

The Difference is Research



Drug policy and democracy: Achieving inclusive and thoughtful policy participation

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Drug policy

- Diversity in drug policy globally
 - Legalisation of recreational cannabis (USA, Uruguay, Canada)
 - Prohibitionist and strict regimes (Russia, China)
 - Extrajudicial killings of people who use drugs (Philippines, Mexico)
- Complex policy problem
 - Multidimensional & spans multiple government portfolios
 - Jurisdictionally multi-level: international, national, state
 - Characterised by goal conflicts (eg: use vs harm)
 - Strong and often opposing community views
 - Not simply a “technical” problem

Evidence-based policy - the prevailing solution

- Expert knowledge is seen as the basis for policy decisions
- Governments should do what works
- Provides a rational basis to design policy
- As such, steps away from morality or ideology
- Favours policies which have been demonstrated (through scientific inquiry) to reduce the health, social and economic harms of illicit drugs

EBP and drug policy

- Examples of evidence-based policies:
 - NSP (needle syringe programs)
 - OST (opioid substitution treatment)
 - Both of these known to work, produce health, social benefits to people who use and to communities
- Should be global (but they are not)
- And we have policies with evidence that they do not work being implemented: eg sniffer dogs

What's wrong with EBP? (n=6)

1. In many cases, we simply do not have the evidence
2. It usually doesn't happen - effective translation (how to improve the actual uptake of evidence) is required
3. It tends to ignore uncertainty, unknowns
4. It contains a simplistic, instrumental view of the relationship between evidence and policy, and cannot account for politics and policy processes
5. It preferences scientific endeavour over values (and privileges researchers over other stakeholders)
6. And where does the public, collective will and democracy fit in?

Democracy

- Governments need to act in ways which accord with what the people want (expression of collective will)
- Policy works when people have trust in the government and their policy actions
- Jasanoff: the public is the “theatre for establishing the credibility of state actions” (Jasanoff, 2005, p. 258).
- So, what do the people want re drugs policy?

“Raw” public opinion...

| Policy support for | General population (NDSHS: n=24,898) |
|------------------------------------|---|
| Needle and syringe programs | |
| Strongly support/ support | 53.0% |
| Oppose/ strongly oppose | 12.8% |
| Don't know enough to say | 22.7% |
| Regulated injecting rooms | |
| Strongly support/ support | 39.8% |
| Oppose/ strongly oppose | 23.9% |
| Don't know enough to say | 22.7% |
| Legalisation of heroin use | |
| Strongly support/ support | 5.5% |
| Oppose/ strongly oppose | 4.6% |
| Don't know enough to say | 81.9% |

- Don't know responses
- Not necessarily thoughtful, considered
- Which 'public'?

Lancaster, K., Ritter, A., & Stafford, J. (2013). Public opinion and drug policy in Australia: Engaging the 'affected community'. *DAR*, 32, 60-66

“Raw” public opinion...

| Policy support for | General population (NDSHS: n=24,898) | People who inject drugs (IDRS: n=839) |
|------------------------------------|--------------------------------------|---------------------------------------|
| Needle and syringe programs | | |
| Strongly support/ support | 53.0% | 96.8% |
| Oppose/ strongly oppose | 12.8% | 1.0% |
| Don't know enough to say | 22.7% | 1.8% |
| Regulated injecting rooms | | |
| Strongly support/ support | 39.8% | 80.5% |
| Oppose/ strongly oppose | 23.9% | 8.6% |
| Don't know enough to say | 22.7% | 4.7% |
| Legalisation of heroin use | | |
| Strongly support/ support | 5.5% | 54.9% |
| Oppose/ strongly oppose | 4.6% | 33.1% |
| Don't know enough to say | 81.9% | 2.2% |

- Which ‘public’?

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Engaging the public

- Encouraging multiple voices
- Engaging the affected community
- Garnering ‘considered’ views about what to do about drugs (beyond ‘raw’ public opinion)
- In line with democracy doing what the people want (“the will of the people”)

But hang on, isn't that a problem?

