



Research paper

Drug policy coordination: Identifying and assessing dimensions of coordination

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ABSTRACT

Background: Coordination has been recognised as a critical ingredient for successful drug policy governance. Yet what coordination means and how we assess the processes, outputs and outcomes of drug policy coordination is seldom defined. In this article we explore the utility of internationally recognised principles of good governance for examining aspects of drug policy coordination. We describe the development of an assessment tool, and pilot it in one context that has been both praised and criticised for its approach to drug policy coordination: Australia.

Methods: Eight good governance principles of the United Nations Economic and Social Commission for Asia and the Pacific (which specify the need for policy processes to be participatory, responsive, equitable etc.), were adapted to drug policy coordination. A pilot survey was created to enable assessment of their perceived importance and perceived application and administered to 36 stakeholders from peak Australian advisory bodies.

Results: The instrument was shown to have high internal reliability and high face validity. Application to the Australian context suggested that the eight principles differed in importance, and that the most important principles were 'accountability' and 'participation'. Application also revealed perceived strengths and weaknesses in coordination, most notably, an apparent need to increase 'accountability' for stakeholder actions.

Conclusion: The instrument requires further assessment of reliability and validity. Yet, at least within the Australian context, it starts to unpack normative statements about coordination to show perceptions of what coordination is, areas where improvement may be warranted and the degree of contestation amongst different players. Further application of the good governance lens within this and other contexts will progress the assessment of a fundamental yet neglected policy process and foster a more nuanced consideration of the possibilities for coordination in the drug policy "soup".

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Introduction

It has long been recognised that coordination is a critical ingredient for successful drug policy responses (see for example EMCDDA, 2002; HM Government, 2008; MCDS, 2011; Office of National Drug Control Policy, 2010; Swiss Confederation, 2006). In this context, coordination refers to the 'process of synchronising activities towards a common goal' (Hughes, Lodge, & Ritter, 2010). Activities of coordination include generating consensus on priority strategies, resource allocation, evaluation plans, and coordinated implementation of policy across sectors of government. Coordination can facilitate the development of common understanding, minimise duplication, enhance the capacity for innovative and superior responses to complex problems and increase the legitimacy of outcomes (Hunt, 2005; Management Advisory Committee (MAC), 2004; Peters, 1998; Podger, 2002). Conversely, poor

coordination may increase fragmentation, reduce accountability, increase the time and cost of responding, reduce public respect for policies and lead to internal conflict between governments, sectors and service providers (Australian National Audit Office (ANA), 2003; Hunt, 2005; Ling, 2002; Peters, 1998; Podger, 2002). In spite of both the need for (and risks from poorly designed) drug policy coordination, what coordination means and how we assess the process, outputs and outcomes, or what contributes towards 'good' drug policy coordination is seldom defined.

'Coordination' sits within a broader framework of governance. Governance applies to all aspects of policy making: issues identification, policy analysis, decision-making, implementation and evaluation (Althaus, Bridgman, & Davis, 2007). The emphasis on 'governance' rather than 'government' is deliberate and reflects the expanding involvement of a range of actors beyond the traditional purview of 'government', see for example theories of nodal governance or network governance (Burris, 2004; Wood and Dupont, 2006). It also reflects the significant shifts occurring across multiple public policy domains in how decision making is being done. In the newer era decision making has shifted from top-down

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hierarchies to negotiation amongst networks of inter-dependent players, each of whom brings their own interests and intra-organisational constraints (Borzel, 1998; Lewis, 2011). In this context of multiple policy actors and networked governance, successful coordination becomes all the more critical. A comprehensive approach to studying coordination involves the identification of the actors (and missing actors); power relations and distribution of interests and resources; the formal and informal structures and their formation and dissolution; the nature of the linkages and interdependencies between actors and structures; and the dimensions of perceived 'good' coordination that are held by stakeholders. Here we focus on the last aspect: and the dimensions, such as transparency and participation, which characterise the practice of 'good' coordination.

In this article we explore whether we can identify and examine dimensions of coordination using a tool embedded in internationally recognised principles of good governance. The tool was piloted in one context that has been both praised and criticised for its approach to drug policy coordination: Australia (see for example Fitzgerald, 2005; Pricewaterhouse Coopers, 2011; Single & Rohl, 1997).

Australia uses a federated system of governance (Chapman, 1990). As a federal system, the three levels of government in Australia (federal, state and local) all have roles to play in drug policy. The Federal government is responsible for 'providing leadership in Australia's response to reducing drug-related harm', including national policy development, oversight of all state/territory strategies and provision of policy interventions at the national level, such as border interdiction. The State and Territory governments are responsible for 'the delivery of police, health and education services to reduce drug related harm', as well as state-based policy development, data collection and monitoring. Local governments work within their local communities to respond to drug related harms (MCDS, 1998).

