

State Drug Policy Offices: Unique, Effective Policy Brokers

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Executive Summary

State drug policy offices are unique entities that are effective in developing, coordinating, and implementing drug policy. Their single focus on reducing substance abuse, location within the Governor's office, and high visibility provides them a special access to decision-makers and accords them a power to convene, initiate, and instigate so as to keep their issue on the agenda and ultimately impact policy. These offices play an integral role in collaborating with other state agencies and synchronizing the activity of substance abuse networks to move policy forward. As policy leaders and executive entrepreneurs, state drug policy offices are dynamic catalysts for change. Other states would benefit from establishing this type of office so as to more effectively leverage power and influence in order to move drug policy forward in their respective states.

Introduction/Background

The consumption of illegal drugs, the abuse of alcohol, and the efforts to control drug use pose some of the most divisive and difficult public policy problems confronting the American public. As a practical problem, recurring drug epidemics – and the public health and public safety challenges they pose -- have overwhelmed the nation's treatment resources, the law enforcement community, and the criminal justice process. Drug policy is a recent development that reflects how governments and societies struggle with substances that can induce pleasure, yet also cause enormous harm (Babor, 2010). It is not surprising that Americans have turned to public officials to reduce illegal drug use and mitigate its effects (Manski, 2001). Many of the problems associated with substance abuse can be minimized or prevented through state actions to coordinate public and private resources, build public awareness about the chronic nature of drug dependency, invest in evidence-based prevention and treatment strategies, improve access to treatment of current abusers, and reduce the supply of illegal drugs. Beginning in 1999, several states established state-level offices intended to specifically address just these types of issues. State drug policy offices serve an important function in developing and implementing policies and programs intended to reduce substance abuse. They are unique in that they have a singular focus to pursue policies to remedy a complex, chronic public health and public safety problem that cuts across many disciplines. The offices fulfill many roles that have allowed them to be effective in unifying policy efforts and integrating those efforts through agencies across state government.

Since the early 1970's, our policies have evolved from a war on drugs based on the threat to public safety to a consistent response to substance abuse that recognizes it as a public health problem. The United States has moved from a moral, judgmental, criminal justice approach to the prevention and treatment of the brain disease of addiction. Along with this policy shift, our governmental organizations dealing with drug policy have also evolved. Both federal and state leaders understand that they must approach this problem with more tools at their disposal than merely law enforcement actions. As a result, some states have created offices modeled after the Office of National Drug Control Policy (ONDCP). These offices approach the drug problem using a balanced approach that incorporates both supply reduction demand reduction. The intent of this article is to examine these offices, evaluate their roles and effectiveness in developing and implementing policy, highlight the importance of their leadership, and assess the implications for other states.

Substance Abuse and Drug Policy

Substance abuse is the harmful use of alcohol and drugs – both licit and illicit. It includes a wide assortment of drug and alcohol use such as illegal drug use, abuse/misuse of alcohol, underage drinking, and the non-medical use of pharmaceuticals. Substance abuse is a chronic, complex, permanent problem that will always be with us -- no matter what policies are put forward. H.L. Mencken could well have been speaking about substance abuse when he said that for every complex problem, there is a neat, simple solution that is wrong. Unlike technical problems that can be solved and then recede into the routine realm of government administration, social problems like drug abuse must be solved again and again by each generation (Sarason, 1978).

Drug policy refers to the laws, programs, and policies intended to influence whether or not individuals decide to use psychoactive substances and to affect the consequences of use for both the individual and the community. The laws typically prohibit or regulate possession, use, distribution, and production of these substances and set penalties for violations. Programs include efforts to persuade youth not to begin use as well as health and social services programs to help those using to stop. Policy can minimize the damage drugs cause and influence what sort of drug problems exist, but it does not allow a society to be completely free of drug problems (Kleiman 1992). However, when drug policies target specific problems and populations, and when they are informed by sound scientific evidence, they can alter the course of drug use and even drug epidemics (Babor, 2010).

History

Current U.S. drug policy has its roots in the adoption of the Harrison Narcotics Act of 1914 (Gerstein, 1990). The effect of this bill was to criminalize the manufacture, sale, and possession of opiate drugs outside medical channel (Gerstein, 1990). This precipitated an aggressive campaign of drug enforcement. Eventually, Congress extended this prohibitory approach to include marijuana in 1937 and state legislatures passed parallel laws (Manski, 2001). So until the 1970s, U.S. drug policy was limited to law enforcement actions intended to pursue, prosecute and incarcerate citizens who made, sold, or used illegal drugs. A comprehensive, balanced approach to drug control policy in the United States is a relatively new phenomenon, coming of age in the early as a response to the widespread use of drugs in the 1960s. Although the Comprehensive Drug Abuse and Control Act of 1970 replaced all previous laws concerning narcotics and other dangerous drugs with an emphasis on law enforcement, in 1972 this was balanced with the creation of the first federal funding programs for prevention and treatment. It was also at this time that President Nixon coined the term “war on drugs” and shortly thereafter established the Drug Enforcement Administration (DEA) in 1973.

