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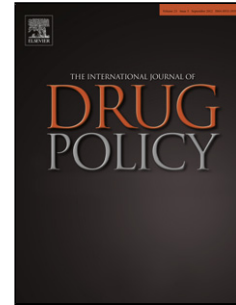
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## **Governance versus Government: Drug Consumption Rooms in Australia and the UK**

*Aim:* to evaluate, through a case study, the extent to which elements of governance and elements of government are influential in determining the implementation or non-implementation of a drugs intervention.

*Methods:* comparative analysis of the case of a drug consumption room in the UK (England) and Australia (New South Wales), including 16 semi-structured interviews with key stakeholders and analysis of relevant documents according to characteristic features of governance and government (power decentralisation, power centralisation, independent self-organising policy networks, use of evidence, top-down steering/directing, legislation).

*Results:* Characteristic features of both governance and government are found in the data. Elements of governance are more prominent in New South Wales, Australia than in England, UK, where government prevails. Government is seen as the most important actor at play in the making, or absence, of drug consumption rooms.

*Conclusions:* Both governance and government are useful frameworks in conceptualising the policy process. The governance narrative risks overlooking the importance of traditional government structures. In the case of drug consumption rooms in the UK and Australia, a focus on government is shown to have been crucial in determining whether the intervention was implemented.

*Keywords:* governance, government, drug consumption rooms, pluralism, asymmetry

### **Conflict of Interest Statement**

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Governance as a concept has gained momentum in academia and beyond. It is no longer old government, but new governance. Before the establishment of political institutions at the supra-state and international level, and the increased specialisation and stakes of both private and third sector, there was less need to theorise the interactions between these different levels, and different types, of actors. However, one should not confound governance as a guiding analytical framework with a belief that hierarchies and traditional forms of government have disappeared (Marsh et al, 2003; Peters, 1997; Marinetto, 2003). In other words, we should be wary of embracing a pluralist epistemology before we have the empirical evidence to support it, particularly when addressing issues in drug policy, which has been characterised as controversial, heavily politicised and ‘wicked’ (Monaghan, 2010; Acevedo and Common, 2006; Weber and Khademian, 2008).

I argue that in order to put forward a more nuanced analysis of the policy process, we should abandon false dichotomies and make use of both ‘governance’ and ‘government’. I illustrate this through a comparative case study, on the establishment of the Medically Supervised Injecting Centre in Sydney and its lacking UK counterpart. In the UK, this policy intervention has been mooted at different points in time, but never piloted. This particular intervention has been previously discussed in the literature, with some having concentrated on supporting the intervention based on positive harm reduction outcomes (Dolan et al, 2000; Kimber et al, 2005; Maher, 2007; Lloyd and Hunt, 2007; Lloyd and Godfrey, 2010). Others have looked specifically at the development of the intervention in Sydney from a policy perspective, focusing on the role of civil disobedience (Wodak et al, 2003), police corruption (Fitzgerald, 2013) and personal experience in the development and running of the facility (van Beek, 2004).

This paper builds on this literature, as well as interview data, to establish which factors were prominent in the making, or absence, of the intervention. By systematically relating these factors to central features of governance and government, the paper also presents significant theoretical implications. I will demonstrate that although elements of governance were significant in the making of this policy debate and intervention, it was traditional government structures which determined its continued presence, or absence.

## Governance and Government

The term governance is well-established, being used in a variety of contexts to refer to ‘the exercise of authority within a given sphere’ (Hewitt de Alcantara, 1998). More recently, it has come to be associated with the rise of new public management, the prevalence of self-organising policy networks, the hollowing out of the state and governing at arm’s length (Rhodes, 1996). On the other hand, government as a conceptual framework is seen as limited because it does not recognise the multiplicity of actors outside it who play an important role in the policy process; accordingly, government is seen as an ensemble of formal institutions (Stoker, 1998). It is hierarchical, characterised by dependent networks, a strong state, top-down steering and directing and centralism (Marsh et al, 2003; Peters, 1997).

