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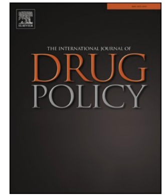

Research Paper

“It’s going to get pretty tippy”: Stakeholder perspectives on the (dys) function of a four pillars drug strategy

Alissa Greer [a,*], Naomi Zakimi [a], Alison Ritter [b]

[a] School of Criminology, Simon Fraser University, 8888 University drive, Burnaby, BC V5A1S6, Canada
[b] Drug Policy Modelling Program, Social Policy Research Center, University of New South Wales, Sydney Australia

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ABSTRACT

A ‘drug strategy’ is a policy document that structures the priorities and directions for interventions for drug related issues within a particular jurisdiction and/or context. A ‘pillars’ drug strategy concentrates efforts through clustering separated columns of activity, such as law enforcement, harm reduction, treatment, and prevention. In this study, we examined drug policy stakeholders’ perspectives on the structure, function, and fit of a four pillar drug strategy framework in Vancouver, Canada. Utilizing qualitative interview data from fifteen drug policy stakeholders, we examine perspectives on Vancouver’s four pillar drug strategy that was implemented over 20 years ago. Our findings are organized under three main themes: (1) the notion of ‘balance’ of efforts, resources, and attention across the pillars; (2) how the pillars function as a cohesive whole; (3) whether the pillars’ architecture is still fit-for-purpose. The architecture of four discrete pillars did not enable a sense of cohesion and collaboration of efforts, and instead elicited a sense of competition, conflict, fragmentation, simplicity, and rigidity of the strategy as a whole. These findings suggest that, in practice, a four pillars framework may be structurally dysfunctional in working towards a common goal. Our study questions the effectiveness of a commonly used ’pillars’ framework and whether it needs to be reenvisaged.

Introduction

A ‘drug strategy’ is a policy framework produced by governing bodies, outlining the priorities and directions for interventions to address drug-related issues within a jurisdiction. Such a framework attempts to comprehensively conceptualize, organize, and coordinate actions towards a specified goal (Drug Policy Alliance, 2019). Drug strategies show where drugs fit into a government’s portfolio of policies and assign responsibility for actions (European Monitoring Centre for Drugs and Drug Addiction, 2014). In this conceptualization and production of a strategy, the ‘drug problem’ is defined and constructed in specific ways (Lancaster & Ritter, 2014). Drug strategies can signal certain issues (e.g., youth substance use, overdose deaths), approaches (e.g., law enforcement, harm reduction) and interventions (e.g., syringe programs, education) as more important than others. In defining these issues, approaches, and interventions, the document can produce and convey specific representations of and responses to drugs and related problems (Lancaster & Ritter, 2014; Lancaster et al., 2015). These documents therefore have the power to shape public and political discourse about drugs and people who use them (Lancaster & Ritter, 2014; Lancaster et al., 2015). They are instrumental in garnering support and buy-in from the public, government, and administrators responsible for distributing resources (Drug Policy Alliance, 2019). Collectively, the production and existence of a drug strategy can be a public and political endeavor (Hajdu, 2015).

Drug strategies are often, but not always, organized around ‘pillars’ or domains of policy action (Ritter, 2021; Ritter & McDonald, 2008). Countries which employ ‘pillars’ drug strategies include Australia, Colombia, Nigeria, Portugal, Sweden, United Kingdom, and Vietnam (Ritter et al., 2016). Drug strategies also occur at a municipal level and pillar approaches are seen here too, for example in San Francisco, Zurich, and Frankfurt (Drug Policy Alliance, 2019). A pillars framework is commonly constructed with two to four pillars, such as supply and demand reduction, or treatment, prevention, law enforcement, and harm reduction (Ritter, 2021). Each pillar has a particular direction for action. For example, supply reduction targets actions towards the drug market, such as border control and policing (Commonwealth of Australia, 2017; Rincón-Ruiz et al., 2016). Demand reduction can focus actions on decreasing drug use, such as treatment and prevention (Ritter, 2021).

Although the intent of pillars-based frameworks is to reconcile

* Corresponding author.
E-mail address: Alissa_greer@sfu.ca (A. Greer).

