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Research paper

Drug consumption rooms and the role of politics and governance in policy processes

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ABSTRACT

Background: In 2012 after more than 20 years of discussion Denmark introduced drug consumption facilities as part of its drug policy. This article investigates the processes that led to this new policy and its implementation in Copenhagen. The aim of the article is to analyze if the new policy and its implementation can be understood in terms of a shift from 'government' to 'governance' in drug policy. On this basis the aim is also to discuss the possibilities and limitations of 'governance' as an analytical perspective for understanding policy change in the field of drug policy.
Methods: Through the use of Kingdon's theory about policy change as following alignments of problem streams, policy streams and politics streams and deployment of Callon's concepts of 'framing' and 'overflowing' the article presents an analysis of recorded communication from the public debate and national and local policy processes.
Results: Politics and the authority of government played a key role in the policy change that led to the introduction of drug consumption facilities in Denmark. It was only after a change of government and a change of legislation that a new policy came about. Drug consumption facilities did exist on a small scale before this through acts of civil disobedience committed by civil society stakeholders.
Conclusion: The space for governance seems to be limited in a drug policy that is prohibitive, at least when it touches upon issues that concern law enforcement and the sovereign power of the state.
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Introduction

Drug consumption rooms are professionally supervised healthcare facilities. These were established to provide a safer and more hygienic environment for drug users to take drugs but also to reduce public order problems associated with public drug use (Dolan et al., 2000; Hedrich, Kerr, & Dubois-Arber, 2012; Stöver, 2002). According to Hedrich et al. (2012) the first legally sanctioned drug consumption room was established in Switzerland in the mid-1980s. Rooms were set up in other Swiss cities and in the Netherlands and Germany during the 1990s and from 2000 onwards these were available in countries including Norway, Spain, Luxembourg, Australia, and Canada (Hedrich et al., 2012). Research thus far has mainly focused on their effects on improving the health of drug users, including reducing risk behavior, their role as a gateway to other services, reducing public nuisance and preventing overdose deaths (e.g. Hedrich et al., 2012; Kimber, Dolan, & Wodak, 2005; Salmon et al., 2008; Scherbaum, Specka, Bombeck, & Marrziniak, 2009; Small, Rhodes, Wood, & Kerr, 2007; Stöver, 2002; van der Poel, Barendregt, & van de Mheen, 2003; Watson et al., 2013; Zurhold, Degwitz, Verthein, & Haasen, 2003). There has also been some examination of the characteristics of drug users who use these facilities (e.g. van der Poel et al., 2003; Tyndall et al., 2006; Watson et al., 2013). Much less research has examined the legal controversies between drug control and welfare services (e.g. Skretting, 2005, 2006) or the policy processes leading to the establishment or continuity of drug consumption rooms (de Jong & Weber, 1999; Hathaway & Tousaw, 2008; Lloyd & Hunt, 2007; Small, 2007; Wood, Kerr, Tyndall, & Montaner, 2008). This paper focuses on drug consumption facilities as a policy issue.

In 2012 an amendment to Danish drug legislation made it possible for municipalities to establish drug consumption facilities after authorization from the Minister of Health. In the same year the first municipal drug consumption facility opened in the area of Vesterbro in Copenhagen, the location of the largest open drug scene in Denmark. Since then, facilities have been set up in Aarhus and Odense in 2013 and more are planned in 2014.

Drug consumption facilities had been a contentious issue in Denmark for more than 20 years. We were interested in the processes that led to the policy change, making possible the establishment of drug consumption facilities. However, our aim was not merely to analyze how this policy change came about, but also to

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investigate the relationship between the institution of government and the practices of governance, in an area where legislation plays an important role. In this way our analysis will show both the possibilities and limitations of governance as an analytical perspective for understanding policy change within the field of drug policy.

Through an analysis of policy documents, newspaper articles and reports produced by different non-governmental organizations (NGOs) we consider how the policy process leading to the introduction of drug consumption rooms involved a variety of stakeholders from different levels of government and public, private and civil sectors of society. We present the concepts that underpin our analysis, and by using the Vesterbro area as an example, we examine how drug consumption rooms, at both national and local level, became a way to address problems linked to marginalized drug users and open drug scenes. Finally, we discuss our findings in relation to the notion of governance and the possibilities and limitations of this concept in the field of drug policy, where legal regulation plays a primary role.

Analytical framework

Our analytical interest was the extent to which we can understand the policy changes that made possible the introduction of drug consumption facilities in terms of a shift from 'government' to 'governance'. This means a decentering of policy making and the focus of policy research away from the institutions of the state, formal decision making and implementation through public institutions and towards the enactment of governance via the negotiations between a multitude of public and private actors and institutions (Rhodes, 1996; Stoker, 1998). While public institutions still play a role in governance, their authority is delegated and negotiated. To analyze this, we deployed Kingdon's (1995) theory about policy change, stakeholder analysis and certain ideas from studies of socio-technological debates.