Yet the meaning and significance of the term ‘governance’, and the conceptual framework it advances, remains ambiguous. As Colebatch (2002, p. 3) noted, ‘the term has been used in widely different senses by different writers, and there is little agreement on the terms of the debate’. Rhodes (1996) popularised governance as a theoretical narrative; the phrase he coined, ‘governing without government’, suggests that government no longer matters. Rhodes’ analysis is not devoid of subtleties; however, some careful reading would suggest he reaches some overzealous conclusions. As highlighted by Kjær (2011), and admitted by Rhodes himself, the latter’s language presents some exaggerations, with statements like ‘central government is no longer supreme. The political system is increasingly differentiated. We live in the ‘centreless society’; in the polycentric state characterised by multiple centres’ (Rhodes, 1996, p.657). Rhodes’ ideas have initiated a debate: some have embraced the governance narrative (see Goldsmith and Eggers, 2004; Salamon, 2002, Kooiman, 1993), whereas others have theoretically and empirically challenged Rhodes’ ideas (see Johansson and Borell, 1999; Bache, 2003; Marinetto, 2003; Kjaer, 2011, Marsh et al, 2003, Jordan et al, 2005; Holliday, 2000, Taylor, 1997, Peters, 1997).

Undoubtedly, governance is useful in understanding shifts in the manner of governing, and in moving past some of the political and theoretical orthodoxies which characterised most of the twentieth century (Colebatch; 2009, Marinetto, 2003). However, in failing to critically reflect on how we understand and use governance as a framework, we run the risk of creating new political and theoretical orthodoxies, underpinned by a narrowly pluralist vision of power (Marsh et al, 2003, Marinetto, 2003). This comes from potentially overlooking the

significance of traditional government structures in shaping policy outcomes (Peters, 1997). As Colebatch noted, ‘the key elements of the governance narrative [...] had already been recognised by political scientists before governance was coined as an analytical construct’ (2009, p. 8). By uncritically applying the governance narrative, we may risk losing sight of the analysis, thus overstating the presence of certain aspects of governance. An alternative is arguing for the use of both government and governance as frameworks which are in healthy tension with one another.

To develop this argument this paper needs to establish what the characterising elements of government and governance are, before questioning which elements determine the presence and success of a particular drug policy intervention in the UK and Australian context. Decentralisation of power, independent self-organising networks and use of evidence are seen as key features of governance. Power centralisation, top-down steering and directing and the passing of legislation are seen as key features of government. Note these features are by no means exhaustive; rather, they are seen as representative and as such their presence and extent in the data should be evaluated. These categories were identified through the aid of Marsh’s (2003; 2011) discussion of Rhodes’ Differentiated Polity Model and the alternative Asymmetric Power Model (2003), to which I now turn.

### **Pluralism versus Asymmetry**

The Differentiated Polity Model, or Narrative (Bevir and Rhodes, 2008), has defining features which are associated more closely with Governance. In this model, power is decentralised and more openly contested, structures are more horizontal and networks from outside government have access to both power and resources to organise and participate in decision-making. Conversely, an Asymmetric Power Model can be closely associated with more traditional forms of Government: the character of decision-making is seen as hierarchical, mostly limited to actors inside government; power and resources are unequally distributed in a top-down manner (centralism), and access is constrained.

Rhodes’ Differentiated Polity Model was criticised by Marsh et al because it ‘overstresses the pluralistic nature of the political system’ (2003, p. 307). In response to Marsh, Bevir and Rhodes state that ‘a decentred approach does not seek a general model of power [but] it offers narratives of the contingent relationships in the core executive’ (2008; p. 733). Even if the Differentiated Polity Model is not concerned with power structures but contingent relations,

to what degree can questions of power distribution be ignored and what consequences might this have? Bevir and Rhodes accuse Marsh of mistaking ‘oligopoly’ for ‘pluralism’, yet they refuse to directly engage with issues of power distribution (2008; p. 729). Marsh et al do the opposite by stating that ‘the key actors in policy making in Britain are still within, rather than outside, the core executive. The exchange relationships involved are asymmetric with most power still resting with central government’ (2003, p. 315). Marsh et al claim that any power shift from central to local government is managerial, rather than political (2003, p. 316). When comparing UK to other European countries, Klijn substantiates this by noting ‘the relative weakness of local governments’ (2008, p. 515). This contention will be further explored in the discussion below.

