conceptualisations and, instead, refer end users to robust, peer-reviewed articles that establish and defend them in great detail. The second concerned the use of tiers of communication.<sup>21</sup> While the basis and composition of the concepts used within the index would remain, at its core, intricate and academic, the manner in which they are communicated to the end user ought to begin straightforwardly and offer additional levels of specificity to those who require them. That is, in the first instance, end users will be presented with an easily digestible definition of a term, with the option to delve deeper into its meaning and conceptual composition through links if they so desire.

While several practical solutions to the issue of conceptualisation were provided in the individual interviews with academics and area specialists, the final group interview comprised altogether different recommendations. Though a minority of interviewees still championed the need for rigorous academic conceptualisation,<sup>22</sup> the consensus opinion was the manner in which the index is framed and positioned conceptually ought to be guided by the wishes of the advocacy groups supporting the project.<sup>23</sup> That is, while both

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<sup>14</sup> Expert Group Session., 1:14:43.

<sup>15</sup> Cohen, 52:02; Reuter, 11:25.

<sup>16</sup> Ritter, 21:47.

<sup>17</sup> Cohen, 52:02.

<sup>18</sup> Ritter, 21:47.

<sup>19</sup> van der Eijk, 06:01.

<sup>20</sup> Ritter, 40:17.

<sup>21</sup> Thalia Kehoe Rowden, 06:25.

<sup>22</sup> Expert Focus Group, 1:13:30.

<sup>23</sup> Ibid., 1:15:34.



are desirable, the index should prioritise advocacy utility over rigorous conceptual clarity.

Despite consensus on the nature and centrality of rigorous conceptualisation differing between the individual and group interviews, the idea of bounding the focus and range of indicators used by the index through the use of UN documentation was reinforced. Indeed, the use of the UN common position and task team report as a framework for the index was deemed to be a ‘completely inspired’ approach and a very useful way of moving forward.<sup>24</sup> The primary benefit of using the common position and task team report was identified as its ability to not only delimit the elements that are included within the index, but also defend against questions of inclusion or exclusion.<sup>25</sup>

Although the use of extant documents to frame the index was agreed upon, the more abstract question of how to define the extremes of the continuum upon which drug policies can be placed remains substantively unanswered. While some interviewees agreed with Dr. Wall’s characterisation of the extremes of the continuum representing punitive action and support-based action, respectively, others objected to the use of a best-worst continuum, instead arguing that the point of the index ought to avoid, both explicitly and implicitly, making scale-based judgements.<sup>26</sup> Concern was also raised regarding the conflation of health-related measures and those of crime and enforcement, as the two domains of drug-policy were deemed distinct and, therefore, incompatible as extremes of the same continuum.<sup>27</sup>

While specific solutions to many outstanding problems were not provided within the interviews, one general approach to overcoming obstacles was offered in the form of co-design. Through the process of co-design, the authors of the index would work directly with end users and stakeholders to determine a framing and conceptual orientation that meets their needs, interests, and expectations.<sup>28</sup> Through its inclusive approach, the use of co-design could prove helpful by allowing stakeholders, such as consortium partners, to have continual input, thereby ensuring that the reality of the project never strays too far from their expectations. Likewise, co-design provides the opportunity for limitations and issues to be confronted collaboratively and either overcome or accepted through constructive dialogue.

In addition to utilising co-design to overcome obstacles, interviewees recommended the use of a person-centric approach to the index at large.<sup>29</sup> Specifically, given that the focus of the index is harm reduction, it was argued that its focus ought not stray too far from those individuals who are the object of harm.<sup>30</sup> While adopting a person-centric approach could aid in providing the index with a clear and concise framing that provides actionable information to its advocacy partners, its use was also advocated for the amelioration of data-related issues.<sup>31</sup> Given the marked gaps in extant drug-related data, it was argued that a person-centric approach could aid in both the selection of

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<sup>24</sup> Ibid., 37:35; 43:30.

<sup>25</sup> Ibid., 43:30.

<sup>26</sup> Moxham-Hall, 24:04.

<sup>27</sup> Reuter, 29:39

<sup>28</sup> Kehoe Rowden, 18:27.

<sup>29</sup> Harm Reduction International, 30:12; 53:39.

<sup>30</sup> Ibid., 53:39.

