Drug Policy and Rationality

An Exploration of the Research - Policy Interface

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This thesis is submitted in part fulfilment of the requirements for the MSc in Drug and Alcohol Policy, University of Dublin, Trinity College

June 2008

Declaration

This thesis is submitted in partial fulfilment of the requirement of the MSc in Drug and Alcohol Policy of the University of Dublin and has not been submitted to any other university. I confirm that this thesis is my own work, assistance received has been acknowledged. Permission is given to the University of Dublin to lend or copy this thesis.

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Date:___________________

Abstract

This study was aimed at exploring the extent to which drug policy making in Ireland may be deemed to be a rational process, in which there is a clearly identifiable research-policy interface; the study was prompted by the explicit emphasis in current policy discourse on 'evidence-based' policy making, as exemplified by the 'research pillar' of the National Drugs Strategy. The study used mixed methods: semi-structured interviews were undertaken with key stakeholders involved in the development and implementation of drugs policy; they were supplemented by a case study method which uses documentary analysis to focus on three contentious areas of drugs policy making – Drug Treatment Courts, the substitution treatment buprenorphine, and education and prevention - in the Irish context.

The findings demonstrated that policy making in relation to illicit drugs continues to be a complex process, characterised by conflicting value systems and ambiguity, as well by tensions between the various stakeholders, including those within the public sector who are involved in this process. Ultimately, it appears as though policy making in this sphere is best described as 'political'; policy makers reach decisions which reflect compromise between what research recommends as the optimal course of action and what is most acceptable to public opinion or to the other key players in the broader policy arena. Thus, it concluded that research evidence represents just one competing influence in the 'policy-mix'; policy makers make selective use of such evidence, often to legitimate decisions already arrived at on other grounds. Attempts to identify a research-policy interface, in the sense of an identifiable point at which research findings are fed into the policy process proved impossible, and there was general agreement that dedicated research institutions play a relatively minor role in the entire decision-making system.

It was suggested Ireland's policy culture, which is currently dominated by 'social partnership', facilitated the emergence of compromise and consensus in drug policy as in other potentially contentious areas of social policy. Similarly, it was thought that the application of New Public Management ideas under the banner of the Strategic Management Initiative (SMI) - especially in relation to the management of 'cross-cutting' issues - helped to create the illusion of rationality, thereby helping to defuse conflicts and controversies in this arena. In addition, it may serve to reinforce the gap between policy making and policy implementation.

On balance, the study confirmed that drug policy making continues to be an incremental process, at best *informed* by research rather than *evidence-based*.

In loving memory of Peter A. Costello who taught me always ask questions…I'm still asking!

Acknowledgements

I would like to thank those who participated in this study for their candour and openness. I hope I have done them justice.

To Shane Butler, my supervisor, to whom I owe a debt of gratitude for his guidance, constructive criticism, honesty and endless patience, thanks a million!

In addition, thanks to all of the staff in the School of Social Work and Social Policy especially Marguerite Woods and Pam Isaacson.

To all of the MSc class of 2006-2008 I enjoyed every bit of it, especially the collective moans. The support and friendship has been great and made it so much easier. I'll miss those crazed and panicked texts!

To all of my colleagues in Merchants Quay Ireland I really appreciate the ongoing interest and support.

To all of my friends; I can't believe the amount of support and enthusiasm I have received over the last two years and I'm particularly grateful for the distractions! Now who'd like to read it first…?

To my family; To Sheila, Mark and Ossie thanks for always listening, the understanding and all the phone calls - you really went above and beyond.

To Emma and Sarah who's visits with their auntie 'Niab' always left me giggling and whose joy and wonder in the world never ceases to amaze me.

To my parents, Michael and Joan, who have always supported me, and the choices I have made, and whose belief in me is unfaltering. You are my 'giants'; thank you and I dedicate this thesis to you both.

Table of Contents

	Page Number
Declaration	I
Abstract	II
Acknowledgements	IV
Table of Contents	V
Chapter One: Introduction	1
Drug Policy in Ireland: The Historic Context	2
Recent Drug Policy in Ireland: The Managerial Influence	3
Current Policy Context: A Period of Transition	4
Chapter Two: Literature Review	6
Introduction	6
Policy Making and Rationality	6
Policy Making	7
Evidence Based Policy Making	9
Models of Policy Making	11
Policy, Power and Politics	14
Politics, the State and Bureaucracy	14
Power	15
Contested Meanings, Ideology & Symbolism	17
Construction of Social Problems	18
Competition for Ownership	20
The Conceptualisation of Drug Issues	21
The Disease Concept	22
Deviance and Labelling	24
Media, Moral Panics and Drug Scares	25
Conclusion	28
Chapter Three: Methodology	31
Semi-Structured Interviews	31
Interview Design	31

Participant Selection	32
Data Analysis	33
Documentary Research	34
Case Study Approach	34
Insider Status and the 'Official Line'	35
Limitations	36
Chapter Four: Findings I – Qualitative Interviews	38
Introduction	38
Conceptualisation of Drug Issues	38
Drugs – 'An Emotive Issue'	38
Illicit Drug Use versus Alcohol Use	39
The Disease Concept	39
'Drug User Identity'	40
Media	40
Policy, Power and Politics	42
Politics, the State and Bureaucracy	42
Contested Meanings	44
Knowledge, Information and Power	45
Construction of Social Problems and the Competition for Ownership	46
Construction of Social Problems	47
Competition for Ownership	47
Research and the Collection of Data	49
Policy Making and Rationality	50
Policy Making and Implementation	51
Models of Policy Making	52
Policy Making in Ireland and the National Drugs Strategy	53
Policy Making in Ireland	53
Managing Policy Making	55
'Unique Political Circumstances' – The National Drugs Strategy	56
Evidence Based Policy Making	57
'Usable' Evidence	60
The Research – Policy Interface	61

Conclusion 63

Chapter Five: Findings II - Case Studies 65

Introduction 65

Drug Treatment Courts (DTC's) 65

Origins 65

Evidence 66

Introducing DTC's to Ireland – The Process 66

Implications 68

Buprenorphine in the Irish Context 69

Origins 69

Evidence 70

Introducing Buprenorphine into Ireland – The Process 70

Implications 71

Education and Prevention in Ireland 72

Origins 72

Evidence 73

Education and Awareness in the Irish Context 74

Implications 75

Conclusion 77

Chapter Six: Discussion and Conclusions 78

Bibliography 84

Appendices 92

Appendix A: Sample Participant Information Form 92

Appendix B: Sample Participant Consent Form 94

Appendix C: Interview Schedule 95

Chapter One: Introduction

The idea that public sector management is, or at least should aspire to be, a rational and 'evidence-based' activity is one which has become particularly associated with reforms which are collectively described as *New Public Management* or 'managerialism' (Lynn, 2006). In Ireland, these reforms were introduced in the 1990's under the title of the Strategic Management Initiative (SMI) to bring public policy making and implementation into line with the high standards commonly attributed to modern business management (*Delivering Better Government,* 1996). If successfully implemented, it was assumed that policy aims and objectives would be stated with total clarity and that actions or strategies necessary for their attainment would be identified with equal clarity. Furthermore, implementation of action plans would be constantly monitored through the use of key performance indicators to ensure that aims were being effectively and efficiently achieved.

In Ireland, as in other countries, it has been increasingly emphasised that public policy making is, or can become, a rational enterprise informed by objective and value free science and research, with perhaps mere technical issues hindering the translation of research into policy. Social scientists have tended to be generally sceptical about such reforms and in the area of illicit drug policy (Berridge & Thom, 1996; Duke, 2001) they have been particularly cynical about the imposition of a managerial framework on this complex area of social policy. While not denying that research findings can, and frequently do, have an impact on drug policy, social scientists tend to see research as just one factor influencing policy; instead, they emphasise the essentially non-rational nature of drug policy making, an arena which they see as dominated by value conflicts and a host of broader contextual features.

It is against this background that the study reported here was undertaken, at a time when Ireland's National Drugs Strategy (NDS) has been substantially and explicitly influenced

by the managerial philosophy, with research constituting one of its four original ‘pillars’. The overall aim of this study is to explore the *research-policy interface* in relation to drug policy in Ireland, focusing specifically on the research pillar of the NDS. In particular, this study seeks to;

- identify the degree to which research influences drugs policy;
- explore models of policy making which might best describe the relationship between research and drugs policy;
- examine how and where policy decisions in this area are made;
- investigate the other factors that influence drugs policy decision making.

Drug Policy in Ireland: The Historic Context

The general evolution of public policy on illicit drugs in Ireland since the 1960s has been traced by Butler (1991; 2002a), while another study (Butler & Mayock, 2005) has looked specifically at the introduction of harm reduction strategies to this country. In summary, these detailed studies sought to describe and explain the development of public policies on drugs: ranging chronologically from initial disbelief that Ireland could ever experience such problems, to a pragmatic acceptance that they were here (and probably here to stay) and that due to the public health risk posed by equipment sharing amongst injecting drug users it was necessary to introduce harm reduction strategies. The main argument of the harm reduction paper (Butler & Mayock, 2005) was that the introduction of such measures as methadone maintenance or needle exchange schemes, while ‘evidence-based’, was politically difficult in a policy culture still dominated by popular ideas about drugs of the ‘moral panic’ style and where drug users were generally viewed in a highly moralistic way; Butler and Mayock argue that, in order to overcome these political difficulties, the style of policy making was largely covert, with little public debate on drug issues and low-key (or no) announcements of this shift from the traditional abstinence philosophy to

one of harm reduction. Of most relevance to the present study, however, is the establishment of a formal set of drug-policy structures which had its origins in the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (1996) and which culminated in the publication of *Building on Experience: National Drugs Strategy 2001 - 2008*. These managerial developments will now be looked at in some detail here.

Recent Drug Policy in Ireland: The Managerial Influence

Building on Experience – National Drugs Strategy 2001-2008 has been described as 'a model of managerialsim' including detailed aims and objectives, the actions necessary for the attainment of these aims and objectives, the agencies responsible for carrying out these actions (Butler, 2007, p136). This structured approach centres around four original 'pillars' - supply reduction, prevention, treatment, and research. Following the Mid-Term Review in 2004, a fifth 'pillar' rehabilitation was added. This is a fairly lengthy, comprehensive policy document with 100 actions distributed across the aforementioned four 'pillars'. Focussing specifically on the research 'pillar', the rationale was outlined as follows;

> 'The provision of good quality information on the extent and nature of the problem in Ireland should underpin the National Drugs Strategy…to support and inform policymakers and service providers in drug related sectors… research is essential to enable the dissemination of models of best practice'
>
> (*Building on Experience – National Drugs Strategy2001-2008*, 2001, p104)

The bodies tasked with fulfilment of this remit, to advise government and to assist in policy formation, were the National Advisory Committee on Drugs[1] (NACD) and the Alcohol & Drug Research Unit[2] (ADRU).

[1] The NACD was established in 2000 to conduct, commission and analyse research on issues relating to drugs and to advise Government on policy development in the area. Since June 2002, the NACD falls under the auspices of the Department of Community, Rural & Gaeltacht Affairs (www.nacd.ie). The NACD has a mandate until December 2008

A Period of Transition: Current Policy Context

It is argued that policy contexts are continuously developing and expanding (Duke, 2003). Thus, there are a number of current issues worth noting; The Irish economy is currently in a state of flux moving from a period of sustained economic prosperity towards possible economic recession. There have already been wide ranging cutbacks particularly in the healthcare sector. The current NDS comes to an end in December 2008 so the process of developing a new NDS has been underway since January 2008. In addition, the Minister of State with responsibility for the NDS has changed twice in a period of 12 months; with Pat Carey, TD in post since from June 2007 being replaced in May 2008 by John Curran, TD due to a cabinet reshuffle. The nature of drug use in Ireland is changing with increases in the prevalence of problematic cocaine use (NACD, 2007). Despite a 'moral panic' about this issue, which occurred in November /December 2007 with a number of high profile cocaine related deaths, this appears generally to represent growing levels of poly drug use amongst a cohort of existing problem drug users, with cocaine increasingly becoming part of drug using repertoires. In addition, there is ongoing speculation about the inclusion of alcohol in the new NDS, in fact a Working Group has been established to explore the potential synergies which already exist between the alcohol and drugs issues. It is anticipated that the new NDS will be a poly-drug use strategy within which cocaine will feature prominently, and alcohol will certainly be explicitly mentioned.

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[2] Formerly the Drug Misuse Research Division (DMRD) of the Health Research Board, the Alcohol and Drug Research Unit is a multi-disciplinary team of researchers and information specialists who aim to provide objective, reliable and comparable information on the drug situation, its consequences and responses in Ireland. The ADRU maintains two national drug-related surveillance systems and is the Irish national focal point for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (www.hrb.ie).

Thesis Structure

The remainder of this thesis is structured as follows:

- Chapter Two presents a detailed and systematic review of the academic literature relevant to this topic.
- Chapter Three describes the methodologies used and presents the rationale for their selection.
- Chapters Four and Five present the findings of this study; concentrating on the outcomes of the qualitative interviews and detailing the case studies respectively.
- Finally in Chapter Six the finding are explored and discussed with some conclusions drawn.

Chapter Two: Literature Review

Introduction

As motioned the overall aim of this study is to explore the relationship between research and policy in relation to drug policy in Ireland, focusing particularly on the research pillar of the National Drug Strategy (NDS). As the Irish drugs policy context is discussed briefly in chapter one, this chapter reviews some of the academic literature relevant to this overall topic. Initially, there is a focus on the area of policy making and rationality with particular emphasis on evidence based policy making and models of policy making which may be appropriate to this study. Then, the interaction between policy, power and politics is highlighted with specific reference to ideology and symbolism, and the construction and competition for the ownership of social problems. This is followed by an exploration of the conceptualisation of drug use focussing on the disease concept, deviance and labelling, and a brief look at the role of the media in relation to drug scares and moral panics. Finally, there are some concluding comments.

Policy Making and Rationality

Gusfield argues that '…public policy, in the sense of visible and general statements of direction, states the publicly acceptable definition of public interest and morality' thus the more diverse an audience is for a policy statement the more it is cast in terms of public interest (1975, pp3-4). Public policies are often ambiguous 'with conflicts that have been glossed over, with uncertainties that have been ignored, with issues that have been left unresolved, and with goals and definitions that are vague or even inconsistent' (Lynn, 1993, p21). In particular, it appears that many countries are prepared to tolerate inconsistencies or 'pragmatic incoherence' in their illicit drug policies (King, 1998). However, increasingly it is emphasised that policy making is a rational enterprise informed by objective and value free science and research, that only technical issues

prevent the translation into policy (Berridge & Thom, 1996, p23). Edwards (1993) argues that science does not always find it easy to connect to policy, that in fact, science illuminates our general way of seeing an issue rather than 'it offering technical advice of the kind which can bear immediately on the solution of a single problem' (Edwards, 1993, p4). Berridge & Thom, in support of this position, argue that responses to available evidence have 'depended on the selection and interpretation of facts within an ideological frame and within political and administrative structures' (1996, pp29-30).