### **Description of the Case Study**

The UK and Australia witnessed a growth of injecting heroin use in the 1980s and 1990s. By the late 1990s, the problem of street-based injectors had been identified in both countries, with associated public health and public nuisance consequences. Drug consumption rooms as a harm reduction strategy were being discussed since the mid-1990s in Kings Cross, Sydney, and the trial of a safe injecting centre was recommended by the Royal Commission into the New South Wales Police Service in 1997 (Woods Royal Commission, p. 13-4). During the New South Wales Drug Summit of 1999, this recommendation was reiterated and put to parliament for discussion (Swain, 1999). The New South Wales parliament passed legislation to allow a trial of a Medically Supervised Injecting Centre which opened in 2001 (van Beek, 2004). The UK’s problem was not as geographically concentrated as in New South Wales, and did not involve significant police corruption as was the case in Sydney. However, a similar recommendation to pilot a safe injecting site came from the Home Affairs Select Committee report in 2002 (15, para 186). The Home Office responded negatively to this recommendation on the basis of lack of evidence (Hunt and Lloyd, 2008). This prompted an independent working group, supported by the Joseph Rowntree Foundation, to look at the issue in some detail to produce a review in 2006, making the case for the piloting of safe injecting sites in the UK (Independent Working Group, 2006). This was followed by another negative response by the Home Office. A pilot was never implemented, and the issue recently resurfaced in Brighton, where the intervention is currently being considered (Wise, 2013).

## Methods

The case study of drug consumption rooms was selected according to a number of criteria, with contrast and similarity as the principal criteria. Contrast and similarity also inform the selection of countries, Australia and the UK, as units of analysis. In particular, the contrast between success and failure, understood as the implementation or non-implementation of the intervention, offers significant potential for generating more powerful explanations (Varese, 2011). A multi-level embedded design takes into consideration characteristics of the larger units of analysis, Australia and the UK, allowing a focus on smaller units, England and New South Wales, and a particular case (drug consumption rooms) nested within them (Yin, 2003). Comparison across states in Australia and across regions in the UK was not pursued; only New South Wales and England are being considered. However, the multi-level design's characteristic of embeddedness allows some of the limitations imposed by the specificity of individual cases to be overcome; smaller units of analysis are nested in larger units, and are observed relationally (Yin, 2003).

Data was garnered from 16 semi-structured interviews with stakeholders as well as relevant documents including reviews (Independent Working Group; 2006) government reports (HASC: 2002; Wood: 1997; Independent Drugs Commission: 2013; Swain: 1999) and evaluations (MSIC evaluation committee: 2003). The interviews' broader focus was the use of evidence in policy. As such, an explicit selection criterion was participants' involvement in policy-relevant or policy-related research and drug consumption rooms in particular. However, discussions broadened to other issues in drug policy, including decriminalisation and harm reduction interventions. Participants were selected according to their direct involvement in advocating, researching, debating, evaluating and implementing the intervention. Following the logic of purposive sampling, I identified - through the use of relevant documents, including academic publications and grey literature - a number of relevant stakeholders who played a significant role in the drug consumption rooms' debate and - through snowballing - gained access to other relevant stakeholders. Notably, the same names were oftentimes mentioned by participants, which indicates that a number of representative stakeholders have been included in the sample and that good penetration of the policy network was achieved.



Participants belonged to several professional categories which can be grouped into three overarching classifications: researchers (including clinicians), politicians (including political advisors and bureaucrats) and advocates. However, these categories often intertwine, with some participants belonging to two or more categories. Interview transcripts were treated as narratives. The analysis was conducted in an iterative manner. Quotes were extracted according to themes that emerged in both countries and were pertinent with, but not exclusive to, model characteristics of government and governance. Then, quotes were further selected according to the specific features of governance and government highlighted in the previous section. These accounts, if partial, represent the thoughts and lived experience of stakeholders in relation to the intervention. By selecting pieces of participants' narrated perspectives on their involvement and thoughts around the intervention, the analysis below highlights which elements of governance and which elements of government contributed to implementation, or lack thereof.

Quotes have been assigned using the following codes: A=Australia, U=UK, R=Researcher, P=Politician, AD=Advocate. These will be used in relevant combinations followed by numerical identifiers when necessary. The identifying letters have been assigned in order of importance, based on a judgement of the degree to which participants belonged to the different professional categories. The following sections are divided according to characteristics of governance and government identified in the previous section.

### **Decentralisation of power**

In England, attention has been dedicated to the impact of new localism legislation on the ability for local authorities to make independent political decisions. However promising localism may look in terms of the potential it provides for power decentralisation, most considerations up to this point have been speculative, with much scepticism characterising the debate. This was recognised by participants in relation to the possibility that Brighton might opt for piloting a drug consumption room:

Everybody in government [...] is saying localism, localism, budgets down, we won't tell you how to spend them, you make your own judgement (UADP).

