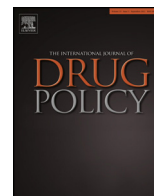




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Commentary

Social construction and the evidence-based drug policy endeavour

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ABSTRACT

'Evidence-based policy' has become the catch-cry of the drug policy field. A growing literature has been dedicated to better realising the goal of evidence-based drug policy: to maximise the use of the best quality research to inform policy decision-making and help answer the question of 'what works'. Alternative accounts in the policy processes literature conceptualise policy activity as an ambiguous and contested process, and the role of evidence as being only marginally influential. Multiple participants jostle for influence and seek to define what may be regarded as a policy problem, how it may be appropriately addressed, which participants may speak authoritatively, and what knowledge(s) may be brought to bear. The question posited in this article is whether the conceptual shift offered by thinking about policy activity as a process of *social construction* may be valuable for beginning to explore different perspectives of the evidence-based drug policy endeavour. Within a constructionist account of policy, what counts as valid 'evidence' will always be a constructed notion within a dynamic system, based on the privileging and silencing of participants and discourse, and the contestation of those many positions and perspectives. The social construction account shifts our focus from the inherent value of 'evidence' for addressing 'problems' to the ways in which policy knowledge is made valid, by whom and in what contexts. As such, social construction provides a framework for critically analysing the ways in which 'policy-relevant knowledge' may not be a stable concept but rather one which is constructed through the policy process, and, through a process of validation, is rendered useful. We have limited knowledge in the drug policy field about how this happens; how ambiguity about the problems to be addressed, which voices should be heard, and what activities may be appropriate is contested and managed. By unpicking the values and assumptions which underlie drug policy processes, how problems are constructed and represented, and the ways in which different voices and knowledge(s) come to bear on that process, we may begin to see avenues for reform which may not at present seem obvious.

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'Evidence-based policy' has become the catch-cry of the drug policy field. A growing literature has been dedicated to better realising the goal of evidence-based drug policy: to maximise the use of the best quality research to inform policy decision-making and help answer the question of 'what works' (see Babor et al., 2010; Strang et al., 2012). As valentine (2009, p. 444) notes, "[b]ecause it is based on medical treatments, and because the language of 'evidence-based' policy emerged from medicine, drug policy is an arena of social policy in which arguments for evidence-based policy have been especially strong". The focus of the evidence-based drug policy endeavour has been two-fold. Firstly, attention has been given to the production of 'gold-star' evidence (primarily through randomised controlled trials) and the generation of 'policy-relevant research'. This is particularly true of domains within drug policy where perceived 'knowledge-gaps' have been identified, for example in relation to the effectiveness of drug law enforcement and

policing responses (for discussion see Ritter & Lancaster, 2013). Secondly, efforts have been made to increase the uptake of evidence in policy decision-making through 'research translation' activities. Groups such as the Drug Policy Modelling Program (of which this author is a part) have been dedicated to this pursuit (Ritter, Bammer, Hamilton, Mazerolle, & The DPMP Team, 2007). This two-fold approach draws heavily on the extant evidence-based policy and research translation literature (e.g. Nutley, Walter, & Davies, 2007; Walter, Nutley, & Davies, 2005) and is premised on one fundamental assumption: that the increased uptake of 'evidence' within policy decision-making processes will improve outcomes and increase the legitimacy of decisions made. However, as has been noted by drug policy scholars previously, "the assumption that evidence of effectiveness is the only criterion for policy is both naive and untrue. [...] [Evidence] is one component of complex policy-making processes" (Ritter et al., 2007).

Alternative accounts in the policy processes literature conceptualise policy activity as an ambiguous and contested process (e.g. Colebatch, 2002; Kingdon, 2003; Sabatier, 1988, 2007), and the role of evidence as being only marginally influential. From this

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perspective, multiple participants jostle for influence and seek to define “what is problematic and worthy of attention, what bodies of knowledge are relevant, what technologies of governing can be applied, and which actors are allowed to speak” (Colebatch, 2010, pp. 32–33). This account challenges the assumption that a particular kind of knowledge (called ‘evidence’) is inherently useful and superior for policy decision-making. Although some research within the drug policy field has engaged with the notion of the complexity of the policy process and the multiple influences on it, less work has questioned the premise of the evidence-based drug policy endeavour and whether evidence can, and should, be conceptualised as fixed, stable and inherently valuable in policy. It has been suggested that this lack of questioning may follow a developmental pathway (Ritter & Lancaster, 2013, p. 11) and that “it is only once research is fully embedded culturally, that critical reflections on [evidence-based policy] and the ‘necessary but insufficient’ role of research in policy making can begin to be explored.”

