



Policy analysis

Capitalising upon political opportunities to reform drug policy: A case study into the development of the Australian “Tough on Drugs-Illicit Drug Diversion Initiative”

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ARTICLE INFO

Article history:

Received 17 June 2008

Received in revised form

21 November 2008

Accepted 7 December 2008

Keywords:

Drug policy

Reform

Policy process

Politicisation

Australia

ABSTRACT

Background: The introduction of political “war on drug” strategies and Prime Ministerial advisory groups increase opportunities for drug policy reform. Yet the strengths and limitations of capitalising upon political opportunities remain unclear. This paper provides a unique insight into the development of an Australian reform, the “Tough on Drugs-Illicit Drug Diversion Initiative.” This reform was one of the major policies to emerge out of the Federal Coalition “Tough on Drugs” strategy. In spite of the rhetoric the Illicit Drug Diversion Initiative (IDDI) has diverted minor drug users away from the traditional criminal justice system.

Methods: This paper draws upon interviews with 16 expert policy makers involved in the advocacy and negotiations leading up to the adoption of the IDDI to examine what drove the reform and how and why a pragmatic reform emerged.

Results: The IDDI culminated from the presence of five main drivers: a crisis in relation to heroin and crime, antagonism towards the government, a weak but growing evidence-base on the merits of drug diversion, a shift in law enforcement attitudes and persuasive advocacy by a group of non-government experts. This paper contends that the Prime Minister's new “Tough on Drugs” strategy and expanded governance arrangements created new space for policy actors to intervene in the policy formulation process and to convert the governments proposed “zero tolerance” response into a more humane and potentially effective response.

Conclusion: This paper concludes that contrary to popular opinion political venues and politicisation may offer valuable opportunities for drug policy reform. The challenge for researchers and policy advocates is to see how they can best utilise political venues to obtain pragmatic reform.

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Introduction

The politicised nature of illicit drug policy frequently gives rise to vexation and mockery. History abounds with examples whereby pragmatic policies have been ignored in favour of populist but often more counter-productive policies (Crosbie, 2000; DiChiara & Galliher, 1994; MacCoun & Reuter, 2001; Manderson, 1987; Wodak & Owens, 1996). Arguably, the most notorious in recent years has been the failed proposal for a heroin trial in the ACT, Australia. In 1997 despite the majority support of the states and territories and the federal health minister, Prime Minister John Howard blocked the necessary importation of heroin, and hence the trial, for reasons summed up by Dr. Alex Wodak:

Six years of careful scientific work on a significant community problem, widespread consultation, publications in peer-reviewed journals, openness to scientific scrutiny, support by the Australian Medical Association, presidents of medical colleges, numerous leaders of the medical profession, police commissioners, directors of public prosecution and a royal commission are not enough. An important, but controversial, scientific research project will be brought down politically if opposed by 51% of respondents in a community opinion poll and if subjected to a relentless campaign of media vilification and misinformation [Wodak, 1997, p. 348].

In short, political objectives took precedence over evidence.

While it is clear that “what works” often does not coincide with political imperatives (for reasons why see for example Black, 2001; Lin, 2003), cases such as this have contributed to the view that politicisation of drug policy is undesirable. Australia is a nation that has prided itself on the bipartisan and relatively non-political

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process of drug policy making. As [Fitzgerald and Searwards \(2002, p. 26\)](#) stated for almost 20 years Australian drug policy involved “the deliberate avoidance of electoral politics and public conflict.”

Yet, the election of the Federal Coalition (comprised of the Liberal and National parties) in 1996 under Prime Minister John Howard led to a change in the political landscape surrounding Australian drug policy. 1997 marked the introduction of a new drug strategy – the National Illicit Drug Strategy – Tough on Drugs. While it was termed the National Illicit Drug Strategy it was a Coalition strategy, not a bipartisan strategy, one that emphasised supply reduction and abstinence-based drug treatment, not harm reduction. This was in stark contrast to the National Drug Strategy which had since 1985 adopted a goal of harm minimisation ([MCDS, 1998](#)). Moreover Tough on Drugs was accompanied by the introduction of a national political advisory body, the Australian National Council on Drugs (ANCD). Unlike the existing bodies, the ANCD was devised with direct links into and from the Prime Minister's Office. It therefore increased the opportunities for political oversight and input in Australian drug policy. Such changes were heralded with fears of abstinence-based “centralised executive decision making through the Prime Minister's Office” ([Fitzgerald, 2005, p. 259](#)). Certainly such changes increased the potential for politically led policy making, but ought they, or indeed politicisation more generally, be deemed to reduce the potential for evidence-influenced reform?