One could argue that recent shifts implemented through the localism agenda have increased the political power of local authorities. In Marsh et al (2003), local authorities were seen as managerially independent from - yet politically dependent on - central government. One example of a persistent policy community identified by Marsh et al was 'that between the Home Office and the Association of Chief Police Officers' (2003, p. 318). The introduction of Policing and Crime Commissioners (PCC) may signal a shift of political power away from the Home Office and the Association of Chief Police Officers. However, this might depend on the PCC's own political agenda:

One PCC would never allow any difference between them and a Conservative Home Secretary, because they probably want the job at some point in the future. Whereas you've got a few PCCs [...] who would love to poke the Home Secretary in the eyes (UADP).

### **Power Centralisation/Centralism**

While there is indication of power centralisation in New South Wales, centralism, defined as the political dependence of local authorities on central government, appears to dominate UK accounts (Davies, 2000). This is because in New South Wales, the type of power centralisation encountered is more managerial in character. After the New South Wales Drug Summit, an Office of Drug Policy was created and managed through the Cabinet Office and ministerial staff to coordinate reforms that followed the recommendations put forward at the Summit, including the establishment of the Medically Supervised Injecting Centre. This was seen as essential, because one of the issues identified at the Summit was the lack of central direction in drug policy, which thus far had been compartmentalised; whereas the extent of power decentralisation in New South Wales drug policy had been greater, this changed after the 1999 Drug Summit:

In many respects we were taking power away from most [departments] and centralising it with one small team of bureaucrats [...] this little office had to slap all these different agencies into submission (AP1)

England presents a political kind of centralism, whereby local authorities are subjected to political pressure from central government. In the case of the drug consumption rooms' debate:

Local areas have thought: 'yes! This is what we want! [...]the will is there, and then the police chief says 'no bloody way!' [...]and the problem has been the Home Office who [...] have contacted local police chiefs and put pressure on them (URAD1)

This is a clear instance of the asymmetric power relation between central and local authorities, as identified by Marsh et al (2003). A similar episode occurred in Sydney. After the 1997 Woods Royal Commission into police corruption, a Joint Select Committee into Safe Injecting Rooms was called. One participant suggested that members of the Committee were pressured to vote against the piloting of a facility despite the Woods Report's favourable recommendations:

There was a 6-4 vote against the recommendation to establish the Medically Supervised Injecting Centre, basically because the political parties [...] told the members of the committee how they were to vote (AADR)

### **Independent self-organising networks and partnerships**

Peters and Pierre claim that 'the dominant feature of the governance model is the argument that networks have come to dominate public policy' and 'if governments attempt to impose control over policy, these networks have sufficient resiliency and capacity for self-organisation' (1998, p. 225). In Sydney, some participants argued that an act of civil disobedience - which saw a network establish a tolerance room for injecting in Wayside Chapel, Kings Cross, weeks before the Drug Summit - was the catalyst for including the issue on the Summit's agenda (Wodak et al, 2003):

It started off at Wayside Chapel and eventually got government support [...] sometimes an act of civil disobedience forces the hand of government (AADP)

This could be seen as an instance of both strong independent networks and power decentralisation. Here, an independent network pulled together its power and resources to provoke a response,

We had to [...] set up this illegal Medically Supervised Injecting Centre to make sure that that got on the agenda [...] the government negotiated discreetly with some of us and said, if you close down the illegal Medically Supervised Injecting Centre, we will put that back on the agenda (AADR).

This statement implies that the group had significant leverage; it was not the network that had to bend to the will of government, it was the government that had to accommodate the demands of the network. In this instance, it appears that the dominant feature of the governance model, the strength of independent networks, can be validated.

To facilitate the establishment of the facility, participants recognised the importance of community support, working intersectorally across agencies and in partnership, nurturing support across the board at the local level, with direction by a local leader and coordinator.

You need somebody who is a kind of champion [...] working [...] intersectorally [...] with the police [...] with the ambulance [...] with the local council to establish some degree of support for that facility (AR).