- Right now, pretty concerning:
 - Populism (Trump, Brexit)
 - “Post-truth”
 - “Alternative facts” and “fake news”
 - Attacks on science and science funding
 - Loss of faith in experts
- Response?
 - Public are not to be trusted
 - Scientists fighting back....
 - March for Science, 22nd April, 2017

So shouldn't we educate the people?

- Public Understanding of Science movement (PUS)
- “Deficit model”: public is not informed, ignorant, lacking scientific literacy
- We need to better educate the public

BUT:

- Research shows that more educated publics do not necessarily agree with scientists
- “a more scientifically informed public, then, is not necessarily the same as a public that will side with scientists more frequently” (Mooney, p. 3)

We need some rethinking....

- The relationship between the public and scientists
- Reliance on expert knowledge needs to be rethought
 - “Science will have to...abdicate its protected political status and embrace both its limits and its accountability to the rest of society” (Sarewitz, New Atlantis, 2016)
- The exclusion of non-experts from policy deliberation, “threatens the foundation of democracy itself” (Mansbridge et al p.14)

And now is the time

- Given fear of populism, “post-truth”, disrespect for experts
– NOW IS THE TIME
- Delegation of policy to experts promotes citizen ignorance
- Expert disrespect of citizen engagement “provokes a reciprocal disdain of experts on the part of citizens”
(Mansbridge et al., 2010 p. 14)
- Self-perpetuating vicious cycle

Key challenge

- How to engage in an inclusive, democratic, deliberative/thoughtful process in order to give effect to the public will on drug policy
- Luckily, other people (political scientists and philosophers) have been thinking about and studying this for many years:
 - Democratic theory
 - Deliberative democracy
 - Discursive democracy

Key features of deliberative democracy

1. Political equality

- Equal power, equal liberty, does not preference science or ‘experts’

2. Participation

- Inclusion – all voices at the table

3. Deliberation

- All arguments are given
- Sincerely weighing the merits of the argument

Impartial, inclusive and egalitarian deliberation, where issues can be carefully weighed, and listened to with an open mind, and where “the force of the better argument” wins the day

Meanwhile, at today's meeting on feline healthcare...



Examples of Deliberative Democracy

- Citizen's Juries
- Citizen's Assemblies
- Deliberative Polling™
- A variety of “mini-publics” processes (eg Summits, roundtables)

Application to drug policy?

- Opportunity for considered discussion of:
 - Laws regarding drug use and drug supply
 - Harm reduction strategies such as supervised injecting centres
 - Availability of treatments & role of coerced treatment
 - Legalised/regulated cannabis
 - etc

Deliberative democracy - a good idea

- It provides a deliberative space to consider all the evidence in “reasoned discussion”, with representative citizens, treated equally, and in association with balanced arguments.
- Alignment between the EBP paradigm and deliberative democracy
- It departs from EBP inasmuch as it does not necessarily privilege the elite experts, but engages a representative sample of the population in deliberating about drug policy

But - important considerations

1. Potential exclusion of marginalised views (in representative sampling approaches)
2. “Rational” “reasoned” discussion as authorised modes of communication, which operate as mechanisms of power (PWUD not being ‘schooled’ in these authorised modes of communication)
3. Authorised knowledge and what counts as valid knowledge (& range of arguments constrained)
4. Exclusion of other sites and practices (protest movements)
5. Role of conflict (vs contestation)

Conclusions

- Drug policy matters:
 - Enormous social, health & economic toll
 - People die, or are killed
- To date, “evidence-based policy” has not lived up to its promise. It privileges expert knowledge, which may be its biggest problem, given
 - Mistrust of experts among the community
 - Lack of meaningful engagement with people who use drugs
 - Poor alignment with democratic principles
- Deliberative democracy has much to offer

Thank-you

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