At the national level, there had been a legacy of duplication, bureaucratic in-fighting, squandering of resources and an overall lack of coordination on drug policy. It was thought that a single director supported by an office would have the perspective necessary to coordinate a complex, inter-organizational effort to stem the epidemic of drug abuse. Also the status associated with the position would empower the director to achieve compliance in the comprehensive and coordinated fight against drugs. However, it was not until the crack cocaine epidemic of the 1980’s that the Congress began passing a series of Anti-Drug Abuse Acts (1986, 1988, 1989) to provide the major federal funding initiatives (surpassing those in the 1970s) aimed at drug treatment and prevention. The 1988 act also created the new Office of National Drug Control Policy (ONDCP) in the White House with a mandate to undertake a holistic approach to drug control including supply and demand reduction, an unusual budget control authority, high visibility, and a statutory requirement to develop a national strategy (Gerstein, 1990). This marked the first time that there was an agency – directed by a quasi-Cabinet level director-- charged with implementing a balanced strategy to address the prevention, treatment, and law enforcement components of drug control. Previously, Presidents Nixon, Ford, Carter, and Reagan had top drug policy chiefs responsible for coordinating drug control efforts, but these officials had little power, their influence was personal rather than bureaucratic, and each was short-lived and ineffective.

The first “drug czar” was appointed in 1989 shortly after the White House created the Office of National Drug Control Policy. The term “czar” was coined by Senator (now Vice President) Joe

Biden in 1982 when he said that he thought no program could work without a Cabinet-level "drug czar" in charge to coordinate the work of various agencies (Maintland, 1982). The term czar implies a total control of the issue when in fact the drug czar has responsibility for addressing the drug problem with policies and programs, but has precious little actual control over the resources in people, equipment, or budget. Nevertheless, because of the director's position close to the President, he has more influence and informal authority than actual control over other agencies charged with carrying out the nation's drug control policy. Yet the establishment of an office – a governmental organization – at the federal level was a major milestone that provided more permanence, gravitas, and clout to the effort and the director.

States Without Drug Policy Offices

What did states do before the creation of state drug policy offices and what are the other 45 states without offices doing now? In states without state drug policy offices, substance abuse policy is often characterized by fragmented efforts of a number of stakeholders groups both inside and outside of government. They utilize a combination of public health, social welfare and public safety/ law enforcement entities to coordinate anti-drug efforts throughout the state. In these states, there is simply no single coordinating agency for drug control policy. As a result, the competition between enforcement and prevention and treatment can be detrimental to coordinated, effective drug control policy. There is a real danger is that in states with very influential law enforcement agencies, state policy and programs could easily tilt toward an over reliance on drug enforcement to the detriment on prevention and treatment. Currently, in those states without a state-level drug policy office, the health and human service agencies frequently execute demand reduction policies without effective coordination with drug enforcement activities since there is no unifying office. This disconnect only serves to make those policies less effective than they could be.

Every state has a Single State Authority (SSA) that is responsible for all prevention, treatment and recovery programs in the state. The state SSA manages and distributes the federal Substance Abuse Treatment (SAPT) block grant – major source of funding for prevention and treatment activities. With the exception of New York and Ohio, all SSA's are located within state agencies, subordinate to state agency heads so that drug control efforts are bifurcated between social welfare or public health agencies and public safety and law enforcement agencies without a single nexus. Since the SSA is normally submerged as a subordinate element within a large state agency, this limits the ability of the SSA to have a significant impact on policy. Substance abuse agencies that lack the status and power coming from the Governor's office do not have sufficient visibility, adequate staff or other resources and are simply unable to advance significant drug control policy objectives that are held jointly with other agencies including criminal justice.

(Gelber, 2006). State drug offices are connected across a wide spectrum of actors that no single agency can ever replicate. Furthermore, SSA's lack the autonomy and freedom of action that accrues to state policy offices directly reporting to the Governor. When prevention and treatment are delegated to mid-level state agencies, states cannot successfully prevent or treat drug problems at the population level. State drug policy offices can enhance the effectiveness of the SSA by raising their issues (and the policies impacting those issues) outside of that particular state agency.

