International Journal of Drug Policy xxx (2014) xxx–xxx

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research paper

Governance versus government: Drug consumption rooms in Australia and the UK

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ARTICLE INFO

Article history:
Received 13 September 2013
Received in revised form 3 March 2014
Accepted 18 March 2014

Keywords:
Governance
Government
Drug consumption rooms
Pluralism
Asymmetry

ABSTRACT

Aim: To evaluate, through a case study, the extent to which elements of governance and elements of government are influential in determining the implementation or non-implementation of a drugs intervention.
Methods: Comparative analysis of the case of a drug consumption room in the UK (England) and Australia (New South Wales), including 16 semi-structured interviews with key stakeholders and analysis of relevant documents according to characteristic features of governance and government (power decentralisation, power centralisation, independent self-organising policy networks, use of evidence, top-down steering/directing, legislation).
Results: Characteristic features of both governance and government are found in the data. Elements of governance are more prominent in New South Wales, Australia than in England, UK, where government prevails. Government is seen as the most important actor at play in the making, or absence, of drug consumption rooms.
Conclusions: Both governance and government are useful frameworks in conceptualising the policy process. The governance narrative risks overlooking the importance of traditional government structures. In the case of drug consumption rooms in the UK and Australia, a focus on government is shown to have been crucial in determining whether the intervention was implemented.
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Governance as a concept has gained momentum in academia and beyond. It is no longer old government, but new governance. Before the establishment of political institutions at the supra-state and international level, and the increased specialisation and stakes of both private and third sector, there was less need to theorise the interactions between these different levels, and different types, of actors. However, one should not confound governance as a guiding analytical framework with a belief that hierarchies and traditional forms of government have disappeared (Marsh et al., 2003; Peters, 1997; Marinetto, 2003). In other words, we should be wary of embracing a pluralist epistemology before we have the empirical evidence to support it, particularly when addressing issues in drug policy, which has been characterised as controversial, heavily politicised and 'wicked' (Acevedo & Common, 2006; Monaghan, 2010; Weber & Khademian, 2008).

I argue that in order to put forward a more nuanced analysis of the policy process, we should abandon false dichotomies and make use of both 'governance' and 'government'. I illustrate this through a comparative case study, on the establishment of the Medically Supervised Injecting Centre in Sydney and its lacking UK counterpart. In the UK, this policy intervention has been mooted at different points in time, but never piloted. This particular intervention has been previously discussed in the literature, with some having concentrated on supporting the intervention based on positive harm reduction outcomes (Dolan et al., 2000; Kimber et al., 2005; Lloyd & Godfrey, 2010; Lloyd & Hunt, 2007). Others have looked specifically at the development of the intervention in Sydney from a policy perspective, focusing on the role of civil disobedience (Wodak et al., 2003), police corruption (Fitzgerald, 2013) and personal experience in the development and running of the facility (van Beek, 2004).

This paper builds on this literature, as well as interview data, to establish which factors were prominent in the making, or absence, of the intervention. By systematically relating these factors to central features of governance and government, the paper also presents significant theoretical implications. I will demonstrate that although elements of governance were significant in the making of this policy debate and intervention, it was traditional

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http://dx.doi.org/10.1016/j.drugpo.2014.03.006
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Please cite this article in press as: Zampini, G.F. Governance versus government: Drug consumption rooms in Australia and the UK. *International Journal of Drug Policy* (2014), http://dx.doi.org/10.1016/j.drugpo.2014.03.006

government structures which determined its continued presence, or absence.

Governance and government

The term governance is well-established, being used in a variety of contexts to refer to 'the exercise of authority within a given sphere' (Hewitt de Alcantara, 1998). More recently, it has come to be associated with the rise of new public management, the prevalence of self-organising policy networks, the hollowing out of the state and governing at arm's length (Rhodes, 1996). On the other hand, government as a conceptual framework is seen as limited because it does not recognise the multiplicity of actors outside it who play an important role in the policy process; accordingly, government is seen as an ensemble of formal institutions (Stoker, 1998). It is hierarchical, characterised by dependent networks, a strong state, top-down steering and directing and centralism (Marsh et al., 2003; Peters, 1997).

Yet the meaning and significance of the term 'governance', and the conceptual framework it advances, remains ambiguous. As Colebatch (2002, p. 3) noted, 'the term has been used in widely different senses by different writers, and there is little agreement on the terms of the debate'. Rhodes (1996) popularised governance as a theoretical narrative; the phrase he coined, 'governing without government', suggests that government no longer matters. Rhodes' analysis is not devoid of subtleties; however, some careful reading would suggest he reaches some overzealous conclusions. As highlighted by Kjaer (2011), and admitted by Rhodes himself, the latter's language presents some exaggerations, with statements like 'central government is no longer supreme. The political system is increasingly differentiated. We live in the 'centreless society'; in the polycentric state characterised by multiple centres' (Rhodes, 1996, p. 657). Rhodes' ideas have initiated a debate: some have embraced the governance narrative (see Goldsmith & Eggers, 2004; Kooiman, 1993; Salomon, 2002), whereas others have theoretically and empirically challenged Rhodes' ideas (see Bache, 2003; Holliday, 2000; Johansson & Borell, 1999; Jordan et al., 2005; Kjaer, 2011; Marinetto, 2003; Marsh et al., 2003; Peters, 1997; Taylor, 1997).

