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The potential of Contribution Analysis to alcohol and drug policy strategy evaluation: an applied example from Wales

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an applied example from Wales

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Abstract

Contribution Analysis (CA) is being increasingly favoured as a policy evaluation tool. This includes application to evaluate alcohol and drug policies. This paper reflects on one such example and begins by providing a brief overview of Contribution Analysis as an evaluative research method. It then describes the way in which Contribution Analysis was applied to evaluate alcohol and drug policy in Wales, one of the constituent countries of the United Kingdom. The paper reports on two issues. Firstly, how the theory of Contribution Analysis was translated into practice. Secondly, the key learning points for us as evaluators that arose out of the utilisation of this method. The article highlights that our use of CA enabled a rich exploration of programmes within their contextual setting, and had a range of limitations and considerable challenges associated with identifying and explaining causalities. Within these methodological discussions we also illustrate how the policy was more successfully in elements closer to its nomenclature framing; i.e. harm reduction, than it was to other incorporated aims. The analysis presented in this paper will be useful across a range of jurisdictions where the need to evaluate drug and alcohol policy and practice initiatives may arise.

Keywords: contribution analysis, evaluation, methodology, alcohol, drug, policy

Introduction

There are a range of formative and summative approaches to evaluating interventions and programmes which can be experimental, participatory and/or theory based (Dart, 2004). Contribution Analysis (CA) is one of a number of a number of theory-based approaches which include Brickmeyer and Weiss's (2000) evaluation method, Chen and Rossi's theory driven approaches (Chen, 1990); and Pawson and Tilley's (1997) realist based approaches.

The origins of CA lie in the work of Mayne (2001; 2011, 2012), who developed it as an analytical tool for situations where designing an 'experiment' or adopting quasi-experimental approaches to test cause and effect by relying on a counterfactual case were either impractical or impossible. Accordingly, it is argued that it is an approach to evaluation particularly suitable to explore complex, multi-level programmes of work where direct causal attributions are rarely possible. CA researchers explore existing knowledge and gather quantitative and qualitative 'evaluative evidence' from a range of sources to tell the 'performance story' about how a particular policy, programme or service activity (henceforth activity) is contributing to particular outcomes in the short, medium and long-terms.

Whilst asserting that these stages should be creatively modified by those adopting CA, Mayne (2011) outlined a six stage CA practice model as follows:

1. Set out the cause-effect issue (or attribution problem) to be addressed

2. Develop the postulated theory of change and risks to it

3. Gather the existing evidence on the theory of change

4. Assemble and assess the contribution story, and challenges to it

5. Seek out additional evidence

6. Revise and strengthen the contribution story

CA therefore begins with an account of the cause-effect to be explored where the focus is on the 'plausibility' of the relationship being postulated into existence given the size and reach of the activity in question. Thereafter CA is based on a theory of change. That is to say a broad 'big picture' theory which focuses on how particular outcomes might be achieved. In addition, some applications consider more micro level 'logic models' for particular activities, showing a results chain which links inputs and outputs with outcomes. At this stage the other factors with the potential to influence outcomes will be identified and rival explanations for any change considered. The next stage involves gathering existing evidence. Here the focus is on reviewing relevant historical sources related to the theory of change and the chain of causation proposed at key junctures in the logic model. At this point other factors that are likely to have influenced outcomes would also be given further consideration. That is to say the influence of 'external factors' relevant to understanding outcomes (both promoting and restricting outcomes) would be explored in more depth. This information provides the basis for creating a probable performance story around the contribution an activity might have made to a particular outcome. Gaps will be identified in the available evidence. Accordingly and next, new evidence (quantitative and qualitative) would be sought to ascertain whether stages in the logic models were implemented with fidelity and even, if necessary to test aspects of the logic models afresh. The process concludes with a refined and strengthened, or indeed fundamentally amended, contribution story.

So, in summary, when undertaking CA, researchers use "the program's assumptions as the scaffolding for the study" (Brickmeyer and Weiss, 2000, p. 410). The ultimate aim is to make 'credible' causal claims about the consequences of particular activities (Mayne, 2012). Here credibility derives from the existence of a reasoned and evidence based theory of change; evidence that activities were implemented as planned; evidence that a particular sequence of expected results were realised; evidence that other influencing factors have been discounted or

addressed. However, it should be noted that CA, theory-driven and mixed method evaluations are to some extent critiqued as expressions of Pierce's fallibilism or Dewey's pragmatism, and in a search for 'what works' jeopardize the validity of findings (Hall, 2013).

