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The productive techniques and constitutive effects of ‘evidence-based policy’ and ‘consumer participation’ discourses in health policy processes

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A B S T R A C T

For over twenty years there have been calls for greater ‘consumer’ participation in health decision-making. While it is recognised by governments and other stakeholders that ‘consumer’ participation is desirable, barriers to meaningful involvement nonetheless remain. It has been suggested that the reifying of ‘evidence-based policy’ may be limiting opportunities for participation, through the way this discourse legitimates particular voices to the exclusion of others. Others have suggested that assumptions underpinning the very notion of the ‘affected community’ or ‘consumers’ as fixed and bounded ‘policy publics’ need to be problematised. In this paper, drawing on interviews ($n = 41$) with individuals closely involved in Australian drug policy discussions, we critically interrogate the productive techniques and constitutive effects of ‘evidence-based policy’ and ‘consumer participation’ discourses in the context of drug policy processes. To inform our analysis, we draw on and combine a number of critical perspectives including Foucault's concept of subjugated knowledges, the work of feminist theorists, as well as recent work regarding conceptualisations of emergent policy publics. First, we explore how the subject position of ‘consumer’ might be seen as enacted in the material-discursive practices of ‘evidence-based policy’ and ‘consumer participation’ in drug policy processes. Secondly, we consider the centralising power-effects of the dominant ‘evidence-based policy’ paradigm, and how resistance may be thought about in this context. We suggest that such interrogation has potential to recast the call for ‘consumer’ participation in health policy decision-making and drug policy processes.

1. Introduction

For over twenty years there have been calls for greater ‘consumer’ participation in health policy decision-making, and in drug policy processes more specifically (Australian Injecting and Illicit Drug Users League, 2008; Charles and DeMaio, 1993; Crawford et al., 2002; Forster and Gabe, 2008; Harrison et al., 2002; Jürgens, 2008; Lancaster et al., 2013; Latkin and Friedman, 2012; Rance and Treloar, 2015; Tritter and McCallum, 2006; Wait and Nolte, 2006; WHO Regional Office for Europe, 1994). The slogan of “nothing about us without us” has been taken up by diverse groups including disability activists, non-government organisations, and drug user advocacy organisations, to signal the intent that no policy decision should be made without meaningful engagement with the ‘affected community’ (Canadian HIV/AIDS Legal Network, International AIDS Alliance, Open Society Institute, & International Network of People Who Use Drugs, 2008; Charlton, 1998; Gaventa and Cornwall, 2008; Jürgens, 2008). ‘Consumer’ participation in health policy is seen to promote greater local-level accountability (Conklin et al., 2015; Duckett and Willcox, 2011; Tritter and McCallum, 2006; Wait and Nolte, 2006) but, more than this, reflects a broader trend towards inclusive democratic participation and pluralisation of knowledge in the policy process (Gaventa and Cornwall, 2008). For example, the development of the concept of ‘deliberation’ in policy processes, whereby different participants “deliberate to arrive at decisions which neither party would reach on their own” (Gaventa and Cornwall, 2008, p.183), has arguably opened up possibilities for new understandings of

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science and knowledge.

This move towards democratic participation and pluralisation of knowledge can, in some ways, be seen as a counterpoint to the privileging of 'objective' scientific knowledge within 'evidence-based policy' discourse, which has dominated health and drug policy since the late 1990s (Ritter, 2015). The privileging of particular methods in the 'hierarchy of evidence' espoused within 'evidence-based' policy and practice produces tensions about the relative value of other ways of knowing (Culyer and Lomas, 2006; Harrison and Checkland, 2009; Lancaster et al., 2017; Marston and Watts, 2003). As Marston and Watts (2003, p.145) note, "[i]f knowledge operates hierarchically, we begin to see that far from being a neutral concept, evidence-based policy is a powerful metaphor in shaping what forms of knowledge are considered closest to the 'truth' in decision-making processes."

While it is generally recognised by governments and other stakeholders that 'consumer' participation is desirable, barriers to meaningful involvement are continually documented (for examples at the service level in the Australian drug treatment sector, see: Australian Injecting and Illicit Drug Users League, 2008; Bryant et al., 2008; Treloar et al., 2007; Treloar et al., 2011). Even where participation is encouraged, "access to new spaces does not automatically imply greater presence or influence of new voices within them" (Gaventa and Cornwall, 2008, p.184). The relationship between participation, knowledge and power is pivotal, and leads to critical questions regarding not only what kind of knowledge is considered relevant for the policy process, but also *who* may legitimately speak (Bacchi, 2009). It is important to consider how the dynamics of power operate in policy making processes given the historic tendency to marginalise the voices of affected communities. This is a particularly relevant concern for drug policy where the views of people who use drugs are rarely sought because this population is typically seen as 'criminal,' 'problematic,' 'chaotic' or 'hard to reach' (Lancaster et al., 2013). As researchers and participants called on as 'experts' in drug policy processes, it is our position that people who use drugs (that is, those most directly affected by policy responses) should have their views represented in policy deliberation (a position widely held in the international drug policy community, see: Latkin and Friedman, 2012). It is our concern to explore how the dynamics of power operate in health policy making processes and to consider new ways of disrupting and challenging marginalisation where it is found to occur.

