

Drug Policy in Practice

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INTRODUCTION

In this chapter, we present a *policy in practice* approach, which is an approach to analyze and understand drug policies that have gained increasing ground within the past decade amongst drug policy researchers. This approach is especially inspired by research within the fields of sociology and anthropology. While there is much research on how policies shape practice, there is less knowledge about policy *as* practice, which can answer questions about the kinds of activities policy making entails, and what policy makers do (cf. Freeman et al., 2011). We begin with briefly presenting how drug policies have most commonly been analyzed within the drug field. Subsequently, we go into details with the *policy in practice* approach, presenting three avenues of research in which drug policy researchers have applied this approach. First, *street-level bureaucrats: problematizing coherence and hierarchy*, a perspective that focuses on

policy processes by examining the empirical, everyday practices of actors in the drug field. Second, a *policy network and governance* approach, which examines the interaction between a variety of different actors that come from state, market and civil society, and third, *policy and knowledge*, a perspective that critically scrutinizes the role of experts and expert knowledge in policy processes. Finally, we discuss the kinds of insights that the *policy in practice* approach may offer to the drug field as well as we aspire to shed light on some of the ‘complex “messiness” of policy making’ (Freeman et al., 2011: 130), which can be traced in the drug policy field.

POLICY ANALYSIS IN THE DRUG FIELD

Studies of drug policy play an important part in how drug related issues are understood, discussed and managed both in public and

amongst researchers. This includes a wide range of issues within the fields of drug control, drug treatment, prevention, harm reduction, and drug consumption, as well as across these fields. Drug policy researchers, Stevens and Ritter (2013), use Colebatch's (2002, 2006) distinction between three perceptions of policy that have been applied in the drug policy field: policy as 'authoritative choice', policy as 'structured interaction', and policy as 'social construction' (Colebatch, 2002, 2006) (see also Bjerge et al., 2013; Ritter, 2013; Lancaster et al., 2014).

The policy as 'authoritative choice' perspective perceives policy as a process through which political authorities reach the most rational solution to a pre-existing problem. This conception of public policy is closely associated with the institution of government as the center for decisions about how to handle particular issues, as having the capacity to enforce such decisions, and therefore to a large extent, determining collective action. Colebatch (2002, 2006) argues that this understanding of policy rests on three core assumptions: *instrumentality*, *hierarchy*, and *coherence*. *Instrumentality* means that policy is perceived as the pursuit of particular objectives and handling of clearly defined problems in a rational way, based on the best possible knowledge. Stevens (2007), therefore, calls it a rational-linear model of evidence based policy. *Hierarchy* means that the actors who decide on a policy are superior to the actors who carry the policies out. *Coherence* means that the different parts of the policy process from decision to implementation, are part of an organized whole.

Policy understood as 'structured interaction' includes how different actors such as private organizations (e.g. labor market organizations or business associations) are recognized as participants in the policy process, where they interact and negotiate the alignment of different agendas and interests.

Finally, policy as 'social construction' concerns how different actors (who do not necessarily represent recognized interests)

get involved in, negotiate, and struggle over how to get things recognized as policy issues, how to define such issues, how to deal with them, and to what ends. This perspective has received increasing attention within drug policy research in recent years (e.g. Acevedo, 2007; Monaghan, 2008, 2010, 2011; Bancroft, 2009; Linnemann, 2013; Moore and Fraser, 2013; Lancaster, 2014; Lancaster and Ritter, 2014). From a *policy in practice* perspective, policy is perceived as social constructions, and it is a perspective that is clearly differentiated from the policy as 'authoritative choice' model. This means that the *policy in practice* perspective does not take its point of departure in particular models and ideas about what policy is and should be. Rather, the *policy in practice* perspective seeks to understand and explain policy on the basis on how policy is interpreted, negotiated, and implemented in, and between, different contexts.

