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Understanding policy change with the advocacy coalition framework: an application to Swiss drug policy

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ABSTRACT Over the last two decades, Swiss drug policy has moved away from a prohibitionist to a 'harm reduction' model. This article uses the advocacy coalition framework (ACF) to understand this process of policy change, drawing on social movement theory to overcome shortcomings of the ACF regarding collective action. We argue that recent history in the field of drug policy in Switzerland can plausibly be presented as a competition between coalitions advocating belief systems regarding problems and policy. The Aids epidemic is considered a crucial non-cognitive event helping the harm reduction coalition to overthrow the hegemonic abstinence coalition. Public order issues linked to harm reduction facilities led neighbourhood quality of life advocates to impede the location of such facilities, which, in turn, stimulated policy-oriented learning with harm reduction advocates. The analysis supports the ACF's hypotheses on policy change, but social movement theory provides insights into coalition formation, persistence and strategies.

KEY WORDS Advocacy coalition framework (ACF); drug policy; mobilizing structures; political opportunity structures; social movement theory; Switzerland.

Public policies addressing problems related to the use of illegal drugs have recently undergone important change throughout Western Europe. Originally based on the prohibitionist regime established by a series of international conventions in the early twentieth century, many national drug policies have moved, in the 1980s and 1990s, towards strategies aimed at reducing health risks and social problems in drug users unable or unwilling to end consumption (Fuchs and Degkwitz 1995). This trend is also true for Switzerland, where a new drug policy model emerged in the mid-1990s, including a national programme for heroin maintenance treatments. As the first country to set up such a programme, Switzerland has become a symbolic promoter of a 'new' European drug policy (Boggio *et al.* 1997).

The purpose of this article is to sketch and test an analytical lens for understanding this process of policy change. Specifically, we will do so by using the advocacy coalition framework (ACF), complemented by two conceptual additions. These draw on social movement theory and, in particular, on the two concepts of mobilizing structures and political opportunity structures. The

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analytical framework is presented in the first part of the article. In the second part of the article, this framework is used to analyse recent drug policy change in Switzerland. It is argued that this process can be plausibly presented in the ACF's terms, but that the theoretical complements drawn from social movement theory help to comprehend coalition emergence, persistence, strategies and success.

THEORETICAL FRAMEWORK

The ACF (Sabatier and Jenkins-Smith 1993, 1999; Sabatier 1998) views the policy process as a competition between coalitions of actors who advocate beliefs about policy problems and solutions. This competition takes place within policy subsystems, defined as the set of actors who are actively concerned with an issue and regularly seek to influence public policy related to it. Following works in cognitive and social psychology, the ACF argues that actors perceive the world and process information according to a variety of cognitive biases which provide heuristic guidance in complex situations. In the case of public policies, such guidance is provided by *belief systems* about how a given public problem is structured, and how it should be dealt with. Within these belief systems, the ACF identifies three structural categories: a *deep core* of fundamental normative and ontological axioms that define a vision of the individual, society and the world, a *policy core* of causal perceptions, basic strategies and policy positions for achieving deep core beliefs in a given policy subsystem, and a set of *secondary aspects* comprising instrumental considerations on how to implement the policy core. It is assumed that these structural categories of belief systems show decreasing resistance to change, with the deep core displaying the most, and the secondary aspects the least, resistance. Coalitions, the ACF argues, form around beliefs, and particularly around policy core beliefs. In order to realize the goals generated by their beliefs, advocacy coalitions try to make governmental institutions behave in accordance with their policy cores. In this, they are assumed to be instrumentally rational, i.e. using venues provided by the constitutional structure through which they can exert influence in an efficient way. The ACF names several potential 'guidance instruments' (Sabatier and Jenkins-Smith 1999: 142) which are at the disposal of advocacy coalitions: influencing legislatures to alter budgets and legal objectives, changing the incumbents of various governmental positions within elected bodies or administrative agencies, affecting public opinion via the media, altering target group behaviour (e.g. via demonstration or boycotts), altering the perceptions of policy-relevant actors by producing knowledge and information (e.g. through research and expertise).

Based on these premisses, the ACF perceives *policy change* as a transformation of a hegemonic belief system within a policy subsystem. This can be the result of two processes. First, *policy-oriented learning* can lead a hegemonic coalition to refine and adapt its belief system in order to realize its goals more efficiently. Second, policy change can result from *non-cognitive events* originat-

ing outside the policy subsystem, which shift the power distribution among subsystem actors by changing resource and constraint patterns. Since deep core and policy core beliefs are assumed to have a high level of resistance to change, the ACF argues that policy-oriented learning is most likely to concern only secondary aspects of a belief system, leaving the policy core intact, and thus able to bring about only minor policy change. As a corollary, major policy change, i.e. a change in policy cores, is thought to be unlikely in the absence of non-cognitive events external to the subsystem.