<sup>31</sup> Ibid.

indicators,<sup>32</sup> along with the collection of data that would be otherwise unavailable on a state level.<sup>33</sup>

As demonstrated by the recommendation to adopt a person-centric approach, matters of conceptualisation and framing are not the only issues facing the production of the index. Indeed, they exist alongside and in concert with issues of data and operationalisation. Though arguably secondary to matters of conceptualisation – as that which cannot be conceptualised cannot be operationalised<sup>34</sup> – the considerations surrounding data and operationalisation that the index faces are considerable, and this report moves to address them in the subsequent section.

## Issues of Data and Operationalisation

In addition to issues of conceptualisation and framing, the interviewees unanimously agreed that the second domain of issues faced by the GDPI project centred on matters of data and operationalisation. One of the most pronounced data-related issues facing the index is that of data availability and quality. Early in the interview process, methodologically focused interviewees argued for the collection of outcome-related data on the basis of its ease of collection and impactful nature.<sup>35</sup> However, as the process moved to interview experts in drug policy, this focus was found to be untenable. It was made apparent that drug policy data writ large varies considerably between countries in terms of quality and availability. Moreover, data relating to specific outcomes may simply not exist in certain countries, as it may not be being actively measured,<sup>36</sup> or may be unreliable due to biased self-reporting procedures.<sup>37</sup> Even that data which does exist was identified by interviewees as being of dubious accuracy.<sup>38</sup> While these issues with the data could be supplemented by additional primary data collection,<sup>39</sup> they ultimately led to the conclusion that focusing on outcomes was a futile endeavour.<sup>40</sup>

While adopting a focus on outcomes was roundly rejected by drug policy experts during the individual interviews, discussion within the expert group session was considerably more divided. Though it was still held by that outcomes ought not be the focus of the index, as the determination of their relationship with policies is a matter for secondary empirical analysis,<sup>41</sup> select interviewees contended that a focus on outcomes was integral to the long-term success of the index. Specifically, concerns were raised about the ability of a singular focus on policies to spur debate within bodies such as the UN,<sup>42</sup> and to further the ends of advocacy organisations associated with the index.<sup>43</sup> More pointedly, it was held by some that simply focusing on policies and their existence within countries

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<sup>32</sup> Ibid., 30:12.

<sup>33</sup> Ibid., 53:39.

<sup>34</sup> Benoit, 16:44.

<sup>35</sup> van der Eijk, 46:17; Benoit, 34:16,

<sup>36</sup> Moxham-Hall, 03:39.

<sup>37</sup> Cohen, 09: 53.

<sup>38</sup> Reuter, 23:07; Harm Reduction International, 09:26.

<sup>39</sup> Moxham-Hall, 10:10.

<sup>40</sup> Ritter, 12:08.

<sup>41</sup> Expert Group Session, 48:38.

<sup>42</sup> Ibid., 49:21.

<sup>43</sup> Ibid., 52:42.

constituted little more than a scorekeeping exercise and offered little useful information.<sup>44</sup>

The concerns surrounding the utility and nature of an index that solely focused on policy led to further concerns regarding the dimensionality of the index. These issues were foreshadowed by the interviews conducted with individual experts which yielded suggestions of creating multiple sub-indices on a regional basis,<sup>45</sup> in terms of outcomes,<sup>46</sup> and per-drug group.<sup>47</sup> Such sub-indices were recommended due to issues of the aggregability of data between countries, drug groups, and outcomes on the ground. In combination, these issues speak to the multi-dimensional nature of drug policy and the potential difficulty of combining its disparate elements into a composite index.

While the issues of aggregability was raised in the expert group session,<sup>48</sup> the aggregation of otherwise immiscible pieces of data was highlighted as the core purpose of composite indices.<sup>49</sup> Additionally, the inclusion of multiple dimensions within an index was held to be beneficial due to its ability to enable analysis at both high and low levels of abstraction.<sup>50</sup> The macroscopic analysis conducted at high levels of abstraction was identified as being of particular benefit for communicating the findings of the index to wider audiences,<sup>51</sup> while the microscopic analysis at lower levels of abstraction was lauded as providing nuance and helping to guide actions on the ground in specific countries or regions.<sup>52</sup> Ultimately, it was held that the decision on whether to include sub-indices or opt for a singular composite index necessarily comes after the decision on what to include within the index has been made.<sup>53</sup>