POLICY IN PRACTICE: BUREAUCRATS, NETWORKS AND KNOWLEDGE

In the following sections we present three different approaches to the *policy in practice* perspective by using examples from the field of drug policy. To do this, we draw on the work by Laws and Hajer (2006), who have developed a categorization of policy approaches as an alternative to the formal and instrumental approaches in policy analysis outlined above. These categorizations involve (i) the practices of *street-level bureaucrats* and how these practices partake in shaping policy; (ii) the observation that policy is increasingly a matter of *governance* where different public and private actors and institutions interact and make policy; and (iii) the idea that rational policy making (*instrumentality*) on the basis of expert knowledge, is increasingly challenged in a risk society.

STREET-LEVEL BUREAUCRATS: PROBLEMATIZING COHERENCE AND HIERARCHY

Within sociology and anthropology, many studies have questioned a top-down conception of policy that rests on the key assumptions of *instrumentality*, *hierarchy* and *coherence* in relation to what policies are and how they work. One of the most important contributions to such a practice-oriented approach to policy analysis is Lipsky's (1980) work on so-called 'street-level bureaucrats'. This perspective has shown that when policies are implemented, they are influenced by the local context in which street-level bureaucrats work (see also Prottas, 1978). In their practices, street-level bureaucrats are influenced by a number of different things such as economic constraints, professional expectations, expectations from users, high work pressure competing moral positions, and norms and social relations in street-level bureaucracies (for example, police stations, social services, schools, etc.). In Lipsky's framework decisions, routines and the devices applied by street-level bureaucrats *become* the public policies they carry out (1980: xii). This means that to understand policy, it is necessary to study the actions, interpretations and strategies carried out by street-level workers in their everyday practices and the social and material conditions under which they are carried out.

Today, there is a growing amount of drug policy research literature about everyday practices in public institutions and how they affect policy – in practice – inspired by such an approach (Fraser and Valentine, 2008; Stevens, 2011a; Bjerger et al., 2014; Houborg and Frank, 2014). Many of these studies focus on how laws and regulations are interpreted, manipulated, and acted out in various ways in a given institutional context. That is, such approaches are inspired by literature that emphasizes relational and social constituent norms and logics as essential in the way

actors act and make sense of their everyday practices (Goffman, 1963; Bourdieu, 1977; Meyer and Rowan, 1977; Moore, 1978; Herzfeld, 1992; Brunsson and Olsen, 1997). Though the degree of agency attributed to the individual actor in this literature varies, they all address the issue that (in a given social field, for example, a drug prevention organization) certain perceptions exist for what is perceived as 'right' and 'wrong', 'good' or 'bad' by the actors. That is, a more or less shared framework for how work is managed. Prior experiences, routines and traditions inform the actors' perceptions, as well as actual actions with regards to how they translate, adapt, or do not adapt to policies. This practice approach to policy analysis thus counters top-down explanations of policy and could rather be seen as a bottom-up approach to policy analysis by focusing on the practices of local actors as central to policy making. In this way, this approach also blurs the distinction between policy formulation and policy implementation (Freeman et al., 2011).

For example, a study of the bureaucratic management of local drug policies in Danish municipalities shows how economic cut downs and political opinions forces treatment organizations to prioritize some user groups more than others (Bjerger and Frederiksen, 2014). Though all citizens in need of treatment are guaranteed treatment services in Denmark (Socialministeriet, 2002; Pedersen and Nielsen, 2007), municipalities report that they have been forced to cut down services and focus primarily on young people because this group is perceived as the most resourceful and the most likely to quit using drugs. Applying the framework of Lipsky (1980), such policy can be regarded as 'creaming', which is a way to favor the most well-functioning citizens in street-level bureaucracies (ibid: 107). As a consequence, it is an ongoing challenge for these Danish employers to implement local drug policy strategies in a manner that ensures a reasonable level of service to the severely marginalized users in methadone treatment – especially because

the political winds amongst policy makers in the drug field are blowing in a specific direction, or as a bureaucrat puts it: 'You know what our politicians say: the youth services! The youth services! The youth services! It's simply a political slogan' (Bjerge and Frederiksen, 2014: 73; our translation).