Based on this model, Sabatier and Jenkins-Smith (1999) have developed a comprehensive set of fifteen hypotheses to test the ACF empirically. Two of these hypotheses deal with policy change:

> *Policy change hypothesis 1:* The policy core attribute of a governmental programme in a specific jurisdiction will not be significantly revised as long as the subsystem advocacy coalition that instituted the programme remains in power within that jurisdiction – except when the change is imposed by a hierarchically superior jurisdiction.
>
> *Policy change hypothesis 2:* Significant perturbations external to the subsystem (e.g. changes in socio-economic conditions, public opinion, system-wide governing coalitions or policy outputs from other subsystems) are a necessary, but not sufficient, cause of change in the policy core attributes of a governmental programme.

Applications by a multitude of researchers in many different policy fields and countries have contributed to the continuous refinement of the ACF. However, the debate on this framework has raised several themes *within* the ACF that are subject to further reflection and clarification. Specifically, there are questions on the formation and behaviour of advocacy coalitions. Arguably, these questions are especially important when dealing with the explanation of policy change: the level of stability and the specific strategies adopted by an advocacy coalition in a given policy field are crucial factors for success or failure (Braun and Busch 1999: 192).

The collective action problem

Coalition formation and persistence

The issues of coalition formation and persistence were first pointed out by Schlager (1995), who argued that the ACF puts forward inaccurate assumptions about collective action, notably with respect to the emergence and stability of advocacy coalitions. Advocacy coalitions have been repeatedly defined as 'people from various governmental and private organizations who both (1) share a set of normative and causal beliefs and (2) engage in a nontrivial degree of co-ordinated activity over time' (Sabatier and Jenkins-Smith 1999: 120). However, as Sabatier and Jenkins-Smith themselves set

forth (1999: 138), many applications of the ACF implicitly assume that the first condition (sharing similar policy beliefs) is sufficient for the second (acting in concert). Ever since Olson's (1965) contribution on the subject, we know that collective action must be considered problematic, since free-riding constitutes a rational behaviour even when co-operation is a means for actors to realize their goals more effectively. Therefore, Schlager (1995: 249) hypothesizes that, for an advocacy coalition to emerge and to persist, coalition members must have addressed collective action problems, i.e. distribution of costs involved in a strategy, and the prevention of free-riding.

However, as the authors of the ACF point out (Sabatier and Jenkins-Smith 1999: 139), Schlager's proposal stems from a rational choice actor model and thus focuses on costs impeding collective action, implicitly assuming that these are difficult to overcome. In contrast, in the ACF's model of the individual, strategies of maximizing (political or material) self-interest are not of central importance. Thus, Schlager's hypotheses may *overestimate the impediments* to the emergence and particularly to the persistence of co-ordinated behaviour between members of an advocacy coalition. Zafonte and Sabatier have argued that the hurdles to collective action are lowered in a context of frequent interaction within the organizational structures of policy subsystems, thereby fostering co-ordination between those actors who realize that they share similar policy beliefs (Zafonte and Sabatier 1998: 481). Moreover, Sabatier and Jenkins-Smith recently set forth that the principle of 'devil shift', according to which actors tend to view their opponents as being more powerful than they probably are, leads coalition members to overestimate costs incurred if their opponents were victorious, thereby reducing the threshold for engaging in co-ordination (Sabatier and Jenkins-Smith 1999: 140).

The authors of the ACF have repeatedly stated that the ACF's model of the individual 'assumes that actors' goals . . . are normally complex and should be ascertained empirically' (Sabatier and Jenkins-Smith 1999: 131). This assumption, however, is violated by any of the views on coalition emergence outlined above, which endorse one of two polarized assumptions on actors: the interest-driven rational choice individual versus the idea-driven cognitive theory individual. Hence, the ACF still needs to come up with a theory of action capable of respecting the framework's own assumption of complex actor motivations.

Coalition strategies

The ACF has also been criticized for not satisfactorily addressing the question of coalition behaviour, i.e. the strategies which advocacy coalitions are likely to pursue in pressing for preferred policies (Schlager 1995: 246). In their response to this criticism, Sabatier and Jenkins-Smith (1999: 142–3) re-emphasize their assumption that advocacy coalitions make an instrumentally rational use of venues provided by the basic constitutional structure of the intergovernmental systems within which they evolve. On the basis of this argument, the authors

of the ACF develop several research hypotheses regarding strategies that advocacy coalitions can be expected to adopt in the context of the US political system. However, the generalizability of these hypotheses to non-federal or multi-party political systems is questionable. The same is true of suggestions made by Schlager (1995: 260), which also draw heavily on the characteristics of the US context. In consequence, a more general argumentation on how precisely constitutional structure as a stable system parameter influences coalition strategies remains to be developed.

In the following, we will draw on social movement research to think through the theory of action that is implied but not specified in the ACF. Ultimately, this should enable us to address the question of coalition formation and strategies in a way that is coherent with the ACF's alleged actor model.