The decision regarding which indicators to include within the index represents a significant step for the project and one which rests at the intersection of many of its issues. Though the use of the UN System Coordination Task Team's *What Have We Learned Over the Last Ten Years?* document to frame the index was broadly agreed upon within the expert group session, it was identified that its use delimits the universe of indicators which can be included within it to those stated within the document.<sup>54</sup> While this delimitation is useful as it sets clear boundaries for data collection and allows for the straightforward defence of those indicators included within and excluded from the index,<sup>55</sup> interviewees noted that both the authors and supporters of the index must be certain that they can live without those indicators not included within the framing documents.<sup>56</sup> Though additional indicators could be added to supplement those present within the UN task team documentation, their inclusion will increasingly undermine the defensibility of the index's composition, opening the project to further, potentially unnecessary criticism.

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<sup>44</sup> Ibid., 1:02:08; 49:21.

<sup>45</sup> Cohen, 12:55.

<sup>46</sup> Ritter, 17:20; Reuter, 29:39.

<sup>47</sup> Reuter, 18:50.

<sup>48</sup> Expert Group Session, 1:13:30.

<sup>49</sup> Ibid., 1:01:35.

<sup>50</sup> Ibid., 1:05:30.

<sup>51</sup> Ibid.

<sup>52</sup> Ibid., 1:02:28.

<sup>53</sup> Ibid., 1:24:27.

<sup>54</sup> Ibid., 43:30.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid., 44:45.

The use of the UN System Coordination Task Team's *What We Have Learned Over the Past Ten Years?* Document could ultimately circumvent many of the issues pertaining to indicators raised by interviewees. Initial proposals for the selection of indicators possessed a wide range of forms. Some were exhaustive in nature, such as listing all possible indicators to later be delimited by data availability and interconnectivity,<sup>57</sup> along with a trial and error approach to the inclusion of indicators to ensure conformity with reality once they are aggregated.<sup>58</sup> Others were more targeted, espousing the use of the drug policy literature, expert interviews,<sup>59</sup> and the Delphi method to derive indicators.<sup>60</sup> While each of these approaches has merit and would yield suitable indicators, they are considerably more time-intensive than using the UN documentation as a heuristic. As the timeline for the GDPI project is reasonably compressed, the use of such approaches to generate the first iteration of the index would not be optimal. That said, they could certainly be used in the future to add additional indicators if the need arises from external pressures born of co-design or the wishes of sponsors.

Though the use of a heuristic for the selection of indicators saves the project time, several issues must still be reckoned with. By far the most significant issue raised by interviewees was the difference between *de jure* and *de facto* policies. That is, the representation of policies within the statute books of countries often differs substantially from the manner in which they are implemented.<sup>61</sup> This presents the project with a problem, as the simple identification of the presence of policies within the countries may not speak to their situational reality, undermining the degree to which the index is useful for the purposes of furthering advocacy and action on the ground. As such, in the selection of indicators it is imperative the index finds a way to account as best as possible for implementation. To achieve this, it was recommended that the GDPI project contact health or policy authorities directly to enquire about the implementation of policies.<sup>62</sup> Due to identified issues surrounding honest data provision, the project may also consider reaching out to NGOs on the ground in target countries to ascertain implementation levels free from state biases.

In addition to enquiring about the true nature of policy implementation, it was suggested that weighting could be used to represent disparities between *de jure* and *de facto* policies in the scores provided by the index. Moreover, it was noted that the use of weights allows the index to clearly identify those policies which do not work practically but are strongly implemented.<sup>63</sup> Recommendations included weighting on the existence and effectiveness of implemented policies,<sup>64</sup> along with using the Delphi method to garner weightings from experts.<sup>65</sup> On a prosaic level, it was broadly agreed that the weighting of indicators should be an inductive process and therefore data driven.<sup>66</sup> While exemplar approaches were provided, it was made clear that the manner in which

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<sup>57</sup> van der Eijk, 19:05.

<sup>58</sup> Cohen, 29:30.

<sup>59</sup> Cohen, 03:50.

<sup>60</sup> Moxham-Hall, 28:31.

<sup>61</sup> Harm Reduction International, 02:55; Reuter, 11:25.

<sup>62</sup> Moxham-Hall, 11:58.

<sup>63</sup> Ritter, 10:14.