Creation of State-Level Offices

Creation and Structure

Beginning in the late 1990's, several states created offices within the Governor's office as a central focal point to coordinate drug control policy efforts. State drug policy offices are relatively new creations in government with the first established in Florida in 1999, followed by Iowa in 2000, Kentucky in 2004, Idaho in 2006, and Arkansas in 2007. Modeled after the White House Office of National Drug Control Policy (ONDCP), these are lightly-staffed offices with less than 7 personnel strategically located in the state's Governor's office. Interestingly, state drug policy offices are a rarity, with only five in existence today. All the state drug policy offices are similar – they are small and structured along the lines of ONDCP in that they have the responsibility for both aspects of the drug control issue – supply reduction and demand reduction. Typically, the offices are led by a director, include a deputy, and other personnel to direct programs in prevention, and still others to coordinate treatment and law enforcement efforts. There may also be a research analyst to provide an in-depth knowledge and background of current and emerging drug issues facing the state. They derive their powers from the Governor with all five directors – unofficially known as “drug czars” -- being appointed by the Governor. With the exception of Arkansas and Kentucky, all directors must be confirmed by the state senate.

These small offices are like the proverbial mouse that roared – they “play bigger” than their small stature would suggest. With the support of the Governor's office, they have the power and influence that often allow them to be more influential in policy than any state agency. These offices are uniquely positioned to pursue and promote policy through connections with public and private actors, the power to convene interagency players, access to the media, and a prominent, unchallenged leadership role on the issue of drug control. As such, these offices are true catalysts for development, coordination, and implementation of policy. They play a key role in public drug control policy through advising and educating all three branches of government.

They are “one stop shops” for all state and local drug control issues. In addition to serving as an information source, they also serve as an important connector, often referring citizens, private sector entities, grant applicant agencies, and policy makers to appropriate resources. Additionally, the office has the power to convene other state agencies and effect coordination in the developing and implementing of drug policy. With the imprimatur of the Governor’s office, state offices of drug control policy have the freedom to reach out to literally anyone in state government. Yet little has been written and even less researched about the role of a single government agency in implementing drug control policies involving both supply reduction and demand reduction

The mission of these offices is to develop, coordinate, and implement policies and programs aimed at reducing substance abuse. Through collaboration with both public and private sector entities, they tackle the chronic public health and public safety issue of drug abuse. Substance abuse is defined as the problematic use of alcohol, tobacco, and drugs. The term is often used to describe a wide range of chronic conditions and social behavior – legal and illegal – associated with the use of mind altering substances. These conditions include: use, abuse, and dependence/addiction (Burns, 2002). In order to effectively address the problem, state drug policy offices must adopt a holistic approach utilizing a comprehensive, long-term strategy.

Drug Control Strategy

Almost all of state drug offices operate under their Governor’s statewide drug control strategy with a single focus on reducing substance abuse. This strategy reflects the priorities of the administration. Florida and Iowa have published stand alone, multi-year strategies, while Kentucky, and Arkansas function under Governor-approved plans coordinated with state and federal partners. Idaho has a strategic plan for the actions of the office, but does not as yet have a statewide strategy. The strategy is a blueprint that focuses on the direction of activities and clarifies the goals and objectives to make them more practical. It aligns resources with objectives and establishes clear, statewide measures of drug use and drug-related consequences. Not only does the strategy prioritize current substance abuse challenges and responses, it is flexible enough to adapt to the ever-changing threat from new drug threats. This framework allows resources to be utilized more efficiently. The strategy provides a mission that unites the various networks, coalitions, and other actors motivated by the issue of substance abuse – both in the public and private sectors. It is a forward-looking, research-based guide for coordinated action based on strong, sustained leadership that essentially makes the reduction of substance abuse a collective responsibility. The framework of the drug control strategy is a wonderful focusing tool to ensure policy integration occurs on only those fronts that directly impact the reduction of substance abuse. All activities engaged in by the office can be measured against the objectives of

the strategy to see if they contribute. It is the single most important document of that office because it encompasses all aspects of anti-drug efforts and provides the office a license to pursue policy implementation without regard to state agency boundaries.