Advocacy coalitions and social movement theory

The underlying aims of social movement research are similar to those of the ACF, namely to provide an analysis of social change that focuses on collective actors as the major driving force, without assuming a priori that institutions, political parties or other formal organizations play the central role in these processes. Over decades of research and theoretical developments in various directions, social movement research has recently come up with an integrated theoretical synthesis (McAdam *et al.* 1996), which centres on three factors for analysing the emergence and development of social movements: 1) the *mobilizing structure*, i.e. informal and formal forms of social organization available to insurgents; 2) the *political opportunity structure*, i.e. political opportunities and constraints confronting the movement; and 3) *framing processes*, i.e. collective processes of interpretation, attribution, and social construction that mediate between structure and action. Within the scope of this article, we will subsequently concentrate on the first two of these factors.[1]

The mobilizing structure

Social movements can be understood as the mobilization of protest against particular aspects of the social order, or the (expected) results of particular policies. This protest is based on existing or emerging grievances in society. However, grievances alone are not enough to explain the emergence of social movements. For social movements to form as collective actors, a series of collective action problems must be overcome. The concept of mobilizing structures addresses this issue by focusing on factors that make individuals engage in a social movement. This concept rests on the argument that individuals are embedded within social networks, group settings, and more or less formal social organizations, all of which are likely to influence decisions to engage in collective action (e.g. family, friends, voluntary associations, professional associations, etc.). According to social movement scholars, such collective settings encourage mobilization in three ways (McAdam 1988:

135–9). First, these settings are structured by 'solidary incentives', i.e. the interpersonal rewards that attach to ongoing participation in any group or association, and that can be transferred to the movement: the embedding of actors within social organizations spares them the difficult task of inducing mobilization through new incentives. Second, these collective settings also provide organizational resources that are crucial to the translation of grievances or convictions into action: leaders, know-how, communication technologies, etc. Third, these settings favour cognition processes necessary for individuals to develop a feeling of political efficacy. In sum, these 'micro-mobilization contexts' are a significant facilitator for triggering collective action: mobilizations do not have to start from scratch, but can build on ongoing everyday activities producing and reproducing the structure of the group to be mobilized.

The concept of mobilizing structures also covers organizational structures specifically dedicated to *sustain* collective action: the so-called 'social movement organization' (McAdam *et al*. 1996: 13). These are formal manifestations of the mobilization process, stabilizing the designation of leaders, the collection and the assignment of resources to activism, strategies dedicated to the achievement of the movement's goals, regulation of membership, etc. According to social movement scholars, the existence of social movement organizations is the key feature that sets apart emergent from mature movements. In order to last, a movement needs to build arrangements to direct its affairs, and notably the flow of resources to members facilitating their engagement for the common cause.

Hence, in order to better comprehend the formation and persistence of advocacy coalitions within the ACF, it could be useful to integrate the idea of mobilizing structures. This implies accounting for the collective social settings of coalition members serving as vehicles in a phase of emergent mobilization, as well as for organizational arrangements that are built in a phase of sustained mobilization in order to control and direct the flow of mobilization resources to coalition members. On this basis, we can formulate the following hypothesis with regard to the emergence and persistence of advocacy coalitions:

> *Coalition emergence and persistence hypothesis:* Advocacy coalitions emerge along the lines and structures of existing networks of social organization: as micro-mobilization contexts, these networks facilitate the advent of collective action among actors with similar beliefs. Persistence of advocacy coalitions is higher when they succeed in developing arrangements to direct resources to members in order to maintain their commitment to advocacy mobilization.[2]

The political opportunity structure

While mobilizing structures pinpoint the tissue of social relations as a background for the emergence and persistence of collective actors, a further concept – that of political opportunity structures (POS) – has been developed to

highlight the importance of the broader political system for the extent, form and success of social movements. This concept has informed social movement research by the argument that the timing and the fate of social movements are largely dependent upon the opportunities afforded by the institutional structure and the macro-political environment (see McAdam *et al*. 1996: 23–4). In particular, because of its strong focus on institutionalized politics, the concept of political opportunity structure has fuelled comparative research on institutional and macro-political factors that explain the development and the impact of social movements across national contexts. In their studies on the development and success of social movements in Western Europe, Kriesi *et al*. (1995: 27–33) define (and apply) four operational criteria for a comparative measurement of the degree of openness of a political opportunity structure. First, the degree of (territorial) centralization of a state is important, in the sense that decentralization (e.g. federalism) implies a multiplication of state actors and, hence, wider formal channels of access. Second, there is the degree of a state's (functional) separation of power (i.e. between the legislature, the executive and the judiciary): the higher the degree of separation, the greater the possibilities for challengers to access relevant instances of decision-making. Third, a high degree of fragmentation of the party system (e.g. resulting from proportional electoral systems) is thought to increase the possibility for challengers to exert influence. Fourth, formal access is also a function of the degree to which direct democratic procedures are institutionalized (i.e. referenda, popular initiatives).

The concept of political opportunity structure bears many parallels to the ACF's idea of advocacy coalitions seeking and using 'venues' – shaped by the constitutional structure of a political system – to influence governmental decisions. However, the ACF gives little sense of what 'stable system parameters' (Sabatier and Jenkins-Smith 1999: 149) actually shape these venues, and of how they do it. In this respect, the concept of political opportunity structure is more specific, since it lays down precisely which institutional and macro-political elements condition movement strategies. Based on the above discussion, we can formulate the following hypothesis regarding the strategies of advocacy coalitions:

> *Coalition strategy hypothesis*: Coalitions adopt their strategies according to characteristic openings in a given political opportunity structure, measured by the degree of territorial decentralization, of functional separation of power, of party system fragmentation, as well as by the extent of direct democratic procedures.