Related to this is the growing rhetoric of 'evidence based policy making' and managerialism (Duke, 2001). Theoretically, this approach should work well, argue Choi et al, due to its 'intuitive common sense logic' (2005, p632). However, the dominance of the managerialist model and private sector ethos have influenced the types of research and researchers favoured and commissioned (Duke, 2001). Furthermore, this commitment to 'evidence based policy making' belies the complexity of policy making and ignores the fact that research constitutes only 'one element in what is essentially a non-rational political process characterized by competing influences and claims and by wider contextual features' (Duke, 2001, p290; Secker, 1993). In addition, Duke (2001) highlights the interplay between research, evidence and knowledge arguing that policy making varies according to time and place.

Policy Making

Often policy is not just a decision but a series of decisions which taken together comprise a 'common understanding of what policy is' (Hill, 1997, p7). Hill argues further that policy processes are essentially 'continuous processes of policy evolution', although there are grounds for seeing different stages in the policy process, policy initiation may start anywhere in the system, there is no way of predicting what will occur at any stage,

and the stages are not necessarily insulated from each other (1997, p22). In addition, Choi et al argue that policy making is 'built on a history of related policies, but is also reactive to numerous and competing stakeholder demands' thus policies are generally the result of compromises and are 'constantly framed and re-framed in response to changing contexts' (2005, p633). Therefore, policies change overtime and policy making is a dynamic rather than a static process (Hill, 1007, p8). Furthermore, it is important to separate policy making and implementation as '…policy is to some extent made, or at least reformulated, as it is implemented' (Hill, 1997, p100). However, it is important not to lose sight of the links between the two processes as the influences on policy outputs are complex, thus judging the system only by its outputs gives no idea of the inherent tensions and contradictions (Hill, 1997 pp36-37).

There is often a discrepancy between public policy statements and activities and interpretation at a local level (Gusfield, 1975). This '…discrepancy between policy at different levels of application and visibility suggests one way in which social policies undergo revision; not by the definitive and deliberate embrace of one doctrine or theory, but by the slow accretion of individual facts' (Gusfield, 1975, p14). The goal of policy makers is popular support and they often deal with crises, thus they tend to be interested in broad issues and solutions that can be applied to a wide variety of problems (Choi et al, 2005, p632-633). In addition, the policy process is likely to involve both insiders and outsiders, elected and appointed officials, and a variety of interests groups (Hill, 1997). 'In the world of daily existence there is much more ambivalence, ambiguity and contradiction than the generalized rules and formulations of public policy can admit' (Gusfield, 1975, p14).

Evidence Based Policy Making

The dangers with the move towards evidence based policy making is that it promises to deliver rationality and prescription rather then answers and decisions to complex questions (Duke, 2001, p292). The underlying assumption is that policy making is a rational activity with research having a direct impact on policy making (Duke, 2001) and it also fuels expectations that the policy process will be 'organized and systematic' (Hill, 1997, p9).

In addition to scientific evidence, policies are based on 'values, emotions and the wishes of interest groups' thus scientific evidence is only one consideration among several (Choi et al, 2005, p636). Thus, policy relevant research emerges with the interplay of numerous factors including; researcher curiosity, the interest of policy makers, funding, political interest, serendipity and happenstance (Hall, 2004, p566). Stevens argues that the structural and tactical interests of powerful social groups have a significant influence on how evidence is used to 'bolster the legitimacy of powerful social groups' and 'support existing power differentials' (2007, pp31-32). It is suggested that many policy makers adopt evidence which supports decisions already taken (Choi et al, 2005) and which legitimise existing policy frameworks (Duke, 2001). Thus, '…policy makers use evidence in the battle to control problem definition and policy solutions. Policy makers look for evidence to support their claims, and thus systematic bias occurs in the way that policy makers look for and use data' (Choi et al 2005, p633). In addition, Jenkins (1994) highlights the fact that 'moral entrepreneurs' may also have diverse motives for the utilisation of evidence. Although Choi et al caution that care must be taken to ensure that 'evidence based policy making' does not become 'policy based evidence making' i.e. 'creating and selecting evidence that suits and justifies certain formulated policies' (2005, p635).

Paradoxically, argues Edwards (1993), although science is expected to help resolve policy problems there are times when research findings create real problems for policy makers. People do not like to be reminded that there is something fundamentally wrong with the society in which they live (Reinarman & Duskin, 1992). 'Who really wants to know that crime, drug taking and poverty are all part of the same nexus when it is so much more politically convenient to fight a 'war on drugs' (Edwards, 1993, p12).

Research may indeed give a policy significance which may have been 'invisible and indeed unimagined, beforehand' (Room, 1993, p27). Berridge & Thom argue further that research can fulfil a 'front function' legitimising existing policy approaches and decisions (1996, p32). However research can also serve to deflect attention away from a particular issue or defer contentious decision making (Berridge & Thom, 1996). 'When faced with demands for action on particular issues, governments are able to delay responses by playing the research card' (Duke, 2001, p279).

However, although there may not be an obvious impact on policy, research can influence the policy discourse and policy environment where discussions, debates and decisions on policy matters occur (Duke, 2001). However, it is worth noting that there is not necessarily a correlation between the quality of research and the policy derived form it; good science does not necessarily equal good policy or vice versa (Choi et al, 2005). Furthermore, Duke cautions that while research can have an impact on policy development, so too does a lack of research on a particular issue or area (2001, p282).

Models of Policy Making

Various models have been developed in an attempt to understand and explain the nature of policy making in different jurisdictions. Lindblom (1959) identifies two models; the *Rational Comprehensive Model* (referred to by Lindblom as the Root approach) which sees policy making as starting from fundamentals anew each time, from the ground up. Values and objectives are clarified, then alternative policies are analysed and all the while theory is heavily relied upon. Thus, policy formation is approached through a means ends analyses and the test of 'good policy' is that it can be shown to be 'the most appropriate means to desired ends' (Lindblom, 1959, pp81-84).

Alternatively, the *Successive Limited Comparisons Model* (referred to by Lindblom as the branch model) sees policy as continuously building, step-by-step. The selection of value goals and analysis of the needed action are closely linked, thus means end analysis is often inappropriate or limited. The test of 'good policy' is where analysts find themselves agreeing on a policy, without agreeing what is the most appropriate means to an agreed objective, nor agreeing on values, thus individuals with very different ideologies can often agree on a policy (1959, pp81- 84). In this case analysis is limited with little use of history, and the exploration of possible alternative outcomes, policies and values neglected (Lindblom, 1959, p81).

The *Root Method,* argues Lindblom, though'…the 'best' way as a blueprint model, is in fact not workable for complex policy questions, and administrators are forced to use the method of *Successive Limited Comparisons*' (Lindblom, 1959, p81). This is because the agreement of values is difficult when it comes to complex social problems and values vary from situation to situation thus policy is often decided without clarification of values (Lindblom, 1959, pp81-82). Policy makers, argue Lindblom, should anticipate that any

policy will only achieve some of what it sets out to achieve and that there will be some unintended consequences. The focus on marginal or incremental changes allows policy makers to '…adjust objectives to available means instead of striving for a fixed set of objectives' and to avoid serious lasting mistakes (Hill, 1997, pp86-103). However, this is not to argue that the *Successive Limited Comparison* approach is without its flaws, it has many imperfections but it is a way to get things done to 'muddle through' (Lindblom, 1959, p87).

However, Hill argues that incrementalism does not necessarily allow 'mutual adjustment', as Lindblom suggests, that in reality this depends on the power dynamics. Therefore, incremental changes can happen where one party is dominating and mutual adjustment is not occurring (1997, p103). In addition, Hill quotes Dror (1964) who argues that when society is seeking to bring about significant social change incrementalism would not be appropriate. Therefore, the best model may be somewhere between the R*ational-Comprehensive Model* and the *Successive Limited Comparison Model*, somewhere between idealism and realism (Hill, 1997, p105).

Berridge & Thom suggest that there are two models of policy making; The *Rational Model* – where policy making is seen as a rational exercise, with autonomous researchers producing value free objective evidence, which can be used by different equally autonomous policy makers (1996, p25). However, in reality decision making rarely takes such a 'logical, comprehensive and purposive manner' (Hill, 1997, p100). The *Enlightenment Model* suggests that the findings of research filter in a diffuse way into the policy process, and that policy and science are not autonomous spheres but linked 'through networks of influence and policy communities' (1996, p25). This model, according to Stevens (2007), assumes that all evidence influences and thus does not focus

on which, and why particular pieces of research actually get through. In addition, Stevens (2007) describes the *Political/Tactical Model* which acknowledges the selective use of evidence with policy makers responsible for this 'misuse', not the groups who may be attempting to influence policy. However, it is highly likely that all kinds of powerful groups will use research for their own interests (Stevens, 2007, p27).

Alternatively, Stevens proposes an 'evolutionary analogy' for the use of evidence which goes beyond the *Political/Tactical* Model identified above arguing that social structures as well as political factors are important in determining the use of evidence (Stevens, 2007). A variety of ideas coming from evidence compete for attention in the policy making arena, some of these ideas 'fit' the interests of powerful groups and others do not. Thus, Stevens argues that '…ideas that fit will therefore have groups and individuals that carry them into policy, as would a gene be reproduced if it finds a place in organisms that survive' (2007, p28). Thus, this selection process can be 'complicated, messy and sometimes brutal' (Stevens, 2007, p28).

However, it must be acknowledged that models are ideal types and there are a huge variety of research and policy relationships, in addition there are a diversity of other factors influencing this relationship (Berridge & Thom, 1996). Hill suggests that there are problems with all models as policy making may be incremental but not necessarily participative due to the unequal distribution of power. Additionally, institutional constraints mean that both rational policy making and incremental policy making are difficult (1997, 107). Furthermore, '…the rationalism/incrementalism debate is beside the point when it is party political commitment ideology rather than either rational planning or 'partisan mutual adjustment' which drives the policy debate' (Hill, 1997, p108).

The interplay between research and policy illustrates the complexity and reflexivity of the relationship between the two areas (Duke, 2001, p291). There is a tendency to use evidence selectively when it comes to controversial areas of policy making where 'the legitimacy of government action is most strongly challenged' (Stevens, 2007, p32) and when groups have opposing policy positions (Hall, 2004) as a result there is a 'filtering' of the evidence which influences the climate of opinion in which policy is made (Stevens, 2007, p32). Thus, it is important to situate the policy making process firmly within its political, social and economic context (Duke, 2001).

Policy, Power and Politics

Politics, the State and Bureaucracy

'…an examination of a policy process needs to be seen as occurring in organised contexts where there are established norms, values, relationships, power structures and standard operating procedures' (Hill, 1997, p86). Central to the policy process is the nature of the relationship between policy and politics as the influence of political institutions and political culture on the policy process cannot be underestimated (Hill, 1997). Hill queries the predominance of the notion that political action is, or should be purposive, the policy making process is a game he argues - a 'game' which is played within an agreed set of rules, yet there are also ongoing efforts to renegotiate these rules (1997, p88). The need for government to maintain popular support generally results in efforts to influence or respond to public opinion, and to include powerful policy actors in the policy process (King, 1998). In addition, there is the shunning of issues 'which will embitter and divide the electorate' (Gusfield, 1989, p437) as much policy making is concerned with maintaining the status quo and resisting challenges to existing values (Hill, 1997, p8).

How interests within the state influence the process and particularly the strong positions of permanent civil servants vis-à-vis politicians warrants exploration (Hill, 1997). It is argued that it is easier for civil servants to operate in a climate of political consensus, therefore where there is no consensus; their role may become one of trying to create it (Hill. 1997). There is a danger in seeing civil servants as a homogenous group thus, Hill asks the critical questions, to what extent does a permanent civil service manipulate political party processes in order to retain its dominance; and to what extent does the civil service take its ideological stance from its political superiors (1997, p120). In addition, when and in what circumstances do administrators initiate policy and at what stage do they get involved in policy processes they haven't initiated (Hill, 1997). This may vary from political system to politician system and from issue to issue. However, Gusfield suggests that the power of the politician is often underestimated that the politician's statements and actions can 'serve to monitor for his audience the direction of social events. He has the ability to influence the polarization or unity of the political process' (1975, p13).

Power

Lynn (1993) argues that the relationship between science and policy is actually the relationship between knowledge and power. Thus, it is important to understand how issues find their way onto the political agenda and what occurs once they are there. Gusfield suggests that 'as long as drug use was clearly seen as being confined to marginal and minority social groups, it was possible to confine it to a limited place on the agenda of public actions' (1975, p8). Thus, any discussion about the policy process 'needs to be grounded in an extensive consideration of the nature of power in the state' (Hill, 1997, p18) however power is 'not equally distributed nor is it uniformly applied' (Morgan, 1980, p19). Gomez highlights the power of social elites identified as: elected politicians,

bureaucrats, scientists, professionals and media opinion makers (1997, p123). Implicit in the concept of structures is a system which gives dominance to a range of powerful groups '…this dominance is given structural form by customary practices and modes of organization. It may well be built into language and manifested symbolically in a variety of ways' (Hill, 1997, p63). The forms of stratification within a society can impact the power dynamics e.g. class, gender and ethnicity, which may operate independently or in association with other divisions, to structure and bias the policy process (Hill, 1997, pp45-46). In addition, the nature of relationships within the state can have an influence, especially as units of government are subject to ongoing adjustment and development (Hill, 1997).

Power can mean different things to individual policy makers therefore it is important not assume altruistic motives; power can be used to further personal ends rather then to solve problems (Hill, 1997). There are also certain actors whose power is difficult to determine e.g. the media (Hill, 1997, p41); in addition the extent of their power may vary from time to time, issue to issue. Although social structure may explain the relative power of some groups, it is rare for the interests of any one group to determine the use of evidence (Stevens, 2007, pp29-31). However, generally those whose interests who are most harmed by the selective use of evidence are amongst the least powerful (Stevens, 2007, p29). Most problematic drug users would fit into this category.

As mentioned, power is often exercised by confining decision making to relatively 'safe' issues thus not only is 'power exercised in decision making it is also exercised by limiting the scope of the political process' (Bachrach & Baratz, 1962, p948). Thus, power operates in an overt manner, seen in obvious policy conflicts over key issues but also in a covert manner by the suppression of conflict and the prevention of issues entering the

policy process, where it is less easy to identify (Hill, 1997, p38). This 'organization of bias' favours some issues and the suppression of others thus '…some issues are organized into politics while others are organized out'. As a result power is not necessarily reflected in concrete policy decisions thus it is essential to examine 'non-decision making' (Bachrach & Baratz, 1962, pp949-952). This 'mobilisation of bias' can protect vested interests (Hill, 1997, p56).

Contested Meanings, Ideology and Symbolism

Policies are made in a context where there are contested value systems and competing interests 'which are articulated to varying degrees by political parties', ideology, even if only symbolic, is major part of the rhetoric of policy making (Hill, 1997, p110). Thus, many policies are advanced in ideological ways and presented in terms of what they will do to increase freedom, equality etc, even when links to these ideals are fragile (Hill, 1997, p110). Hill (1997) argues further that the formulation of political parties positions on policy creates an impression that consensus exists ignoring the many divisions within society. If issues are understood to be those of moral diversity, of 'contested meanings' then the issue is seen as a political issue and not belonging in the realm of the 'troubled people professions' (Gusfield, 1989, p433). It is therefore when 'big issues' are at stake that strongly contested party politics are most evident, and it is at the earlier stages of the policy process that ideological components are most likely to arise thus 'agenda setting is in many respects an ideological process, translating an issue into a policy proposal' (Hill, 1997, p115).