Initially CA was the subject of considerable academic interest but was adopted only infrequently (Mayne 2011; Delahais and Toulemonde, 2012). Recently, however, it has been more enthusiastically embraced. The Scottish Government have applied it across the board to monitoring and evaluating their alcohol strategy (Connolly, 2016; Scottish Government 2011, Wimbush et al 2016). The expectation that CA and 'logic model based approaches' would be adopted have been notable in specifications released to evaluate the introduction of minimum pricing for alcohol by the Scottish and Welsh Governments. In the applied example that is the focus of the rest of this paper, the use of CA was an explicit requirement in the invitation to tender to review the Welsh Government's policy; *Working Together to Reduce Harm: The Substance Misuse Strategy 2008-2018*. As a research team, we had prior exposure to CA through similar approaches for commissioned evaluation by Health Scotland (Wimbush et al, 2016) and in adopting it, as specified, were conscious to further evaluate its usefulness. In essence this is paper is our reflection on having done so.

Some alcohol and drug policy context would be helpful here. Within the United Kingdom, different degrees of devolution and consequential control of policy making and implementation obtain in Northern Ireland, Wales and Scotland. Wales has had devolution in a limited range of policy activities since the late 1990's, including broad areas of health and social care. It adopted its own alcohol and drug policy in 2000; *Tackling Substance Misuse in Wales: A Partnership Approach* (Welsh Assembly Government 2000), and this was then replaced in 2008 by *Working Together to Reduce Harm: The Substance Misuse Strategy 2008-2018*. Within Wales, over the last ten years, twenty-seven different Treatment Frameworks and

Guidance, and four successive delivery plans have been developed from 2008 to provide the implementation detail to support this strategy (Livingston et al 2018).

Reflections on use of CA

As indicated, the focus of the rest of this paper is on how CA was adopted in relation to an evaluation of Working Together to Reduce Harm: The Substance Misuse Strategy 2008-2018. For clarity we firstly present the account with reference to the six stages outlined by Mayne and then follow this with a discussion of the issues and challenges associated with implementing the model.

Step 1: What is the specific cause-effect question (attribution problem) being addressed?

A particular problem faced by the researchers here was that CA largely focuses on known outcomes. In particular, as stated, by accounting for external factors that might also have been influential, it seeks to address the issue of what contribution a policy or programme made to a particular known outcome. The known outcomes related to the CA being undertaken here, however, was not immediately clear. That is to say, it was not the case that the research team could work on the premise that a known outcome had been identified let alone accomplished and simply set about exploring to what extent this outcome could be attributed to Welsh Government strategy activity as opposed to other factors.

Given the strategy title of "Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018", it may seem self-evident that the key evaluation question related to how, and to what extent, had implementation of the strategy in Wales contributed to reducing drug and alcohol related harms.

However, as a research team we came to appreciate that the language and terminology adopted in a policy statement can have a significant bearing on intended outcomes. According to Lipsky (2010) how policy is interpreted significantly influences how it is then discharged so that the

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'interpretation' effectively becomes the policy. In this context, our view became that the 2008 Welsh Government strategy incorporates critical expressions worthy of consideration. The first of these 'working together' appears relatively unambiguous but captures a strong message in respect of a desire for a range of agents to come together (government, agencies, users, families and communities). The second expression 'misuse' identifies a preoccupation with the consequences only of some people's use of substances. This is readily translated into a narrow concern with a small population of 'misusers', as opposed to a whole population of 'users'. Finally, the term 'substance' adheres to a concern to continue with the Welsh Government's approach of addressing alcohol and other drugs in one policy. This was distinct to the approaches in the rest of the UK, although Scotland has subsequently adopted a similar combined strategy approach. However, it was associated despite the joined-up language of 'substance misuse' activity with a focus on drugs other than alcohol.