<sup>64</sup> Expert Group Session, 55:39; 1:19:48; Ritter, 10:14.

<sup>65</sup> Moxham-Hall, 37:11.

<sup>66</sup> Expert Group Session, 14:50; 16:36; 17:59.

weightings are applied within the index will become increasingly clear as its conceptual framework crystallises.<sup>67</sup>

The weighting of indicators within the index brings to light another characteristic identified within the interviews. Specifically, that indicators take two forms: compensatory and non-compensatory.<sup>68</sup> As the index proposed by the GDPI project is composite in nature, it necessarily aggregates the values assigned to indicators into a single score. The combination of indicators in this manner affords them the potential to compensate for one another. That is, a good score in a certain indicator has the ability to compensate for a poor score in another. Once indicators are selected for inclusion within the index, their (non-)compensatory nature must be decided upon by the authors of the index. This decision is both normative and pragmatic. Not only must it be decided whether the presence of positive indicators *should* compensate for the presence of negative indicators in the aggregate, but it must be adjudged whether such compensation occurs in reality.<sup>69</sup>

If (non-)compensation is adopted as an approach within the index, it can simply be represented through weighting. Indicators can be assigned binary weights, 1 and 0, to denote whether they have an effect in the presence of other indicators, or whether their effect is nullified by them.<sup>70</sup> As the inclusion of the death penalty is of importance for the project on the importance of human rights to drug policy,<sup>71</sup> the use of (non-) compensation may facilitate a graduated approach to negative policies, allowing such policies to be identified as being so negative as to be impossible to ameliorate.

In addition to their (non-)compensatory nature, interviewees identified that indicators possess issues of substitutability, unrepresentativeness, and the ability to confound one another in the aggregate. Substitutability concerns those indicators which can, in theory, replace one another interchangeably without changing the results of the index.<sup>72</sup> Despite being theoretically identical, in practice, indicators which appear to be substitutable may differ in practical terms. They may vary in quality, availability, and tractability across cases.<sup>73</sup> While the authors of the index must be aware of the practical issues surrounding perceived substitutability, it was conceded in the interviews that indicators of drug-related harm are unlikely to be substitutable.<sup>74</sup> While issues of substitutability were largely dismissed, issues of unrepresentativeness were not. Put simply, interviewees identified that indicators such as overdose deaths are more closely aligned to certain drug types than others. As such, their use would bias scores towards the presence or absence of certain drugs and away from the efficacy of policies.<sup>75</sup> Therefore, the index needs to be mindful of including such indicators to ensure that the scores it produces remain focused and defensible.

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<sup>67</sup> Ibid., 18:39

<sup>68</sup> van der Eijk, 27:32.

<sup>69</sup> Ibid., 35:36.

<sup>70</sup> Ibid., 34:30.

<sup>71</sup> Cohen, 03:50.

<sup>72</sup> Ibid., 27:32.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid.

<sup>75</sup> Ibid.

Unlike substitutability and unrepresentativeness, confounding indicators were raised as a prominent issue facing the GDPI project.<sup>76</sup> The potential for indicators to confound one another must be resolved if the index is to be used to identify relationships or establish causation. Indicators confound one another when their presence obscures, amplifies, or gives rise to identified relationships. Put simply, a relationship between two indicators may be the result, either partially or entirely, of a third variable. This third variable does not have to be included within the index to have this effect. Within the individual interviews, this issue was identified starkly, as it was recognised that effective drug outcomes may not necessarily be the result of policy frameworks despite the existence of an ostensible connection, but may instead be the result of other variables that bring about this spurious relationship.<sup>77</sup> Resultantly, in selecting the indicators to include within the index, issues of confounding must be thoroughly considered and avoided if possible. While issues of data availability, time, and scope may make the identification and inclusion of all confounders difficult, their reduction is imperative to avoid the results of the index being questioned on the grounds of misattribution, leading to end users dismissing the influence of indicators.

Beyond the need to account as best as possible for confounders, the selection of indicators will fundamentally be guided by the nature of the index itself. Interviewees were clear that the decision on whether to adopt a policy- or implementation-based focus is key to determining the type of indicators to be included within the index.<sup>78</sup> A policy-based index will be more acutely concerned with the existence of statutes, while an implementation-based index will necessarily pay greater attention to the manner in which such statutes are enacted. As the need to account for implementation was high on the interviewees' list of priorities, with the ability to address both the existence and enactment of policies within the same index existing as a key point of debate,<sup>79</sup> it is likely that indicator selection within the GDPI project will be driven in part by both foci.