Gusfield argues many policies are introduced due to their symbolic importance 'to maintain the illusion of a common, stable culture'. Thus, in the policy environment he questions 'if public programs establish and sustain an official public morality, is science

relevant? If public policies maintain a needed illusion of a common, stable culture, can expertise have any impact?' (1975, p12). Thus, 'policies may often be more effective in giving the impression that the government is taking action, then in tackling social problems (Hill, 1997, p22). In fact, there is much symbolism throughout the whole political process (Room, 1993; Jenkins, 1994). It is also interesting how other issues e.g. ethnic and racial tensions come to be symbolised by drug use (Jenkins, 1994; (Murji, 1998).

Gomez (1997) argues that politicians engage in such 'symbolic politics' by 'talking tough on drugs' and proposing policies that they know will never be introduced or implemented. This, she suggests, may go someway to explain the disparity between rhetoric and policy/legislation in relation to drugs issues. Gusfield draws a distinction between scientific and political knowledge; scientific knowledge, he argues, is concerned with fact and theories whereas political knowledge 'concerns public attitudes and organization toward drug use, including scientific knowledge' (1975, p13). Thus, there are limits in any culture to what is appropriate for a politician to propose and important differences culturally in how the political process is defined (King, 1998; Room, 1993).

Construction of Social Problems

Embedded in the welfare state is the concept of 'social problem' (Morgan, 1980) which 'is a category of thought, a way of seeing certain conditions as providing a claim to change through public actions' (Gusfield, 1989, pp431-432). The attention of government and policy makers further highlights the position of such issues on the public agenda (Gusfield, 1975) and once an issue is defined as a social problem a decision to take an action, or indeed inaction, must result. Social problems, argues Beck, are surrounded by a particular type of politics, that in fact social problems are a 'form of

political action'. He argues further that we have developed a routine process for the construction of social problems precisely '…because we have established in our culture a uniform recipe for cooking one up…working politicians have discovered the usefulness of conducting politics under the guise of treating social problems' (1978, p357). Alternatively, it has been argued that policy claims may be rationalisations after the fact; an attempt to suggest that chance or uncontrolled events were indeed planned (Hill, 1997).

Furthermore, the construction of social problems '…is a cumulative process in which each issue is built, to some extent, on its predecessors' often a process called 'convergence' (Hall et al, 1978 quoted in Jenkins, 1994) occurs where in an effort to portray the seriousness of a new problem it is linked to an already familiar issue, thus placing it in an existing context e.g. linking ice[3] use with cocaine use (Jenkins, 1994, p16). Beck argues our perspective on social problems is an integral part of their construction, that 'our way of looking is part of what we observe' (1978, p356). It has been argued that defining social problems as those of 'troubled persons' is a way of depoliticizing problems that 'the psychologizing or medicializing of phenomena, as a way of seeing, draws attention away from the institutional or structural aspects' (Gusfield, 1989, p433, Morgan, 1980). Alternatively, issues can also become *re*politicised, moved back from the realm of social problem into the political arena e.g. drunk driving (Gusfield, 1989, p439)

However efforts to construct a social problem are not always successful, just as some groups are capable of mobilizing change some groups equally are capable of preventing change (Gusfield, 1989). 'In addition, claims makers usually demonstrate a certain

[3] Smokable crystal methamphetamine

historical amnesia often rediscovering problems which in fact are well established while failing to note how thoroughly earlier panics were discredited' (Jenkins, 1994, pp7-8).

Competition for Ownership

Gusfield (1989) argues that to own a social problem is to have the authority to name this condition a problem, to propose possible solutions, and to some degree to control the discourse about it. Gomez argues further that the ownership of social problems is based on the unequal distribution of power and influence, that the construction of social problems is 'a political process involving contests among claim-makers to control the initial definition and ultimate response to a social problem' (1997, p6). Social problems, she argues, have predictable life cycles involving the competition for 'ownership' from *discovery stage*, where the problem is identified, to the *institutional stage,* where decisions are made about what should be done about the issue and, critically, what resources will be allocated. There is ongoing competition for ownership of drugs issues both between professions e.g. between those working in the criminal justice system and those working in the health arena and within professions e.g. psychiatry and general medicine (Gomez, 1997, King, 1998).

Although there are many groups (claims makers) interested or involved in this issue; medical professionals, judiciary, police, the media, drug users and their families, access to policy makers and the policy making process is inherently unequal (King, 1998). Elected and appointed officials have considerable power, and indeed are often at odds in the policy making arena, thus the influence of powerful interests and the need for government to respond to an 'often ill-informed public' to maintain popular support may actually have a greater impact on the policy making process then research (King, 1998, p147).

Furthermore, Berridge & Thom (1996) highlight the power of, what they term, 'medico-civil servant policy communities' and their role as gatekeepers to policy makers and the policy making arena. In addition, the influence of professional and service provider networks should not be underestimated (O'Shea, 2007). These relationships can be mutually beneficial as pressure groups need to influence policy, and the institutions of the state need support from powerful groups outside it (Hill, 1997). However, Hill draws 'attention to the ways in which interest groups and the State are linked into frameworks which facilitates consensual and often covert forms of bargaining over policy issues' (1997, p117). In addition, there can be much rivalry amongst subgroups (Lynn, 1993, pp20-21). The attention the media devotes to an issue gives it status and can be crucial in constructing it as a social problem (Gusfield, 1975; Duke, 2001). However, Gomez (1997) cautions, issues once defined as social problems take on lives of their own and can emerge in unpredictable and different ways then intended by initial claims makers.

The Conceptualisation of Drug Issues

There is a tendency, argues Gusfield, to use the term 'drug' without any differentiation yet many drugs are only viewed as being problematic within particular historical contexts (1975, p6) thus how we view drug use is hugely influenced by cultural and historical factors. It is suggested that drug use, and non-use, have carried symbolic meaning throughout history (Room, 2004). Peele argues that there is a 'cultural ambivalence' to the issues of alcohol, drugs and intoxification, that symptoms like loss of control depend almost entirely on cultural and personal meanings (1995, p6). Indeed, Room argues further that the 'symbolic powers of psychoactive substances' make them a 'recurrent arena for value-based politics' (Room, 2004, p7) as mentioned, '…inherent in the debate

over drugs and drug use are symbolic meanings and connotations which tap emotive elements and are more metaphorical then matter-of-fact' (Gusfield, 1975, p7).

Whether one sees the response to drug issues as belonging in the legal or therapeutic, 'tough' or 'tender' sphere (Gusfield, 1975), both approaches assume a homogeneity of moral values; one suggesting the drug user has committed an offence against the public interest, the other that s/he is sick and needs to be cured. '…both strategies uphold an official pubic view of morality' (Gusfield, 1975, p12). However, Gusfield argues that many of the problems associated with drug use are in fact due to the social control responses to drug use rather then drug use itself (1975, p12). To remove the pathological character of the drug user would be to acknowledge the plural nature of society and undermine the belief in social consensus (Gusfield, 1975, p13). 'Overall, however, whatever these variations it is the definitions imposed by the powerful on the situation that will be most decisive in shaping public policy and social attitudes' (Young, 1987, p445).

The Disease Concept

Peele argues that it is essential that there is an appreciation of how the 'defining of addiction as diseases affects our views of ourselves as individuals and as a society' (1995, pp 6-7). During the 20th century and into the 21st century the disease concept has dominated our conceptualisation of problematic drug use '…we are living today with nineteenth-century ideas about drug and alcohol use 'presented as if they were modern scientific discoveries' (Peele, 1995, p53). This concept looks to the individual both for the cause of, and the solution to problematic drug use (Meyers & Miller, 2001).

Despite the many flaws associated with this concept and much evidence to the contrary it has remained pervasive. It is argued that it is functional for society to view drug use as caused by individual pathology requiring treatment or imprisonment, rather than as a result of structural inequalities inherent in society (Gusfield, 1989; Gomez, 1997; Morgan, 1980). People do not like to be reminded that there is something fundamentally wrong with the society in which they live, that 'crushing poverty and racism gives rise to despair that sometimes leads to drug use, abuse or addiction' (Reinarman & Duskin, 1992 p10). Gusfield suggests this focus on individual pathology serves to distract attention from the structural and institutional aspects that underlie social problems (1989, p434). Yet according to Reinarman (2005) despite this '…long history of conceptual acrobatics' (p312) and much research, the biological basis for 'addiction as disease' remains elusive (p308).

Furthermore Reinarman suggests that the medical profession claim ownership of addiction as disease (2005, p311) arguing that intense treatment is crucial, provided by experts with specialised knowledge (Miller, 2006). This expert model, has influenced treatment during the later half of the 20th century and it is proposed that in fact 'the disease theory was successfully merged with modern medical and scientific belief' (Miller, 2006, p18). However, stereotypes experts hold about deviants especially drug users are important as they can have very real consequences for what happens to the individual and critically how the individual perceives her/himself (Young, 1987, p441). Even the drug policy reform movement embraces the notion of addiction as disease in a bid to lobby for treatment as opposed to imprisonment (Reinarman, 2005). The concept of addiction as disease also functions as an excuse for bad behaviour, a means of absolving blame, an explanation for irrational behaviour and a legitimation for punishment or treatment (Reinarman, 2005, p309). Problem drug users are taught to *re*interpret their

lives and behaviour in terms of this concept allowing 'him or her simultaneously to 'own' and yet disown deviant acts committed while addicted' (Reinarman, 2005, p315).

Deviance and Labelling

All illicit drug use is generally presented as deviant regardless of the fact that drug users are a heterogeneous group, and the user once labelled is defined by this label (Cohen, 1972). According to Young (1987) not only are drug users viewed as being asocial, drugs are considered 'desocialising' (p438) thus illicit drug use is perceived as contrary to the values of society and 'deleterious to the body politic' (p414). Deviance theory indicates how through 'definition, classification, persecution and prosecution certain individuals, behaviours and lifestyles could become, in the eyes of the majority, highly stigmatised' (Parker et al, 1998, p18). Furthermore, society alternates from one 'folk devil' to another 'from mod to rocker to greaser to drug fiend' (Cohen, 1972, p11). As mentioned, problem construction is a cumulative process (Jenkins, 1994) thus often problems are stigmatised by association with another already familiar stigmatised issue e.g. crack and sexual promiscuity. All deviant behaviour is presented in grossly stereotypical ways which belies the complexity of issues and limits debate (Young, 1987)

The concept of deviancy infers a high degree of consensus of what constitutes 'acceptable', and indeed 'unacceptable behaviour' however due the high levels of differentiation in modern societies all don't necessarily need or share the same rules (Becker, 1963, p15). Young argues that consensus is actually a human construct, '…a system of values created by a specific group of people, but it is presented as if it were something outside and above human creation' (1987, p414). Therefore, it is ultimately an issue of social control, those who can force others to accept their rules are usually those with political and economic power (Becker, 1963, p17). However, Beck quoting

Durkheim and Garfinkle questions whether it is often only when social rules have been broken that it is clear what the rules actually were (1978, p355).

The very act of labelling someone 'drug user' may have the effect of a self-fulfilling prophecy. There is little questioning of the label once assigned and indeed, there is general acceptance of the values of those who assign the label (Becker, 1963, pp3-4). Thus, the individual drug user may take on the assigned label and internalises it, believing the associated negative connotations and this may limit their future choices (Young, 1987). There is little, if any, focus on the meaning of drug use for individual users (Young, 1987, pp438-439).

Young does acknowledge that notions about consensus are not necessarily false, that there can be majority opinions and values in relation to certain issues. In addition, not all choices are free, e.g. the choice to use drugs which can be based on misconceptions and incomplete knowledge furthermore societal and sub-cultural pressures cannot be underestimated (Young, 1987).

Media, Moral Panics and Drug Scares

According to Gusfield 'modern life is experienced both close-hand and far away' we know close hand only a small proportion of what makes up our perception of society, verbal and visual images make up the rest. Thus, the media and increasingly the mass media, play a major role in the provision of these verbal and visual images. Drug issues appear in all facets of the mass media, in various manifestations and guises thus 'journalists the world over have discovered that audiences avidly consume news which titillates their sensibilities and confirms their prejudices' (Young, 1987, p407).

Drug issues tend to be reported in a black and white manner; the drug user is represented as a villain, a modern day 'folk devil' (Cohen, 1972) with the only potential for redemption in recovery, the family are represented as victims, those who work with drug users represented as saviours and drugs themselves are presented as omnipotent. In addition, a bias exists in terms of reporting certain types of drugs and certain types of users creating unrealistic perceptions and leaving the issue open to misinterpretation and conjecture (Parker et al, 1998).

It has been argued that drug use can be seen as symbolic, representing wider fears in society for example the link between 'crack babies', crime and changing family values in the USA (Gomez, 1997) and between ecstasy deaths in the UK e.g. Leah Betts and general social malaise (Murji, 1998), each instance representing a collective societal anxiety. In addition, we often see the battle for ownership of social problems, in this case the drugs issue, played out in the media, between professions and within professions (Gomez, 1997). According to Gomez (1997), it is important to recognise the dual role played by the media as claims makers in their own right but also as the targets of other claims makers. It is argued by some that drug scares are self-serving, used by those powerful in society to propagate their hegemony and to control the masses with nearly all such scares implying that 'addiction-as-disease was the inevitable and tragic result of the demon drug *du jour*' (Reinarman, 2005, p314).

There have been periods of panic in relation to drug use and numerous drug scares appear in the media from time to time. Some refer to such scares as 'moral panics'[4] Young argues drugs are the source of moral panic '*par excellence*' (1987, p426). However,

[4] Young defines moral panic as 'periodic widespread public hysteria about particular social problems which not only blatantly exaggerates their extent and impact, but creates 'folk devils': distorted stereotypes of the how, why and whereabouts o f the typical deviant' (1987, p426)

Murji (1998) argues that the term 'moral panic' has been discredited due to over and inappropriate use. The ability of the media to influence public opinion and debate is itself a much-debated area with divergent views. Parker et al argue that 'the quality and level of debate is largely determined by the media' (1998, p5). The contrasting approach focuses on the ability of the audience to actively 'filter, interpret, deconstruct or even reconstruct' media messages (Murji, p122). Both approaches have their limitations argues Murji (1998) the first media-centric focus often leaves the role of the audience unexamined however the second approach possibly overestimates the power of the consumer. Coomber et al (2000) highlight that that social context in which media reporting occurs can have a major impact, in addition the media and the powerful at times may be forced to follow rather then lead public opinion (Murji, 1998; Gomez, 1997). In reality what occurs is probably a 'dynamic and reflexive interplay between media and audience' (Murji, 1998, p129) with the balance of power shifting periodically.

Journalists have their own values, beliefs and prejudices and therefore, media coverage is never 'value-free'. However, Murji (1998) cautions that it is not sufficient to critique the media as being partial as there we have no idea what a impartial media would be like. In addition, the economic imperative in the business of media should not be forgotten thus, Reinarman & Levine argue, we should not be surprised that the media construct stories to maximise their market share (2004, p189). Thus, much analysis is critical of media reaction to 'drug issues' however Murji cautions that 'elements that are problematic in media reaction are no less problematic when they occur as counter reaction' They can be equally one-dimensional, lack complexity and are characteristic of the all too prevalent 'sound-bite' culture (1998, p125).