Location in the Governor's Office

In any organization, location of the agency and access to the decision-makers is essential to both influence and effectiveness. For state government, location of the organization and access to the chief executive determine priority, influence and power. The organizational placement of a drug policy office speaks volumes about the degree of decision-making and policy authority, visibility, funding, and collaborative ability. Through a state-level policy office, Governors can channel public resources and develop more consistent, cost-effective policies to address substance abuse (Burns, 2002). One of the critical challenges for drug policy advocates is to foster public understanding of the chronic nature of chemical dependency and to promote recognition of the societal benefits of treatment. State drug policy offices can elevate the discussion and use the Governor's bully pulpit to elevate substance abuse as a policy issue. This helps mobilize stakeholders (Burns, 2002). Organizational placement and positioning of the drug policy office within state government helps to determine the degree of decision-making and policy authority, agency visibility, funding and collaborative ability of the agency (Gelber, 2006). Responsibility for state and federal prevention and treatment funds should be held by an entity that reports directly to the governor and has direct access to the state legislature (Join Together, 2006). With the ability and position to influence both supply and demand reduction policies, state drug policy offices have cornered the market on all aspects of the issue and are a force to be reckoned with in the state government. Research shows that location of the substance abuse agency affects its funding in comparison to other social services like mental health and disabilities. Substance abuse agencies that have been reorganized or submerged into other organizations have fared less well over time in the funding process (Join Together, 2006). Being relegated to a low level in a host agency that does not comprehend its requirements makes it difficult for the substance abuse to function at the policy level since substance abuse is not necessarily the priority of the overall department/agency head (Gelber, 2006). An agency's position in the state bureaucracy determines its bargaining power and competitive advantage over other agencies (Fleming, 2000). Substance abuse agencies have greater success when they enjoy autonomy because they are housed at cabinet level or are led by gubernatorial appointees. (Join Together, 2006). Hence, the establishment of a state drug policy office intentionally placed in the Governor's office allows for maximum visibility and priority.

An often neglected, but important determinant of agency autonomy is whether or not the state drug policy director is appointed by the Governor. Appointment and approval by the Governor

confers a degree of authority, credibility, influence and status on the agency within government as well as clearly indicating the priority substance abuse issues have within that state government (Gelber, 2006). If the Governor appoints the director of a state-level drug policy office, then the director is perceived to have sufficient importance, status and clout within the state government in order for other state agencies to be willing to spend scarce time, staff, and effort at a time of competing priorities in effective collaboration (Gelber, 2006). A study of primary substance abuse agencies in 12 states indicated that those lacking Gubernatorial appointment status did not have sufficient visibility, adequate staff or other resources and were simply unable to advance significant drug education, prevention, treatment, and policy objectives that are held jointly with other agencies including criminal justice (Gelber, 2006). State drug policy offices prevent substance abuse issues from being dominated by external constituencies and stakeholders in the substance abuse field (Gelber, 2006). Being a singularly-focused office with great autonomy within state government is very powerful and allows the office to operate without the constraints of other state agencies.

Roles in Policy-Making

We can identify six roles of state drug policy offices that are central to effectiveness in developing and implementing drug policy.

- Role One: Policy advisor
- Role Two: Legislative advocate/broker
- Role Three: Interagency coordinator
- Role Four: Network integrator
- Role Five: Media broker
- Role Six: Leader and executive entrepreneur

Each of these roles is briefly discussed next and illustrated with examples from the states with drug policy offices.

Role One: Policy advisor

The state drug policy office serves as the subject matter experts for all issues drug-related and provides policy advice to the Governor and staff. Advice is based on the holistic, balanced approach to drug control of supply reduction and demand reduction and a clear understanding of current laws, programs, policies, and capabilities. The office provides advice and counsel, provides education, answers citizens' inquiries, and fields all question on behalf of the state for drug policy issues. Additionally, the director is a one stop litmus test for policy-makers wanting proposals, advice, or other input on any drug control policy matter. One of the primary

responsibilities of the office is to craft a comprehensive drug control strategy to provide goals and objectives to reduce substance abuse. The strategy provides a framework to formulate policy advice to the decision-makers including the Governor, the legislature, the courts, law enforcement, the media and any other public or private sector actors involved in drug control issues. Framework is the most appropriate terms because the strategy serves to frame the discussion on any given drug- issue in terms of whether the proposed action, program or policy supports the goals of the strategy.

Most importantly, the role of advisor allows access to the Governor to discuss drug policy issues and receive support for policy initiatives. This access is the most powerful element of the drug policy office because it allows for drug issues to receive a priority and be placed on the decision-makers agenda. The agenda is a list of problems or issues to which government officials and influential entities outside government are paying serious attention at a given time. Some policies and problems become prominent in the policy agenda and are eventually translated into concrete policies while others never escape the “garbage can” (Kingdon, 1995). The state drug policy office seeks to prevail on the executive branch to forward policies that will help them more efficiently and effectively provide government services -- in this instance in the drug control field (Kingdon, 1995).

The advisor role also applies to providing advice and counsel to other state agencies with responsibilities for drug control actions across the state. State and local law enforcement agencies have responsibility for reducing the supply of illegal drugs, yet violent crime – not drugs – normally tops their list of enforcement activities. It is therefore incumbent on the drug policy office to remind law enforcement agencies of importance of their role in drug enforcement so as to bump it up on the priority list and ensure it is not neglected. State drug policy offices often provide advice on the importance of substance abuse treatment to the state agency head who is juggling multiple priorities within his/her own organization. The constant attention a state drug policy office brings to substance abuse issue through advice also serves to enhance the profile and eventually the effectiveness of the SSA buried deeply within the state agency. In some cases, the drug policy office may advocate for the use of evidence-based practices to improve treatment or even the allocation of treatment dollars.

