

## **State Drug Policy Offices: Unique, Effective Policy Brokers**

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### **Executive Summary**

State drug policy offices are unique entities 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 meetings and initiate actions to keep drug policy issues front and center on decision-makers' agenda and ultimately impact policy. These offices play an integral role in collaborating with other state agencies and synchronizing substance abuse networks to move policy forward. As policy leaders and executive entrepreneurs, state drug policy offices are dynamic catalysts for change. They are a great investment and return much more than they cost. Other states would benefit from establishing this type of office so as to more effectively leverage power and influence in order to move drug control policy forward in their respective states.

### **Drug Control and Public Policy**

The abuse of alcohol and the consumption of illegal drugs present public policy makers with perhaps the most divisive and difficult public policy challenge possible. And that's because substance abuse remains 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). 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. Today’s opioid crisis – years in the making due to prescription drug abuse – is just the latest example of the types of substance abuse challenges we face.

### **Background/History**

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). 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 that 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).

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. Hence, it seemed logical that a single drug control director supported by an office would have the perspective necessary to coordinate a complex, inter-organizational effort to stem the epidemic of drug abuse. Additionally, 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. So, 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.

Beginning in 1999, several states established state-level offices modeled after the Office of National Drug Control Policy (ONDCP) intended to address just these types of issues. In so

doing, they serve an important function in developing and implementing policies and programs intended to reduce substance abuse. State drug policy offices are unique in that they have a singular focus to remedy a complex, chronic public health and public safety problem that cuts across many disciplines. The offices fulfill many roles in the public policy process that have allowed them to be effective in unifying policy efforts and integrating those efforts through agencies across state government.

### **Creation of State-Level Offices**

Beginning in the late 1990's, several states created offices as a central focal point to address and 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. (Note: Florida disbanded their office in 2011). Modeled after the White House Office of National Drug Control Policy (ONDCP), these are lightly-staffed offices strategically located in the state's Governor's office. These offices use a balanced approach to drug control that incorporates reducing the supply of illegal drugs while simultaneously reducing demand. Interestingly, state drug policy offices are still a rarity, with only five in existence today. Typically, the offices are staffed with a director and deputy, along with personnel to direct programs in prevention, coordinate treatment efforts and promote 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. The offices derive their power and influence from the Governor with all five directors 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 allow them to be more influential in policy than any state agency. These offices are uniquely positioned to pursue and promote policy through a network of public and private actors, possess the power to convene interagency players, have access to the media, and enjoy 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 and enlist their support.

### **States Without Drug Control Offices**

How are other states organized to address drug control? Every state has a Single State Authority (SSA) 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 the state agency head – and have no nexus to law enforcement. Since the SSA is normally submerged as a subordinate

element within a large state agency, the ability of the SSA to have a significant impact on policy is severely limited. Furthermore, SSA's lack the autonomy and freedom of action that accrues to state policy offices directly reporting to the Governor. Without the status and power coming from the Governor's office, these SSA's are simply unable to advance significant drug control policy objectives that are held jointly with other agencies including criminal justice. (Gelber, 2006).

In states without state drug policy offices, substance abuse policy is fragmented of a number of stakeholders groups both inside and outside of government. These states utilize a combination of public health, social welfare and public safety/law enforcement entities to coordinate anti-drug efforts throughout the state. Yet they lack a 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 of prevention and treatment. Likewise, health and human service agencies' efforts with demand reduction are not as effective when not coordinated with law enforcement's supply reduction actions. It is the effect of a unifying office that makes all the gears mesh smoothly and brings maximum influence to bear on the formidable substance abuse problem.

### **The Importance of a Drug Control Strategy**

Almost all of state drug offices operate under their Governor's statewide drug control strategy reflecting the priorities of the Governor with a single focus on reducing substance abuse. 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 prevention – but is not inclusive of enforcement efforts. 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 serves to unite the various networks, coalitions, and other actors motivated by the issue of substance abuse – both public and private. Most importantly, the strategy codifies the coordination of all three components – enforcement, treatment and prevention – thereby bringing the maximum pressure to bear on this problem. 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. All activities engaged in by the office can be measured against the objectives of the strategy to see if they contribute. It is a powerful tool that provides the office with a justification and 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. The Governor can use the office to 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 use the Governor's bully pulpit to elevate substance abuse as a policy issue. It also assists in mobilizing stakeholders. 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). 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). The organizational position of these offices – along with their subject matter expertise and single issue focus – grants autonomy of action that ultimately leads to policy success.

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 of substance abuse issue (Gelber, 2006). As a gubernatorial pick, the director is seen as having sufficient importance, status and clout within the state government so that other state agencies are willing to spend the time and effort to collaborate with other agencies (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). Because of their status, 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 many of the constraints of other state agencies.

### **State Drug Offices – Policy-Making Roles**

Clearly, state drug offices play an important role in shaping public policy as it relates to substance abuse. Public policy refers to the actions – laws, mandates and regulations – taken by government through a political process intended to solve problems and improve the quality of life for its citizens. As part of the policy making process, governmental institutions formulate alternatives and select policy solutions that are then implemented, evaluated and revised (Sabatier, 2007). State drug offices serve to raise issues to the agenda of decision makers, propose policy solutions, and coordinate implementation through state government executive agencies. These offices are ideally suited and perfectly situated to build acceptance for drug policy solutions and capitalize when the streams of problem, solution and political will intersect (Kingdon, 1995).