In addition to these index-level bounds, the choice of whether to determine the inclusion of indicators inductively or deductively was a point of debate amongst interviewees. While it was suggested that other indices could be used to provide guidance for inductive or deductive approaches,<sup>80</sup> it was noted that most indices use both approaches depending on the specific sub-element under investigation.<sup>81</sup> Practically, it was advised that the sub-domains contained within the index – those elements which are aggregated to provide the composite index score – ought to be determined deductively.<sup>82</sup> As these sub-domains will necessarily contain indicators, this advice therefore applies to their selection. This brings the need to elaborate a clear and front-loaded conceptual framework to the fore once again, as it will determine the bounds of the deductive selection of indicators. However, it was recognised that the deductive identification of indicators may need to be inductively revised in light of data limitations or in the presence of indicators which do not work on a practical level.<sup>83</sup>

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<sup>76</sup> Ibid., 34:18.

<sup>77</sup> Cohen, 52:02.

<sup>78</sup> Expert Group Session, 55:39.

<sup>79</sup> Ibid., 54:55; 55:39.

<sup>80</sup> Ibid., 13:16.

<sup>81</sup> Ibid., 16:36.

<sup>82</sup> Ibid., 17:59.

<sup>83</sup> Ibid., 1:08:23.

Once the indicators that are to be included within the index have been decided upon, the GDPI project then faces the issue of their operationalisation. On a prosaic level, interviewees recognised that issues of equitable measurement both between and within countries, especially those with federal systems, existed due to differences in drug policies and their implementation.<sup>84</sup> In response to these issues, the potential to adopt a reductive yet universally tractable measure of the harm reduction efforts taken in countries was proposed as a starting point.<sup>85</sup> Specifically, the measurement of drug policies could begin as a binary simply concerned with their existence in target countries. Though it was recognised that such an approach would be limited in the amount of information that it could provide,<sup>86</sup> it is not without precedent, as indices such as the Global State of Harm Reduction employ similar measurement approaches.

Though arriving at a universally tractable method of operationalisation will be difficult, the use of existing literature as evidence base was recommended as a robust and safe approach to arriving at measures of policy efficacy.<sup>87</sup> Adopting this approach would allow disagreements or criticisms concerning measurement practices to be deferred to the literature, which itself will be rigorous, peer-reviewed, and defensible. Within the interviews, it was recognised that the manner of operationalisation adopted by the index needs to be able to adequately account for the change of policies over time,<sup>88</sup> especially those policies and changes within the drug policy sphere which have yet to occur.<sup>89</sup> Not only is this important as the project seeks to be an iterative and evolving multi-year endeavour, but it also necessitates the selection of general, tractable operationalisations. Consequential, if the authors of the index elect to undergird their measurement decisions using academic literature, those works selected must not only be authoritative, but must also provide suitably flexible operationalisations.

As arriving at defensible, tractable, and sufficiently informative operationalisations is difficult, interviewees identified that efficacy can also be dealt with implicitly. If a country provides medication to help reduce overdose deaths, the logical implication is that overdose death will be reduced in that country in comparison to one which does not. Thus, overdose deaths need not explicitly be addressed.<sup>90</sup> This approach would be robust over time, as it is based on established causal relationships, and would simply need to be updated as approaches evolve and emerge. Importantly, it may provide a convenient way to circumvent issues of scarce or problematic indicator data.

Once operationalisations are settled on, measurement is a simple mathematical problem.<sup>91</sup> Likewise, normalisation and subsequent aggregation is equally a simple numerical task. While indicators measured on different scales can be normalised statistically and then combined, it is far easier to measure them on a common scale. To achieve this, interviewees recommended that indicators be measured according to some common trait, such as the amount of expenditure they represent in countries, and then aggregated into a common score in line with this universal measurement.<sup>92</sup> Given

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<sup>84</sup> Benoit, 14:35.

<sup>85</sup> Harm Reduction International, 02:55.

<sup>86</sup> Ibid.

<sup>87</sup> Ritter, 40:17.

<sup>88</sup> Chawla, 22:26.

<sup>89</sup> Moxham-Hall, 17:23.