Role Two: Legislative policy advocate/broker

Legislation is the primary vehicle for policy at the state level. Most state agencies measure their success by the amount of favorable legislation they are able to effect. State drug offices advocate for legislation that supports the Governor’s agenda and supports the statewide drug control strategy. State legislatures are traditionally at the forefront of policy change, serving as "laboratories" for new ideas and solutions. Drug policy is no exception. States continue to explore better programs and policies to mitigate the costs caused by substance abuse. As the

executive branch subject matter expert on drug issues, the state drug policy office provides information to the legislature. Additionally, the office lobbies the legislature to take up drug policy issues through legislation. This involves significant interaction with legislators and their staffs concerning proposed bills. The office's ability to convene stakeholders both inside and outside of government reinforces the lobbying and advocacy. Often the state drug policy office receives proposals from the substance abuse networks or advocacy coalitions. If the proposal supports the Governor's strategy, then the office moves it forward to gain sponsorship and build the political support needed to pass the bill. State drug policy offices often advocate against policy to the legislature. Sometimes, the state drug policy office must fight to keep bad legislation from moving forward. The Kentucky Office of Drug Control successfully staved off a proposed law that would have shut down all the state's methadone clinics and had a negative impact on treatment for opiate addiction (Ingram, 2010). Occasionally, the state drug policy office will pursue policies that are neither actively supported nor opposed by the administration. If the legislation is supportive of the drug control strategy, then the office organizes support and moves the legislation forward with the bill sponsors.

State drug policy offices do not have control of state substance abuse budgets, but serve an important role in advocating to the legislature for budget issues germane to the reduction of substance abuse. No state drug policy offices have the same authority over budget currently enjoyed by ONDCP. Nevertheless, drug policy offices can reinforce agency requests for budget allocations that impact substance abuse. Funding for substance abuse treatment is fragmented among state agencies so that the legislature cannot see the total amount allocated for treatment. Without a holistic perspective on substance treatment among all the eligible populations, the legislature often cuts treatment dollars from various state agency budgets without ever comprehending the ramifications of their oversight. The job of the state drug policy office is to ensure that the legislature considers the larger picture of substance abuse treatment so that they avoid the unintended consequences of reducing treatment and its impact on crime and incarceration.

Role Three: Interagency Coordinator

Since substance abuse issues rarely impact only one state agency, state drug policy offices are prime facilitators of interagency coordination. The nature of substance abuse requires a synchronized response involving many different agencies both inside and outside government. Public administration labels this "intergovernmental relations". Within government, bringing all the appropriate actors to the table requires the authority of the Governor's office. The leadership role of the Governor's office is essential to create and drive strategies that cross agency boundaries (Join Together, 2006). Normally, state agencies implement policies and provide

services completely within the silo of their particular agency. Any coordination is accomplished internally and there are relatively few conflicts about how to accomplish the task at hand. Drug control issues encompass both supply and demand reduction activities that involve many different actors in state government. For example, law enforcement actions involving stopping clandestine methamphetamine-manufacturing involve local law enforcement, state crime lab personnel, the national guard (who assists law enforcement), DEA hazard remediation teams, state health officials, environmental protection officials, and child/social welfare personnel at a minimum. The implication for this at the policy level is that any policies or programs addressing methamphetamine would include the agencies represented above. Ad hoc groups and task forces set up to develop policies are usually led by the state drug policy office that is uniquely positioned to have visibility on all aspects of the problem. This example demonstrates just how many different governmental actors can be involved.

State drug offices routinely confer with law enforcement, social welfare, health, juvenile justice, corrections, and elder affairs agencies on matters impacting all of them with regard to substance abuse. This reach across state agency boundaries is critical for bringing all the elements of state power to bear on the substance abuse problem that has impacts throughout all state agencies. Further, it forces the various state agencies to work together on the same problem – something that is not often accomplished. The Kentucky Office of Drug Control was able to have one agency (cabinet) of state government actually provide some of its own funding to another agency – the first time this had ever happened in Kentucky. (Ingram, 2010) This kind of policy leadership requires continuous collaboration with other entities based on shared utilization and outcomes which is the most effective way to accomplish substance abuse policy goals. Sustaining this interagency collaboration over time requires clear policy and strategy and respected leadership in order for other state agencies to feel it is worthwhile to spend the time and effort. Effective collaboration between the substance abuse agency and multiple other state and community agencies is key for establishing and maintaining effective substance abuse services and policy. Substance abuse collaboration is just not possible unless there is sufficient visibility in terms of governmental status so that other agencies felt it was important to be seen working with them on projects of joint interest (Gelber, 2005).