These two additional hypotheses are not meant to replace any of those set out by the authors of the ACF, nor do they imply amendments to any of the ACF's underlying assumptions. Rather, the intent is to contribute to the model by adding tools to better understand coalition emergence and persistence, as well as coalition strategies. While the original causal logic of the ACF is left intact, the two additional hypotheses aim at painting a more accurate picture of

the competition between advocacy coalitions eventually leading to policy change.

DRUG POLICY CHANGE IN SWITZERLAND: ADVOCACY COALITIONS, MOBILIZING STRUCTURES AND POLITICAL OPPORTUNITIES[3]

Since the beginning of the twentieth century, Swiss drug policy had followed prohibitionist principles. In the analytical terms of the ACF, the prohibition model incarnates a belief system that can be described as follows. At the *deep core* level, there is the idea that the respect of socio-cultural norms is important for the integrity of society as a whole, and that deviant individuals should be helped to get 'back on track'. This strong commitment to correct social deviance justifies the use of the ultimate instrument of state authority: repression, i.e. deprivation of individual liberty. Regarding drug policy, this translates into *policy core beliefs* emphasizing the socio-cultural norm of abstinence from psychoactive drugs, and promoting coercive measures to force drug users into therapy. At the level of *instrumental policy beliefs*, the goal of abstinence from drugs is thought to be best enacted through primary prevention ('say no to drugs'), police repression against drug dealers and drug users, the offer of efficient therapy, and the elimination of any service that would make drug users comfortable in their situation. Major advocates of this belief system included the traditional wardens of law and order – public prosecutors, judges and the police – as well as most professionals in the medical sector. Until the mid-1980s, every new evolution of the drug issue was read through the lens of the prohibition model, and the responses to new situations usually consisted of a further emphasis on repressive instruments, as was the case on the issue of needle and syringe regulation (cf. Case 1).

The harm reduction coalition and the Aids epidemic

In spite of legal sanctions and therapeutic efforts, incidence and prevalence of drug use among Swiss youth continued to increase during the 1970s and

Case study 1: Needle and syringe regulation

Until the mid-1980s, health authorities advised chemists' shops, hospitals and medical practitioners not to hand out or sell needles and syringes to drug users. It was argued that making access to needles and syringes as difficult as possible would discourage drug use. The police usually confiscated syringes found on drug users. Clarification about the fact that the sharing of injection equipment among drug users spread a series of diseases (particularly hepatitis) did not lead to the liberalization of the syringe regime. Rather, advice was given to vaccinate drug users against hepatitis, while continuing the efforts to rarefy needles and syringes in drug-using circles.

1980s. Growing numbers of drug users found themselves in poor health and difficult social conditions. Social and youth workers increasingly criticized the abstinence-oriented drug policy, denouncing it as being counterproductive in that it reinforced stigmatization. They argued that the only efficient way to tackle the drug issue was to waive penalization as the primary cause of stigmatization. In the context of the youth movements of the early 1980s illegal initiatives were taken to create 'stress-free zones' where drugs could be used without fear of police repression. During its beginnings, what was to develop as an alternative drug policy belief system was usually repressed by the authorities in charge.

The terms of debate in the drug field were sustainably changed with the Aids epidemic in the mid-1980s. In the ACF's terms, Aids appears as a non-cognitive event external to the policy subsystem that dramatically altered its conditions. Medical professionals specialized in infectious diseases or public health, who had up to then been only marginally concerned with drug policy, began to call for new measures to put a halt to the spread of HIV. Indeed, the habit of needle-sharing exposed injecting drug users to a particular risk of contact with HIV-contaminated blood, with drug prostitution being a major vector for further spread to the general population. They argued that the prohibition-oriented policy with its repressive regulation on needles and syringes was responsible for needle-sharing and, ultimately, for the high prevalence of HIV among injecting drug users. If the Aids epidemic was to be countered efficiently, they argued, sterile needles and syringes should be made readily available, and drug users should be informed on how to reduce risks of infection while injecting. This in turn meant giving up the principle of abstinence as the overarching policy goal, for the new view suggested that preventing the spread of Aids was a higher priority than abstinence from drug use.

This view was discussed and increasingly supported within the organizational structures of the health sector (hospitals, research institutes, national and international conventions, etc.), especially among people working in the fields of infectious diseases and public health. Within these structures, it became clear to many professionals that they shared common concerns regarding drug use and HIV. They finally came up with the so-called harm reduction model. As a belief system in the terms of the ACF, this model can be read as follows: At the *deep core* level, harm reduction advocates consider the individual's autonomy and integrity to be more important than the respect of socio-cultural norms: deviant individuals deserve help as does anyone else, but they should be free to use it or not. At the level of *policy core beliefs* in the drug field, there is the idea that the decision to enter treatment must come from the drug user's free will. Drug users who are unwilling or unable to quit should be offered help until they are ready to start treatment. Harm reduction facilities (in particular syringe exchange schemes) should offer the means to use drugs without irreversible damage to physical integrity (in particular an infection with HIV). Regarding *instrumental policy beliefs*, this goal is thought to be best

reached by loosening the police repression which puts drug users under strain and stigmatizes them, and by the promotion of harm reduction facilities, which should be easily accessible.