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 primary policy advisor on all issues related to drug control. This is true for all states with a drug policy office. As the state's subject matter expert, it provides policy advice to the Governor and staff, responses to citizens' inquiries and acts as the central clearing house for drug information. Additionally, the office's 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 the drug control strategy that sets forth goals and objectives to reduce substance abuse. The role of advisor allows access to the Governor to discuss drug policy issues and receive support for policy initiatives. This access is perhaps the most powerful and influential aspect of the office because it allows for drug issues to be made a priority.

The office also provides information and advice to other state agency heads with responsibilities for drug control actions across the state. Since they are juggling multiple priorities with their own organizations, this serves to assist them in keeping an intense focus on the issue. In the case of state and local law enforcement agencies charged with the responsibility for reducing the supply of illegal drugs, it is most often violent crime – not drugs – normally that tops their list of enforcement activities. So the drug policy office reminds them of the importance of drug enforcement to the statewide strategy. Moreover, law enforcement often fails to appreciate the role of demand reduction activities – prevention and treatment – as a necessary complement to drug enforcement. In Florida, immediately after the elimination of the state’s drug policy office in January 2011, there was an immediate void of information on the prescription drug issue causing problems for the Governor, the legislature, the media, and the public. Without a drug policy office, Florida was extremely slow to react to the growing opioid crisis that has significantly increased the state’s overdose death rate. Accurate and timely information and advice was no longer readily available from a state subject matter expert. This situation points out the importance of and need for the role of policy advisor for such a comprehensive and far-reaching issue like substance abuse.

### **Role Two: Legislative policy advocate/broker**

State drug policy offices serve as both advocates to the legislature as well as its primary source of information on drug issues. Since 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. Quite often, the substance abuse networks and advocacy coalitions propose legislation to and through the state drug policy office. 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. It is also the case that state drug policy offices advocate against certain 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). In 2010 the Florida Office of Drug Control sponsored more bills that were passed into law than any other single agency and were successful in getting several other important issues introduced. 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.

Although state drug policy offices do not have control of state substance abuse budgets, they still serve an important role in advocating to the legislature for budget issues germane to the reduction of substance abuse. No state drug policy offices currently have authority over state

substance abuse budgets like that enjoyed by ONDCP. Nevertheless, drug policy offices can reinforce agency requests for budget allocations that impact substance abuse. Because funding for substance abuse treatment is fragmented among state agencies, the legislature cannot see the total amount allocated for treatment across the state. 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. 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 essential 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 had developed many networks to advocate for prescription drug policy issues. Additionally, Florida had over 50 community prevention coalitions counting on the Florida Office of Drug Control for leadership and advocacy in keeping important drug policy issues in front of the legislature and Governor’s office. 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. It is, however, the state drug policy office that 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. A separate network of drug court judges reinforces the importance of treatment to help break the cycle of drug use, crime, and incarceration. On selected policy issues, advocacy coalitions form and further add to the impetus for policy. Since state drug policy offices are part of the government, they provide the ideal interface for networks to connect with the other government actors necessary to effect policy. 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 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. 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. It is a unique and powerful tool available not available to state agency heads. Additionally, the state drug policy office director can communicate with stakeholders in the policy process as well as the public through the media. 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 on drug policy because they lead. State drug policy offices personnel 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” in the policy process (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) It is this leadership that is indispensable to their success within state government.

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 – 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 Program (PDMP) 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 – Policy and Budget**

Are state drug policy offices effective in developing and implementing policy? If so, are they more effective than those states without such offices? Effectiveness means accomplishing the desired result or outcome. With respect to drug policy, it is 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. Florida persevered in finally establishing a Prescription Drug Monitoring Program. Additionally, state drug offices have even initiated many anti-drug programs without legislation. Many 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 have been more successful at acquiring federal funds for drug control than actually getting more of the state budget for substance abuse. They 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 as 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 stakeholders from the private sector – a huge advantage 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.

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.

### **Opportunity for Policy Diffusion -- Implications for Other States**

What does this mean for those states without a drug policy office? It means they would be well-served to consider establishing 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. These offices can provide dynamic, proactive policy

initiatives and leverage funding. Yet, many states are reluctant to take this step 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 – where, unfortunately, 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. State drug policy offices have proven their worth as effective entities that address a significant societal problem in a holistic fashion. 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 certainly proven their worth. Governors and legislatures who are serious about addressing substance abuse should seriously consider adopting this model.

### **About the Author**

Bruce Grant, Ph.D. is a retired Army Ranger and veteran of Operation Iraqi Freedom who served for 6 years in the Florida Office of Drug Control. He served as its Director from 2009-2011. He received his B.S. for the United States Military Academy and holds a Ph.D. in Public Administration from Florida State University where he is an adjunct professor. Colonel Grant served a 28 year career in the United State Army. He resides in Tallahassee, Florida where he serves as the Chairman of the Leon County Drug Prevention Coalition.

### **Conflict of Interest**

I declare that I have no proprietary, financial, professional or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in, or the review of, the manuscript entitled *State Drug Policy Offices: Unique, Effective Policy Brokers*.

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