<sup>90</sup> Ibid., 15:22.

<sup>91</sup> Expert Group Session, 1:13:55.

<sup>92</sup> Ibid., 1:14:00.

identified difficulties surrounding equitably normalising measurements of indicators, such as drug-related mortalities, due to issues of recognition and recording between cases,<sup>93</sup> the use of monetary cost as a common measure is sensible given its universality.<sup>94</sup> However, even this is not without its issues, as interviewees recognised that comparing the percentage of the governmental budget allocated to drug policy between countries was not an equitable measure due to the complex nature of drug-related spending and true figures on specific drug-related spending being difficult to ascertain.<sup>95</sup>

Though some interviewees argued for a clear definition of the common scale on which policies were scored,<sup>96</sup> others adopted a more flexible approach. Though it must possess a degree of meaning, insofar as end users must be able to understand the scores along established lines – higher scores are more positive than lower scores, for example – it was recognised that the normalised scale on which indicators are scored need not have a singular interpretation, as it is ascribed meaning by the end users themselves. Whether they choose to focus on present scores or changes over time is immaterial to the creation of the index and is out of the hands of its creators once published.<sup>97</sup>

In addition to measuring indicators on a common scale to aid aggregation, it was also suggested that they could be broken down into separate sub-indices and then combined. Certain interviewees even suggested the creation of multiple discrete indices.<sup>98</sup> These recommendations were made both in response to issues of immiscibility between measurements and concerns that positive and negative scores could cancel one another out in a composite index, speaking again to the importance of including (non-) compensation if a singular index is pursued. Ultimately, though useful, the creation of additional indices was argued to be a future consideration, only to be addressed once the fundamental composition of the index has been settled on.<sup>99</sup>

Beyond identifying issues surrounding their operationalisation, interviewees recommended that the selection of indicators ought to directly inform the those countries selected for inclusion within the index.<sup>100</sup> Given the asymmetric availability of drug policy data and the difficulties of comparison that this entails, it was a recognised that adopting a narrower scope would reduce the issues faced by the project.<sup>101</sup> However, interviewees noted that smaller, regional indices are extremely sensitive to outlying cases, reducing their representativeness.<sup>102</sup> Moreover, it was acknowledged that while regional and sub-regional approaches mitigate issues surrounding the difficulty of drawing comparisons between developed and developing countries, they do not eliminate them entirely.<sup>103</sup> Even regional indices concerning states with high levels of data availability, such as those in the European Union, have been faced with issues.<sup>104</sup>

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<sup>93</sup> Ritter, 18:17.

<sup>94</sup> Benoit, 22:02.

<sup>95</sup> Ritter, 32:34; 34:05.

<sup>96</sup> Benoit, 41:43.

<sup>97</sup> Expert Group Session., 1:14:43.

<sup>98</sup> *Ibid.*, 52:26.

<sup>99</sup> *Ibid.*, 1:24:27.

<sup>100</sup> Chawla, 18:17.

<sup>101</sup> Chawla, 17:59.

<sup>102</sup> *Ibid.*, 18:17.

<sup>103</sup> Cohen, 12:55.

<sup>104</sup> Expert Group Session, 1:24:31



Consequently, the interviews made clear that all indices, irrespective of scope, give rise to challenges that must be overcome.

As the adoption of a global scope is not only desired by key consortium partners,<sup>105</sup> but also fundamental to the production of a global drug policy index, the asymmetric availability of data is of heightened importance to the GDPI. Given that the universe of indicators that are globally applicable will necessarily be limited by differences in data availability between cases,<sup>106</sup> a deductive approach would likely require revision once data collection has been completed. Consequently, taking an inductive approach and allowing the data to inform case selection ensures the tractability of indicators and the defensibility of the global array of cases selected for inclusion within the index. Though this will result in the selection of a reduced number of indicators, the inclusion of a small number of broadly applicable indicators was identified as the preferable path forward for the index. If desired indicators are initially absent from those that are immediately tractable on a global scale, increased abstraction can be used to apply them across cases.<sup>107</sup>

In addition to adopting an inductive approach, it was also recommended that a co-design approach be adopted in relation to case selection, to ensure that the cases included within the index are those of interest to the end users and stakeholders.<sup>108</sup> In combination with a decision-making process that ensure a high degree of comparability between cases, such an approach could prove extremely beneficial to the defensibility and utility of the project.