Aids not only made new actors enter the drug policy subsystem, but also gave earlier critics of the abstinence model a new impetus. Health professionals were soon supported by social workers, and left-wing and liberal local politicians and journalists, to whom the thrust of harm reduction seemed to fit well with their decade-old fight against prohibition. These various actors started to pressure authorities to set up harm reduction facilities. Since, in federalist Switzerland, public health and the provision of help to drug users fall under the competence of cantonal and local authorities, harm reduction advocates were active mainly at the local level. With respect to syringe distribution, the battle concentrated on the cantonal surgeon generals, who had the authority to permit the distribution of sterile needles and syringes. Some cantonal surgeon generals, however, firmly adhered to the abstinence belief system, thus provoking a general mobilization of harm reduction advocates who used multiple means and organizational resources of political pressure, including civil disobedience (cf. Case 2).

In the late 1980s, harm reduction advocacy set milestones in the cities of Bern, Zurich, Basle and Saint Gall, where the authorities allowed pioneer harm reduction facilities to be set up. Such pioneer projects, although tolerated, were not necessarily actively supported by the local authorities. In most cases, they were placed under the responsibility of non-governmental agencies, which meant that, in order to run these facilities, harm reduction advocates were forced to look for sponsors. They used professional and personal networks to lobby for funding from local authorities, but also raised funds privately and mobilized volunteers. They scored a major success when the public health

Case 2: Toppling the syringe regulation regime in the canton of Zurich

In early 1985, harm reduction advocates pressured the Zurich surgeon general to allow the distribution and sale of sterile needles and syringes to drug users. Firmly convinced that this would incite drug use, the surgeon general threatened to withdraw the licence of any health professional who sold or handed out syringes or needles to drug users. This caused a massive upheaval within the health sector. In autumn 1985, the major cantonal medical corporation called for civil disobedience and 300 practitioners signed a declaration stating that they were going to hand out needles in spite of the ban. They were soon joined by chemists' shops. In December 1985, a federal commission of drug experts suggested that the cantons make clean injection material readily available to drug users. In June 1986, the cantonal parliament voted a parliamentary initiative – handed in by a socialist MP – compelling the surgeon general to allow free distribution and sale of needles and syringes. Zurich's syringe regulation regime was finally abolished in September 1986.

specialists at the Federal Office of Public Health began to view harm reduction as a possible response to the Aids threat, and provided start-up funds for several pioneer projects from 1988 onwards. In many cities, federal support was the critical resource which finally allowed the local harm reduction advocates to effectively 'produce' a new policy.

From 1991 onwards, the federal government decided to make harm reduction an official policy goal. It significantly increased the resources assigned to the promotion and creation of harm reduction facilities. In the same context, it decided to support scientific evaluation and research on harm reduction measures. This included a pioneer experiment with heroin maintenance treatments, which harm reduction advocates had been calling for since the late 1980s. Scientific evaluation and research funded by the Federal Office of Public Health considerably reinforced and refined the harm reduction approach, and corroborated arguments supporting its usefulness and effectiveness at both the national and international levels.[4]

Mobilization of the abstinence coalition

Since the emergence of Aids, abstinence advocates faced increasing questioning of their belief system. In particular, health professionals, who had previously supported an abstinence-oriented policy, converted to the harm reduction belief system, since they now viewed the prevention of Aids as being more important than abstinence from drugs. From the early 1990s onwards, remaining abstinence advocates included some public prosecutors, judges, police officers, and conservative politicians, but also therapists who felt that harm reduction facilities discouraged drug users from entering therapy. They argued that preventing drug use altogether would also prevent needle sharing and, as a corollary, limit HIV infections. Consequently, the abstinence coalition favoured financial resources being oriented towards the creation of closed centres where drug users would be forced to take up therapy, and lobbied against the creation of harm reduction facilities. However, they increasingly lost ground on several central drug policy issues. Distribution and sale of clean syringes to drug users was allowed in all Swiss cantons by the late 1980s. Equally, they failed to prevent the experimental heroin maintenance treatments from being launched in 1994. Last but not least, abstinence advocates' efforts to create international meeting venues for those who were like-minded failed to produce the desired domestic effects. International events and conferences organized by abstinence advocates disposed of limited funds and were not attended by most scientists active in the drug field.

In the face of the harm reduction hegemony, the only promising means by which abstinence advocates could strengthen their influence consisted in a peculiar feature of the Swiss political system: the institutions of direct democracy. Alongside a series of local referenda against setting up harm reduction facilities (see below), in 1992, abstinence advocates launched a national popular initiative (the *Initiative Jugend ohne Drogen*), directed against harm

reduction in general and against heroin maintenance treatments in particular. Signature collection and campaigning mainly made use of the resources of a sectarian movement (the *Verein für psychologische Menschenkenntnis*) and of a large conservative party (the *Schweizerische Volkspartei*). In reaction, some extremist harm reduction advocates launched another popular initiative in 1993 (the *Droleg-Initiative*), claiming a complete legalization of drug use and dealing, thus diametrically opposing the abstinence principle. Both initiatives were turned down by an overwhelming majority in the popular votes in 1997 and 1998 respectively. This result was interpreted as clear citizen support for a pragmatic harm reduction approach.