Role Four: Network Integrator

State drug policy offices are the ultimate network integrators. Policy networks are distinguished by interdependence among policy actors in both public and private sectors. (Sabatier, 2007) If there is an external, centralized, integrating governmental office, then networks can be more effective in achieving policy change. (Sabatier, 2007) This is a natural fit for state drug policy offices that can utilize these powerful networks to promote policy. Networks are characterized by two factors – the set of actors and the relationship among the actors. Network effectiveness is enhanced when the integration is achieved through centralization. (Provan and Milward, 1995)

State drug policy offices often serve in the role of the centralized authority that synchronizes the efforts of the networks in promoting drug control policy. Networking allows collaboration with both public and private sector entities. The main actors in the network – both inside and outside government – look to the Governor’s office to be the chief advocate and represent their issues. Some networks reach to the level of federal agencies like ONDCP and the Substance Abuse and Mental Health Services Administration (SAMHSA). Many state drug policy offices have a network with the judicial branch through drug courts. The Florida Office of Drug Control has developed many networks to advocate for prescription drug policy issues. There are networks of medical professionals, treatment providers, community drug prevention organizations, and law enforcement associations all working to influence the same drug control policy. The nature of substance abuse lends itself to the involvement by many interdependent actors both inside and outside of government. However, the state drug policy office provides a focus and a centralized coordination mechanism for the many groups within the network. As the preeminent government actor in the network, the state office provides a very valuable legitimacy and credibility to the policies supported by those in the network.

State drug policy offices provide a unifying focus for networks. Policy efforts aimed at prevention policies receive support through a network of anti-drug organizations, parents groups, and community prevention coalitions. Additionally, treatment providers and medical professionals have networks that promote drug control issues. Treatment advocates are also reinforced by judicial actors in favor of drug courts (special therapeutic courts that compel treatment through judicial sanctions). On selected policy issues, advocacy coalitions form and further add to the impetus for policy. State drug policy offices provide the ideal interface for networks to connect with government actors. Moreover, state drug offices offer the centralized integration and leadership needed to move the network’s policies forward. When the policies become programs, the networks can play a key role in implementation. Often network leadership in forging public-private alliances can lead to the receipt of millions of dollars of federal grant money for anti-drug efforts that otherwise would not have been realized. State drug policy offices routinely collaborate with law enforcement agencies (and law enforcement networks) in program and operations across the state. Multi-jurisdictional counterdrug operations normally require the cooperation of law enforcement officials at the local, state, and federal level. For example, some counter drug operations include federal agencies (DEA, FBI, and Customs), state police and highway patrol, as well as sheriffs and local police.

Role Five: Media broker

State drug policy offices are the single state agency responsible to engage the media regularly to promote policy. The office serves as the repository for expertise and information on all drug-related issues. The media gravitate to the state drug policy office when seeking information, policy positions, and the official state position on a given drug issue. This allows a unity of effort with the press and more importantly a consistent message reaching the public. The message is able to reflect the state's balanced approach to supply and demand reduction. States without such an office struggle to balance the message. Law enforcement officials speaking to the press may well have a contrary position to those involved in the state agency responsible for treatment and prevention. Access to the media allows policy issues to reach a wider audience and greatly assists getting them on the institutional agenda. Effectiveness in policy-making almost always has some foundation in a media message. The ability to bring the policy issue up for wide dissemination is vital to getting it on the agenda and considered by decision-makers. Many a good policy idea has died because it did not get the publicity it needed to be discussed and voted. State drug policy offices must be the advocate-in-chief for drug related issues.

The autonomy of the state drug policy office allows it to have regular contact with the media on any and all drug-related issues. The ability to speak with the press enhances the office's ability to keep a priority on drug issues and get the issues in front of decision-makers. This is especially important on emerging threats. For example, the recent marketing of legal, synthetic cannabis presented a challenge in raising awareness among parents and the general public as to the dangers posed. All the state drug policy offices raised the profile of this issue enough to get state officials to take notice and take action.

The ability and freedom to engage the media and support marketing and advertising campaigns to raise public awareness and affect public attitudes about substance abuse is a major benefit of an autonomous state drug policy office. This is a powerful tool available to the director of the office to speak on one overarching issue – drug control -- that is not available for counterparts who are state agency heads.

Communication is one of the most powerful tools that any leader has to inspire, motivate and share his/her vision with those in the organization to accomplish a mission. The state drug policy office director can communicate with stakeholders in the policy process as well as the public through the media. First and foremost, the drug policy office must convey the Governor's priorities. The director is able to articulate the overall goals in reducing substance abuse and the importance of all other stakeholder organizations in the fulfillment of those goals.