Intrinsically, the sense gleaned, and later verified by our CA study, was that the strategy captured the concern, position and priorities in 2005-2006 with joint working to meet the needs of a specific population of dependent drinkers and drug users, costly to society, with a high mortality rate, waiting a long time for treatment. So, notwithstanding that aspects of the strategy were also concerned with whole population consumption and community safety, the strategy as we understood it was a 'misuse' not a 'use' strategy.

With this in mind it was 'reverse engineered' and agreed that the Strategy probably inferred the following theory of change:

People who misuse drugs and alcohol cause considerable harm to themselves and to society, and these harms can be reduced where agencies and users of services work together to ensure consumption is reduced, prevention and treatment are effective and supply is restricted.

Here it is important to note how particular assumptions operated from the outset are framed, as much by political concerns, as evidenced based causality chains. Specifically those that equated reduced harm primarily with reduced consumption, notwithstanding that harm may be reduced without this being promoted.

[Insert Figure 1 here]

Step 2: Develop the postulated theory of change and risks to it

As indicated by Stocks-Rankin (2014, p.12) CA "suffers from a lack of consensus on the terms and processes that make up the method". Accordingly one early task for us as researchers seeking to use CA was to clarify our understanding of how in this instance to adopt the key CA terms and foundational concepts. For this evaluation we felt, a Theory of Change gives the 'big picture' and summarises work at a strategic level, while a logic model, or logical framework, illustrates a programme (implementation) level understanding of the change process. In other words, the logic model is like a microscopic lens that zooms in on a specific pathway within the Theory of Change.

Whilst undertaking the review, we came to appreciate how important being clear about the causal issue was. Excavating a policy or strategy's intentions is not always easy as when in this case where only a handful of those responding were in an alcohol and drug role prior to 2005 at the strategy's inception. As Brickmeyer and Weiss (2000) argue, most programmes are not explicitly based on theories of change or logic models, and many are not well defined at the planning stage. It has been argued that drug and alcohol strategy in the UK is influenced by a number of actors and liable to political influence so that they may be built around policies for which the evidence base is weak or poorly articulated (Hawkins et al, 2012; Nutt et al 2010). However, as Maguire and Raynor (2006) have contended, and our previous comments about the language of the strategy being reviewed here have alluded to, it is often the case that

although policymakers and practitioners do not necessarily articulate them, different policies and the practices they support can carry embedded within them different assumptions about what behaviours are problematic, how and why particular behaviours are enacted, and how they might therefore be changed.

In accordance with the identified priorities, we postulated that there were four action areas in the strategy in respect of which logic models might be developed. The four areas were:

(1) Preventing harm

(2) Support for Substance Misusers

(3) Support for families

(4) Tackling availability of substances via enforcement

Across these areas there was a focus on harm reduction for misusers and 'working together'. Retrospective logic models had been developed, for the commissioning of the evaluation process, by Welsh Government for activities associated with these action areas, and following some adaptation were adopted by the research team. For illustration purposes the activities and associated logic models for 'Action Area Two' is reproduced below:

[Insert Figure 2 here]

In relation to the strategy review, it was decided that the focus would be on a limited number of 'activities' (four in the case of Action Area Two - see above under Activities). As Delahais and Toulemonde (2012) note, given the possibilities inherent in large scale CA, the focus of research may have to be, as in the current case, the subject of some negotiation. Here the danger is that Government may want to focus on specific preoccupations rather than others so that a

challenge is to avoid undue influence by the sponsoring body. To that extent, however, the prescription of focus, is a common issue and challenge in commissioned research.

Assumptions behind the outputs-outcomes results chain were noted. Risks to the theory of change and constituent logical models (external factors) were assessed through a consideration of legislation and policy documents at international, United Kingdom and Wales levels. For example, and in relation to Action Area Two, the economic downturn and its effect on communities was considered. Changes at the United Kingdom level to the benefit systems were noted. In Wales, legislation from 2014 onwards changed some of the ethos in public services. The Social Services and Wellbeing [Wales] Act 2014 and the Future Generation [Wales] Act 2015) formalised a preference for population wide and universal, rather than specific, services. In reality, however, it was difficult to know where to stop with these considerations as, for example, a large number of external factors may have been considered relevant, some being specific e.g. the cost of substances or emergence on NPS, and others being less specific e.g growth in marginal more precarious forms of employment.