The importance of partnerships was stressed not only locally but also in relation to the pursuit of active collaboration across agencies and departments. Health and law enforcement are often seen as in opposition to one another. However, in the case of this intervention in Kings Cross:

Law enforcement and health were pretty much working in partnership [...] the big battles between health and law enforcement have pretty much disappeared (ARP)

There is an established political consensus around the benefits of multi-agency partnerships, which is seen as part and parcel of implementing good governance structures. However, there is indication that partnerships, particularly those between government departments and non-governmental organisations, are asymmetrical. Fitzgerald notes how ‘partnerships’, often recognised as one of the cornerstones of governance, do ‘not fully account for the often inequitable power relations between government and other stakeholders’; this is because ‘the language of partnerships implies a level playing field, whereas the reality of purchaser-provider funding frameworks often work differently’ (2005, p. 283). As such, there is a difference between a symmetrical partnership between two government departments (governance), as was the case for health and law enforcement in relation to the Medically Supervised Injecting Centre, and an asymmetrical one between governmental and non-governmental organisations. The role of strong independent networks and symmetrical partnerships was crucial in the Sydney case. However, England was lacking a strong independent network, whereas partnerships, such as that between the Home Office and the police, have tended to be more asymmetrical.

### **Role of evidence/experts: Governance, Government or both?**

Evidence has a crucial role in shaping policy debates and informing policy practice. The number of agencies external to government that act as advisory bodies has increased, and government structures and mechanisms are set up to encourage expert participation (MacGregor, 2012). Participants have stressed the role of independent experts and evidence as prevalent in decision-making around this intervention. In the UK context, the gathering of evidence was seen as being able to move the debate on drug consumption rooms beyond the realm of politics:

[It] was very much a sort of evidence informed working group rather than something more political. [...] we had three professors on it [...] evidence was always gonna be important [...] I put together a group of highly respectable people, I thought it might have some weight; it'd make it harder for them to dismiss it than a bunch of radicals (URAD1).

It appears as though researchers and advocates hoped that presenting compelling evidence would be sufficient to shift the debate away from the politics. This implies the assumption that evidence is neutral:

The important thing for me is the need for [...] the evidence, and the judgement on whether it is a useful service to provide, should be a local discussion, not a political discussion. (URAD2)

However, not all participants found the evidence convincing, demonstrating that evidence is contested and as such is not a neutral instrument:

I don't see how [the evidence] stacks up, no one has ever been prepared to spend money on it (URP)

In New South Wales, evidence was used strategically by policy-makers to neutralise an otherwise heavily politicised debate. The deployment of experts and evidence during the Drug Summit was seen as paramount to shift ideas away from entrenched positions:

The thing about the summit [...] was that the politicians were trapped in that room and they had to listen to experts [...] it was the evidence that came through (AP1)

However, it should be noted that the role of evidence in this setting is not necessarily the norm. The New South Wales Drug Summit of 1999 is a particular instance of open decision-

making, which is considered a rare occurrence. While in this instance the debate was open and participatory, which would suggest that governance was prevalent, this was not the case for other instances where evidence played a major role.

The first evaluation of the Medically Supervised Injecting Centre was seen as a way to shelter the intervention from criticism:

It was independent, there were professors involved [...] even some of the worse shock jocks [...] found it hard to argue against someone that's from a University, a reputable, credible Professor (AP1)

However, the evaluation process was seen by participants as a very political affair, with much interference from government:

It was a highly political program where there was constant struggle, with the policy-makers or the bureaucrats looking over our shoulder [...] it was way too political (ARP)

Whilst most understood the importance of the first evaluation, the motive of the subsequent evaluations was identified as chiefly political:

This centre had already been rigorously evaluated for the first time [...] yet they were spending a lot of time and resources in a second phase evaluation (AR)

It was suggested that the facility was perhaps disproportionately subjected to external evaluation, which is not common practice in health, for political reasons.

I think all services should be subject to that kind of assessment, I just don't understand the obsession with that centre keep getting assessed and no others do. (AADR)

It appears that evidence can be used as a tool of governance, as in the case of the Drug Summit, but also as a tool of government. Resources and networks can be steered and directed by government to produce the kind of evidence that suits its political needs. Stevens (2007) termed this process the 'farming' and 'trawling' of evidence by policy-makers; in the case of the Medically Supervised Injecting Centre, policy-makers used the evaluations they commissioned (farming) to demonstrate local community support and to respond to media attacks (trawling). However, it was not simply about government protecting itself, but also about government protecting the facility from criticism.

### **Top-down steering/directing**

The New South Wales government apparently saw itself as a political shepherd, strategically managing the setting up of the facility as a trial, the evaluations, and media communication:

The centre wasn't the way some people would have liked it but it's still there today because of the way it was set up and all the restrictions [that] protected it [...]it was shepherded through so carefully! (AP1).

