

4: INTEREST GROUPS AND SOCIAL CONTROVERSIES

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It requires only a brief investigation of debates over drugs to conclude that there is much more to the issue than logical arguments. In order to understand the debates better, it is useful to introduce the concept of 'interests'. The aim here is to use the conceptual tools of controversy analysis to present the concept of interests and its relevance to drug issues.

There are two major sides to the debate, which can be called the prohibitionists and the reformists. The prohibitionists believe that drugs should remain illegal and stigmatised: any other course would encourage greater drug use and attendant problems without undercutting existing drug cultures and related criminal activities. The reformists believe to the contrary that prohibition is counterproductive: it encourages a black market and organised crime, and it leads users to adulterated drugs and unhealthy practices, without substantially reducing the harmful use of drugs. (Actually, the groups are not as clearly distinguishable as this dichotomy of prohibitionists and reformists suggests; many people hold a mixture of views.)

Sometimes the debate between these positions is couched in terms of social costs: the costs of the health consequences of drug use versus the costs of promoting a criminal subculture. But there is obviously more to the debate than this, as evidenced by the passions involved and the extreme penalties for involvement with some drugs, far greater than for involvement in other potentially unsafe activities (such as selling or using defective automobiles).

In Western societies today, the position of the reformists is dominant for a number of drugs, including alcohol, tobacco and caffeine. The position of the prohibitionists is dominant for some other drugs, including heroin. The question here is, which groups in society have an interest — a vested interest, if you like — in these differing positions?

The concept of 'interests' can cover a range of things. There are financial interests, such as those of tobacco companies in selling cigarettes and governments in taxation revenue from tobacco; bureaucratic interests, such as those of welfare agencies dependent on managing a flow of 'clients'; career interests, such as the stake of researchers in acceptance of a position they have supported; and psychological interests, such as those of drug users who rationalise their own particular behaviours. Different types of interests often overlap. For example, a corporate executive may obtain lucrative contracts for selling a particular product and also develop strong personal commitments to the virtues of that product or to the operation of the free market.

What, then, are the principal interest groups in the debate over whether to hold a trial into the controlled provision of opioids to users? Any answer to this question is bound to be contentious. Certainly, large and medium-scale drug dealers, whose high returns could be undercut by the availability of legal drugs of established purity, are likely to oppose a trial. Heavy users of illegal drugs are likely to support a trial because it would provide access to high quality drugs at low cost and reduced social stigma. Other groups that might be examined in this fashion include: politicians who seek to gain votes by appealing to long-standing public concerns; senior public servants with a commitment to programmes based on prohibition or reform; public servants who would have increased workloads to implement any substantial change in policy; doctors, nurses and other health service

providers; moral entrepreneurs who identify the use of certain drugs with moral decay or with a more progressive society; 'recreational' users of illegal drugs; police who enforce laws against drug use; pharmaceutical corporations and related manufacturers; legal workers; prison personnel; workers in drug rehabilitation programmes with differing approaches; workers running a trial; researchers studying a trial; and ex-users of illegal drugs.

In this brief itemisation, I have omitted the general interests most often raised in the debate, namely the health of users, the risks of the spread of AIDS, and the level of crime and corruption in the community. These are the subject of the debate. The groups I have listed are ones that have an immediate, obvious, identifiable interest in supporting or opposing a substantial change in the legal status of opioids. A trial would be seen, rightly or wrongly, as a step in this direction.

Even this is an oversimplification, since there are internal differences in any group. Some police may support a trial and others oppose it, for example. Indeed, because there have been no such trials before in Australia, it is impossible to do more than guess at how groups will respond. The test would be the trial itself.

The important point here is the very existence of interest groups. They have a number of influences on the debate.

The first is that the weight of evidence cannot be relied upon to win the day. If certain powerful groups decide to support or oppose a trial, they can always find reasons for their action.

Studies of scientific controversies show that any claims about scientific knowledge can always be challenged. Even apparently solid findings using randomised double-blind clinical trials have been challenged and undermined (Richards, 1991). So in an area such as opioids, where the evidence is patchy and a range of contentious social considerations are involved, it is always possible to counter evidence and arguments with other plausible evidence and arguments.

