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COMMENTARY

Commentary on "Substitution Treatment in the Era of 'Recovery': An Analysis of Stakeholder Roles and Policy Windows in Britain"

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In their article, Duke et al. neatly capture the dynamics of stakeholder influence on British opioid substitute prescribing policy within the context of increasing critiques of harm reduction and a shift toward recovery-focused treatment. As someone who is not a policy analyst, I read their article with great interest. There is too much to discuss in a short commentary, so I here limit myself to six issues that particularly captured my attention.

First, there is the unscientific use of evidence within the policy process. My mind immediately wanders to Ben Goldacre's work on "Bad Science" (Goldacre, 2009). How has it been possible for stakeholders to use the research about substitution treatment "selectively" to suit their own aims? The finding that only 3% of drug users entering treatment completed it and exited drug-free drove the policy debate; yet, few asked what was meant by "drug-free" or whether this was the only sensible outcome measure. Similarly, nobody questioned what drug users meant when they said that they wanted to be abstinent (Neale, Nettleton, & Pickering, 2011). The research evidence is often unintentionally distorted by the methodological ignorance of those who use it. Sadly, much of what we see in the analyses by Duke et al. results from the cynical manipulation of research findings: a triumph of politics and ideology over science and scholarship.

Second, the article is peppered with the language of fighting and battles: "conflict," "territorial disputes," "dominant forces," "vicious attacks," "ammunition," "unrest," and "external threats". I puzzled over this (arguably, very male) terminology for some time. Clearly, it does not result from any pugnacious tendencies of the authors (nor indeed from any male bias in their perspective). Rather, it captures the vitriolic and often bloody nature of the policy process, which Hayes and Dale-Perera (2010, p. 9) could refer to as an "abstinence versus maintenance civil war". Generally speaking, drug users are perceived—and they often perceive themselves to be—unwanted, stigmatized, and troublesome. How odd is it then that an analysis of drug user treatment policy reveals drug users to be a population that professionals have often fought over as well as against. Maybe it is time for somebody to tell those in treatment just how important they are.

Third, I am struck by the opportunism and naivety of some stakeholders. That disparate groups would forge alliances under the umbrella of such a vague and nebulous concept as "recovery" seems, at best, imprudent. Did people really not stop to consider the uncertainty, risks, and potential implications? That advocacy organizations and treatment providers would "rebrand" themselves to "gain the ear" of an incoming government seems fickle, perhaps even promiscuous. And that anyone would even think about building good policy on the basis of media reporting appears foolhardy. To jump into bed with strangers on the basis of political or financial expediency is surely not the basis of a happy and lasting relationship—or perhaps I'm just being old-fashioned.

Fourth, Duke et al.'s analyses indicate that the policy process caught many stakeholders napping. This includes the service user and user activist organizations who believed that the role of methadone could not now be questioned; the harm reductionists whose preoccupation with injecting had potentially distracted them from broader well-being goals; and the nonresidential service providers whose concerns about impending funding cuts, contracting out, and service restructuring had kept their heads down in order to survive. Additionally, those caught unaware included the various stakeholders who critiqued existing service structures without realizing that, by exposing the chinks in the system, they were not inviting repair so much as wholesale demolition. The phrase "be careful what you wish for" springs to mind.

Fifth, it seems important to say something in support of the peacemakers, i.e., those who have sought to bring disparate groups of stakeholders together to debate and discuss the future of drug user treatment and the meaning of recovery. Clearly, there will never be a single agreed

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approach to treatment nor one all-encompassing definition of recovery, but that does not make their efforts futile. As the critical theorist Habermas (1970; 1991) reminds us, it is possible to move toward a shared understanding of issues and concepts through a process of "communicative action", i.e., individuals and groups conversing and debating via rational argument. A position of total consensus or "ideal speech" does not have to be attained for communication to be valuable and beneficial. Thus, we do not all need to agree completely on the best policy and policy outcomes. The mere process of talking to each other honestly and openly can provide welcome relief from the bloody policy wars.

Finally, there is the intriguing issue of *who* the influential stakeholders of tomorrow will be. As Duke et al.'s paper indicates, the number and range of stakeholders involved in policy-making to date has been ever increasing. However, participation and influence are not synonymous. Those with influence tend to have expertise, a claim to be heard and the ability to speak for others. They also hold a decision-making position within their organization and are known for their political networks and negotiating skills (Kingdon, 1995). In the world of new social media, power and influence are potentially less certain. The UK drug use(r) field has been quick to develop virtual communities. Will the emerging chorus of tweeters and bloggers become visible players in future agenda setting and policy-making? Will this mean that those who have hitherto been excluded from policy circles now have greater voice? We do not, and cannot, yet know.

Good policy surely requires good evidence, inclusive stakeholder participation, and effective communication. Stakeholders also need to know and understand how agendas are set and policy is formed so they can act strategically and avoid unnecessary pitfalls. By opening up UK drug-use(r)-related policy to detailed analysis and scrutiny, Duke et al. provide us all with some invaluable insights.

Declaration of Interest

The author reports no conflicts of interest. The author alone is responsible for the content and writing of the article.

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REFERENCES

Goldacre, B. (2009). *Bad science*. London: Harper Perennial.

Habermas, J. (1970). Towards a theory of communicative competence. *Inquiry, 13*, 360–375.

Habermas, J. (1991). *Communication and the evolution of society*. Cambridge: Polity Press.

Hayes, P., & Dale-Perera, A. (2010). Not for turning? *Druglink,* March/April 2010, 8–9.

Kingdon, J. (1995). *Agendas, alternatives and public policies* (2nd ed.). Boston, MA: Little Brown.

Neale, J., Nettleton, S., & Pickering, L. (2011). What is the role of harm reduction when drug users say they want abstinence? *International Journal of Drug Policy, 22*, 189–193.