It is difficult to estimate how much the public or policy makers rely on media sources for information on drug issues however, Forsyth (2001) argues that if media portrayal of drug issues affects public opinion that it must in turn affect policy makers from national politicians to research funding bodies.

Conclusion

This review of literature demonstrates that, despite claims to the contrary, policy making is not necessarily a rational activity, it is a political enterprise influenced by a wide range of competing factors, and this is further complicated when it comes to drug issues which are surrounded by ambiguity and ambivalence (Gusfield, 1975). Politically, there is a desire to be seen to do something to tackle 'the drugs issue' yet many popular responses are not necessarily effective e.g. media messages from experts about risks associated with drug use (Byran et al, 2000; Mayock, 2005). Furthermore Hill (1997) questions the assumption that political activity is and should be purposive. In addition, expecting policy to be evidence based often results in policy making being initiated from a false premise expecting clarity in the areas which are most unclear, rationality where there is mostly irrationality and logic where logic sorely lacks. Young argues that '…we have a contradiction: the area of human life where rational action is most necessary is also the greatest focus of irrationality' (1987, p408). Moreover Secker argues that we live in a 'world full of imperfect, irrational people' (1993, p120S). Thus, it is misguided to presume that evidence alone will guide decision making in this arena however maybe as Murji (1998) cautions in relation to the quest for value free media there should be equal caution in the pursuit for rational and objective policy making as we also have no idea what this would actually be like in reality.

Policy thus results from the interaction between various factors and influences including; power, ideology, symbolism, the competition to identify, own (and indeed disown) social problems, competing demands and agendas, and contested meanings and ideological conflict. Thus, with such wide ranging influences it is important not to look at outputs in isolation from the process (Hill, 1997) as social problems can emerge in very different ways than intended by claims makers, outcomes can be unexpected or unanticipated (Gomez, 1997; Lindblom, 1959). In addition, it is important to explore issues which do not make it onto the political agenda (Bachrach & Braatz, 1962).

The rhetoric of rationality and managerialism gives the impression of consensus and homogeneity disguising the many differences in society and giving the impression that 'purposeful activity' is underway (Hill, 1997). As mentioned, this is further complicated when it comes to the area of drugs policy as a result of how drug issues are conceptualised, with the disease model and deviance theory being most pervasive. This illusion of consensus belies the enormous levels of confusion and conflict about the causes, consequences, and ultimately the solutions to this issue. Therefore, the link between research and policy making is not linear and logical, as Stevens (2007) argues there is a filtering process which varies according to issue, context, and the political and social climate with many powerful claims makers impacting on this process along the way. Thus '…the facts of political life ensure that drug research bears the same indirect and contingent relationship to drug policy that drug policy does to drug use' (Hall 2004, p567).

This research will explore the extent to which drug policy making in Ireland is rational and 'evidence based', seeking to identify the model of policy making that might best describe the relationship between research and policy in this context. Furthermore, it will

examine how and where policy decisions are made, and explore some of the other factors that may have an influence.

Chapter Three: Methodology

This was an exploratory study using a qualitative methodology; employing the mixed methods of semi- structured interviews and documentary analysis. Known as triangulation, this involves the use of more then one method or data source when studying social phenomena so that findings can be cross-checked (Bryman, 2004, p545). Critically, the methods were interconnected with the documentary analysis informing the focus of the interviews and providing background and context, with the interviews influencing further analyses (Duke, 2003, p27). This study covers a time period from 1996 to date, however there was specific focus on the period of the existing National Drug Strategy (NDS) 2001 – to date.

Semi- Structured Interviews

Nine semi-structured interviews were undertaken with policy makers and those involved in the formulation and management of drug policy in Ireland to ascertain their views on the development of drugs policy, the processes and factors influencing its construction and evolution, and in particular the role evidence plays in this process. Qualitative interviewing is flexible and dynamic involving '…nondirective, unstructured, nonstandardized, and open-ended interviewing' (Taylor & Bogdan, 1998, p88). There are some limitations associated with this approach (see Taylor & Bogdan, 1998) however; this was considered an appropriate method to achieve the aims of this study.

Interview Design

As mentioned, all interviews were semi-structured consisting of ten to twelve questions focusing on some of the thematic areas identified in the review of literature but specifically related to each participant's area of work and the Irish drug policy context. Furthermore, all questions were open-ended to encourage participants to talk freely

about the subject in question. All interviews were recorded with participants' consent using a dictaphone.

Participant Selection

As the research questions related directly to policy making and specifically the interface between research and drugs policy, a purposive sampling method was employed to ensure 'a good fit' between the research questions and those being interviewed. Here '…the researcher samples on the basis of wanting to interview people who are relevant to the research questions' (Bryman, 2004, pp333-334).

In addition, a snowballing sampling technique was used where participants were asked to identify others they felt might be appropriate interviewees, this is a non probability method and not intended to result in a representative sample (Bryman, 2008, pp184-185), however as mentioned the aims of the study necessitated using a targeted approach. All participants approached agreed to take part in the study.

Those interviewed included;

- Pat Carey TD[5], the Minister of State with Responsibility for the NDS;
- Two Senior Civil Servants with direct involvement in drug policy making;
- A member of the National Drugs Strategy Team[6] (NDST);
- A member of the National Advisory Committee on Drugs (NACD);
- A Community Activist and Community Representative on statutory bodies;

[5] Pat Carey, TD was Minister for State with responsibility for the National Drug Strategy from June 2007 until May 2008

[6] The NDST are a cross departmental team from Departments and Agencies involved in the drugs field. It also contains two representatives each from the community and voluntary sectors. Its purpose is to oversee the work of the Local and Regional Drugs Task Forces; address and make recommendations on issues arising, and to report on progress in this area (www.pobail.ie).

- A representative of the Drug Policy Action Group[7] (DPAG) and Voluntary Representative on statutory bodies;
- A representative of UISCE – a drug user advocacy group;
- An epidemiologist.

Data Analysis

Each interview was transcribed following the interview while the information was fresh, but also to inform subsequent interviews. Data were subsequently coded, broken down thematically, with particular care being taken not to lose the overall context or meaning (Bryman, 2008). The data were then analysed using a grounded theory[8] approach meaning that concepts were derived from the data, and that the approach was iterative i.e. data collection and analysis occurred in tandem constantly referring back to one another (Bryman, 2008, p541). Thus, there was movement from the particular to the general '…whereby explanation and reasoning [were] fashioned directly from the emerging analysis of the data' (Mason, 1996, p142). Participants are quoted extensively throughout the findings chapter/s in order to represent their view correctly and honestly, and to validate conclusions.

It was important for the study that the Minister of State was interviewed in his official capacity and this would have posed a challenge in relation to confidentiality, fortunately he neither sought nor wanted anonymity. Interview transcripts were saved and stored

[7] The DPAG aims to promote an approach to drug policy that challenges ineffective, unfair and counterproductive laws on drugs, and advocates for positive health and social service responses to drug use in Ireland. It also seeks to progress effective evidence based treatment models that engage drug users, families, and communities in the reversal of the harms associated with problem drug use (www.drugpolicy.ie)

[8] According to Bryman there is a lack of agreement on what grounded theory is; some view it is a distinct method or approach to qualitative research in its own right; while others view it as an approach to the generation of theory or concepts (2008, p541)

with observance of the confidentiality promised to participants, this process ensured that records were not only confidential but also were kept 'carefully, securely and responsibly' (Mason, 1996, p108).

Documentary Research

Documents '…can tell us a great deal about the way in which events are constructed, the reasons employed, as well as providing materials upon which to base further investigations' (May, 2001, p173). Thus, documentary analysis was a major component of this study in an effort to explore concepts, differences within and between documents, shifts in discourses overtime and how and if tensions are managed. Furthermore, this analysis explored the role of research in proposals for policy change and the influence of the social, political and wider policy context (Duke, 2003, pp26-27).

Case Study Approach

In particular, a case study approach was used in an attempt to organise and structure the analysis, selected due to the flexibility it allows, particularly due to the exploratory nature of this study

> 'The degree of flexibility of [case study] designs will vary from one study to another. If for example, the main purpose is exploratory, trying to get some feeling as to what is going on in a novel situation where there is little to guide what one should be looking for, then your initial approach will be highly flexible'.
>
> (Robson, 2002, pp181-182)

In addition, it is suggested that using multiple case studies is like doing multiple experiments, allowing patterns if any to emerge, which facilitates 'analytical generalization' (Robson, 2002, p183). Three specific areas or initiatives in the Irish drug

policy context were selected; Drug Treatment Courts, the substitution treatment-buprenorphine, and drugs education and prevention.

The focus was on relevant documents from a range of sources including; academia, the Non-Governmental Organisation (NGO) sector and government departments and agencies, and incorporated policy and strategy documents and research documents.

Insider Status and the 'Official Line'

The researcher at the time of the study was working directly in the drug sector and this had some implications for the study that are worth noting, however, all participants were external to the researcher's own organisation. The implications were both positive and negative; the researcher has an intimate knowledge of the area under study, the actors involved and the important policy developments, as an 'insider' you '…already have in your head a great deal of information which it takes an outsider a long time to acquire' (Robson, 2002). In addition, the researcher had a level of 'street credibility' when approaching study participants (Robson, 2002) without which it is debatable if such high profile policy makers would have agreed to participate. There was a slight blurring of lines on occasion and it was important to remind participants that the researcher was there in that capacity and not in an organisational capacity. In addition, there were attempts to engage the researcher in discussion as opposed to observing the norms of the interview process, thus it was essential that the researcher maintained a relatively strict code of conduct during the interviews and remained objective throughout the process. This was a challenge at times, given the researches familiarity with the subject matter, and ongoing contact with some of the participants (Robson, 2002). On balance in this particular study 'insider status' was more of a help then hindrance. Moreover, the researcher was at all times self reflective and this reflexivity was exhibited throughout all

stages of this study '…reflexivity entails a sensitivity to the researcher's cultural, political and social context, as such 'knowledge' from a reflexive position is always a reflection of a researcher's location in time and social space' (Byrman, 2004, p500).

As observed by Duke, gaining access to elites can actually be relatively straightforward however '…negotiating access to their personal views and opinions or those beyond the 'official line'' (2002, p48) can be a challenge. The 'official line' was particularly evident in interviews with Senior Civil Servants thus it was essential to be able to recognise when this was occurring, and then to creatively approach (probe) the matter from a number of directions in an attempt to access personal views, without irritating or frustrating the participant (Duke, 2002, p47).

In light of these issues, managing the interviews in both a diplomatic and flexible manner was essential to protect that sanctity of the research process without offending participants or jeopardizing interviews. It was important that the researcher had explored these issues in advance and thus was appropriately prepared; in this context Duke's 2002 paper was invaluable.

Limitations

There are a number of limitations associated with this study which should be noted. Studying policy making processes is challenging as it is a context that is constantly 'developing and expanding' (Duke, 2003, p30). In addition, people's interpretations and analyses of change often develop and adjust overtime (Duke, 2003). The period during which the research was undertaken was one of transition and change. The NDS was in its final year and the process of developing a new NDS was underway. In addition, the Minister of State with responsibility for the NDS changed twice during a 12 month

period. This study had a strict timeline; this limited the amount of research that could be undertaken in this given period.

Chapter Four: Findings I – Qualitative Interviews

Introduction

As mentioned the aim of this study was to explore the research-policy interface in relation to drug policy in Ireland looking specifically at the National Drugs Strategy. In this chapter the findings of the qualitative interviews undertaken with key stakeholders in this process are presented. A number of major themes emerged from the analysis which serve to shape this chapter including; the conceptualisation of drug issues; policy, power and politics; the construction and ownership of social problems; policy making and rationality; policy making in Ireland and the National Drugs Strategy (NDS); and evidence based policy making.

Conceptualisation of Drug Issues

The majority of participants alluded to the fact that there is much confusion, ambivalence and ambiguity in the way drug issues are conceptualised and represented, ranging from notions about deviance and labelling to the disease model with references to drugs scares and the influence of the media on such matters.

Drugs - 'An Emotive Issue'

There was the suggestion that drugs are very emotive issue, surrounded by a lot of fear and anxiety.

> *People find drugs really an emotive issue…you can just talk to people I've never met before and you tell them what you do and you're landed with some kind of opinion one way or the other about drugs users or about drugs themselves.*
>
> (Representative of UISCE)

In addition, it was argued that people have very fixed notions about drug use and indeed find comfort in those fixed notions, often stemming from beliefs and value systems linked to religion and culture.

I think the real challenge is how do you shift those beliefs systems and biases which are very often dearly held and linked to all kinds of groups in religion, in culture.

(Representative of DPAG and Voluntary Representative on statutory bodies)

A number of participants mentioned the legalisation debate as illustrating this complexity

…when you talk about legalisation the general public can go nuts, you know, and you have to be careful and that you don't mean that you can buy diamorphine in Tescos but that's what they kind of think that it's like a free for all.

(Representative UISCE)

Illicit Drug Use versus Alcohol Use

A number of participants mentioned the separation in policy terms, and indeed, conceptually, of illegal drugs and alcohol with one participant arguing that a *'double standard'* exists (Representative of UISCE). In addition, it was acknowledged that although different policy approaches to the two issues have been pursued in Ireland, the management and treatment of the two issues is not so different.

The Disease Concept

A number of participants referred to the pervasiveness of the disease model in society in general facilitating both 'tough' and 'tender' responses.

The disease model, which hugely makes patients victims that we can mind and care for and protect, there's no evidence for it really and on the other hand it enables us to select the suppliers we can target and put in prison.

(Representative of DPAG and Voluntary Representative on statutory bodies)

The disease concept is not only prevalent amongst the general population, treatment providers and 'experts', it was argued, but it can also be quite prominent amongst drug users themselves.

Former drug users can be very abstinence minded you know because you know they may have gone through the 12 step programmes…I think there kind of is a level of institutionalisation sometimes among drug users.

(Representative of UISCE)

'Drug User Identity'

One participant discussed the whole notion of a drug user identity and the impact that labelling can have on how drug users are perceived, and indeed how they perceive themselves.

The drug user identity and what that means to the drug users and to the general public alike…people can feel undermined by that identity, you know, that's put out there

(Representative of UISCE)

This can result in the individual drug user viewing all experiences through this 'lens of drug user'. Furthermore, it was argued that this may preclude drug users from becoming actively involved in policy making structures and bodies due to a reluctance to 'go public' and for many once they are drug free they do not necessarily want to be associated with this 'former identity' and the negative connotations attached.

Media

Most participants mentioned the role of the media, and media messages in regards to drug issues and drug users, in fairly critical terms arguing that the media generally strives for sensationalism.

[The media in Ireland are] replicating some of the worst types of media stuff in Britain

(Community Activist and Community Representative on statutory bodies)

It was suggested that drugs and drug use symbolise wider societal problems but the media prefer to use a simplistic approach to reporting drug issues avoiding the complexities involved

> *[the notion that] by tackling the substance you somehow tackle the problems that surround eh society… it's [a] simplistic kind of solution… if we can tackle the substance in terms of supply of the substance or if we can ban the substance or 'badden' the substance eh by reputation, that we somehow control people's behaviour.*
>
> (Representative of DPAG and Voluntary Representative on statutory bodies)

Most participants referred to the high profile of cocaine in the Irish media in recent times, and it was argued that there is a need in the media to single out a *'new bad evil drug'* reflecting societal preoccupation with substance per se. It was argued that the recent coverage may in fact have '*skewed'* the issue, diverting attention away from the realities of problematic drug use, and possibly popularising its use. In addition, the absence of expertise in relation to drug issues amongst members of the media was highlighted.

