Voices in drug policy: analysing the Australian drug policy landscape

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Monograph 21
An assessment of illicit drug policy in Australia (1985 to 2010): themes and trends

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- Drug policy is one of many factors influencing drug use and related harms
- In the absence of strong research foundation, drug policy choices can continue to be driven by 'images and beliefs' (Boyum & Reuter 2005)
- Formed and maintained through competing 'voices' within the drug policy landscape
- How do competing 'voices' shape and influence drug policy in Australia?

- 'Voices' as a framework – the policy subsystem
  (Sabatier 1988)

- Focus on roles played by:
  - Research community
  - The state
  - International regulatory bodies
  - Third sector
  - General public

- Aim:
  - To examine what extent the actors, stakeholders and mix of 'voices' in the Australian drug policy arena contribute to and affect the formation, development and implementation of effective drug policy; and
  - Assess barriers that may prevent more active participation in those processes

- Australia has a long track record providing high quality research and evaluation to inform policy
- Research contributes to policy debate by:
  - 'clarifying factual issues where relevant;
  - identifying options for intervention;
  - evaluating the effects of current policies; and
  - changing conceptual understandings of the problems that policy is designed to address'

But

  - 'in policy debates the interpretation of evidence is often *contested* and research used *selectively* by different advocacy coalitions to support competing policies' (Hall 2008:716)

Research does not inevitably lead to evidence-informed policy

- To what extent are the most common and well-funded Australian policy interventions founded on research evidence?

Pillar	Policy examples	Evidence based?
Prevention	• School based drug education	➤ Variable effectiveness (Skager 2007; Hawthorne, Garrard & Dunt 1992)
	• Mass media campaigns	➤ Very limited dissuasion (Palmgreen & Donohew 2003)
Law enforcement	• Interdiction, reactive policing, proactive partnerships, individualised interventions	➤ Proactive policing superior to reactive (Mazerolle et al. 2006); Overall, insufficient information to assess (Mazerolle et al. 2007)
Treatment	• Pharmacotherapy maintenance	➤ Good evidence; cost effective (Cartwright 2000; Flynn, Kristiansen, Porto, & Hubaard 1999; Gerstein & Harwood 1994; Harwood, Hubbard, Collins, & Rachal 1988; Mattick, Breen, Kimber, Davoli, & Breen 2003; Moore, Ritter, & Caulkins 2007; Prendergast 2002)
	• Naltrexone implants	➤ Trials not yet conducted but used anyway (Degenhardt, Gibson, Mattick, & Hall, 2008)
Harm reduction	• Needle syringe program (NSP)	➤ Good evidence; cost effective (Ksobiech 2003; Commonwealth Department of Health and Ageing 2002; Holtgrave, Pinkerton, Jones, Lurie, & Vlahov 1998; Laufer 2001; Pollack 2001)

- Although both researchers and policy makers are committed to improving the use of evidence in policy, there appear to be any number of barriers:
    - Research findings are often equivocal or highly specific
    - Rapid change means research can become less relevant than originally anticipated
    - For researchers: knowledge producing or policy influencing?
    - For policy makers: access to published results, translation, timing of policy cycles

- Illicit drugs have a great symbolic significance in politics (Bertram, Blachman, Sharpe, & Andreas 1996)

- A limited number of issues can remain at the forefront of the political agenda - drugs compete with other issues (Meier 1994)

- Illicit drugs issues were not a significant part of recent federal election campaigns

- 'Tough on drugs' rhetoric + confusion over 'harm minimisation' = subtle shifts?

- Impact of hung parliament? Renewed opportunity for discussion?

- Shift in nature of governance: rise of non-government services
- Shift from public sector 'rowing' to 'steering'

  (Osborne & Gaebler 1992)

- Empowers NGOs to have a stronger voice at the policy table
- 'Third sector':
  - Organisational forms that exist between the private, for-profit world and government entities.
  - Often used to refer to NGOs specifically but here used more broadly to encompass community groups, ideas of volunteerism, etc.

- Encompasses the 'voices' of the many NGOs, advocacy groups and family support groups who are stakeholders in the National Drug Strategy.

- Not uniform in its agendas - broadly divided into two advocacy coalitions:
  - those advocating for harm reduction or reform approaches (e.g. Australian Injecting and Illicit Drug Users League, AIVL)
  - those advocating for abstentionist policies (e.g. Drug Free Australia)

International regulatory bodies

- International regulatory bodies play a significant role in shaping drug policy
- United Nations conventions
- Three international bodies:
  - Commission on Narcotic Drugs (CND);
  - United Nations Office of Drugs and Crime (UNODC); and
  - International Narcotics Control Board (INCB)
- Role of the INCB

- The Australian public are key stakeholders in drug policy - 2007 NDSHS reported 38.1% had ever used an illicit drug

- DPMP review – conservative trend in attitudes; decreased support for reforms e.g cannabis legalisation but increased support for harm reduction e.g. NSP

(Matthew-Simmons et al. 2008)

- Beyond right and left? Policy to be judged on its own merits

(McKnight 2005)

- Role of media in shaping public opinion and political debate
- Media can:
  - Set the agenda and define public interest;
  - Frame issues through selection and salience
  - Indirectly shape individual and community attitudes towards risk; and
  - Feed into political debate and decision making
    (Lancaster, Hughes, Spicer, Matthew-Simmons, & Dillon, 2010)
- But, the question remains:
  - Is the public playing an active role in policy processes and discussion?

- Consideration of the multiple, and often competing, 'voices' in the drug policy system is important
- The Australian drug policy landscape:
  - Research community has encouraged evidence-based policy but barriers remain
  - Changing notions of governance, a shift from public sector 'rowing' to more 'steering'
  - Role of the third sector has risen in prominence
  - International regulatory influence drug policy, particularly harm reduction approaches
  - Australian general public have an important stake in drug policy

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