Undoubtedly, governance is useful in understanding shifts in the manner of governing, and in moving past some of the political and theoretical orthodoxies which characterised most of the twentieth century (Colebatch, 2009; Marinetto, 2003). However, in failing to critically reflect on how we understand and use governance as a framework, we run the risk of creating new political and theoretical orthodoxies, underpinned by a narrowly pluralist vision of power (Marinetto, 2003; Marsh et al., 2003). This comes from potentially overlooking the significance of traditional government structures in shaping policy outcomes (Peters, 1997). As Colebatch noted, 'the key elements of the governance narrative [. . .] had already been recognised by political scientists before governance was coined as an analytical construct' (2009, p. 8). By uncritically applying the governance narrative, we may risk losing sight of the analysis, thus overstating the presence of certain aspects of governance. An alternative is arguing for the use of both government and governance as frameworks which are in healthy tension with one another.

To develop this argument this paper needs to establish what the characterising elements of government and governance are, before questioning which elements determine the presence and success of a particular drug policy intervention in the UK and Australian context. Decentralisation of power, independent self-organising networks and use of evidence are seen as key features of governance. Power centralisation, top-down steering and directing and the passing of legislation are seen as key features of government. Note these features are by no means exhaustive; rather, they are seen as representative and as such their presence and extent in the data should be evaluated. These categories were identified through the aid of Marsh's (2003, 2011) discussion of Rhodes' Differentiated Polity Model and the alternative Asymmetric Power Model (2003), to which I now turn.

Pluralism versus asymmetry

The Differentiated Polity Model, or Narrative (Bevir & Rhodes, 2008), has defining features which are associated more closely with governance. In this model, power is decentralised and more openly contested, structures are more horizontal and networks from outside government have access to both power and resources to organise and participate in decision-making. Conversely, an Asymmetric Power Model can be closely associated with more traditional forms of Government: the character of decision-making is seen as hierarchical, mostly limited to actors inside government; power and resources are unequally distributed in a top-down manner (centralism), and access is constrained.

Rhodes' Differentiated Polity Model was criticised by Marsh et al. because it 'overstresses the pluralistic nature of the political system' (2003, p. 307). In response to Marsh, Bevir and Rhodes state that 'a decentred approach does not seek a general model of power [but] it offers narratives of the contingent relationships in the core executive' (2008; p. 733). Even if the Differentiated Polity Model is not concerned with power structures but contingent relations, to what degree can questions of power distribution be ignored and what consequences might this have? Bevir and Rhodes accuse Marsh of mistaking 'oligopoly' for 'pluralism', yet they refuse to directly engage with issues of power distribution (2008; p. 729). Marsh et al. do the opposite by stating that 'the key actors in policy making in Britain are still within, rather than outside, the core executive. The exchange relationships involved are asymmetric with most power still resting with central government' (2003, p. 315). Marsh et al. claim that any power shift from central to local government is managerial, rather than political (2003, p. 316). When comparing UK to other European countries, Klijn substantiates this by noting 'the relative weakness of local governments' (2008, p. 515). This contention will be further explored in the discussion below.

Description of the case study

The UK and Australia witnessed a growth of injecting heroin use in the 1980s and 1990s. By the late 1990s, the problem of street-based injectors had been identified in both countries, with associated public health and public nuisance consequences. Drug consumption rooms as a harm reduction strategy were being discussed since the mid-1990s in Kings Cross, Sydney, and the trial of a safe injecting centre was recommended by the Royal Commission into the New South Wales Police Service in 1997 (Wood's Royal Commission, p. 13–4). During the New South Wales Drug Summit of 1999, this recommendation was reiterated and put to parliament for discussion (Swain, 1999). The New South Wales parliament passed legislation to allow a trial of a Medically Supervised Injecting Centre which opened in 2001 (van Beek, 2004). The UK's problem was not as geographically concentrated as in New South Wales, and did not involve significant police corruption as was the case in Sydney. However, a similar recommendation to pilot a safe injecting site came from the Home Affairs Select Committee report in 2002 (15, para 186). The Home Office responded negatively to this recommendation on the basis of lack of evidence (Hunt & Lloyd, 2008). This prompted an independent working group, supported by the Joseph Rowntree Foundation, to look at the issue in some detail to produce a review in 2006, making the case for the piloting of safe

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