Step 3 Gather the existing evidence on the theory of change

To enable the review team to establish what might be considered as the wider evidence base that supported the theory of change and the logic models, a comprehensive review of a range of sources within published and grey literature was examined for contribution to successful outcomes for individuals, communities, and services. The review examined a range of evidence collected within health, social care, and criminal justice fields. Multi-disciplinary sources of evidence were considered, by two staff members through two separate comprehensive literature reviews, in the distinct areas of

    (i)   International (academic) literature

    (ii)   Welsh specific data, guidance and evaluations

For example, in relation to specific Action Area Two, the international data were systematically recorded and analysed for a mixture of bespoke evidence about the effectiveness of specific approaches and interventions. Consistent with this, the alcohol and drug literature tends to emphasise effectiveness associated with clinical trials, treatment and specific populations rather than whole population prevention. Welsh specific data can be summarised as being annual data performance capture; summative report sources; evaluative sources (Welsh Government and other agencies). For example, retaining the focus on assumed Action Area Two: (support for substance misusers) and using specific 'search terms' inter alia the research team gathered and interrogated existing evidence and evaluations in relation to the extent of alcohol and drug use; efficacy of a diversity of early interventions; about the Welsh Government Brief Intervention training initiative called 'Have a Word'; needle exchange schemes; naloxone; prescribed drug use; specific recovery schemes and initiatives.

CA remains reliant on the quality and availability of evidence captured by evaluations and monitoring. Greenhalgh et al (2014), have argued that such evidence has become increasingly voluminous, and to an extent unfathomable and unmanageable. A ten-year strategy period is associated with a significant quantity of government, commissioner and provider led activity and data, often reported across a number of domains. One of the lengthy exercises for this review was to collate all of this material into a singular and comprehensively structured account of how practice had developed and 'other' policies may have impact on the original strategy and relevant activities.

Step 4: Assemble and assess the contribution story, and challenges to it

This diverse set of performance data, activity reviews and programme evaluations were combined to provide a contribution story related to the theory of change and against the

identified key action areas of: prevention, treatment, family provision, availability (linked to harm reduction and partnership working).

In constructing a contribution story, Mayne (2008, p3) suggests key questions to be asked include:

- Which links in the results chain are strong and which are weak (little evidence available, weak logic, high risk, and/or little agreement among stakeholders)?
- How credible is the story overall?
- Where are the main weaknesses in the story?

In relation to Action Area Two this indicated that an increase in relevant activity around treatment had been noted within Wales over recent years. Much of the treatment related activity was evidence based, supported by performance data and could be linked to some positive outcome evaluations.

Conversely, in relation to Action Area One ('Prevention'), the existing evidence noted that measuring outcomes as opposed to outputs is extremely challenging and performance data was hard to come by.

In relation to Action Area Four ('Tackling Availability via Enforcement'), the existing data was almost non-existent and the research team were able to identify that, with more evident success, different countries have responded to sustained population consumption and the ready availability of alcohol and drugs, in other ways, including; retail restrictions, minimum legal pricing, an abandoning of a 'war on drugs' and the legalisation of some previously illegal substances.

Step 5: Seek out additional evidence

At this stage, the researchers were very much restricted by time and resource consideration in terms of what additional quantitative primary data collection could be undertaken e.g. in relation to Blood Borne Virus tests (for action area 2). Accordingly the 'additional evidence' stage (which as indicated also fed back into our deliberations at stages 1-4) involved eight workshops run across the seven Area Planning Board areas of the country; with a total of 117 attendees, a series of three key informant interviews, and a survey which attracted 34 responses. Each workshop had three different members of the team in attendance and taking notes. Key messages in relation to the overall strategy from the workshops and surveys were analysed thematically to explore issues of how the theory of change was understood and logic models were applied, and relevant outputs and outcomes were experienced. It was through these workshops that we heard consistent expressions of improvement in partnership working, and evidence of specific examples. In several areas the examples of better partnership working were associated with changes in key providers of services and the evolution of the Area Planning Board activities.