(This is not to say that all evidence and arguments are equally good. What is true is that there are evidence and arguments available that can be used, in the hands of a group willing to do so, to attack the other side.)

An examination of the literature by prohibitionists and reformists shows that the latter have presented far more extensive and effective arguments. This has not led, though, to implementation of reform policies for opioids. It could be that prohibitionists have not needed to develop their arguments because the prospects for reform seem so remote.

In the case of an opioid study, any evidence mustered to support a study could be countered by material critical of a trial. If this wasn't enough, legal or financial objections could be raised.

On the other hand, evidence against a study could be overruled by a simple argument: even though there are costs and risks that the study would fail, the benefits of success (however unlikely) — which would constitute a breakthrough in the intractable drug issue — warrant taking the chance.

A second implication of the involvement of interests in the drug issue is that success of a trial might be undermined by its opponents. This could happen in a number of ways. One would be the imposition of restrictive conditions on the trial, such as provision of heroin but not other drugs. Another way would be noncooperation by various groups, such as the police (who might change their enforcement practices), the Board of Health (which might change its evaluation standards) or the government (which might restrict funding). It is

also possible for supporters to undermine the success of a trial by covering up things that go wrong, so that the problems escalate rather than being rectified.

A third implication of interests is that researchers, in designing their evaluation procedures of a trial, are likely to be influenced by their views about drugs. For example, researchers who disagree with prohibition might take special note of measures of benefit from the trial, such as the health of users.

It is probably inevitable that researchers will become *de facto* advocates, whether they like it or not (Scott et al., 1990). For example, if a researcher gives equal attention to the arguments of both prohibitionists and reformers, this will help the side which has less credibility to start with. One or both sides will try to enrol the researcher and his/her work as supporting their own case. So even if researchers make a valiant attempt to remain objective and neutral, it is very likely that they will be seen to be partisans and that their work will be used for partisan purposes.

This leads to a fourth implication of interests. Reformists will use a decision to go ahead with a trial as support for their position, whereas prohibitionists will use a decision not to go ahead to support their position. In neither case is there much logic to this, since the decision undoubtedly will be shaped more by interests than logic and evidence. The point is that a decision either way becomes a potent tool in further debates about opioids.

It is illusory to imagine that the influence of interests can be avoided or counteracted. The realistic approach is to recognise that they are inevitable and to promote an open examination of their role.

The role of interests in maintaining the status quo on drug policies is the most intractable problem. The vested interests in legal tobacco and alcohol, like the interests in maintaining the illegality of opioids, are enormous. It usually requires a substantial social movement — such as the anti-smoking movement — to have much impact on the situation. A more flexible position would be to encourage diverse experiments and trials of various types, both in prohibition and legalisation. The lack of such experiments attests to the potency of interests supporting the status quo for each drug type.

The role of interests in obstructing the success of an opioid trial can be reduced by providing a relatively free hand to the proponents of the trial. Given the substantial hostility to opioids and to opioid users among some groups and the general environment of prohibition throughout the country, such a free hand for proponents would offer the best chance of a fair test of the benefits and costs of a change in opioid policy.

The contrary role of interests in assessing a trial could also be dealt with, either by inviting critics to run their own assessment parallel to that done by researchers, or inviting critics to join the research group carrying out the assessment.

In conclusion, interest groups will be involved at all stages of an opioid trial. Their most crucial role is in promoting or (more likely) hindering the establishment of a trial at all. They could also either facilitate or hamstring the running of a trial and affect its evaluation.

Needless to say, most individuals and groups involved in drug issues do not choose to analyse their own interests in particular conclusions or outcomes, and typically deny that they have anything but the best interests of society at heart. They are correct in this assessment, at a psychological level. It is me, the social analyst, who attributes interests to individuals and groups, and who points out that the arguments of various partisans in the debate are usually congruent with their interests. I do this to offer insight into the debate; I assume that everyone has the best of intentions.

Of course, as a social analyst, I have my own interests. I am not the best judge of this, but certainly I have an interest in providing a persuasive account of the debate which gives more than the usual small role for a social scientist as opposed to doctors, public servants, journalists and politicians.

It is worth mentioning one final influence of the role of interests on the debate about opioids. The very way that the debate is framed — most commonly, as one between prohibition and legalisation — eliminates various other perspectives.

References

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