> *…all that sort of stuff will be written about by people who haven't a clue what they are talking about, in the same that way cocaine was the eh big drug that was being talked about before Christmas.*
>
> (Minister of State)

Due to the pervasiveness of media messages it was suggested that it is important to provide balance and perspective on the media reporting of drug issues, even amongst people working in the area, internally at National Advisory Committee on Drugs (NACD) meetings and Ministerial briefings.

It was proposed that there is no such thing as bad publicity in relation to media coverage of drug issues and that such coverage plays a role in relation to awareness, however this uncritical view of the media was a minority view.

> *… people say there's no such thing as bad publicity and that it's a good way of trying to focus the public opinion when you really aren't getting, you know, the message across.*
>
> (Member of NDST)

Interestingly, some participants skilfully sidestepped most of these complexities in their interviews, particularly those employed in the Civil Service and by statutory bodies, an indication that they may have been giving the 'official line' and thus would not be drawn into such debate or discussions.

Policy, Power and Politics

It was argued that at a policy level that many of these complexities remain unresolved, that this is a *'grey area'* and that *'lots of the very difficult things to implement are in this grey area of policy making'* (Senior Civil Servant A). This results in many inconsistencies and contradictions

> *…on the one hand we might have the rhetoric of drug free; we're actually doing harm reduction most of the time*
>
> (Representative of UISCE)

Politics, the State and Bureaucracy

The bureaucratic nature of the system of drug policy making was mentioned, with some respondents suggesting that this was due to the structures *'the architecture'* which slow up decision making increasing frustration.

> *[applications for new initiatives] have to be filtered through so many eh areas of decision making that by the time it comes to me to sign off on they have nearly forgotten that they had the idea in the first place; and that's enormously frustrating to the applicant group, but more importantly to somebody who might, for an example, be waiting for treatment.*
>
> (Minister of State)

The Minister suggested that the reason for some of this lies with a flaw in the way the Office of the Minister is set up with the Minster having an advocacy role when dealing with other Ministers, and little influence on actual policy.

> *I mean you can try and persuade the Minister for Health to take what's been done seriously, and persuade the HSE [Health Services Executive], we go and try and you know persuade em the Minister for Local Government and the Environment and…you're an advocate and a persuader… I mean it's almost embarrassing the way they're able to, to treat us.*
>
> (Minister of State)

He also argued that this leaves too much 'hanging in the balance' in relation to the personality and commitment of the individual Minister. This was supported by another participant who highlighted the importance of personalities and relationships in the policy making arena. Thus, it was suggested that the role of the Minister needs to be strengthened and budget lines redirected to the Office of the Minister to address these fundamental weaknesses.

However, it was also argued that it is not necessarily the structures per se that are the issue but how they operate in reality, giving the example of representation on the Interdepartmental Group on Drugs (IDG). The Assistant Secretaries from each department are meant to attend IDG meetings; however, in reality this is does not always happen. Furthermore, it was highlighted that the drug issue is only one of many 'cross-cutting issues' that each department is involved indicating the broad remits and the lack of specialisation within the civil service.

This point was supported by another participant who had lobbied extensively for the established of the NACD type structure which was to gather all the best available evidence and research and provide clear policy direction.

… it was a bit of a disappointment, maybe I'm being too harsh on it but it was… it was clear, you know, that it kinda it fudged the difficult questions.

(Community Activist and Community Representative on statutory bodies)

Contested Meanings

Illustrating some of the contentious areas of debate in relation to drug issues, a Senior Civil Servant spoke about needle exchange.

I accept fully the argument that that you should provide all the kits etc [safer injecting equipment] but I think in providing the kits you're accepting that that's the model of behaviour… it's a controversial policy movement, and moving a controversial policy into mainstream is by it definition extremely controversial.

(Senior Civil Servant A)

It was suggested that such unresolved conflicts facilitate the continued pursuit of contradictory positions on drug issues. An example was cited where in the early-1990s there were two European alliances of cities broadly based on philosophical responses to drug problems;

There were two groups of cities, one of them was liberal and its approach would be Dutch and liberal, the other was Swedish and conservative. Dublin City Council joined both!

(Community Activist and Community Representative on statutory bodies)

These contradictions remain and it was suggested are seen in the ongoing promotion of criminal justice responses as an appropriate solution to the drugs issues, despite considerable evidence to the contrary.

I mean the current emphasis on criminal justice and the criminal system, a lot of evidence is pointing to it as being a fruitless or counterproductive, or in fact, it promotes harm and yet people read that and see it and carry on to build more prisons and bigger prisons

(Community Activist and Community Representative on statutory bodies)

Furthermore, despite a commitment in the current drugs strategy to periodically review international research and practice on Safer Injecting Facilities (SIF's) there is a huge resistance to do so.

> *…under the present political climate that seems like a terrible thing to suggest, and its, there's just a huge wriggling to try to get it out of reports 'cos it does cause undue some eh I suppose encounter with the wider European and with the UN.*
>
> (Representative of DPAG and Voluntary Representative on statutory bodies)

Interestingly, one participant was explicitly sceptical of the idea that research findings are completely objective and 'value free', suggesting that researchers may be as ideologically driven as everybody else. However, when prompted to explore this theme further he did acknowledge *'…I mean eh we all have our little 'ologies''* (Senior Civil Servant A).

Knowledge, Information and Power

It was suggested that a major blockage to presenting research findings and evidence to government is that members of the government can feel that such findings are suggesting they are not doing a good job, and feel quite criticised. It may also reflect their preference for good news.

> *[government and policy makers] seem to take it very personally, that oh we haven't attended to that or the politicians will be, you know, criticised for not doing that, that's a very big problem because that actually stops progress and then creates friction rather then using data and information to actually do things better.*
>
> (Epidemiologist)

Yet the importance of such information being conveyed was seen as critical; to increase accountability, enhance service delivery and identify gaps. In addition, when discussing some of the confusion associated with the role of the NACD, it was suggested that this might be functional, a deliberate attempt to restrict its influence.

…I think some of this stems from the government themselves. I don't know how much advice they really want.

(Epidemiologist)

This participant went on to argue that further evidence of attempts at control can be seen with requests for the removal of information from NACD documents by various government departments for political reasons, regardless of the evidence. In addition, it was argued that at times the primary function of the NACD, which is to advise government, is lost to its secondary function, to commission research. Furthermore, the composition of the NACD was queried in relation to its ability to provide objective, evidence based policy advice. In particular the board of management, who have no specific research background, have the authority to approve or deny, to change or modify research which would seem to undermine the very ethos of the NACD. Thus, it was suggested that there is effectively an inbuilt consensus.

Thus, the relationship between knowledge, information and power is much contested in this area; however one participant expressed the following view;

I am not in theory a policy maker but in practice I participate in policy making and often the person with the information is in truth the person with the power because information is power, that is a reality…you know and it's very difficult to dispute something that is very logical and straight forward

(Epidemiologist)

However, this was a minority view and was not representative of the other participants in this study.

Construction of Social Problems and the Competition for Ownership

There was some reference to the designation of the drugs issue as a social problem and the possible implications. In addition the ongoing power battles and power dynamics within, and between sectors in relation to the ownership of this issue were discussed.

Construction of Social Problems

It was suggested that the first step in responding effectively to any problem is the admission that there is a problem. The analogy with the concept of denial is indicative of the pervasiveness of such ideas.

> *A lot of things in policy I think is firstly accepting that you have a problem, because it is like for the individual dealing with drug or alcohol misuse while you're in denial you're never going to do anything about it.*
>
> (Epidemiologist)

However, it was argued that critical in determining how we respond to an issue is how we conceive this issue, thus the solution to the presenting issue of problematic drug use is seen as treatment or punishment rather then an exploration of the underlying structural factors which contribute to this phenomenon.

> *My fundamental thing really is that, what a community or family or a people think about what a problem is, that's what shapes it, the result, right. People get very attached or fixed notions that are comforting and one of these is, and I mentioned it already, that the drug is the problem that's a kind of fixed notion that shapes a whole lot of responses.*
>
> (Representative of DPAG and Voluntary Representative on statutory bodies)

In addition, it was cautioned that as a society we can be inclined to target the popular, high profile but possibly less serious issues, to the detriment of more mundane matters

> *There is a danger that we'll go chasing after the…the sexier stuff all the time, you know, it it'll be a relentless battle*
>
> (Minister of State)

Competition for Ownership

It was suggested that in the early days of the NDS there was a reluctance to involve the community and voluntary sectors in the structures despite the political commitment to this approach.

> *…challenges were being posed by statutory bodies to the community and voluntary sector eh and there was kind of a 'sniffy' approach being taken by statutory bodies to the whole, why should community and voluntary sector be getting involved in something that we know best about.*
>
> (Minister of State)

Despite the development of structures facilitating the engagement of stakeholders from across the spectrum, there are still attempts to retain control of groups and information. It was suggested that the appointment of the Chair of the NACD was a political appointment in *'an attempt to cushion control or eh produce…less then clear research findings*' (Representative of the DPAG and Voluntary Representative on statutory bodies).

Even within the statutory sector there have been difficulties and ongoing conflict. There was evidence of a divergence in relation to the 'ownership' of the drugs issue between policy makers, service providers and staff delivering services on the ground.

> *[The Prisons Service] are now trying to provide some evidence based treatment, okay they have taken them a long time to bring in some decent counselling services but they have done it and we must remember, you know, you're dealing with a very entrenched unionised population so prison management have to get over that before they can do anything, and they have found ways around these things.*
>
> (Epidemiologist)

This point was emphasised by the Minister of State who suggested that those implementing government policy at times second guess that policy. This point will be returned to later. Specifically, there was the suggestion of a competitive relationship between the NDS Unit and the National Drug Strategy Team (NDST) with the possible duplication of roles and functions.

In addition, the power of vested interests and groups in the whole process was identified;

> *…they [the government] don't have control over you know all the different components into what achieves a goal, like say for instance the quality of treatment a lot of that is held up by vested interests like pharmacists and doctors.*
>
> (Representative UISCE)

As well as ongoing battles to 'own' this issue there has also been resistance in some quarters to claim any kind of ownership of the issues. In the midst of the heroin epidemic, it was argued, there was a clear unwillingness by the government and statutory bodies to claim ownership and to respond effectively to the drugs issue.

Research and Collection of Data

A number of people mentioned that the NACD and the Alcohol and Drug Research Unit (ADRU) are effectively in competition with one an other to 'own' and control the research function of the NDS.

> *I do get the impression the NACD cannot use anything unless it has their logo on it and that's a big worry…I have said this very recently and very openly at the NACD because I do think that's a problem if they can't, if they must own everything*
>
> (Epidemiologist)

In addition, it was argued that there is a confusion of roles between the NACD and the ADRU, and possible duplication of function. In fact, in an effort to reduce uncertainty, and possibly conflict, a 'Memo of Understanding' has been agreed between the two organisations.

> *…there was an agreed Memo of Understanding about function there, you know, because again that was needed.*
>
> (Member of the NDST)

However, the member of the NACD put a more positive 'spin' on this suggesting it would assist future collaborative working.

Policy Making and Rationality

> *I suspect there's very little rationality in the whole process*
>
> (Member of the NACD)

There was considerable discussion about the extent to which policy making is, and can be, rational with exploration of some of the non-rational factors that also have an influence. A distinction was made between policy making and policy implementation with the importance of trying to influence both processes being highlighted. Finally, there was some discussion of models and styles of policy making.

It was emphasised that policy making is not necessarily a rational activity as facts are fed into a 'policy making mix' which includes a wide range of other factors and influences including; public opinion, media coverage of issues, and entrenched ideas. This is even more complex in relation to drug issues, as discussed previously, yet it was argued that rather then avoiding contentious areas of policy making for fear of objections or disapproval that these are precisely the areas that require policy focus.

> *…because in the long run, on the balance it's usually with this whole area, as in many areas of life, it isn't usually about what's good and what's better, its about what's worse and what's less worse.*
>
> (Community Activist and Community Representative on statutory bodies)

Thus, exploring the whole territory of purposeful political activity one participant argued that policy should be realistic, focussing on improving the quality of people lives rather then unattainable goals.

> *Policy should always be trying to focus on well what can we do that will make a real improvement rather the some kind of 'fancy nancy' utopian drug free world that's never going to happen.*
>
> (Community Activist and Community Representative on statutory bodies)

It was suggested by two participants that the lack of rationality in the whole system led to the establishment of a new drug policy group in Ireland in 2004, the Drug Policy Action Group (DPAG); to pursue greater rationality, increase the use of evidence and to facilitate improved understanding of the process of drug policy making in Ireland. Both are members of this group

It was argued that drug policy making in Ireland has been inconsistent depending on political will highlighting how quickly things moved following the Rabbitte Report (*First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* -1996) when compared with the current situation

> *There was a huge difference between what was happening in the early days and the later days. Because there was the political em backing in the early days.*
>
> (Community Activist and Community Representative on statutory bodies)

This was supported by other participants who argued that the degree to which policy approaches can be rational is largely determined by the availability of resources; resource allocation is a question of political priorities

> *I suppose where the fall down is really is maybe more, you know, having resources to do, to provide as much of what research would suggest should be done.*
>
> (Senior Civil Servant B)

Thus, it was argued strongly that there is little point in developing policy, specifically strategies, if the resources required for implementation are not made available

Policy Making and Policy Implementation

The clear distinction was made between policy making and policy implementation and indeed the considerable gap between both these areas. Thus, there may be good policy but poor implementation.

Policy makers are doing well; it is the 'implementation makers' that have the difficulty. I think we have some very fine policy in relation to the drug problem…but there are serious problems about implementation.

(Representative of DPAG and Voluntary Representative on statutory bodies)

As mentioned previously, the Minister of State highlighted the fact that statutory bodies tasked with policy implementation at times question government policy here talking about the *Report of the Working Group on Rehabilitation* (2007)

Now I'm afraid I'm very close to the thumping the table stage with some of them saying 'look em I am not asking you to interpret what is government policy. I am just asking you to tell me how you're going to implement the recommendations of the 'rehab report' and that applies to the HSE, it applies to the prison service, it applies to the Department of Education.

Drawing on the earlier point about resources, it was argued that this gap allows for the development of policy and strategies without the necessary resource allocation. Therefore, it was emphasised that it is critical to focus on implementation.

Policy can just be a crutch for inactivity, you know, but like we do our best to push, push, push, push, push.

(Member of the NDST)

Models of Policy Making

Some participants discussed models of policy making, although not specifically defining them as such they talked about styles and approaches to policy making in Ireland referring to '*chipping away*', a '*softly, softly approach to policy making*' and ideas '*filtering down*'

One participant in particular discussed the preference policy makers have for status quo and the incremental nature of policy making.

So if you're going to introduce policies that are very ideal and completely evidenced based you actually won't get anywhere because there won't be general buy in and all study, I think, in policy has shown if you take an incremental approach and you have less fanfare you actually

will get much further and, and people will gradually take on new initiatives and new ways of doing things.