In this context, we suggest that the 'evidence-based policy' paradigm and 'consumer participation' agenda ought to be considered together, given their potentially co-constitutive power-effects. As Jasanoff (2013, p.26) argues, the "practices of depoliticisation that bound science off as an apolitical space often go hand in hand with the construction of lay publics as scientifically illiterate, and hence unfit to participate fully in governing societies in which scientific knowledge matters." In the highly politicised drug policy field, 'evidence-based policy' is often held up as an alternative to decision making driven by morality politics, sensationalist media and public opinion. However, the insistence that 'evidence' of 'what works' be the basis for policy is also political and constitutive in its effects. While the extent to which the voices of the 'affected community' are included in drug policy has been the focus of much research in the drug policy field, these concerns are rarely considered *alongside* the 'evidence-based' drug policy endeavour. That is, barriers to consumer participation are rarely critically interrogated in the context of the policy world in which it takes place: a world dominated by the rhetoric and practices of 'evidence-based policy.' It is necessary to critically consider how 'evidence-based policy' discourse itself may be limiting the possibilities of what can be thought and said, and the political implications of the taken-for-granted status of this discourse. It has been suggested that the reifying of 'evidence-based policy' may be limiting opportunities for participation, through the way that taken-for-granted 'truths' implicit within this discourse privilege particular kinds of 'objective' and 'rational' voices to the exclusion of others (Lancaster et al., 2017). Others have suggested that assumptions underpinning the very notion of the 'affected community' or 'consumers' as pre-existing, fixed and bounded 'policy publics' need to be problematised (Fraser et al., 2016). A key question, then, is how 'evidence-based' drug policy and 'consumer participation' (as they are practised in policy processes) elicit and shape 'consumer' subjectivities.

Building on this poststructuralist critique, in this paper we draw on interviews (n = 41) with individuals closely involved in Australian drug policy discussions, to critically interrogate the productive techniques and constitutive effects of 'evidence-based policy' and 'consumer participation' discourses in the context of drug policy processes. Drawing on a range of critical perspectives (outlined in detail below), the aims of our analysis are twofold: first, to explore how the subject position of 'consumer' might be seen as enacted in the material-discursive practices of 'evidence-based policy' and 'consumer participation' in drug policy processes; and secondly, to consider the centralising power-effects of the dominant 'evidence-based policy' paradigm, and how resistance may be thought about in this context. We suggest that such interrogation has potential to recast the call for 'consumer participation' in health policy decision-making and, moreover, contribute to a growing body of research within the drug policy field which has questioned the privileging of particular scientific modes of "evidencing" in drug policy deliberations (Fraser, 2015; Fraser et al., 2014, p.236; Lancaster, 2014, 2016; Lancaster et al., 2017).

2. Approach

To inform our analysis, we draw on and combine a number of critical perspectives including Michel Foucault's concept of subjugated knowledges, the work of feminist theorists (including Judith Butler and policy theorist Carol Bacchi), as well as recent work in the drug policy field regarding conceptualisations of emergent policy publics (Fraser et al., 2016).

Foucault used the term 'subjugated knowledges' in two ways, and it is the second of his meanings that is of relevance to this paper. 'Subjugated knowledges' are local knowledges which have been "kept in the margins," that is, "a whole series of knowledges that have been disqualified as nonconceptual knowledges, as insufficiently elaborated knowledges: naïve knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity" (Foucault, 2003, pp.7–8). These are "ways of thinking and doing" (Sawicki, 2005, p.381) which have been marginalised, devalued or silenced by dominant arrangements and institutional practices. Foucault (2003) argued that it is the re-emergence of disqualified or subjugated knowledges that makes critique possible. Applying Foucault's concept to policy, Bacchi (2009, p.36) suggests that subjugated knowledges "provide points of rupture" which make it possible to resist and challenge the status of conventional 'knowledges.' This point regarding *resistance* connects intimately with Foucault's conceptualisation of power. Foucault's writings eschew the assumption that particular people or groups are in 'possession' of power. Foucault (1980) argues that power is *productive* rather than repressive, constituting and shaping subjectivities. From a poststructuralist perspective, power is immanent to actions (Eveline and Bacchi, 2010) and while power is "always already there" (Foucault, 1980, p.141) so too are points of resistance.

Foucault stresses that the resistance which accompanies the uncovering of 'subjugated knowledges' is not so much about