Step 6: Revise and strengthen the contribution story

The overall summative analysis was undertaken by two staff members. In analysing the impact that the strategy had made or not, they adopted a dual and iterative approach. Initial interpretations and findings were then checked against the other researchers' interpretation of the same data. As the timetable for completing the review approached, the researchers involved felt able to see and tell a clear contribution story (Leeuw 2012). For the record; it was one of a specifically devolved (Welsh) response to the consequences of alcohol and other drug consumption. Further, it was one that included the identification of some activity and achievements framed and shaped by the initial chosen language and starting points of the policy; in this instance, harm reduction and substance misuse.

The full report is available to view at (www.wales.gov.uk/). Here it suffices to note that we concluded the strategy had essentially concentrated on a harm reduction trajectory; and that this was and has been broadly welcomed. The perceived and actual 'successes' were centred on harm reduction and harmful user agendas and working together rather than availability, families and whole population change. It was relatively clear that the mechanism for delivery of the strategy focused on the development of enhanced multi-agency relationships. Some of this was mandated in funding criteria and policy guidance, and it was perhaps no surprise therefore, that it was also possible to identify in literature and from workshop attendees improvement in co-ordination, partnership and monitoring arrangements over the period of the strategy. This also included good evidence of improvement in, and sustained service delivery, as well as accounting for monies spent. Consistent with the dominant social care related delivery module in the United Kingdom, namely that of commissioning and its emphasis on contract monitoring and performance, there was in Wales a reasonable amount of evidence of service delivery outputs and short-term outcome success in some areas supported by provider and user experiences.

If these were the obvious contributions of the strategy, then the evidence pointed for more tenuous demonstrations of contribution and change in other objectives. In particular these were issues of prevention, support for families and availability of substances.

Summative reflections

While we were, seven highly experienced academics and practitioners bringing over 200 years' worth of topic related combined reading, learning and experience, we were developing our more recent understanding of the method in action. Our topic experience enabled a team that was already immersed in the context to 'hit the ground running' but our relative

methodological inexperience possibly led to us underestimating the limitations of what attributions may be made following on from a CA, to such a large sphere of activity.

The primary challenge we faced was that CA depends on logic models that are constructed at the beginning of any review or evaluation. In this example there was no explicit logical models in existence so we were enjoined to work with Welsh Government to develop implied ones across four domains. Logic models can be varied in terms of the detail they address. More focussed intervention specific logic models are easier to explore than others. It would have been relatively straightforward for example to explore the inputs, outputs and make contribution claims for some activities that might have bene included in Action Area Two. For example, the evidence for directed Naloxone take up which shows in 2015-2016 there was a 14% (n=1,058) increase in the number of kits issued on the previous year, with 433 reportedly used in overdose. However, where such simple logic chains exist CA would hardly add value and present as the most appropriate method for evaluation. CA focuses on more complex systems and therein lies the challenge in constructing SMART causal chains linking inputs, outputs and outcomes. CA is usually undertaken when simple cause and effect relationships cannot be statistically established. Thus the data for a CA will always be limited and its validity in relation to shedding light on the outcomes of interest, contested. Moreover, in complex systems the existence of multiple interconnected explanations for outcomes, clearly impose limitations on what may be said in quantifying a contribution and attributing it to a particular activity. Although in a sense this can be said of all research methods evaluating long term effectiveness of treatment and other interventions. For example, to what extent could reductions in number of 50 year olds entering hospital with cirrhosis, which may form part of a linear logic model, reflect here and now actions of a five or ten year period, rather than preventative actions individuals were exposed to forty years previously.

As Mayne (2011, p.273) points out "the results of a CA is rarely definitive proof". The focus is on reducing uncertainty through logical argumentation to reach a point where "a reasonable person would agree from the evidence and argument that the program has made an important contribution to the observed result" (Mayne, 2011: 62).

Accordingly, as stated, in relation to Action Area Two we indicated that an increase in relevant activity around treatment had been noted within Wales over recent years, primarily focused on activities for which there was a credible evidence base. There was performance data and many interventions were linked to some positive outcome evaluations.