Harm reduction and urban disorder: the 'neighbourhood quality of life' coalition

In addition to the conflict between harm reduction and abstinence advocates, the Swiss drug policy subsystem experienced the emergence of a further controversy in the early 1990s: local protests against the setting-up of harm reduction facilities. Opposition mainly fed on secondary aspects of the harm reduction belief system, specifically the way it conceived drug users' place in the urban environment. Harm reduction advocates had always argued that, in order to be effective, harm reduction facilities needed to be user-friendly and easily accessible. This meant that they should be set up as close as possible to the drug scenes: the concentration of drug users in one place would make it easier for harm reduction activities to reach a large number of clients. In cities where the harm reduction coalition was particularly strong, the police were ordered to reduce repression against drug users and let open scenes develop. Harm reduction facilities were then set up within these open scenes, and the resulting rush on the facilities was seen as supporting the argument that open drug scenes could improve the effectiveness of the harm reduction approach. In the late 1980s, open drug scenes with harm reduction facilities existed in Zurich (the world-famous 'Needle Park'), Bern, Basle, Saint Gall, Lucerne, Solothurn and Olten.

These open drug scenes led to major public order disruptions. Citizens repeatedly complained about the filth, noise, violence, drug prostitution and crime which open drug scenes brought to their neighbourhoods. Plans to set up new harm reduction facilities usually raised objections from local inhabitants and shopkeepers. In such neighbourhood mobilizations against harm reduction facilities, shopkeepers' associations played an important role alongside other local associations (e.g. parents' associations, planning groups, neighbourhood associations, etc.) and a large number of ad hoc committees. They wrote letters of protest to city authorities, filed lawsuits, signed petitions, and sometimes even blocked the installation of harm reduction facilities physically. Public inquiry procedures linked to construction law provided an efficient opportunity to obstruct the creation of harm reduction facilities. Although

courts rarely ruled in favour of plaintiffs, litigation produced considerable delays for the setting-up of harm reduction facilities.

Such neighbourhood protests can be seen as stemming from a third advocacy coalition concerned with the quality of life in the city. Urban scholars (cf. Smith 1996) have shown that, in a post-industrial, globalized economy, the emphasis on and improvement of quality of life is a key element of strategies aiming to attract investment and wealthy taxpayers in the regional and international competition between cities. Within such strategies, neighbourhood beautification and the enhancement of security are viewed as essential measures. The scope of this quality of life coalition involves urban policy in general and is thus broader than the drug policy subsystem. At the level of *deep core beliefs*, the quality of life coalition displays general views on how a city should function, i.e. that it should provide a context where the agents of social and economic prosperity can freely unfold their activities. Disturbances of these activities should be kept to a minimum. At the level of *policy core beliefs*, these views translate into a strong emphasis on public order and security needed to protect the interests of the prosperous and to maintain the good image of a city and its neighbourhoods. Regarding *secondary policy beliefs*, the coalition believes that it can best achieve its goals by classic state action for the upkeep of public order and security. Advocates of this belief system included especially shopkeepers, landlords, real estate developers, as well as residents and their respective associations. These groups have a certain experience of mobilization on urban issues, as they are also involved in managing urban planning, public transportation, parking lots, neighbourhood policing, etc.

Quality of life and abstinence advocates: alliances in search of the general interest

The harm reduction coalition quickly accused the quality of life advocates of a NIMBY attitude ('Not In My Backyard'), and of pursuing egotistical private interests at the expense of the general policy goals of health promotion and Aids prevention. Indeed, quality of life advocates were not so much concerned about the principle of harm reduction, but more with neighbourhood security. Seeking to present themselves as being concerned about the general interest as well, neighbourhood groups often established alliances with the abstinence coalition which was also fighting harm reduction, albeit for different reasons.

In the early 1990s, there were alliances between abstinence and quality of life advocates in almost every city in Switzerland. The abstinence coalition backed neighbourhood groups in their litigation in public inquiry procedures, and, in return, quality of life advocates supported the abstinence coalition in their use of direct democratic instruments against governmental decisions in the field of harm reduction. For instance, the collection of signatures for the popular initiative *Jugend ohne Drogen* was actively supported by quality of life advocates. Referenda were also widely used by the abstinence and the quality

Table 1 Local and national referenda on harm reduction projects

Year	*Place*	*Subject*	*Result*
1990	City of Zurich	Injection rooms	rejected
1991	City of Saint Gall	Injection room	rejected
1992	City of Lucerne	Injection room	rejected
1994	Canton of Basle	Heroin maintenance treatments	accepted
1994	City of Scyhaffhausen	Injection room	accepted
1995	City of Winterthur	Heroin maintenance treatments	accepted
1995	Canton of Zug	Popular initiative against harm reduction	rejected
1996	City of Winterthur	Heroin maintenance treatments (2nd time)	accepted
1996	City of Zurich	Heroin maintenance treatments	accepted
1996	City of Wil-SG	Injection room	rejected
1997	City of Saint Gall	Methadone maintenance treatment	accepted
1997	City of Chur	Injection room	rejected
1997	Switzerland	Popular initiative *Jugend ohne Drogen*	rejected
1998	Switzerland	Popular initiative *Droleg*	rejected
1998	City of Zurich	Heroin maintenance treatments (2nd time)	accepted
1999	Switzerland	Heroin maintenance treatments	accepted

of life coalitions at the local level. Several projects of harm reduction had to be abandoned after rejection by the electorate, and referenda at the local level proved to be quite a powerful 'stopper' to harm reduction policy (cf. Table 1).