The first Australian National Drug Strategy was introduced in 1985 and since inception Australia has utilised two principle advisory structures to assist in policy advice and coordination: a ministerial body [the Ministerial Council on Drug Strategy (MCDS)] and a bureaucratic body [known since 1998 as the Inter-Governmental Committee on Drugs (IGCD)] (Commonwealth Department of Health, 1989; Department of Health, 1985; MCDS, 1998, 2004). While there have been some changes over time, both bodies have been cross-governmental (commonwealth and state/territory) and cross-sectoral (health and law enforcement). For example, the MCDS brought together Health and Law Enforcement Ministers from each state and territory and the Commonwealth. Recognition of the increasing role of the non-government sector saw the introduction in 1998 of a third key advisory structure [the Australian National Council on Drugs (ANCD)] comprised of government and non-government representatives from policy arenas including education, indigenous affairs, mental health, research and consumer groups (MCDS, 2011). Recent changes in the operation of all Australian ministerial bodies have seen the dissolution of a permanent MCDS (MCDS, 2011), but all three bodies were operational at the time of this analysis.

The challenge of assessing the coordination of drug policy

Assessing coordination capacities as they pertain to drug policy has remained a challenge for two reasons. First, the term 'coordination' remains elusive (EMCDDA, 2001, 2002). For example, in spite of repeated references to the need to 'provide', 'facilitate', or 'improve' effective coordination the US National Drug Control Strategy (Office of National Drug Control Policy, 2010) provides no definition of what this entails. This is a similar feature of other

strategies around the world, including the Australian National Drug Strategy (MCDS, 2011) and the UK Drug Strategy (HM Government, 2010). There is moreover a continuum of approaches to coordination: ranging from mere communication in order to make actors cognisant of each other's activities through to collaboration and agreements about what is and is not done (O'Faircheallaigh, Wanna, & Weller, 1999; Peters, 1998; Zobel, 2007). Each lends themselves to different objectives and preferred strategies for coordination. The different understandings of 'coordination' create opportunity for stakeholders to retain different and potentially competing conceptualisations of what coordination *should* and *does* entail.

A second more critical challenge arises out of the fact that, to our knowledge, there remain no analytical frameworks with which to analyse the processes, outputs and outcomes of drug policy coordination. Analyses tend therefore to be descriptive and idiosyncratic. This is exemplified in reviews and evaluations of Australian drug policy, which continually emphasise the *success* of building and maintaining a partnership between the health and law enforcement sectors (NCADA Second Task Force on Evaluation, 1992; Siggins Miller, 2009; Single & Rohl, 1997; Stephenson, Brown, Hamilton, McDonald, & Miller, 1988a, 1988b; Success Works, 2003). Scrutiny of the nature of the relationship has been much more limited and has changed from evaluator to evaluator (see for example the different approaches and conclusions of Fitzgerald & Sowards, 2002; Success Works, 2003). The consequence is that recommendations in relation to improving coordination have been vague and ad hoc, often favouring, as per the conclusions of the 2003 evaluators of the Australian National Drug Strategy, the option to "do nothing" or "do little":

This is an area in which tension is inherent, and hence the most important thing to do is persist with current work practices. What is important by way of improvement may rest more in fine-tuning and in adopting best practice standards for what is done, rather than seeking any major structural alteration. (Success Works, 2003, p. 54)

It is becoming increasingly clear that without a framework with which to guide and evaluate coordination, ad hoc methods of analysis and advice will continue. This will hinder capacity for informed decision making, and increase the likelihood of poorly coordinated systems, and their undesired consequences.

Herein we describe an exploratory approach to examining coordination processes using the lens of 'good governance'. As noted earlier good governance applies to all aspects of policy making, coordination included. It has long been recognised that good processes of governing can facilitate (but not guarantee) better policy outcomes, but a newer realisation has been that good processes are a worthwhile goal in and of themselves (see for example Head, 2008; The Independent Commission on Good Governance in Public Services, 2004). For example, good processes foster willingness to share information, mobilise resources and overcome the intra-organisational constraints that are endemic to operating in a networked public policy landscape (Borzel, 1998).

In efforts to facilitate good governance there has been an international and national push towards identifying and applying principles of good governance. Key proponents include the United Nations (1997, 2007), the Organisation for Economic Co-operation and Development (2005), the World Bank and the Australian Public Service Commission (2005). The most internationally recognised are the eight principles that have been put forward by United Nations organisations, which assert that good governance should be participatory; consensus-oriented; accountable; transparent; responsive; equitable and inclusive; effective and efficient; and follow the rule of law (United Nations Development Programme

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