Our final report was lengthy but nonetheless to remain accessible a lot of detail underpinning the contribution story had to be omitted. This is likely to be a common experience in using CA. Large scale research into complex systems are inevitably data rich; focussing on models, data, and consideration of assumptions and external factors, including alternative contribution claims. As Delehais and Touelmonde (2012) note the validity of CA rests on claims that are rigorous and logical but if they are to be of practical use, it is also the case that subsequent reports have to be succinct and jargon free.

It is possible to read our review as traditional qualitative research in that we examined existent qualitative and quantitative data, explored the view of key respondents about the usefulness and impact of the drug strategy, and reported back on the findings. We would have some sympathy with this argument, but contend that to expect otherwise would be unreasonable. CA is an approach that relies on theory, historical and new data to create 'a story', or argument about an intervention. It was not intended that CA would confer onto a research endeavour the seal of scientific credibility. As Mayne (2012) suggests CA offers a systematic way or making causal claims in those cases where the alternative is to remain silent on causality or to make causal claims based solely, for example, on the views of interviewees.

This realisation promoted us to avoid making strong attributional claims and to formulate our conclusions as on-going and reflective considerations. Thus, one of the interesting parts of this journey for us, was our reluctance at the end to do what has become a common expectation of reviews, namely make recommendations. We felt that, in any case, to do so would have been inconsistent with the very understanding of contribution and the story that we unpicked. We were, consistent with Talcott's deliberations (2016), aware of the need for our review to contribute to internal governmental learning. In the end, we felt more comfortable as researchers offering the politicians considerations and asking them to own the subsequent policy implementation rather than holding us to account, despite the pressures on us to make more overt recommendations, insisting our review was only a contribution to much bigger governmental and society debates and journeys.

Given these limitations, it is possible that other methodologies might have sharpened the more nebulous elements of our examination. Two such examples are realist evaluation and the Bradford Hill Criteria, Realist evaluations encourage researchers to regard the mechanisms (process or interventions) as combining with the context in producing any given outcome (Woodhead et al 2017). It has been argued that the adoption of the Bradford Hill Criteria has a utility for drug policy evaluation (Olsen et al 2018). It would appear to be particularly apposite for evaluation specific strands within overall strategic policy, i.e. Take Home Naloxone and impact on reducing drug death. Consequently it could be combined with theory driven approaches like CA to explore a number of the activities within any logic model strand. We might have paid more attention to our examinations of the how and more micro detectable causalities. Perhaps the opportunities going forward are for more syngerstic approaches that combine the traditional strengths of the experimentally tested with that of the contextual analysis (Bonell et al 2012; Jagosh 2019).

Notwithstanding the limitations, we hold CA has something to offer in the area of exploring complex, multi-level programmes of work where direct causal attributions are rarely possible. CA involves a focus on intended outcomes and theories of change and in this regard requires researchers to analyse the language adopted within policy and how it then plays a critical role in shaping possible outcomes. In this instance it was no surprise, given the title of the strategy that the strongest evidence we found for contribution by the Welsh Government's activity was in the arena of harm reduction. We have highlighted above the partnership outcomes of working together. In terms of a focus on 'substance misuse', it became apparent that this often became synonymous in peoples mindset and behavioural focus with (illegal) drugs, rather than alcohol and other drugs (legal, illegal or illicit). So, where at one level there were advantages associated with a combined substance approach, we noted it created an environment where some substances received less attention. CA had the capacity therefore, like some other research methodologies such as Discourse Analysis, to capture the process by which language shapes actions (Atkinson and Sumnall 2018). Another concrete example of this is the Scottish Government's (2008) adoption of the language of 'Recovery' for their drug policy.

One of the things CA enabled was to help provide explanations for why some areas of the strategy did not appear to deliver change. This was quite simply because when understood in a contribution way, the external influences on intended outcome areas could more readily be considered, and this examination included factors that were beyond the scope of the delivery agents. The most obvious two domains were prevention and availability. For prevention it became quite clear that evidence for effectiveness of outputs rather than outcome was so long term it could not be monitored or evaluated in a simultaneous timeframe. We were quite quickly able to identify relevant research supporting these wider influences, for example, McCambridge et al's (2014) work on the influence of the alcohol industry.