Learning the lesson: equilibrium between public order and harm reduction

In the early 1990s, neighbourhood conflicts were a major obstacle to the implementation of the harm reduction model. In the face of such a stalemate, some moderate harm reduction advocates began to question the adequacy of their priorities. They began to consider that, if the harm reduction approach was to be preserved, the facilities needed to be managed in a way that drastically reduced public disturbances. This is how the idea of *Stadtverträglichkeit* (city compatibility) emerged as a guiding principle for harm reduction (for details, see Kübler 2000: 215–24). This concept postulates that harm reduction interventions should place equal emphasis on drug users' health and on public order issues. It attempts to find an equilibrium in which a certain level of police repression maintains public order, without impeding the accessibility of harm reduction facilities for drug users. In 1992, city authorities throughout Switzerland decided to have the police close down open drug scenes. This decision was welcomed by quality of life activists, but heavily criticized by radical harm reduction advocates, who argued that too much repression would compromise the effectiveness of Aids prevention. Nevertheless, Zurich's 'Needle Park' was closed down in February 1992, followed a

month later by the open scenes in Bern and Basle. During the summer and autumn of 1993, the open scenes in Lucerne, Solothurn, Olten and Saint Gall were also shut down. Only in Zurich did the scene re-emerge, before finally disappearing after a second police crackdown in 1995.

Since then, drug use in public is not tolerated anywhere in Switzerland. It may take place in private settings, or within harm reduction facilities specially assigned to that purpose. Harm reduction facilities now include some coercive rules which aim to control their clients' 'urban behaviour': drug dealing, drug use and loitering are prohibited in the surroundings of the facilities, and violations of these rules are sanctioned by the facility staff who do not hesitate to call the police when a situation gets out of control. The principle of *Stadtverträglichkeit*, i.e. the equilibrium between harm reduction and the maintenance of public order, is now a substantial secondary element within the harm reduction belief system. It has proved practicable for both harm reduction professionals and the police, who have, in the mean time, established close ties of collaboration. This change of policy had a major impact on public order in Swiss cities: urban petty crime clearly decreased, and drug use has become a lot more inconspicuous. As a result, neighbourhood quality of life advocates stopped backing the abstinence coalition. Instead, they started to participate actively in monitoring the management of harm reduction facilities in order to keep disturbances to a minimum (Kübler 1999).

CONCLUSION

The change in Swiss drug policy over the last two decades appears as a two-step process. First, the concept of harm reduction as a new policy core emerged and replaced the previously dominant abstinence policy core through the efforts and strategies of a coalition of advocates who, from the late 1980s onwards, were in a position to set up harm reduction facilities in more and more local contexts, finally making the harm reduction approach a national policy. In the ACF's terms, this change in policy core qualifies as *major policy change*. The Aids epidemic that appeared in the early 1980s was a crucial non-cognitive event, which gave a new impetus to long-term critics of the prohibition approach, and mobilized powerful actors within the health sector, putting their resources and know-how at the service of the harm reduction coalition. Second, from the mid-1990s onwards, drug policies in Switzerland became and are today strongly influenced by the principle of *Stadtverträglichkeit*, i.e. the search for an equilibrium between the provision of efficient harm reduction facilities and the maintenance of public order. In the ACF's terms, this second change qualifies as *minor policy change*, since it concerns only secondary aspects of the dominant harm reduction belief system. It is the result of a learning process, fuelled by implementation problems owing to intense conflicts between harm reduction professionals and neighbourhood groups concerned with quality of life issues.

In our opinion, the ACF sketched a quite plausible account of recent drug policy change in Switzerland. We were able to identify two major coalitions (the abstinence and the harm reduction coalitions) competing within the drug policy subsystem, and one minor coalition (the quality of life coalition) that entered temporarily into the drug policy subsystem with respect to its urban issues. More particularly, the results of our analysis support the two hypotheses on policy change put forward by the ACF. First, it is in line with policy change hypothesis no. 1: growing criticism against the prohibition model during the second half of the 1970s produced no significant amendments (e.g. in syringe regulation) until the abstinence coalition was overthrown by the harm reduction coalition. Second, our results corroborate policy change hypothesis no. 2: although we can only speculate on the course of history without HIV, it is evident that the Aids epidemic completely changed the terms of debate in the drug policy subsystem, weakening the position of the abstinence coalition while simultaneously strengthening the harm reduction coalition. Beyond the understanding of policy change, other major assumptions of the ACF also proved accurate in this analysis. For instance, the importance of scientific evaluation and policy analysis in the refinement and the justification of a policy belief system is obvious in Swiss drug policy. Our results also confirm the importance of conflicts between important secondary aspects of two coalitions' belief systems for policy-oriented learning: in our case, the conflicts about the 'urban consequences' of harm reduction. However, Sabatier's actor category of 'policy brokers' is clearly absent in the case under scrutiny here. We did not find any activity whatsoever which would have aimed at a brokerage between the two main advocacy coalitions (the abstinence and the harm reduction coalitions), whose respective belief systems are highly incompatible on ideological grounds.