Participants agreed that had the premier not supported the first trial, there probably would never have been one:

The Premier [...] who had lost a brother to drug overdose, was quite ambivalent. [...] If he had said no, that was it. Game over, right from the start. (AP1)

The facility had dual licensees, NSW Police and Health, but was effectively run by an NGO, UnitingCare. The reason for this was again put down to the government's strategic thinking, which presents both elements of governance (regulation at arms' length) and government (central steering and directing through government's own departments and funding). It is, in Taylor's words, 'arm's-length but hands-on' (1997, p. 441).

I guess they wanted to arm's-length themselves, if it fell over, but at the same time they wanted a huge amount of control, which normally in a non-government organisation you wouldn't have. But, I guess because money was coming from them... (AADR)

For central government, resources allocation is a key steering and directing mechanism. Participants indicated that the continued trial status, much like the evaluations, was a political strategy. Whilst politicians saw it as necessary, others did not:

It became apparent that the trial status itself was [...] an ongoing strategy and there was no real endpoint [...] and that was mostly politically driven (AADR)

In the UK, at the time when discussions had reached a peak of interest, the New Labour government was unpopular, whilst the Home Office was hit by an internal scandal (Hunt and Lloyd, 2008):

Labour did disastrously in local elections, [...]we felt we were nearly [...]getting a pilot, but because of all this stuff there was just a knee-jerk response [...] a fascinating example of how [...]politics can override absolutely everything (URAD1).

Considerations seem to converge around what could be politically feasible and what would be electorally damaging:

Anything that seemed to involve enabling drug use and that looked liberal or progressive or soft on drugs [...] was politically threatening because it would be seized on by the opposition to say that Labour [was] soft on drugs, and that would be electorally damaging (URAD2).

This type of intervention did not fit with the dominant drug policy narrative, and therefore could not be considered because it would symbolise a discursive shift which the government could not afford, particularly at a time when the New Labour party was unpopular and considering they had used the ‘tough on crime, tough on the causes of crime’ rhetoric as a platform.

### **Legislation**

In the UK, passing legislation to implement this type of intervention is not essential (Independent Working Group, 2006):

You don’t have to ask any high-powered permission of parliament to do it, the whole issue is around, is anybody wanting to take the criticism? And that does affect local politicians [...] police chiefs, directors of public health, are very conscious of that (UADP)

As such, the problem is not around the law as much as it is around whether local authorities are willing to take risks and be the subject of criticism. In New South Wales, participants recognised that passing special legislation to enable the intervention was necessary. In the first instance:

It was just a couple of votes in the upper house that came down to getting it through or not, because it had to be legislated (AP1).

More recently, new legislation ended the trial status,

because we, the Labor government [...] recognised that if we did not make it permanent before we were thrown out [...] our opponents [would] certainly close the medically supervised injection room (AP2).

Political actors used legislation as a way to protect the facility. However, legislation has a strategic purpose. Participants have referred to legislation as a way for government to protect itself, as the change in legislation is not substantial, only allowing self-administration within the confines of the centre:



We have just got one Act of parliament that allows one injecting centre to operate under very specific requirements, [...] if you could repeal self-administration [...] [we] could indeed accommodate injecting without risking being charged with aiding and abetting a crime, which is the legal barrier that exists (AADR)

There was no support for this intervention by the Liberal party, either at Federal or at state level. Therefore, had the Liberals been in power, or had the Federal government been able to out rule the state's decision, the intervention is not likely to have come to pass:

That shows the strength of a state system. [...] the injecting centre would never have happened if it was under federal jurisdiction because you never would have got the consensus (AADR).

### **Discussion: Governance with Government**

The Sydney Medically Supervised Injecting Centre came into being in the context of a burgeoning heroin epidemic which disproportionately affected the population around Kings Cross (van Beek, 2004). The factors which prompted the trial of the Medically Supervised Injecting Centre were manifold: cheap heroin, together with the characteristics of Kings Cross itself as hosting a transient, bohemian community, the already existing illegal shooting galleries facilitated by police corruption, the rising number of overdose deaths, public injecting and drug litter, moral panics and regular media reporting of these issues (Fitzgerald, 2013). The act of civil disobedience that established a tolerance room for injecting, along with the presence of advocates and political support from across the board, championed by the experienced long-term director of the low-threshold primary care service in the area, were all important factors (Wodak et al, 2003). These, together, made a strong case for the issue to be discussed at the New South Wales Drug Summit of 1999. All the characteristics of governance were present and significant (policy networks, open decision-making, involvement of experts and actors outside government, production, consideration and discussion of evidence, regulation at arms' length, multi-agency involvement and partnership). However, the power to make or break the intervention resided with the state, its legislative authority, the support of the premier, the minister in charge, the parliamentary majority, and the strategic management of evidence, resources and communication. In the UK, the issue of drug consumption rooms has gained momentum at several junctures. The Home Affairs Select Committee Report in 2002, the Independent Working Group in 2006,