As predicted by public policy theorists (for example [Baumgartner & Jones, 1991](#); [Kingdon, 1995](#); [Sabatier & Jenkins-Smith, 1999](#)) bureaucratic structures or policy communities have distinct benefits for formulating drug policy. They reduce the capacity for rash decision making, or one-sided decision making based on power or ideology. Most importantly, through increasing the opportunity to input evidence, bureaucratic structures facilitate evidence-informed policies. Yet, what remains less clear are the limits and potential to politicised mechanisms of policy formulation.

As opposed to policy formulation through bureaucratic mechanisms, policy formulation through political mechanisms is deemed more risky, due principally to the contention that political mechanisms will facilitate doctrinal responses ([Zahariadis, 1999](#)). For the purposes of this article doctrinal policies are defined as policies based on political doctrine or dogma, such as “Tough on Drugs” and “zero tolerance” initiatives. They are driven by political imperatives including community opinion, political mandates and short term horizons. Evidence-informed policies, in contrast, are defined as policies based or at least informed by evidence of “what works,” cost-effectiveness and efficacy. Well known examples include pharmacotherapy substitution and needle syringe programs. The contention that political venues will facilitate doctrinal responses represents an obvious disadvantage to the use of such venues. However is such a contention valid?

Public policy theorists [Baumgartner and Jones \(1993\)](#) provide a different view. They argue that alternate policy venues, “institutional locations where authoritative decisions are made concerning a given issue,” ([Baumgartner & Jones, 1993, p. 32](#)) offer many advantages for policy making. This is because policy actors use dominant venues to create monopolies over policy making. This tends to limit access to such venues and restrict the types of policies that can be adopted through such venues. In contrast, alternate policy venues provide new opportunities for politicians and policy advocates to promote ideas. Moreover, the lack of monopolies means it can be easier for policy advocates to mobilise support and to get atypical reforms adopted. From this perspective political mechanisms of policy formulation will not inevitably lead to doctrinal solutions. Instead, the outcomes will be shaped by the policy formulation process, particularly the ability of strategically minded advocates to gain access to the venues, to understand the work-

ings of such venues and their ability to advocate for and obtain evidence-influenced reforms.

This poses a dilemma for drug policy reformers: Does the avoidance of political mechanisms of policy formulation facilitate or hinder opportunities for obtaining evidence-influenced reforms? To date drug policy researchers have tended to shy away from examining processes of drug policy development, particularly different mechanisms of policy formulation ([McDonald, Bammer, & Breen, 2005](#)). This is no doubt due in part to the difficulty conducting research behind closed doors. Yet, understanding the limits and potential of politicised mechanisms of policy formulation is critical to working within the illicit drug policy arena, particularly arenas such as Australia characterised by the emergence of political “war on drugs” strategies.

In 1999 an opportunity emerged to clarify these issues, namely through the development of the Australian “Tough on Drugs-Illicit Drug Diversion Initiative” (IDDI). The IDDI was an apparently pragmatic reform that emerged in Australia through the Prime Minister's Office. Such a reform reflects the international evidence-base, and shift away from the traditional criminal justice response to drug users ([Morrison & Burdon, 2000](#)). The IDDI was designed to offer minor illicit drug users cautions, education and treatment instead of formal criminal justice system intervention ([Commonwealth Department of Health and Ageing, 2004](#)). Such a reform has the potential to decrease drug use and crime and is subject to ongoing review. Of greater interest for the current paper, such a reform was adopted through politicised means of policy formulation and in a political climate of “Tough on Drugs.”

This paper seeks to utilise the development of the IDDI to move towards a more nuanced understanding of the limits and potential of political mechanisms of policy formulation by examining:

What drove the “Tough on Drugs-Illicit Drug Diversion Initiative”?

How and why did a pragmatic reform emerge?

What are the implications for understanding the role of politicisation?

It will examine firstly the doctrinal drivers and secondly the evidence-influenced drivers before highlighting the limits and potential of politicisation. This paper concludes that the presence of the political strategy of Tough on Drugs ultimately facilitated the adoption of the IDDI, and that contrary to popular opinion political venues and politicisation may offer valuable tools for drug policy reform.

Methodology

This paper draws upon data gathered through semi-structured interviews that were conducted with 16 key informants from the Australian drug policy arena between February and September 2005. While a small sample, this represented individuals who were integrally involved in Australian drug policy and the development of the IDDI, individuals who therefore provided highly qualified views. Key informants were derived from five key areas: the health sector; criminal justice sector; bureaucracy; non-government sector; and academia. Their responses were analysed using thematic analysis and in conjunction with publicly available accounts from media, political and academic sources. To contextualise the perspectives garnered through the interviews relevant literature and accounts have been referred to, as appropriate, during the results section. Some key informants have been de-identified in accordance with their wishes.

Results

Like most policy reforms, the IDDI emerged through a complicated process involving advocacy, negotiation and compromise. Yet,

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