Role Six: Leader and executive entrepreneur

The state policy office and its director have a tremendous impact because of their leadership on drug policy. State drug policy offices are not elected positions. The people who staff these offices are public administrators within the executive branch of government. They serve as initiators, instigators, and catalysts for drug control policy. In these roles, they provide continuous pressure and emphasis for the consideration of policy change. The offices use the authority conferred on them by the Governor to convene meetings, to persuade, convince and cajole other policy actors to pursue programs and support policies to reduce substance abuse. Since the state drug policy office has little formal authority, it maximizes its clout through mission-focused leadership and being persistent. Such offices can play an integral role in policy innovation and change. State drug policy offices are executive entrepreneurs uniquely positioned to recognize and act on “windows of opportunity” when the policy, problem, and political streams converge (Kingdon, 1995). More importantly, they serve as leaders with the ability to set goals, generate support inside and outside the bureaucracy, and implement innovative ideas (Roberts and King, 1991). Thus, the dynamic, proactive promoting of drug policy can be more effective in bringing policy change. State drug policy offices have the opportunity to exert strong leadership in the field of drug policy. This involves initiating policy, promoting policy, motivating and influencing networks, and providing unified leadership. (Behn, 1998)

Continuous leadership afforded by a state drug policy office not only makes interagency collaboration more effective, but also serves to get other agencies to take action. State agencies come to expect meetings, activities, and press conferences orchestrated by the drug policy office. They willingly comply with directives and other programs that support the Governor’s drug control strategy. Sustaining that collaboration over time requires clear policy and strategy and respected leadership in order for other state agencies to feel it is worthwhile to spend time and effort on collaboration that leads to policy preeminence. Leadership is necessary because without it many state agencies get bogged down in their internal bureaucratic struggles and fail to accomplish their mandated purposes. In other words, state drug policy offices can contribute to the working of government by compensating for some of the organization failures of other agencies (Behn, 1998). Leadership by the state drug office – especially the laser-like focus on a single issue -- can help overcome organizational lethargy and ensure drug issues receive priority and culminate in action. Florida’s drug policy office provides a case in point. With a burgeoning prescription drug abuse problem and an ever climbing death rate from prescription drug overdoses, the Florida office brought forward legislation to establish a statewide prescription drug monitoring system in eight consecutive legislative sessions from 2002 until the bill was finally passed in 2009. This continuous leadership and focus spanned the administrations of two Governors and four different sets of legislative leaders. This kind of policy persistence could not have been possible without the leadership of the state drug policy office.

Using position, influence, and expertise, state drug policy offices can take initiative and implement many policies and programs without legislation. As the chief network integrator and interagency collaborator within the executive branch, the drug policy office can influence both government actors and private sector entities to support programs that achieve goals outlined in the statewide strategy. In Florida, the Office of Drug Control organized anti-drug groups in communities across the state into stronger, more effective coalitions with a more consistent focus, structure, and reliance on evidence-based practices. In Kentucky, the Office of Drug Control initiated a pilot drug treatment program for state prisoners housed in the county jail. This achieves the state's strategic goal of increasing treatment and simultaneously works to decrease recidivism. Leaders bring a sense of urgency and a call for action on drug policy issues that others simply cannot. It is precisely this kind of emphasis that helps break the organizational barriers and ensure policies are transformed into action.

Effectiveness

Are state drug policy offices effective in developing and implementing policy? If so, are they more effective than those states without such offices? Effectiveness is accomplishing the desired result or outcome. With respect to drug policy, it means moving policy forward in support of the overall strategy (reducing substance abuse), keeping drug control issues on the decision-makers' agenda, and actually implementing anti-drug programs. It also means acquiring funds, providing services and maintaining political viability. In all these vital aspects of effectiveness, state drug policy offices are succeeding.

State drug policy offices have done well with moving policy forward, keeping drug control issues on the policy agenda, and implementing programs. In all states with policy offices, policies on prescription drugs and control of the precursors required to make methamphetamines have all made giant steps forward. In every case, the state drug policy office has been proactive in initiating legislation and ensuring the drug control issues important to the state were raised to the appropriate level for decision. Both Iowa and Kentucky passed legislation to limit excessive pseudoephedrine sales thereby reducing the illegal manufacturing of methamphetamine. State drug offices have put into place many anti-drug programs without legislation aimed at prevention and treatment as well as enforcement. Many programs originate with the public-private partnerships formed as a result of the extensive networks facilitated by the drug offices. One of the more recent was a prescription drug take-back program intended to eliminate unused, expired prescription drugs from family medicine cabinets.