The question posited here is whether the conceptual shift offered by thinking about policy activity as a process of *social construction* may be valuable for beginning to explore different perspectives of the evidence-based drug policy endeavour (and particularly the assumptions which underlie the notion of ‘evidence’ therein). Although social construction has a long and varied history in sociological inquiry with multiple applications and internal debates, constructionist language has been adopted in political science more recently as discussion turned to focus on the processes of public policy and how problems come to be defined (Best, 2008). The research of Schneider and Ingram (1993, 2005, 2008) in relation to the social construction of target populations, and how these constructions are produced and reproduced in the policy making process, is seminal in this regard. Schneider and Ingram (1993) argue that social constructions become embedded in policy, affecting the policy agenda as well as the choice of and rationales given for particular policy responses. These constructions, in turn, send messages to population groups about their ‘deserving’ or ‘undeserving’ status. The critical turn in policy studies (including the work of Bacchi (2009), Fischer (2003), Stone (2002) and others) has also drawn attention to these questions by examining the discursive and interpretative aspects of policy, and the ways in which policy problems come to be constructed and represented (for discussion see Schneider & Ingram, 2008). This perspective brings into question the dominant assumption that the function of policy is to ‘solve problems’ by revealing the ways in which ‘problems’ are not clear-cut or self-evident, but rather *made in* policy (Bacchi, 2009). The ways in which drug policy “does not merely identify and respond to a pre-existing condition” but rather *produces* the problem of drugs has been the subject of critical analysis (see Fraser & Moore, 2011b; Lancaster & Ritter, 2014; Moore & Fraser, 2013, p. 922). For example, by examining the treatment of causation and evidence within amphetamine-type stimulant policy documents, Fraser and Moore (2011b) have demonstrated how amphetamine-type stimulant use has been produced as being simultaneously (and paradoxically) both dangerous and poorly understood.

A constructionist perspective generates critical questions about the “practical workings of *what* is constructed and *how* the construction process unfolds” (Gubrium & Holstein, 2008, p. 5, emphasis added). This conceptual framework has potential for generating insights about how ‘evidence’ or ‘knowledge’ is rendered relevant within the policy process, especially within the drug policy field where policy discussion is so often contested, and its subjects marginalised. Rather than seeing ‘policy knowledge’ as an objective tool for decision-making, we are driven to question the processes of knowledge construction, how particular kinds of knowledge come to be seen as ‘useful’, and how knowledge-producers secure privileged positions of influence (Bacchi, 2009). The relationship between ‘knowledge’, participation and discourse

is therefore crucial. Colebatch (2010, p. 33) suggests that conceptualising policy activity through a social construction lens reveals a process which is “less about making a decision than about discourse, which, in turn, is linked to the question of participation: the question of who participates in the policy process will shape the nature of the discourse, and the discourse will, in turn, identify the appropriate participants.” Thus within Colebatch’s constructionist account of policy, what counts as valid ‘evidence’ will always be a constructed notion within a dynamic system, based on the privileging and silencing of participants and discourse, and the contestation of those many positions and perspectives. This account challenges the dominant evidence-based policy paradigm which positions researchers as depoliticised producers of ‘policy-relevant knowledge’ (that is, as offering ‘evidence’ to solve pre-defined ‘problems’). Bacchi (2009, p. 253) has noted that “by producing ‘knowledge’ for pre-set questions, researchers become implicated in particular modes of governance”. A turn from ‘problem-solving’ to ‘problem-questioning’ challenges the fundamental presupposition in evidence-based approaches (which suggests that ‘problems’ are ‘there’ to be solved) by revealing how policy problems are constructed and the modes of governance which produce them, questioning the taken for granted assumptions which ‘lodge within’ policies, and opening them up for debate (Bacchi, 2009).

Applied to the evidence-based drug policy endeavour, the social construction account shifts our focus from the inherent value of ‘evidence’ for addressing ‘drug problems’ to the ways in which policy knowledge is made valid, by whom and in what contexts. We have limited knowledge in the drug policy field about how this happens; how ambiguity about “the problems to be addressed, which voices should be heard, and what activities may be appropriate” (Colebatch, 2010, p. 33) is contested and managed. Studies which have focused on the use of evidence in dynamic drug policy processes (e.g. Monaghan, 2008, 2009; Stevens, 2011) provide some insight, but by stopping short of problematising the notion of evidence, leave many questions unanswered. Green’s (2000) study of Accident Alliances in the UK provides one example in the context of a multi-disciplinary, inter-professional and inter-agency context not unlike drug policy. Green examines the way evidence is used by participants in health policy decision making, highlighting the ways that evidence becomes inextricably linked with particular agendas, and how its credibility is differentially constructed within, and contested between, professional cultures. Drawing on the empirical Accident Alliances case study, Green (2000, p. 472) argues that “such phenomena as ‘knowledge’, ‘evidence’ and ‘practice’ are not natural or necessarily distinct, but are constituted through local and contingent practices, and through the different interests of actors involved.” Even when organisations are explicitly committed to the goal of instituting ‘evidence-based practice’, realising this goal is not straightforward because “it is practice which, in part, *constitutes* that evidence” (Green, 2000, p. 472, emphasis added). From this perspective, the focus then is not on how to produce or translate ‘policy-relevant research’ but rather on understanding the processes of validation and construction through which policy knowledge is ascribed relevance within a specific discursive context. It suggests that other voices or a multiplicity of evidence(s) can be ascribed ‘relevance’ because what is regarded as ‘policy-relevant knowledge’ is constructed by participants in the policy process. Such an assertion is pertinent when we consider the influence of professional judgment, political sensitivities, and the usually marginalised role of consumers in drug policy deliberation.

Opening up this debate and acknowledging the ambiguous nature of the policy process is not without its challenges. Firstly, such a perspective creates a quandary for how policy decisions may be assessed as legitimate. The dominant discourse of evidence-based policy contributes to the way an authoritative story of governance is articulated, because narrative accounts of policy are

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