The additional hypotheses formulated to address the question of coalition emergence, persistence and strategies did a reasonably good job at structuring the account of the competition between the three advocacy coalitions. First, *mobilizing structures* appeared important for the formation and the endurance of advocacy mobilization (coalition emergence and persistence hypothesis). As a micro-mobilization context, networks and organizations of the health sector, social work and academia were the collective settings that provided harm reduction advocates with the tools to initiate collective action: incentives to activism, leadership and resources of organization. Similarly, members of the abstinence coalition were embedded in networks of law enforcement, religious circles, as well as a right-wing political party. And, last but not least, the quality of life coalition was deeply rooted in shopkeepers' organizations as well as neighbourhood associations. Our results also show the importance of arrangements permitting the direction of resources to advocates in order to maintain their commitment after the initial mobilization. The fact that harm reduction gradually became an official policy goal resulted in an increasing flow of resources to harm reduction advocates: new jobs in harm reduction, new positions in public administration, government funds for research and evalu-

ation, etc. These resources considerably improved the existential conditions of many harm reduction advocates. They represent a crucial factor for the persistence of the harm reduction coalition, and hence also appear as a major explanatory factor for its success. By the same token, the flow of resources to abstinence advocates ran progressively dry, making conditions for sustained mobilization in favour of the abstinence model difficult. More generally, we think that the concept of mobilizing structures has a potential for substantive sociological refinement of the ACF which has its main roots in policy analysis, public administration research and cognition theory. Intelligibility of the emergence and the persistence of advocacy coalitions can be increased by a focus on the resources residing in collective social settings in which single coalition members are embedded.

Second, our analysis corroborates the idea that coalition behaviour is strongly framed by the openings in the *political opportunity structure*, i.e. high territorial decentralization, strong separation of power and extensive institutionalization of direct democratic procedures (coalition strategy hypothesis). In our case, federalism and local autonomy regarding public health matters represented a major opening for the harm reduction coalition, with opportunities to set up harm reduction facilities at the local level and then progressively expanding concluding experience to the national level. On the other hand, the use of direct democratic procedures by abstinence advocates also appears as a logical consequence of their progressive 'outpowering' in the administrative and representative arenas. Finally, strong independence of the judiciary shaped the strategies of quality of life advocates in litigating against the location of harm reduction facilities in city neighbourhoods. However, the influence of party system fragmentation was less clear. Although each coalition benefited from allies within the party system, the dynamics of coalition competition were driven more by sectoral logics than by party politics. In sum, we think that using the analytical categories of political opportunity structures within the ACF provides a macro-perspective on the impacts of system characteristics on coalition strategies and success, which might hold major benefits for comparative research. With respect to the case analysed here, it becomes clear how specific features of the Swiss political system may explain the early success of the harm reduction coalition in Switzerland. Thus, for tracking down specificity, speed and variations of policy change across countries or regions, a perspective that builds on the ACF but contrasts various contexts according to the political opportunity structures that frame the competition between various advocacy coalitions might hold major promises.

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NOTES

1 Through the concept of *framing processes*, originally put forward by Snow *et al.* (1986), social movement theory argues – much in the same way as the ACF – that ideas, beliefs and cultural elements are important to understand mobilization, in the sense that individual behaviour is structured by cognitive patterns. Since cognitive processes are already extensively dealt with by the ACF, we will not enter into the details of how this issue is treated by social movement theory.

2 This formulation avoids the bias linked to the model of the self-interested rational individual in Schlager's (1995: 264) proposal. Based on the concept of mobilizing structures, our hypothesis does not decide a priori on any model of the individual: it merely assumes that coalitions cannot survive if the basic needs of coalition members are not satisfactorily met.

3 This analysis draws on comparative case studies conducted in the eight Swiss cities of Basle, Bern, Geneva, Lucerne, Schaffhausen, Saint Gall, Locarno and Zurich. Focusing on political conflicts pertaining to the creation of harm reduction facilities in these cities between 1985 and 1999, these case studies identified the relevant actors both at the local and supra-local levels, their behaviour, strategies and alliances, as well as their beliefs regarding drug policy in general and harm reduction in particular. Data were collected through qualitative research instruments: a systematic collection of newspaper articles, 'grey literature' produced by the actors, as well as about 130 semi-guided interviews with local and supra-local actors involved in harm reduction conflicts. They were asked about their thoughts on harm reduction, their perceptions of the issues at stake in the conflicts, as well as the alliances and resources they mobilized during these conflicts. Details on the research design, the method of data acquisition, and interview guidelines are given in Kübler (2000).

4 International scientific conferences were, and still are, major forums for transnational harm reduction advocacy, e.g. the International Conference on Aids (held annually since 1986) or the International Conference on the Reduction of Drug Related Harm (held annually since 1990). In 1990, the Association of European Cities on Drug Policy (ECDP) was created, actively promoting harm reduction on an international level. Many European cities, including most major Swiss cities, have adhered to the ECDP.

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