Ultimately, the holistic frameworks and approaches espoused within the interviews serve as solutions to issues and obstacles that arise from its process flow. A clear, step-by-step future progression for the project can be gleaned from the interviews, with partial examples laid out within two of the individual sessions.<sup>109</sup> Not only do both these progressions serve as broad summaries of the obstacles faced by the index, but they also serve to lay out its future progression. Accordingly, by way of a summation of its findings, this report moves to address them and establish the present state of the project and its future trajectory.

## Summation and the Path Forward

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<sup>105</sup> Harm Reduction International, 44:37.

<sup>106</sup> *Ibid.*, 12:15.

<sup>107</sup> *Ibid.*, 09:26.

<sup>108</sup> Kehoe Rowden, 29:38.

<sup>109</sup> van der Eijk, 35:38; Ritter, 08:40; 10:14.

While considerable strides have already been taken through the interviews towards understanding the conceptual and empirical contents of the index, several challenges remain to be overcome. Consensus was reached on the need for clear and front-loaded framing. That is, the index must straightforwardly establish an unambiguous framework in which to operate as early in the process as possible. This framework must be apparent and understandable to end users of the index, to avoid undue confusion and criticism. Equally, there was unanimity amongst interviewees regarding the need for this framework, and the index at large, to be undergirded by robust and defensible conceptualisation. Given the sensitive and contested nature of conceptualising drug-related issues, it was proposed that the GDPI project defer to the academic literature for authoritative conceptualisations that can be referred to in the event of disagreement.

On the subject of disagreements regarding the contents of the index, it was broadly agreed upon by interviewees that the GDPI project should adopt a constructive orientation with regards to its outward presentation. As countries are not generally amenable to being competitively ranked against one another, especially in relation to matters as sensitive as drug policy and drug-related harm, it was deemed necessary for the index to couch the scores it provides in as constructive a framing as possible, especially if it seeks to catalyse meaningful dialogue between countries. Given that rankings are an inherent part of indices, interviewees noted that the rankings produced by the GDPI should enable policy makers to discover those areas in which they are performing well and those in which improvement is needed. In so doing, the degree to which rankings are seen to be indicative of inter-state competition can be mitigated and the focus can instead rest on intra-state improvement and inter-state dialogue concerning identified issues. Importantly, within the interviews it was noted that the interpretation of information provided by the index is ultimately in the hands of the end users. Consequently, normative judgements or normatively orientated uses of the scores provided by the index can exist secondary to the index itself. As such, the index can satisfy the conditions of being both constructively focused – or at least not antagonistically focused – and providing a platform for normative advocacy work simply by providing defensible and rigorously derived scores.

For the purposes of deriving these scores, it was universally agreed within the interviews that the paucity of global drugs-related outcome data stands a considerable obstacle. While it was suggested that measures such as primary data collection or relying on broad, top-level findings could be used to ameliorate this issue, it was largely conceded that the GDPI project will simply have to work within the bounds established by existing data, especially given its temporal and monetary constraints. Through this, while a degree of deductive set-up will be necessary during the early stages of the project, it is likely that its contents and bounds will need to be inductively revised in light of data constraints as and when these constraints are realised.

In addition to the constraints imposed by data availability, interviewees all but unanimously identified the obstacle presented by the operationalisation of those indicators selected for inclusion within the index. While arriving at defensible and tractable operationalisations will undoubtedly prove challenging given their fundamentally contested nature, it is not an insurmountable task, nor is it strictly essential with regards to outcomes. Referring to the academic literature was recommended as a way of arriving at robust and defensible operationalisations that can be deferred to in the event of criticism or disagreement. Given the scarcity of data, especially data

related to outcomes, informative and tractable operationalisations may be difficult to employ. In light of this, it was noted in the interviews that certain outcomes can be inferred from the existence and implementation of policies on the basis of established causal relationships. Through this, the presence of detailed data would not be necessary to provide defensible measurements of policy-related outcomes, though such measurements would necessarily not be granular.

Though it was often a point of debate within the individual interviews, the question on how best to address the differences between the de jure existence of policy and its de facto implementation was largely resolved in the expert group session. It was all but unanimously agreed that both the existence of policies and their implementation can exist concurrently within the same composite index. Indeed, it was argued that this was standard practice, and the Alcohol Policy Index was cited as an example of their simultaneous inclusion.