It would, however, be insufficient just to focus on the practices of front-line professionals. It is equally important to study the local practices of policy makers at other levels of the government structure (such as administrators and politicians), although access to these levels is often more difficult to achieve. An important example of such a study is Stevens' (2011b) investigation into how the British civil servants use 'evidence' in the making of national drug policy. The study shows that the use of evidence is highly complicated due to an overwhelming amount of inconclusive information, and much of this research is therefore not suitable for solving policy concerns. Instead, civil servants use evidence to 'create persuasive policy stories' (2011b: 237). That is, what civil servants believe will be politically acceptable policies are made claiming legitimacy in 'evidence', which Stevens highlights can, in fact, be used as a method of career advancement. In this way, civil servants are able to use certain bureaucratic techniques to manipulate their stories to 'fit' a system that has 'a distaste for uncertainty, complexity and contradiction'. (2011a: 247). Therefore, civil servants often do not use evidence that challenges the prevailing societal order of things or their own status. From this, the study asserts that the use of evidence in drug policy tends to support a specific way of considering and managing drug related issues, which is reproduced over and over again. To reach to such detailed, critical insights, it is important to expand the scope of more traditional drug policy approaches to include a focus on the everyday local practices, routines, values and strategies which different actors apply when drug policies are created and carried out.

Policy networks and governance

The approach to *policy in practice* discussed above, problematizes the assumptions of hierarchy and coherence in policy, but is itself mainly concerned with the everyday practices within public institutions. However, as noted by Laws and Hajer (2006), there is a second moment in the development of a *policy in practice* approach that problematizes the public institution as the main site for policy making and policy implementation. This approach moves beyond the public sector and the state as privileged sites for analyzing policy, in a development that sees a shift from a focus on the institution of *government* to practices of *governance* in policy research (Rhodes, 1996; Stoker, 1998). Here, policy understood as a purposeful collective action towards a particular issue is not associated with the institutional practices of government and the executive powers of the state, but with the way multiple actors who can come from different sectors of society (state, market and civil society) negotiate and organize collective action (Stoker, 1998; Kooiman, 2003). The point of departure here is that policy comes about through the *interaction* between a variety of different actors that come from state, market and civil society. Therefore, to study policy means to study this interaction and networks of actors from these different sectors and how they are formed in order to handle particular problems and issues (Kooiman, 2003). This approach to the study of policy in practice also studies how the state is 'hollowed out' from below (the local) and above (international) (Rhodes, 1994) and how the state itself works to develop policy networks (Colebatch, 2002).

Within the field of drug policy research, there have been a number of studies that have investigated how drug policy is negotiated between public and private stakeholder, both at the local and the national level. Kübler and Wälti (Kübler, 2001; Wälti and Kübler, 2003; Wälti et al., 2004) have conducted research

into local drug policy in Switzerland, as well as carrying out comparative studies of local drug policy in different countries in Europe, where they found that policy, to an increasing extent, was made through public-private collaboration and networks. They also pointed out the danger that in the long run, the development of such 'new governance' could imply increasing state influence over civil society organizations. Some studies concluded that while the governance perspective certainly is relevant for understanding policy making and policy implementation within the field of drug policy, the state and its institutions still plays an important role in the field, both with regard to policy formulation (including legislation), and with regard to enforcing particular policies (Frank et al., 2008; Houborg and Frank, 2014; Zampini, 2014).

The governance literature is especially indebted to the writings of Foucault (Foucault, 1991; Dean, 1999; Rose, 1999). This literature takes its point of departure in Foucault's writings about a 'governmentalization' of the state that has been part of the development of the modern liberal state (Foucault, 2010). With the development of the modern liberal and capitalist society, the main objective of rule moved away from sovereign concern with controlling and defending territory, towards fostering and forming the health, wealth, and welfare of the population. This involves the development of modes of governing that involve both public and private institutions and the subjectification of individuals as self-governing subjects (Dean, 1999; Rose, 1999). O'Malley (1999, 2002), he has, for example, conducted several analyses on how drug policy articulates certain political rationalities that imply perceptions of drug users as particular kinds of subjects, targeted with specific kinds of social technologies. He has been particularly interested in the constitution of drug users as rational subjects within neo-liberal political rationalities.