Another added value of the method relates to the way the wider scope helps clarify and re-interpret policy intentions, consider risks and then how intentions might be aligned moving forward. One of the big changes over the time of the strategy was a shift to a more holistic and increasingly distinctive Welsh approach to health and social care. This was one focussed on wellbeing, encapsulated towards the end of the strategy period with the introduction of The Social Services and Well-being [Wales] Act 2014 and The Well-being of Future Generations [Wales] Act 2015. They provided a fresh challenge and focus for alcohol and other drug related polices, which, as we excavated, in 2008 were primarily focused on a smaller number of acute problematic misusers. Put simply the current conversation and priority is now about whole populations and wellbeing (i.e. a continuum of users and non-users).

With a focus on theories of change and logic models, the research team were able to take current policy preoccupations and service provision orientations through a lens based on a revised scenario where the focus is on 'better wellbeing for all', rather than misuse and 'reduced harm'. Below we present a suggested realignment and integration of substance use (not 'misuse') policy with the now-dominant Social Services and Wellbeing [Wales] Act 2014 and the Future Generations [Wales] Act 2015. CA was particularly useful in enabling the story of ten years of developments to be both told and reframed as a starting point for the next ten year conversation.

[Insert Figure 3 here]

Conclusion

Moving forward, we have suggested that where alcohol and drug policy and strategy development is concerned greater consideration should be given to developing a broad understanding of what 'success' looks like, not just in relation to substance misuse and associated harms, but also in terms of whole population approaches to alcohol and drug use and future wellbeing. This could be developed as a national conversation to aid the engagement

and broader agreement of moves to long-term outcome focused commissioning, service delivery and evaluation. We have argued that any future strategy be more explicit about the Theory of Change, and that this should be tested out through the development of a series of advanced and consulted-on logic models. The new Theory of Change should focus on promoting and supporting individual, community and national well-being as the primary driver for reducing the demand for the inappropriate and excessively damaging legal, illicit and illegal use of alcohol, prescribed medication and other drugs.

We have been able to reflect on the method, identify its limitations and usefulness. CA feels apposite for evaluation programmes that have broader aims, longer-term agendas and extensive reach, but perhaps not acute enough for strands within or very specific or shorter-term evaluations. Despite our reservations to make recommendations to Welsh Government, one clear message stood out very strongly from analysing the 2008-2018 substance misuse strategy through the CA lens, and that is that Welsh Government could build on the areas where a positive contribution was indicated and develop a strategy that is more responsive to its own broader 'Well-being' and 'Future Generations' agendas.

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Author Biographies

Wulf Livingston: is a reader in social sciences at Glyndwr University. He is a qualified and registered social worker, with 25 years plus of practice experience in alcohol, drugs, mental health and criminal justice sectors. Wulf's current research and writing focuses on; alcohol, mental health, recovery, participation and policy. He is currently involved in research work evaluation minimum pricing of alcohol for both the Welsh and Scottish governments.

Iolo Madoc-Jones: is Professor in Social and Criminal Justice at Wrexham Glyndwr University. He has a professional and academic background in Probation and for twelve years to 2017 he also worked for HMI Probation and HMI Prisons, inspecting probation, youth justice and prison services. He has been involved in a range of research projects and is currently engaged in Big Lottery funded research into alcohol use by the over 50s. He is also involved in one Welsh Government funded project exploring the experience of homelessness in Wales and another exploring the potential consequences of introducing minimum unit pricing or alcohol in Wales. Iolo has published widely on issues related to substance use, homelessness, domestic abuse, language and criminal justice in such journals as The British Journal of Social Work, Social Work Education, British Journal of Community Justice and the Howard Journal

Andrew Perkins: Andy Perkins (Director, Figure 8 Consultancy, Dundee). Andy has an extensive managerial and practitioner background in drug and alcohol treatment services (1995 – 2005) followed by a three-year period running his own training consultancy for drug and alcohol treatment service across the UK (2005-2008). Over the last 11 years he has built 'Figure 8' as an independent social research and consultancy company – currently conducting a wide range of health and social care projects (research and evaluation) across the UK, often in partnership with Universities. Andy's research interests are primarily focused on Minimum

Unit Pricing of Alcohol and Participant Action Research approaches, as well as the use of

Contribution Analysis in evaluative studies.