The expert group session also led to progress being made towards reaching a consensus on two of the open questions which remain unresolved at the time of writing. Though never raised an explicit point of consensus, it was tacitly agreed that the inclusion of expert opinion within the index via the Delphi process would be viable and beneficial to the project, especially with regards to weighting decisions. Progress was also made towards a consensus approach to the selection of indicators for use within the index. While no singular approach was agreed upon, it was generally conceded that the choice of viable indicators for inclusion within the index will be delimited by issues of data availability. That is, that an inductive and therefore data-driven approach to the selection of indicators may be necessary to account for the variable quality of drug policy-related data.

Beyond these points, several other questions remain substantively unresolved. These concern the manner in which policy efficacy is measured and the placement of these measurements on a continuum. While some agreement was present in the expert focus group with regards to assessing efficacy by weighting policies by the degree to which they are implemented, it was also recommended that the academic literature be used to defer questions of operationalising efficacy to robust, peer-reviewed sources. As such, although it remains an open question, viable answers to the measurement of policy efficacy were presented within the interviews. If a continuum is to be used to locate these measurements relative to one another, there was some agreement with Dr. Wall's characterisation of a harm-based continuum spanning from destructive, punitive actions to constructive, rehabilitative measures. However, as before, determinations on these points are best left to further discussions with consortium partners and sponsors given their open nature.

Although the interviews have brought these open questions to light, they will not become pressing practical challenges simultaneously. Rather, they will emerge in a set order. When the future process flow derived from the recommendations of van der Eijk, Ritter, and Kehoe Rowden are considered, conceptually focused questions will necessarily precede those related to data. Fortunately, as the open questions facing the index concern data and measurement, the GDPI project is in a position to establish its conceptual basis. In establishing this basis and coming to a determination regarding open questions, the adoption of a co-design approach will ensure that any decisions made conform to the expectations and requirements of end users. Moreover, emergent issues

can be resolved through the processes of iterative improvement and user testing moving forward.

While the processes of co-design, iterative improvement, and user testing will undoubtedly present their own problems, these are beyond the scope of this report. Instead, this report has strived to provide an in-depth decomposition of the issues facing the GDPI project as it presently stands. Though some questions remain open, the advice provided by those experts interviewed for the project provide clear objectives that need to be achieved and an established order in which to achieve them. It is hoped that this report has shown that, while obstacles exist to the completion of these objectives, the expert interviews provided a variety of approaches to overcoming them. By adopting these approaches and engaging in ongoing dialogue with experts, end users, and consortium partners, the index can and will achieve its goals in time.

## Appendix – Expert Interviewees consulted in the creation of this report

| <b>Name</b>   | <b>Institutional Affiliation</b>  |
|---|---|
| <b>Sandeep Chawla</b>   | Former Research Director: United Nations Office on Drugs and Crime (Currently retired/independent)  |
| <b>Brendan Hughes</b>   | Principal scientist (Drug legislation): European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)  |
| <b>Prof Desmond Cohen</b>   | Former Dean, School of Social Sciences at Sussex University, Ex-Director of the HIV/AIDS Development Programme, United Nations Development Programme and ex–advisor on drug policy to Open Society Foundation (Currently retired/independent) |
| <b>Dr Vivienne Moxham-Hall</b>  | Research Associate at the Policy Institute, Kings College London  |
| <b>Prof. Alison Ritter</b>  | Director of the Drug Policy Modelling Program (DPMP) at the Social Policy Research Centre (SPRC) at the University of New South Wales   |
| <b>Prof. Cees van der Eijk</b>  | Professor of Social Science Research Methods and Director of the Methods and Data Institute at the University of Nottingham   |
| <b>Prof. Ken Benoit</b>   | Professor of Computational Social Science at London School of Economics   |
| <b>Prof. Peter Reuter</b>   | Professor in the School of Public Policy and the Department of Criminology at the University of Maryland  |
| <b>Thalia Kehoe Rowden</b>  | Strategy and Communications Lead at the Human Rights Measurement Initiative   |
| <b>Colleen Daniels, Catherine Cook, Robert Csak, Sam Shirley-Beavan</b> | Harm Reduction International with particular insight in the Global State of Harm Reduction Project.   |