(Epidemiologist)

It was therefore suggested that it is important that those who believe in and lobby for more rational approaches continue to do so while having a pragmatic awareness of the impact of non-rational factors. It was argued that it is about achieving balance between the various different factors and influences within the system.

…it's about getting the balance between the rational, the logical and what's politically possible, and what's within the system. That's where the real the real trick is.

(Community Activist and Community Representative on statutory bodies)

Policy Making in Ireland and the National Drugs Strategy

It was suggested that there are some distinct factors which influence the policy making environment in Ireland with specific reference to the Social Partnership approach and the Strategic Management Initiative (SMI). It is argued that these had a particular influence on the development of the National Drugs Strategy in addition to a number of specific events and situational factors.

Policy Making in Ireland

There was an acknowledgment of the unique nature of policy making in Ireland for numerous reasons. The whole relationship between church and state was mentioned and its influence on the development of responses to drug issues. Possibly related, was the suggestion that there is an inherent conservatism, which prevents the full endorsement of harm reduction measures.

They [policy makers] are never going to come out an say 'yes' we are fully in favour of harm reduction, and we are going to open injection rooms.

(Community Activist and Community Representative on statutory bodies)

In addition, it was suggested that in Ireland there is a particular tendency to embrace compromise;

> *…that often here in Ireland we don't confront the actual we, we, we hide and we compromise.*
>
> (Community Activist and Community Representative on statutory bodies)

This participant went on to quote the works of Shane Butler, arguing that even with the introduction of needle exchange and methadone that the rhetoric of the politicians consistently focussed on drug free. Furthermore, it was argued that there is too much concern with 'tipping the hat' to public opinion and the civil service.

Exploring some of the themes further, it was suggested that due to Ireland's history as a 'dependent state' and, despite economic success and other advances there is reluctance to '*step outside the permission type role*' (epidemiologist) and do anything too controversial. The fact that Ireland until recently was a relatively homogenous state was also highlighted as having a possible influence on the policy making environment.

It was proposed that not only is the nature of policy making in Ireland distinct, but that policy implementation also has it own distinct flavour;

> *I think the process of change eh, the way policy is made and policy is implemented is much slower… but it is much less defined*
>
> (Member of the NACD)

Therefore, it was suggested that it tends to be out of control factors which force dramatic policy change in areas which are hotly contested in Ireland e,g, HIV/AID's and harm reduction.

Managing Policy Making

A number of participants suggested that the National Drug Strategy is a good example of Social Partnership and SMI approaches in terms of managing policy making, particularly in complex policy areas. It was argued that through the social partnership approach evidence of research translating into policy and practice can be seen, although no concrete examples were forthcoming. Thus, this approach has meant that all of the partners are brought together in relation to the NDS and its structures, including the community and voluntary sector. Most felt that this, despite some imperfections, was generally a positive approach with some even suggesting that the Irish approach could be exported to other countries as a best-practice model for managing drug policy.

> *It's a good system [SMI] but it is like, the actual kind of depth of it and the quality of it, I mean, it's flawed enough but I mean I'm not sure there's any other kind of way maybe of doing that*
>
> (Member of the NDST)

There can be a danger in partnership, it was argued, for the community and voluntary sectors in that they can become co-opted into the structures and thus become difficult to distinguish from the civil and public servants.

> *The NGO sector added a bit of spice and salt now of course the danger of that as is the danger of partnership generally is that everybody becomes very cosy and BLANK and meself get to know them, and like them and they like you.*
>
> (Community Activist and Community Representative on statutory bodies)

In addition, the UISCE representative talked at length about the involvement of drug users in drug policy making acknowledging that, despite an apparent willingness, this had not materialised in any meaningful way.

'Unique Political Circumstances' – The National Drug Strategy

It was argued that the Rabbitte Report represented the first rational response to the drugs issues in Ireland. A number of participants suggested that the NDS and the associated partnership approaches were introduced due to the '*unique political circumstances*' at the time which included; the shooting dead of a prominent journalist who was reporting on drug issues, Veronica Guerin, and a huge amount of community activism due to the high levels of drug use in certain communities, even vigilantism at times. It was also argued that it was critical that the Labour Party and Democratic Left were in government at the time as the other major parties would have been more conservative in philosophy and action.

> *The entire brains for partnership approaches and giving money and resources to local communities came from a labour ethos, and I don't think that's given significant credit.*
>
> (Representative of the DPAG and Voluntary Representative on Statutory bodies)

One participant theorised further that it has a lot to do with the individual Minister at the time, Pat Rabbitte.

> *You had a minister who had a lot of power and authority and was, you know, in Irish terms was an intellectual in terms of politics you could even see, he mentioned Hobbs about life being nasty, brutish and short.*
>
> (Community Activist and Community Representative on statutory bodies)

However, this was tempered by the acknowledgement that political leadership, particularly when you are going to do something different or radical, has to be backed by public opinion. Furthermore, Rabbitte was a 'super' junior minister, which, meant he reported directly to the Cabinet Committee on Drugs, thus had considerable power and this demonstrated the commitment at a governmental level to tackling the drugs issue. It was suggested that this has diminished over time with this position being relegated to a junior ministerial role and the Subcommittee bring re-designated *Social Inclusion and Drugs* and then *Social Inclusion* inclusive of drugs issues.

It was argued that, rather unusually, when the Strategy was introduced there were very few dissenting voices, with broad support across the sector and across political parties and indeed the opposition. This was supported by another participant who suggested;

> *In many respects we've been blessed in this country to date with a single political view of it [the drugs issue.] I mean it grew out of a consensus.*
>
> (Senior Civil Servant A)

As mentioned previously it was argued that the NDS was a good policy document with very logical structures and that the failures relate to its implementation.
However, it was suggested that currently

> *When the sort of the wind went outta the sails and you had a bit of an economic downturn and you, you also had a very conservative and reactive rather the proactive eh minister Noel Ahern*[9] *who was also to be fair to him not even full time, he was only there half time. So then after that then a bit of rationality and logicalness and proactivity went out if it.*
>
> (Community Activist and Community Representative on statutory bodies)

All participants mentioned the fact that currently the NDS is under review and saw this as an opportunity to affect change and to improve outcomes.

Evidence Based Policy Making

The role of evidence based policy making in the drug policy making arena was discussed at length with most participants being fairly pragmatic about the role evidence actually plays. It was argued that evidence is relative and can be used selectively by people to suit differing needs, and indeed in contradictory ways.

> *You're always caught by the relativity of evidence really, aren't you, em in that most of us I'm afraid do tend to use evidence based studies to support our preferred view em so how, how absolute the evidence is…[that's] a bit like Jesus said 'what is truth?'*
>
> (Representative of the DPAG and Voluntary Representative on statutory bodies)

[9] Noel Ahern, TD preceded Pat Cary, TD in this Ministerial Office

There was the suggestion that research can be used to challenge those with their own agenda and to take the emotion out of contested areas. However, it was also argued that at times policy makers use evidence to support or legitimise decisions already made with the suggestion that undertaking such research can be an incredibly cynical exercise.

> …*maybe research is kinda, sometimes undertaken to legitimise what's already happening.*
>
> (Representative of UISCE)

It was also argued that this can be a much more benign activity where existing research is used to support and validate what you are doing or a stance on a particular issue.

> *I suppose we do like to use, if we can, if there is research, to support what we're doing you know, then yes obviously we're glad to show that it has a foundation. I mean that's a reasonably rational thing to do.*
>
> (Senior Civil Servant B)

Moreover, it was suggested that often research is confirming what is already known; this was seen as an important function as it consolidates opinion or anecdotal evidence.

The importance of including quantitative data when undertaking research was highlighted, as this allows actions to be measured and thus makes it easier to identify when and where there has been a response. The epidemiologist who participated in this study cited a piece of research undertaken exploring illicit drug use amongst the traveller community arguing that its greatest flaw is the absence of hard figures. Interestingly, the same piece of research was cited by another participant as a good example of research having a direct impact on policy, resulting in;

> …*the NDST, if you like, taking a maybe a greater eh more proactive role in relation to both liaising with and meeting the Traveller Community at national level now eh to try and to encourage the Drug Task Forces to have representatives [from the traveller community]*
>
> (Senior Civil Servant B)

Thus, demonstrating that not only can research be used in contradictory ways; it can also be interpreted in contradictory ways. In addition, it also highlights the difficulty in clearly identifying the interface between research and policy.

The length of time research can take was highlighted as problematic as people often want quick responses to issues or problems. In addition, it was suggested that taking time to publish research can be a way to 'bury' or avoid the publication of unwanted or unanticipated findings, with a particular case being cited.

Research can in fact be a barrier to action, it was argued, a mechanism to defer decision making;

> *Nowadays government policy is driven, maybe some people may say too much, by research sometimes research can be used as a barrier to doing something, as an excuse for not doing something rather then as an enabler to, to undertake some actions.*
>
> (Minister of State)

However, interestingly the Minister of State also argued that politicians have their own mechanisms for sampling public opinion

> *Wisdom doesn't always reside with researchers. I mean politicians eh who are in, you know, constant engagement with people out there, with the electorate, they have their own way of, you know, sampling public opinion and, you know, getting a good feel for what the issues are.*

It was proposed that in Ireland research has effectively sidestepped the difficult issues focussing on the less controversial aspects of drug policy; a number of the sidestepped areas suggested have been already mentioned and include; Safer Injecting Facilities, criminal justice responses to drug issues, and the area of supply reduction.

…it [the research] isn't maybe getting down to the 'nitty gritty' sometimes, you know, em like the hard, the hard issues…their choice of topics I don't know where, where that comes from, who decides what they will research or where the money goes?

(Representative from UISCE)

In addition, it was suggested that drug users have limited involvement in the production of research with implications for the quality of research and reducing the perceived relevancy of research to drug users themselves. In addition, the importance of peer-to-peer research and longitudinal research projects, were highlighted.

If they [drug users] play a part it's more of a passive one, as subjects in research and things like that. I'd like to see more research though done with, with the participation of drug users I think there's a, a gap there…well I'd like to see them ideally Jesus I'd like to see them involved at all levels.

(Representative from UISCE)

'Useable' Evidence

The importance of transforming academic research into recommendations that policy makers can implement relatively easily was emphasised.

The key challenge is, is addressing the issue of research from an academic perspective and research to influence policy at a practical level. Academic research has particular strictures and disciplines that are required for academic research, and are fully acceptable, but to take from that and to make it into usable recommendations that em policy makers can grasp…in terms of how they might implement them.

(Senior Civil Servant A)

Participants also mentioned the importance of how evidence is presented and communicated, including international research, with suggestions like; improving the accessibility of research, executive summaries for all research documents, shorter research papers, synopses of findings and mechanisms for pulling together relevant evidence. In addition, the need to disseminate research results widely was highlighted but it was also

recognised that those with the power to actually affect policy or service change need to be specifically targeted with clear analyses of the findings.

It was suggested that it is disillusioning when a gap or a new trend is highlighted in research and this is well received yet nothing happens.

> *…people produce reports on alcohol and nothing happens, people produce reports on drugs and nothing happens.*
>
> (Community Activist and Community Representative on Statutory Bodies)

One participant argued that if recommendations are not followed through it usually means there are problems with how the research was conducted or disseminated, however, this was a minority view.

> *…usually the reason the policy implications mightn't be followed up is because the research is a bit flawed or might not be presented in its best light.*
>
> (Epidemiologist)

The Research- Policy Interface

Most participants acknowledged that they could not identify the research-policy interface in regards to drug policy making in Ireland. When asked where he thought the interface was the Minster of State unequivocally replied;

> *I don't know, and I don't pretend to know the answer to that.*

However, those who suggested they could identify it were both civil servants with Senior Civil Servant B suggesting

> *Well I suppose they're [research findings] em integrated in the sense that you know when funding is being allocated for example eh here in the department.*

This response leads one to question if this, in fact, was 'the official line' in regards to evidence based policy making. The same participant subsequently highlighted that in fact

this year there was no additional funding allocation for the drugs area, despite the considerable evidence base for increased investment.

It was acknowledged that it can be very difficult to pinpoint precisely where a piece of research has had a direct impact on policy. Furthermore, it was suggested, that possibly due to some of the competition in the system mentioned previously there can be a reluctance to admit to influences outside of ones own department or unit. It was argued further that even where the right interface exists policy advice can be ignored.

> *I think structurally they the NACD and the Health Research Board and, you know, I think they seem to have structurally the right interface. I, I, I'm not sure, it just seems to me that structurally the interface is there but maybe em they can be ignored.*
>
> (Representative from UISCE)

One participant when discussing the structures suggested the block may actually be at IDG level as this was envisaged as a policy making body feeding into the Cabinet Committee on Social Inclusion, but it spends much of its time merely hearing activity reports from departments and agencies.

> *I think the IDG should be in a position then to actually debate that rather then spend time looking at looking at em details of expenditure in certain areas that represents what's gone on rather the what needs to be done in the future.*
>
> (Member of the NACD)

In fact, the management of the interface between the NDS and other areas of mainstream policy was emphasised as central to its effective functioning. This was reinforced by the suggestion that despite the involvement of civil servants in these 'cross-cutting' structures their responsibilities, and indeed allegiance, may often reside with their own department or unit.

The thing I'm always giving out about at a National level you have a rational drugs group and that includes Justice and them…they tend to just go back to their bunkers of their individual departmental responsibilities which you can understand in some ways, but it not very sensible.

(Community Activist and Community Representative on statutory bodies)

One participant summed up this whole debate arguing;

I always have a problem with this eh perhaps academic purist view of research em that, you know, you ask a question, you conduct some research, you get an answer and then the policy changes. My experience both at European level and nationally is that it's a far messier business and that it's, alot of it is, is well intentioned but very adhoc and very pragmatic

(Member of the NACD)

Conclusion

These findings clearly indicate that policy making in Ireland is a political activity with the factors which have the greatest impact shifting periodically, particular both to time and circumstance. This situation is further complicated when it comes to drug policy given the ambiguity, contested meanings and complexity surrounding the drugs issue. There have been and continue to be ongoing battles to own the responses to the drug issue with participants highlighting the competition between various groups and agencies.

In addition, the limited extent to which policy making is rational was clearly articulated. Participants drew attention to the gap between policy making and implementation, furthermore it was argued that this gap allows the development of policies and strategies without the necessary resource allocation. Those who discussed the style of policy making in Ireland seemed in agreement that it was incremental in nature, generally a slow and rather steady process. Interestingly, it was suggested that policy implementation is also of a distinct nature with less clarity here then in other jurisdictions. There was some discussion of the particular nature of policy making in Ireland with reference to conservatism,

consensus and compromise, in addition Social Partnership and SMI were discussed as particular approaches to managing policy making and some of the limitations identified. The NDS was explored in this context with the suggestion that it emerged due to 'unique political circumstance' and some of the current difficulties with it debated.

Finally, the whole area of evidenced based policy making was discussed with most participants expressing a pragmatic understanding of what this means in reality. There were some suggestions of how to make research and evidence more user friendly especially to policy makers. The majority of participants openly admitted they could not identify the research- policy interface in relation to drugs policy making in Ireland, with the acknowledgement that it is almost impossible to pinpoint the direct influence any one piece of research has on policy making per se. These findings will be explored further in the final chapter.