Central to both the governance and the governmentality literature is the conception of policy as a social construction. What is

being constructed from this perspective is the policy goals and the means to achieve them, but also the phenomenon that the policy seeks to address, that is, the policy problem (Houborg, 2008; Keane, 2009; Fraser & Moore, 2011; Bacchi, 2012; Lancaster et al., 2012). Both approaches thus break with the idea that the policy problem exists somewhat independently from the development of a policy towards it. Rather, they show how reality is constructed as something that requires collective action and is amenable to such action. Applying Kingdon (1984) and Duke et al. (2013) show how drug treatment in the UK was re-conceptualized and re-constituted in terms of 'recovery'. Fraser and Moore (2011), use Bacchi's (2009) conception of policy making through 'problematizations', to analyze Australian policy on methamphetamine. Keane (2002) has critically analyzed different discourses and models of addiction in relation to illicit drugs, alcohol, cigarettes, food, and sex, showing that addiction discourses are often associated with a medical rationality and a modernist notion of the autonomous individual.

It appears then, that the governance literature is mainly concerned with the interactions, negotiations and struggles between different actors in the development of collective action and governance networks. In addition, the governmentality literature is more concerned with the discourses or political rationalities that are articulated when problems are constructed and action is decided upon, as well as the social technologies that are developed. In line with this thinking, Dorn (1995) and Benoit (2003) have used the concept of 'policy space' as a way to analyze drug policy as part of the societal recognition, definition, and management of risks along with other policy areas. In this approach, the management of risk may be influenced by liberal, conservative, and social democratic ideologies. Benoit (2003) emphasizes political and institutional history in the area of welfare policy as an important factor behind the development of different

drug policies. According to her, differences between perceiving drug problems as a collective responsibility or an individual responsibility influences the extent to which a drug policy emphasizes control of the individual and the welfare strategies directed at treating and compensating the individual. Dorn (1995) uses a welfare regime approach that distinguishes between social democratic, conservative, and liberal welfare policies to differentiate the governmental discourses that may affect the development of drug policies in different countries. That is, drug policies may, in different ways and to different degrees, articulate discourses that affect the way the risks, harms, and consequences associated with drug use are defined, recognized, and distributed. For example, the concept of policy space has been deployed to analyze how different political rationalities are articulated and negotiated in the historic development of drug policies in Denmark (Houborg and Bjerge, 2011).

Policy and knowledge

In the instrumental conception of policy, expert knowledge (evidence) is seen to provide the basis for a rational policy. However, just as institutions of government have increasingly been problematized by looking at the practices of governance, so has the role of the expert and expert knowledge also been problematized in policy analysis. There are different reasons for this. The first is the development of a risk society, characterized by the paradox that increasing knowledge does not create more certainty about how to act, but on the contrary, makes us increasingly aware of how little we know and how uncertain the conditions under which we act are (Beck, 2006; Callon et al., 2009). Cases where experts were not able to foresee important problems such as bovine spongiform encephalopathy (also known as mad cow disease) (Hinchliffe, 2001) or nuclear waste problems (Wynne, 2000), for example,

produce particular suspicion about expert knowledge, but also mobilize lay people to engage in bringing about and contesting knowledge. In Latour's terms, fewer and fewer issues can be seen as settled non-contestable 'matters of fact', but become instead 'matters of concern' (Latour, 2004) characterized by being at the center of the production, deliberation, and contestation of knowledge of different kinds involving both experts and lay people (Epstein, 1997; Callon, 1999; Callon and Rabeharisoa, 2003). The second reason for the problematization of the traditional role of the expert and expert knowledge is research done in the field of science and technology studies, which has demonstrated that just as policy is shaped by the everyday practices of street-level bureaucrats, so is scientific knowledge shaped through scientific practice and the social and material conditions under which it takes place (Latour, 1987).