Kingdon sees the development and change of policy as the outcome of three sets of processes or 'streams': the 'problem stream', the 'policy stream' and the 'political stream'. The problem stream refers to how issues come to be recognized and defined as problems that require intervention. The policy stream refers to different ideas, proposals and programs for solving policy problems and the political stream refers to the political environment for policy making within which certain problems get connected with certain solutions. According to Kingdon, these three streams exist relatively independently from each other, but when they become aligned, a window for policy change emerges. In such a window 'policy entrepreneurs' can seize the opportunity to promote particular policies. This is where the shift from government to governance comes into play necessitating the questions: What role do institutions of the state play in the processes of aligning problematizations with particular programs of action? Does state authority play an important role in making policy or is it more a negotiated outcome of the interaction between diverse stakeholders?

To develop a more dynamic understanding of policy making, we have included Callon's concept of the relationship between 'framing' and 'overflowing' (Callon, 1998; Callon, Lascoumes, & Barthe, 2009). This was developed through his work on the sociology of markets, where markets are seen as arrangements that make economic calculation and transaction possible by reducing complexity (e.g. Callon, 1998, 1999; Callon, Méadel, & Rabeharisoa, 2002). Taking inspiration from Goffman (1974), Callon calls the construction of these market-arrangements 'framing'. Framing involves the reduction of complexity by excluding different people, things, relations and issues from being taken into account in economic calculations (what economists call 'externalities'). But framing is never perfect and things do not always turn out as expected. There may be a need for reframing, where things that had initially been excluded are taken into account. Callon uses the term 'overflowing' to denote the impossibility of total framing and describes markets in terms of continuous framing and overflowing. There are two sources of overflowing. First there are things that were initially excluded, but which later are necessary to account for. Second, there are the unintended effects that are produced by particular economic transactions, which may also have to be accounted for. In both scenarios there may be 'actors' outside the interaction who try to fight to have certain externalities recognized. Callon uses the concept 'orphaned groups' to describe actors who organize around concerns that were initially excluded from the framing process and 'affected groups' to describe actors who are affected by a particular economic activity (see e.g. Callon et al., 2009). Callon et al. have deployed this analytical framework on not just economic activity, but other kinds of collective action, particularly concerning socio-technological controversies where experts and lay-people, for example patient organizations, may have different perspectives and concerns (Callon & Rabeharisioa, 2002, 2008; Callon et al., 2009).

Methadone maintenance treatment is an example of framing and overflowing in Danish drug policy. For many years great efforts were made in policy and practice to frame methadone as a 'stabilizing medication'. However, there were problems with this policy, including drug users turning to general practitioners instead of the treatment system and the extensive use of alcohol and illicit drugs by methadone treatment clients. From the mid 1990s Danish drug users started to oppose the framing of methadone as a stabilizing medication and the social work and medical knowledge this policy rested on. They demanded the right to 'get high' arguing that for some drug users, instability was preferable to the 'enforcement' of stability. This contributed to a reframing of Danish methadone policy around 2000, when intravenous methadone was introduced (Houborg, 2010a, 2012). We will thus see policy making as involving a dynamic of continuous framing and overflowing because policy is collective action (Stoker, 1998) that necessarily involves the exclusion of concerns, interests and experiences. Furthermore because policy affects people in different ways, policy itself gives rise to new concerns, interests, perspectives and experiences and creates new stakeholders who may need to be accounted for.

Data and methods

The article is based on a textual analysis of a variety of sources: First, legislation (Law no. 185 of June 13th 2012 on drug consumption rooms) and documents relating to the legislative process, including transcripts from parliamentary debates; committee reports; documents produced by the state administration; expert input; and documents from public hearings. These were retrieved from the homepage of the Danish parliament (www.folketinget.dk) and the public homepage for information about Danish legislation (www.retsinfo.dk). Second, material relating to government policy, such as white papers and written responses from ministers to enquiries from members of parliament, retrieved partly via the homepage of the Danish parliament and partly via the homepage of the Danish Ministry of Health (www.sum.dk) which is responsible for legislation on the health of drug users. Third, material linked to local policy, including transcripts from city council meetings; policy documents produced by local administration; and enquiries and reviews made by the local administration. These documents were retrieved via the homepage of Copenhagen Municipality (www.kk.dk). Fourth, newspaper articles retrieved by searching the Danish media-database www.infomedia.dk using the key words: "drug consumption room" (da: "stofindtagelsesrum") and "fixing room" (da: "fixerum") covering the period from 1990 to 2012. Lastly, documents produced by NGO's, retrieved via the Internet (www.gadejuristen.dk; www.fixerum.dk) and through library searches.

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