Chapter Five: Findings II - Case Studies

Introduction

While the general aim of this thesis is to explore critically the idea of a research-policy interface in the sphere of drug policy, this chapter specifically explores a number of recent policy debates and innovations - with a view to determining the role played by research evidence in decision making. The focus is on – Drug Treatment Courts, the substitution treatment buprenorphine, and education and prevention - in the Irish context. The brief overview of Irish drug policy in chapter one also provides context for these case studies.

Drug Treatment Courts

Origins

The concept of Drug Treatment Courts (DTC) emerged in North America in response to growing numbers of, and lengths of sentences being imposed on drug using offenders due to the "war on drugs" approach there. Essentially, the drug court model is aimed at avoidance of custodial sentences for drug users charged with or convicted of criminal offences, through diversion into a therapeutic system (Nolan, 2001).

This concept was not new in the Irish context, section 28 of the 1977 Misuse of Drugs Act deals specifically with the provision of treatment options as an alternative to incarceration, with section 22 authorising a "designated custodial treatment centre" However there was never political commitment to this, argues Butler, and the courts continued to work as they had previously with the healthcare system, with the Probation and Welfare system playing a mediating role (1999, p50-51).

According to Butler, there was a general lack of clarity within the government sector, including the Criminal Justice System (CSJ), about drug treatment and rehabilitation so

when the Working Group on a Courts Commission was asked to consider the introduction of drug courts to Ireland it may not have been aware of the seismic shifts that had occurred within drug treatment systems here (1999, p52).

Evidence

Fischer argues that there is 'limited evidence documenting DTC's superior effectiveness or cost- effectiveness over traditional interventions', there are also methodological problems with many of the studies (2003, p231). In addition, they were a particular response to a specific set of circumstances, the war on drugs in the USA, thus their applicability in other jurisdictions where drug use and related crimes are conceptualised and treated differently is questionable (Fischer, 2003, p230). Initially, it appears that such approaches deal less punitively with drug using offenders and undoubtedly there is less incarceration. However, on closer examination this has been replaced by

> '…a multifaceted regime of disciplinary and behavioural correction tools under the "therapeutic jurisprudence" umbrella', these tools are framed as constructive and helpful, in spite of how they are applied, thus are difficult to challenge'.
>
> (Fischer, 2003, p236)

The end result is a blurring of the lines between; the healthcare system and the CJS, therapists and court officials, and treatment and punishment. It could be argued further that, by engaging representatives of the legislature in the executive function of treatment delivery, the fundamental 'separation of powers' is undermined. Furthermore, the concept of all the actors working together essentially changes the nature of the (intentionally) adversarial court process (Fischer, 2003, p239).

Introducing DTC's to Ireland – The Process

Formally recommended in 1998, the concept in Ireland was politically popular but hindered at every point by both the treatment system and the CJS who were not convinced

of its efficacy. The report of the Working Group drew heavily on the American experience, despite considerable differences in terms of political culture, policy, and the general approach to drug issues. Furthermore, although there was exploration of policy developments in other countries and acknowledgment of the cultural barriers which might impede the collaborative working that DTC's require, there was no application of this analysis to the Irish context (Butler, 1999, p52).

A pilot DTC was set up in Dublin's North Inner City in 2001 and its structure, similar to international models, was in keeping with the SMI adopting a cross cutting approach. There was an evaluation of the first year of operation and the findings indicated poor outcomes (Farrell, Grant Sparks Consulting/Farrell, 2002). However, the authors expressed optimism about this intervention suggesting expansion subject to the resolution of 'high level issues' including waiting lists for treatment and research to establish the demand for such a service (Farrell, Grant Sparks Consulting/Farrell, 2002). This expression of optimism despite poor outcomes may indicate the pressure that evaluators are under when undertaking such work and the fear of being seen to criticise Government. The National Drug Strategy (NDS), which had been published in advance of the evaluation, endorsed the expansion of the DTC subject to positive findings. In addition, the Mid -Term Review of the NDS (2004), argued that on the basis of the first evaluation, that the DTC should be expanded as the original catchment area was too small, and also recommended further evaluation of the now expanded pilot and once findings were favourable its expansion beyond pilot stage 'as a matter of urgency' (Report of the Steering Group, 2005, p19). None of the proposed research or evaluations have been undertaken, yet in 2006 there was a low key announcement that the DTC was to be put on permanent footing and extended across Dublin despite the fact that of the 212 referrals up to that point there had only been 11 graduations (Court Service News, 2006). Interestingly, no

participants in this study mentioned DTC, this is a clear indication of their lack of significance in the context of evidence based interventions and responses.

Implications

Fischer suggests that drug courts fit with recent interventions emphasising 'collaboration', 'integration' and 'partnership' between different institutions and professionals to tackle crime (2003, p234), thus it might have been anticipated that this would translate well into the Irish system with its emphasis on Social Partnership and SMI. However, it does not bridge the ideological divide of 'tough' versus 'tender' resolving the ongoing battle for ownership of the drugs issues between treatment providers and the CJS. Butler argues that at face value drug treatment courts appear to be a 'pragmatic initiative to achieve the collaboration' between the CJS and the drug treatment system; however upon closer inspection the 'two sectors may have quite fundamentally different and conflicting cultural perspectives on what constitutes "drug abuse" and also the notion of a common goal may be illusory' (1999, p49). In addition, Fischer argues that DTC's may actually 'reinforce a given hegemony of punishment over therapeutic values and practices' (2003, p240). It is thus argued, that DTC's are best understood in terms of their symbolic and political currency (Fischer, 2003) and Irish society is one in which symbolism plays an important role but there is also pragmatic acceptance of a gap between political ideals and literal truths (Butler & Mayock, 2002, p417: Butler, 2000a). The absence of strong evidence to support the expansion of DTC's in the Irish context is striking and thus DTC's represent '…the priority of political over scientific or evidenced-based policy interests' (Fischer, 2003, p243).

Buprenorphine in the Irish Context

Origins

With the growing acknowledgment of the links between Intravenous Drug Use (IDU) and HIV/AIDS there was movement towards harm reduction approaches, albeit in a covert manner, from 1986 onwards in Ireland (Butler, 1991; Butler & Mayock,2005). The main drug treatment used to date in Ireland is methadone, both as a substitution treatment and to assist detoxification. The Methadone Protocol was introduced in 1998 regulating its prescription, amid considerable opposition. The protocol was introduced for a number of reasons including fears of GP over prescription and diversion of the drug onto the black market (Butler, 2002b). Here over a number of years, this policy process was deliberately 'orchestrated away from the public gaze by a network of civil servants and healthcare professionals' and shrewdly introduced as a statutory instrument (secondary legislation) which has the full force of law but generally receives much less scrutiny (Butler & Mayock, 2005; p420; Butler, 2002b). The actual use of methadone is also not without its complications and controversy (NACD, 2002; Merchants Quay Ireland, 2008).

Since 1996 buprenorphine has been used in many European Union (EU) countries as treatment option. Buprenorphine (Subutex) was developed in the mid 1990s and first registered for the treatment of opiate dependence in France in 1995, followed by the UK in 1999, Germany and Australia in 2000 (Verster & Buning, 2005).

In 2001, the NACD commissioned the Working Party in the National Medicine Information Centre in James Hospital to undertake research on the effectiveness of buprenorphine as a form of treatment for opiate addiction.

Evidence

Clinical practice and the results of research across Europe have demonstrated that buprenorphine is an effective substitution and detoxification treatment (Verster & Buning, 2005, pp13-14). While findings are a little inconclusive, it would appear to be at least as effective as methadone.

The report commissioned for the NACD had similar findings, stating that buprenorphine 'may be viewed as an effective treatment option in the management of opiate dependence syndrome, with an acceptable safety profile' (2002, p64). In addition, it was considered a useful medication for the management of opiate dependence by clinical experts who had used it in practice and were interviewed as part of the study (2002, p53).

Introducing Buprenorphine into Ireland – The Process

To date, buprenorphine has had limited use in Ireland. Currently, Subutex can only be prescribed by consultants in specialist drug treatment clinics as with Suboxone (combination of buprenorphine and naloxone) which was recently granted a European Medicines Agency licence (Minister for Health and Children, Dail Debates, 2007). However, neither of these medications is available to medical cards[10] holders. Thus, in reality neither is an option for the vast majority of problem drug users in Ireland. Given the demographic profile of the majority of problem drug users in Ireland, it is probable that significant numbers are either holders, or entitled to be holders, of medical cards.

An Expert Group has been set up in the Department of Health & Children to consider 'the use of Subutex and the new drug Suboxone as alternative treatments for opiate dependency' (Minister for Health and Children, Dail Debates, 2007). At the request of this

[10] In Ireland those who's incomes are below a certain threshold qualify for a 'medical card' which carries the entitlement to certain public health services free of charge (citizensinformation.ie, 2008)

Group an 'Economic Evaluation of Suboxone' was undertaken. This report concluded, subject to some exclusions, that both substances cannot be considered cost-effective for patients attending HSE clinics in the Irish setting (2007, p4).

Implications

A number of participants interviewed as part of this present study commented on the length of time it has taken to progress the buprenorphine issue expressing frustration

> *'Okay now there's a working group saying that maybe they'll do pilots on it [buprenorphine] but that's taken bloody four years or something… I mean is a four year time lag em satisfactory? I would say "no"'.*
>
> (Member of the NDST)

Thus, there is a very real reluctance to progress this issue despite the evidence of its efficacy. Verster & Buning argue in regards to substitution treatment, in general, that ideological and political considerations prevail that there is 'still confusion and disagreement about the nature of addiction and about the value of substitution treatment' (2003, p6). It may well be that, as with methadone in the past, political leaders have again identified the conflict that exists between the evidence and popular sentiment on this topic, and 'on this basis to have opted to distance themselves from the policy process' (Butler, 2002a, p321). However, the 'creativity' used to sidestep ideological issues to introduce the methadone protocol may not be possible in the current climate, with growing demands for accountability and transparency (Butler, 2002b), if there are attempts to regulate buprenorphine prescription. In addition, there may be reluctance to draw attention to the methadone protocol especially the manner in which it was introduced, the generous capitation payments for participating professionals and the curtailment of the power of GP's for fear of the unrest it may cause (Butler, 2002b).

The bureaucratic nature of the system and structures leads to multi-layered decision-making thus 4 years later the issue is still being debated. In addition, it would appear that power in regards to implementation lies with the HSE thus highlighting the gap between policy making and implementation in regard to drug issues in Ireland.

Furthermore, the economic imperative appears to be an important determinant here. However, cost is not necessarily an appropriate mechanism to decide treatment options and as Cox and McVerry (2006) argue you need to have a range of treatment options as 'one size' does not fit all. This is a position supported in existing government strategy documents the most recent being the Rehabilitation Report (2007) where it was agreed that no one treatment or rehabilitation programme is effective for everyone. In addition, focussing on cost alone is short sighted as treatment is always more cost effective then no treatment, and criminal justice interventions (Verster & Buning, 2005)

Education & Prevention in Ireland

Origins

As drug issues emerged in the Ireland the issue of education and prevention featured prominently particularly from 1968 onwards, but not without controversy and complication (Butler, 2002a, p114). The HEB established in 1974 represented a new departure delegating health education from the Department of Health to an external body. However, they faced challenges from the start including operating in a hostile environment and resentment due to their generous resource allocation (Butler, 202a). The approach they adopted was pragmatic, focussing on general life skills and decision making skills in young people and steering clear of full scale national awareness campaigns. However, this won them little support, in the face of the growing drugs problem people wanted more and it was explicitly this life skills approach which became of the focus of much public criticism

during the 1980's (Butler, 2002a). The HEB failed to respond publicly to rationalise their stance and indeed, it could be argued they were politically naïve in their analysis of the issues, of their own position, and the changing environment within which they were operating. Their closure was eventually announced in 1987 and education and prevention reverted back under the umbrella of the Department of Health (Butler, 2002a, p179). Interestingly, while this was occurring treatment services were grappling with the issues of HIV/AID's and harm reduction, perhaps signalling the dangers associated with publicising approaches other then abstinence Butler, 2002a).

Evidence

The first ever report published by the NACD was an overview of national and international evidence on drug use prevention in 2001 and on this basis the author, Morgan, made very clear recommendations including some of the following; In the context of drug prevention '…there should be a continuation of approaches that emphasise personal and social development, stressing social skills and decision-making' (p65), moreover effective drug prevention initiatives make the links between legal and illegal drug use and differentiate between problematic drug use and recreational use (pp63-64). In addition, the importance of multi agency approaches and community involvement were highlighted (p64). Furthermore, the recommendations focused on what is ineffective in this context identifying broad based programmes targeting experimental use, fearful messages and the use of experts delivering 'real facts'. Interestingly, it emphasised the negative impacts of using the mass media for such purposes arguing that at best this serves to reinforces messages amongst those already predisposed (pp65-66).

Other evidence would be generally supportive of these findings. Parker et al (1998) argue there needs to be acknowledgment that young people 'taking calculated risks is not the

same as being 'at risk" as Mayock (2005) contends drug related risk is 'anticipated, ignored, avoided or rejected from specific experiential positions'; it is rarely on the basis of expert warnings. Research on risk perceptions suggests that the amount and types of coverage of a given risk is a major determinant of risk judgements, if coverage is unbalanced, sensationalist or unconvincing this may impact risk judgements (Slater et al, 2006; Byran et al, 2000).

Education and Awareness in the Irish Context

As mentioned, historically drugs prevention and education have been major underpinnings of approaches to tackle problematic drug use in Ireland and it is the specific focus of one of the original four 'pillars' of the current NDS. However, since the days of the HEB there has been little debate nationally about the different types of prevention of activities[11] and in what contexts they are most appropriately used. Much of the focus has been on primary prevention in the school setting (Morgan, 2001). The HSE has appointed Education Officers nationally who operate at a local level although it is difficult to ascertain the exact nature of the activities they engage in, anecdotal evidence would suggest it varies greatly from area to area. In addition, many of the Local and Regional Drugs Task Forces employ Education Officers who engage predominantly in the non formal sector. Thus, there is significant investment on this area. In 2005 it was suggested that the amount spent on education and prevention work across the Local Drug Task Force's since 1997 was €200 million (Taoiseach[12] Bertie Ahern quoted in Butler, 2007, p139); however it does appear that activities are disparate and fragmented with little coordination and quality control. In a

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[11] Morgan quotes Uhl's (1998) differentiation of the fours areas of preventive actions : **Primary Prevention** is to prevent the onset of a substance related problem, **Secondary Prevention** is to intervene if a problem is likely to occur (prevention in high risk groups) or if a problem exists but is not yet fully manifested, **Tertiary Prevention (Type A)** involves dealing with problems once they are fully manifested (prevention of further harm in those addicted), **Tertiary Prevention (Type B)** involves prevention of further problems recurring once they have been successfully treated (relapse prevention).
(2001, pp11-12)

[12] Irish Prime Minister

bid to tackle some of these issues the Drugs Education Worker Forum (DEWF) formed by education workers in the voluntary, community and statutory sector developed a Quality Standards Manual and Training Programme (2007) for those delivering drugs education in Ireland representing 'an agreed framework for evidence based good practice' (DEWF, 2008). This was well received but it remains up to DEWF and individual Education Officers to enforce and maintain these standards.