and the recent discussions in Brighton in 2013 are all instances of this. However, so far the issue has never made it past the favourable recommendations. The intervention often triggered interest and received support at the local level, but it was never endorsed by central government.

‘With the shift from ‘government’ to ‘governance’, parliamentary processes are now expected to link decision-makers to wider networks in a pluralistic and diverse civic society. In the drugs field, policy networks have expanded, presenting challenges for accountability mechanisms’ (McGregor: 2012, p. 27).

This statement appears to imply an acceptance that governance translates into some form of pluralism, and highlights the problematic aspect of accountability, bypassing the problem of asymmetries and the vertical nature of decision-making that still characterises much policy-making. As Taylor reminds us, ‘government is not just another organisation’ (1997, p. 441). There needs to be ‘a commitment to governance with government’, because government has ‘a responsibility to the public that other nongovernmental actors do not have’ (Weber and Khademian, 2008, p. 341).

Although elements of governance influence the presence of an issue on the political agenda, it is government that critically turns the issue into substance. It seems clear that actors inside government had a primary role in determining the presence, or absence, of this policy intervention. In the case of Sydney, key state government actors endorsed the intervention. Their steering and directing was strategic and astute; they set out to protect the facility through careful political, rhetorical and managerial tactics, ultimately ensuring its long term survival and current standing. In this case, government steering and directing and legislative powers were used to introduce a controversial intervention which achieved significant public health benefits (MSIC evaluation committee, 2003). Conversely, and despite the presence of advocates, the willingness of local authorities, and supporting evidence, central government actors in the UK obstructed the opportunity for local governments to opt for such an intervention by exerting pressure over key agencies such as the police. As expected in Marsh et al’s Asymmetric Power Model, this case shows both the relative weakness of local governments, and the strong, albeit asymmetric partnership between the Home Office and the Association of Chief Police Officers (2003). Here, government significantly contributed to the lack of implementation of this particular intervention.

These cases have been useful to point out that pursuing governance without government might lead us to a skewed picture. Government appears to retain its role as the central actor, and the presence and resistance of networks, albeit significant, does not necessarily diminish its power. Fitzgerald's work (2005) on the Australian National Council on Drugs seems to suggest that power structures remain mostly asymmetrical at the federal level in Australia. This is corroborated by the dominance of the 'tough on drugs' rhetoric and the lack of prime ministerial support for safe injecting sites. However, state level politics nested in federal governmental structures may present a different picture. In New South Wales, it would appear that the state's ability to legislate was crucial to the implementation of an intervention which was contrary to the wishes of federal government. I argue that a state's legislative powers can act as a shield against domestic, federal and international pressures. However, as Walti and Kubler pointed out in the Swiss case (2003), this does not necessarily translate into a pluralistic power model, as state authorities retain the power to exclude certain actors and voices by strategically directing resources. The continued trial status, the 'farming' and 'trawling' of evaluations and the refusal to repeal self-administration as a criminal offence beyond the walls of the Medically Supervised Injecting Centre are all instances of this. Although an Asymmetric Power Model is not necessarily representative of the New South Wales case, the extent to which a Differentiated Polity Model is more apt should be the subject of further academic scrutiny.

Would legislative political authority at the local level in England have made a difference at nodal points during the drug consumption rooms' debate? The question remains. Will Brighton go ahead with its plan to pilot a safe injecting site? The local MP openly supports it, and she is not a member of either of the two major political parties, as was the case for Clover Moore in Kings Cross, Sydney. This MP, Caroline Lucas, has been a vocal supporter of drug law reform, and the Independent Drugs Commission for Brighton and Hove was established following her proposal (Independent Drugs Commission, 2013). It will be interesting to observe whether the increasingly devolved power structure in the UK, as well as the reforms that followed the introduction of localism in England, might change the distribution of power in the asymmetric British polity.

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