State drug policy offices may be better at acquiring federal funds for drug control than actually getting more of the state budget for substance abuse. State drug policy offices are able to identify new money from federal sources aimed at curbing substance abuse and gather the

players needed to apply. State budgets have never been the main source for drug control funding – the majority of money has come through the federal government. As state resources shrink, the ability to acquire federal money grows in importance. State drug policy offices have an advantage because they always build coalitions with partners within government and often with stakeholders from the private sector. This is hugely advantageous because it is almost always a requirement when applying for federal funding. The position of state drug policy offices within the Governor’s office shows the federal agency that the state is committed to this endeavor at the chief executive level, further amplifying this advantage. Both factors allow state drug policy offices to be the prime benefactors of grants focused on substance abuse prevention and treatment.

Effective service provision means that the office is considered an important source of information on all drug-related issues. The first dimension of service provision is being considered the “go to” office for information. Additionally, being frequently called upon for advice by actors in government (Governor, legislature, judicial, agencies and staffs) and outside government is another key indicator of effective service provision. Perhaps more telling is being called on to help those in local government and communities across the state. (Florida Center for Public Management, 1998)

Currently, state drug policy offices do not have any formal budget authority over substance abuse funding. This continues to be the most significant challenge to reaching the state’s strategic goals for treatment and limits the effectiveness of the state drug policy office. State agencies continue to request annual appropriations for their entire organization with substance abuse treatment buried deep within their requests. In many states, treatment funding is included in at least three separate state agencies. As these disparate budget requests are considered by the legislature, there is no visibility/comprehension of how these budgets impact the need for treatment across the state. This “silo” approach allows agencies to cut treatment dollars in favor of other agency priorities without consideration of the state’s overall drug control strategy which specifically aims to increase treatment capacity. Essentially, the legislature could end up inadvertently cutting treatment as they cut an agency’s budget, but not realize what they had done. This shortcoming could be remedied by allowing the state drug policy office to be an integral part of the budget process both within the Governor’s office (impacting state agencies) as well as in an advisory capacity to the legislature.

The director of the state policy office must maintain political viability to both survive and be effective. The first rule of thumb is that the drug czar must show competence, integrity, and a political awareness. Next, the director must bring favorable publicity without bring unfavorable publicity to the Governor. How seamless is the drug policy agenda within the greater context of the Governor’s overall agenda? The answer to this question goes a long way in determining political viability. In many ways, a genuinely active drug czar may be a political liability. If the pursuit of drug control objective leads to new taxes or a growth in the size of state government, then this clearly detracts from the Governor’s policy objectives. For example, research has

shown that the increase in price through taxes of alcohol causes a reduction in its use. A state drug policy director would quickly become a political liability if he/she advocated raising taxes on alcoholic beverages. This is the balancing act that requires skill, leadership, and a political savvy every effective drug czar must master. He/she must work within the existing political framework to accomplish as much as possible so that both the Governor and the legislature can claim credit for success (Florida Center for Public Management, 1998).

Implications for Other States

What does this mean for the forty five states without a drug policy office? It means they would be well-served to consider creating similar offices. Since most drug issues cut across disciplines and agencies, they become everyone's concerns. Without a coordinating entity, there is a real danger that they could become no one's concerns. State drug policy offices are not for the faint of heart. They can provide dynamic, proactive policy initiatives and leverage funding. So, why don't other states establish the office? In short, states shy away from doing this because it is difficult. It adds another agency and personality into the equation. Many do not want to invest such wide-ranging authority in a single office. Other states are content with the status quo of addressing substance abuse issues from the perspective of different silos. The danger is that drug policy issues can quickly become submerged beneath the myriad of other priorities of the agency. Still other states do not embrace the balanced approach of supply and demand reduction, but rather focus the majority of their effort and resources on enforcement. Since state drug policy offices appear to be effective in addressing a significant societal problem in a holistic fashion, this certainly provides a good example and role model for other states. Other states would be well-served to adopt this method.

Conclusion

State drug policy offices have shown themselves to be unique policy brokers that effectively develop, coordinate, and implement drug policy. They provide a singularly-focused office with enough clout to get policy issues on the agenda and move them forward. Their location in the Governor's office provides them a special access to decision-makers and accords them a power to convene, network, oversee, initiate, and instigate so as to effect policy change. Visibility of the office, access to the media, and being the state subject matter expert on drug issues allows this office to get drug policy issues on the agenda. The authority of the Governor's office clears the way for influence and clout within the system that other state agencies can only envy. They are proactive entities with great autonomy that advise, move legislation, conduct interagency coordination, facilitate networks, effectively utilize the media, and provide continuous leadership

focused on a single policy issue. State drug policy offices dominate all drug-related issues and provide an information service that cannot be replicated in state government. The office and its director provide an unchallenged leadership in the field. The ability to initiate, instigate, and be a catalyst for policy change ensures that substance abuse issues are always on the agenda of policy-makers. The office provides the leadership and advocacy that serves as a forcing function for policy. State drug policy offices have proven their worth. Governors and legislatures who are serious about addressing substance abuse should seriously consider adopting this model.

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