In 2003 a National Awareness Campaign was launched which despite the recommendations in Morgan's (2001) report was broad spectrum and multi media in nature, virtually ignoring the considerable evidence. Furthermore, the messages were predominately primary prevention in nature. It was evaluated and the report alludes to ongoing tensions and disagreements between members of the steering/reference committee in terms of the purpose of the campaign and the usefulness of mass media approaches. A stark indictment was the fact that most of those interviewed for the evaluation were reported to consider that the 'campaign was not informed by any theory, model or framework' (Sixsmith & Nic Gabhann, 2007, p76). Despite this fairly scathing evaluation, the government launched another National Awareness Campaign at the end of 2007 once again this is a broad spectrum, multi media campaign which appears to conform to many of the approaches used in the first campaign. There is no evidence that the recommendations from either the 2001 or the 2007 studies have been taken onboard.

Implications

Butler discussing the external perceptions of the HEB argued that these were indicative of lack of correlation between 'attention to scientific research and public credibility' (2002a, p165). This remains true today. In the area of education and prevention it appears to be important to be seen to do something even in the face of weak evidence. Despite resource

investment, the only efforts to impose any kind of quality standards in this area have come from Education Officers themselves. The National Awareness Campaigns to date have focussed on the popular, primary prevention style messages in direct contradiction of the evidence and best practice information.

It appears that there is significant pressure on politicians and civil servants to engage in public activities in relation to drugs issues; despite the fact most are probably aware of the limitations. As the Minister of State expressed in this study;

> *'I mean say the Education and Awareness one, I think, is seriously under thought…some of the stuff is on paper it's grand, I'm not sure that the outcomes are brilliant to be quite honest with you'*

This disparity is not unique, Gomez (1997) argues, that politicians often engage in 'symbolic politics' where they propose bills or actions to gain greater public support or to increase awareness of the issue. The media are key role to this engagement in 'symbolic politics'.

This case study also demonstrates the distance between policy making and implementation. Education and prevention is central to the NDS but the responsibility for many of the activities lie with Education Officers employed by the HSE or Drug Task Forces with little support or guidance. Furthermore, this may highlight a reluctance to take on the more challenging aspects of drugs education moving away from primary prevention particularly in light of the experiences of the HEB. Furthermore, there may be an unwillingness to take clear position on the role of harm reduction within drugs education given the covert nature of harm reduction generally in Ireland.

Conclusion

These case studies demonstrate a number of specific themes and influences which impact on the Irish drug policy making context. The bureaucratic nature of the system and structures is illustrated with particular emphasis on the gap between policy making and implementation resulting in delays or at times non-implementation. The importance of resources is particularly evident in regards to the buprenorphine debate but a key factor in all policy debates.

Furthermore, the pervasiveness of non-rational factors in the whole process is highlighted, in particular beliefs and contested meanings associated with drugs issues, which are particularly difficult to challenge, despite the evidence. There are also ongoing battles for ownership of the drugs issue being played out in various different parts of the system. There is clear evidence of unresolved historical debates on drugs issues; services have moved towards harm reduction but the underlying moral issues were never discussed and remain. Butler argues that '…policy developments which are essentially concerned with shared ownership cannot make progress without at least some acknowledgement of these contested meanings' (1999, p54). These issues will be explored further in the final chapter.

Chapter 6: Discussion and Conclusions

This study aimed to explore the extent to which drug policy making in Ireland can be considered a rational or 'evidence-based' process, set in the context of the country's existing National Drugs Strategy (NDS) which, rhetorically at least, emphasises the use of evidence with the dedication of one 'pillar' to research. It would obviously be impractical to discuss drug policy as though it were separate from or radically different than public policy making generally, and within the broader policy literature there is considerable acknowledgement of the limits to rationality within the policy making process. In Lindblom's (1959) much quoted phrase, public policy making frequently consists of 'muddling through'. In the specific area of public policy on illicit drugs, the literature review clearly showed that this is an arena marked by emotionalism, exaggeration and stereotype. Drugs are 'demonised' and viewed as desocialising', drug users viewed as asocial, and illicit drug use perceived as contrary to the values of society and 'deleterious to the body politic' (Young, 1987). The corollary of this is that no public policy response can be too harsh, with responses described using military metaphors – such as a 'war on drugs'. It is perhaps understandable that, in the face of such moral panic, governments would seek to restore some rationality to the drug policy process, and it is this claim to rationality that is explored here.

Policy making is an intensely political activity with the factors that influence and impact shifting periodically, particular to time and circumstance. Duke (2001) argues that it is important to situate the policy making process firmly within its political, social and economic context. Thus, there is a limit to which policy making can be (and is) rational. This is influenced by numerous factors of which resources are critical, as illustrated in the buprenorphine case study. Evidence is but one factor introduced into a 'policy mix' which includes a plethora of non-rational factors (see Secker, 1993); this is supported in

the international literature on the topic. However, this is significantly more complicated in relation to drug policy due to how drug issues are conceptualised and conflicting value systems.

In Ireland, the ambivalence and ambiguities surrounding the conceptualisation of drug issues remain unresolved, as demonstrated in this study. There is much emotion and anxiety attached to the perceptions of drug issues, and drugs and their users are effectively 'scapegoated' serving to symbolise wider fears and problems in society. The media generally reinforce these negative stereotypes with drug issues represented in a one dimensional manner ignoring many of the complexities involved. The disease concept is functional as it facilitates the rationalisation of these contradictions allowing both 'tough' and 'tender' (Gusfield, 1975) responses to co-exist, in addition it looks to the individual as the cause and the solution to problematic drug use (Meyers & Miller, 2001), thus distracting from the wider structural and institutional factors which contribute.

Participants in this study discussed the implications these unresolved conflicts have for policy making, designating it a 'grey area' of policy making. It was suggested that the NDS structures and processes effectively by-passed these debates; on one hand it can be argued that this was and is functional, as with the covert introduction of harm reduction (Butler & Mayock, 2005) it allows things to be done without instigating ideologically charged discussion and debate. However, these undercurrents remain perhaps restricting the introduction of initiatives deemed radical due to moral misgivings and public sentiment. Moreover, ineffective measures may continue unchallenged by virtue of their political and public popularity, as seen in the education and prevention case study. In addition, with this lack of resolution there may be regression with many of these theories and concepts reappearing and being '*re*invented' periodically in different manifestations

and guises. For example, it was argued that Drug Treatment Courts (DTC) represent a move away from punitive approaches towards more empathetic responses to drug issues yet upon closer examination they may actually 'reinforce a given hegemony of punishment over therapeutic values and practices' (Fischer, 2003, p240. Although this is not unique to the Irish situation there may be some distinct features in the Irish system which foster this to a greater extent. These will be discussed in more detail below.

The gap between policy making and implementation, identified in much of the literature on policy making and politics, was expressed by most participants in this study and was also evident in the case studies. In fact, it has been suggested that policy is often reformulated as it is implemented (Hill, 1997). The review of the literature revealed that most modern democratic systems are relatively 'managerial' in nature; however this may be more pronounced in the Irish context due to the nature of Social Partnership (SP) and Strategic Management Initiative (SMI). These approaches seeking to 'manage' complex policy areas and cross cutting issues, of which the NDS is one, bring much policy making into the partnership realm, thus diluting the policy making power of individual departments and agencies. Policy and strategy can thus be developed in relatively abstract terms with the power and responsibility for implementation delegated to individual government departments or bodies. Therefore, those who develop policy do not necessarily manage or implement it possibly resulting in an unrealistic 'fit' moreover the opportunity to reassert power and position may come with implementation. Butler (1999) has argued that that politicians in Ireland have attempted to distance themselves from controversial drug policy issues e.g. methadone. Therefore such structures appear to dissipate decision making from central government to national, regional and local partnership structures. This may result in a lack of clarity about where power and responsibility actually lies.

There are ongoing battles to own and control drug issues in the Irish context as elsewhere, recognised by participants in this study and demonstrated in the case studies and the review of literature. Historically this has been an issue in Ireland (Butler, 1999); between sectors, for example between the Criminal Justice System (CJS) and the drug treatment sector, and more covertly within sectors as illustrated in this study. This is strongly linked to ideology and the contested meanings associated with drug issues. Furthermore, this may be facilitated to by the suggested weakness in the Office of the Minister with the role of the Minister being one of advocate and persuader. In addition, despite commitments to the contrary, drug users are effectively invisible throughout the whole policy making process, except as subjects in research.

This study clearly demonstrates that the model of policy making that best describes policy making in Ireland is incrementalism, here policy is built step by step allowing for 'mutual adjustment' and protecting against lasting mistakes. Lindblom argues that with this approach the test of a 'good policy' is where there is agreement on objectives without agreement on ideology or values (1959, pp81-82). Perhaps such a model is particularly appropriate in complex and contested areas such as drug policy (see chapter two for more discussion on models), however it does not facilitate radical policy change, and if change is happening it tends to be slow and steady. Thus, participants in this study used terms like 'chipping away' and 'softly, softly approaches' to describe Irish drug policy making.

Furthermore, it was argued that policy making in Ireland has a rather unique 'flavour' with terms such as conservatism, compromise and consensus being used to characterise to it. Coakley (2005) argues that this conservative ideology though pervasive in Irish society has 'not been vehemently and coherently articulated'. This may have contributed

to the relatively covert introduction of harm reduction approaches. In addition, the tendency to embrace compromise and consensus is illustrated by the use of partnership approaches and SMI to 'manage' policy making in this complex area (Butler & Mayock, 2005). Indeed some of the participants identified the consensus approach used by the NACD as problematic and it certainly would appear to undermine the 'objectivity' of the research process. The importance of symbolism and political currency in the Irish context was identified, however Butler & Mayock (2005) argue that Irish society is one where political ideals and symbols are not taken too literally, there is tacit acceptance of a certain amount of ambiguity with ideological issues being skilfully avoided and in some instances covertly managed e.g. the Methadone Protocol. This may to some extent explain the divergence in the political sphere between rhetoric and action (Gomez, 1997). However, it serves to diminish the importance of research evidence and results in the priority of political and popular sentiment over scientific findings (Butler, 1999).

It is clear from this study that the use of evidence in drug policy making in Ireland is quite limited, with policy makers using evidence selectively and without consistency, primarily perhaps to legitimate decisions already made on political grounds (Choi et al, 2005). This would be supported in most of the international literature on the topic. In addition, the specific research-policy interface remained elusive, despite the existence of the twin structures of the National Advisory Committee on Drugs (NACD) and the Alcohol and Drugs Research Unit (ADRU) it was impossible to identify any place or process whereby these institutions can feed their data clearly into the decision-making process; moreover it was equally challenging to identify areas where research has had a direct influence on the evolution of drug policy. It has been argued the development of

an independent advisory body, similar to the Advisory Council on the Misuse of Drugs[13] (ACMD) in the UK which was established on a statutory basis, may result in a more defined and transparent process. However, recent events in relation to the reclassification of cannabis in the UK suggest that even in the face of transparent, unequivocal research findings if the advice does not suit the context it can be ignored. Stevens (2007) uses an evolutionary analogy to explain how research findings are selectively taken up by policy makers, arguing in terms of the 'survival of ideas that fit' a particular policy climate at a particular time. In addition, this study would support the argument that drug policy can not be viewed in isolation from general public policy thus the management of the interface between the NDS and mainstream policy areas is critical.

In the final analysis, what this study demonstrates is that the contribution of evidence to drug policy making in Ireland is relatively limited; it is not that the research evidence has no impact on policy decision, but rather that policy makers use such research selectively. The major issues which arise in this arena are still complicated by emotionalism, by sensationalist media coverage and by conflicting value systems; there is no obvious way that research findings can solve the problems which arise for policy makers in dealing with issues so fraught with contested meanings and symbolism. Moreover, the study also suggests that the explicit reference to research and the implied role of rationality in guiding decision making serves a function in distracting from the conflicts which characterise this arena.

[13] The Advisory Council on the Misuse of Drugs (ACMD) was established on a statutory basis under the Misuse of Drugs Act 1971 (Homeoffoce,co.uk 2008)

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Appendix A: Sample Participant Information Form

Niamh Randall
75 Shanganagh Grove
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Ph: 087 – 6188650
E: niamh.randall@mqi.ie

Dear_________________,

I am currently undertaking an MSc in Drug & Alcohol Policy at the University of Dublin – Trinity College. As a course requirement I am conducting a study 'D*rug Policy and Rationality: An Exploration of the Research/Policy Interface'*. This study will examine the interaction between research and policy in relation to drug issues in Ireland and identify some of the other factors that influence this process.

I believe you may in your role as _____________have a particularly important insight into this issue and therefore wonder if you would consent to being interviewed to assist this research process. This interview will last no more then 1/1½ hours and, with your permission, will be recorded. I will accommodate your wishes in relation to place and time of interview. I may ask to contact you by telephone or mail if I have any follow-up questions after the interview.

All information obtained from you during the research will be kept confidential. Recordings and notes about the research will be stored in a locked file. Each person who participates in the research will be given a code number so that I will be the only person who can identify who you in the notes. Identifying information about you will not be used in any reports of the research, you will be only referred to using a relatively anonymous title e.g. Senior Civil Servant. Once this research is completed, I may save the tape recordings and notes for future research. However, the same level of confidentiality will still apply to the storage and use of the materials.

Your participation in this research is voluntary and you are free to withdraw at anytime, without giving a reason. You may refuse to answer any questions over the course of the interview, again, without giving a reason.

Please take time to consider your participation in this project. If you have any questions about the research, please contact me at the details above.

My supervisor is ________________ whom you may contact at __________________

Thank you for considering my request.

Yours sincerely,

____

Niamh Randall

Appendix B: Sample Consent Form

I have read the project information form and have had time to consider whether to take part in this study *'Drug Policy and Rationality: An Exploration of the Research/Policy Interface'*. I understand that my participation is voluntary and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, audiotapes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that the audiotapes may be studied by the researcher for use in the research project and in research publications.

Name of Participants: (block capitals) ___________________________

Signature: ____________________________

Date_______________

Appendix C: Sample Interview Schedule

1. Would you tell me a little bit about your experience working on drug issues prior to your appointment as _____________of _______________?

2. a) Can you tell me what it was about this post that prompted you to apply for the post?
   b) Can you tell about your initial reactions to being given this post?

3. In your opinion how has drug policy evolved since the first Rabbitte report 1996 and through the period of the current NDS Building on Experience 2001-2008?

4. In your opinion what function has the NDST in relation to drug policy formation?

5. Are you satisfied with this level of function? Is there anything you would change?

6. Of the original four pillars of the NDS one is specifically devoted to Research: what is your understanding of how this pillar operates?

7. Within the current structures can you say where and how research findings are integrated into drugs policy?

8. From your perspective, how well are our two main research structures - the ADRU and the NACD - functioning in terms of making a positive contribution to the 'research pillar'?

9. Can you recall any particular piece of research in this area which made an impression on you personally?

10. In your own work within the ___________, have you been conscious of the need to balance research findings against other discourse - such as media coverage - of drug issues?

11. We are in the final year of the current NDS: from your perspective, how important is it that research will remain as a pillar in the new NDS?

12. a) Are there any specific development you would like to see in the whole area of research included in the new strategy?

    b) Do you feel any changes in the structures would improve the interface between research and drug policy?