While the aforementioned approaches to the everyday making of policy in local practices, including the network and governance approach, are quite developed in drug policy research today, this third approach about a practice perspective on knowledge, expertise, and instrumentality is less developed. However, medical knowledge, and the ascendance of neuroscience in the epistemology of addiction in particular, has generated a social scientific interest in the constitution of such knowledge and the role it plays (Keane, 2008, 2009; Monaghan, 2008, 2010, 2011; Valentine, 2009; Campbell, 2010, 2011; Tieberghien and Decorte, 2013; Duke and Thom, 2014). In a study of addiction research in the USA, Campbell (2007) makes a detailed investigation of addiction research in practice and the epistemological assumptions upon which it has rested from the 1930s until the present. She shows the relationship between addiction research, drug policy, and a politics of knowledge where knowledge about the safe use of drugs has been held back by policy makers. Furthermore, Campbell highlights how some research has articulated

a moral lexicon of addiction through which addiction has been represented as a disease of the will. Dehue (2002) was concerned with how a particular perception of what constituted 'evidence' influenced policy making, and more specifically, how randomized controlled trials (RCT) came to be the only relevant kind of knowledge that dominated Dutch political debates about the introduction of heroin-maintenance treatment (see also Bergmark and Hübner, this volume). Houborg (2012), in a similar way, conducted a case study of the relationship between science and politics in the Danish debate about heroin assisted treatment. This showed that a public debate about the epistemology in drug treatment research became an important topic. The same study also shows how drug users produced lay-knowledge by doing a survey about their experiences and attitudes towards substitution treatment as a way to bring a new kind of knowledge to the debate. These examples show that not only different kinds of knowledge, but also the way they are produced and their validity and relevance in relation to a policy problem, become topics for debate.

Today, when we study *policy in practice*, it is not only the taken for granted ideas about who the policy actors are, and what policy making *is* that has to be challenged, but also the similarly taken for granted ideas about what expertise and reliable knowledge is. In both cases, practice becomes the center for our attention, if we want to understand how collective action with the purpose of producing some sort of social order comes about.

CONCLUSION

The aim of this chapter has been to illustrate how a *policy in practice* approach, inspired by anthropological and sociological policy perspectives, can produce new and valuable knowledge in the drug policy field. First, this approach provides researchers with an

analytical understanding of not only the content of drug policies or how they came about, but also how policies are implemented and reworked in the drug field. That is, studies applying this approach show that the outcome of policies are as much a result of the local setting, and actors involved in these settings, as they are a result of top-down decisions. Second, the *policy in practice* approach can be used to analyze dilemmas and contradictions in drug policy. Such dilemmas and contradictions are not necessarily known or thought of among policy makers, but become visible for actors affected by a given policy in their every day practices. The *policy in practice* approach can therefore also help to unfold contradictions that are not visible when studying policy documents, because such documents attempt to create an image of a coherent policy. For example, this could be various statements of a 'four pillar' drug policy where a non-problematic balance between law enforcement, drug treatment, prevention, and harm reduction is presented, but where studies of practice show serious contradictions and conflicts between these different policy areas. To analyze contradictions and discrepancies of policy by studying *policy in practice*, is not to write off policy making as what James Scott terms as the 'hubris of planners' (Scott, 1998: 247). This is an often raised critique, asserting that national as well as international politicians and policy planners are (totally) decoupled from practices when planning laws, strategies, and regulations, such as policing or drug treatment. Rather, discrepancies can be analyzed as a result of complex social realities and simplified pieces of policy, produced to accommodate political requirements for consensus and theoretical 'state of the art' (cf. Mosse, 2007: 460). Third, a *policy in practice* approach can show the experimental practices of frontline workers and institutions when they find that existing ways of thinking, talking, and acting do not work, or when they disagree with established drug policy (Houborg, 2010). Fourth, and following this

point, a *policy in practice* approach can show that evidence-based methods and administrative guidelines frequently fall short when confronted with problems in practice in the drug field. Applying such an approach shows how deviance from guidelines and requirements can be analyzed as something other than unprofessional conduct, that is, as necessary, creative, and often experimental work to ensure that policies are implemented in ways that make sense in the everyday practices of, for example, drug treatment (Nielsen and Houborg, 2014, Bjerger, 2009). Finally, it is important to show how the validity and relevance of particular kinds of knowledge in the policy making process is established in practice, and becomes associated with particular kinds of policy.

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