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different actions and their contributions towards a common goal, in practice each policy domain has a discrete area of focus. For example, treatment prioritizes abstinence while supply reduction focuses on the drug market (Ritter et al., 2016). The overarching goal and the ways in which the pillars work together to achieve a common outcome is not necessarily transparent. In an analysis of nine countries employing a pillars framework, the actions (e.g. budget and resources) across the pillars were rarely balanced and mostly favored law enforcement (Ritter et al., 2016). One study of the Canadian national drug strategy demonstrated prioritization of law enforcement with over 70% strategy-related expenditures allocated to this pillar alone (DeBeck et al., 2006).

'Pillars' frameworks for public policy are not entirely new; other fields have presented a 'pillars' policy framework for organizing areas of action for other fields or issues. For instance, in public health, the Canadian National Institute on Aging employs a pillars framework for their *National Senior Strategy* (National Institue on Aging, n.d.) that structures fourteen issues under four pillars. Other fields that have adopted a pillars framework include environmental and developmental sustainability (Clune & Zehnder, 2020; Purvis et al., 2019; Ranjbari et al., 2021), anti-terrorism (Rakovská, 2014), human rights (Alizadeh, 2011), and economics and labor (Ding & Hirvilammi, 2024; Liedtke, 2005). Across the public policy literature on 'pillars' frameworks, authors note that the benefits utilizing this structure are often assumed but not clearly stated, highlighting the potential 'taken-for-granted' aspects of a pillars architecture. Purvis et al. (2019) question the conception of a pillars framework and whether it is coherently operationalized in practice. They note the absence of a theoretical foundation and 'solid' conceptualization that hampers the ability to meaningfully put the pillars into use. With this critique in mind, it is perhaps concerning that the operation and functionality of such a framework for drug policy has not been interrogated in depth.

A pillars architecture for drug policy - a framework that simultaneously hosts multiple discrete policy domains - has several potential limitations. First, this structure assumes that there are multiple objectives or portfolios required to address drug-related issues through varying actions on drugs. For instance, harm reduction is a separate portfolio from law enforcement – each with their own set of objectives. These two pillars occupy different spaces led by different individuals and organizations. Harm reduction addresses health- and social-related harms, such as through overdose prevention sites, and law enforcement is dedicated to public safety, such as through police presence in drug markets. This delineation between portfolios is accentuated precisely because of the construction of a drug strategy conforming to pillars, which fails to consider the compatibility and mutuality of the pillars. Rummel and Weidemann (1997) state that pillars can be 'contradictory rather than complementary' due to institutional paradoxes and dichotomies. It may be that there are fundamental contradictions within a pillars framework which carries the implicit assumption that each discrete area contributes to and can fit under one overarching strategy.

A second potential limitation is that a 'pillars'-based architecture metaphorically produces a relativity and therefore comparison between each domain. In basing a strategy on discrete and different domains, Ritter et al. (2016) discuss the common assumption that an ideal 'balance' should be achieved across the pillars where each pillar is given equal importance. However, the 'weight' of attention or resources assigned to each pillar can fluctuate (Lancaster & Ritter, 2014; Ritter, 2021). Governments and stakeholders determine the 'balance' across pillars by prioritizing domains and directing resources based on the positionality, interests, and values of stakeholders – making this a political endeavor. In other areas of public policy, such as sustainability policy, the notion of 'balance' has also been critiqued. Purvis et al. (2019) note that the language in a sustainability pillars framework: "… invokes the need to 'integrate', 'balance', and 'reconcile' the pillars without necessarily articulating what this means in practice; whether this requires uncomfortable 'trade-offs' or not appears to depend on the level of optimism the work in question is pitching for." (p. 690). In drug policy, Cohen and Csete (2006) question whether 'balancing' pillars is merely a 'political compromise,' and argue for a focus on human rights instead.

A final assumption is that pillars and sectors (e.g., law enforcement and mental health workers) will coordinate actions to target drug problems and meet a collective goal (Drug Policy Alliance, 2019). Coordination requires effective communication, collaboration, and allocation of necessary resources to 'bridge' actions, which are not necessarily automatic in implementing or executing a strategy (Stetter, 2004). Additional processes and accountability may be needed to promote cohesion (Purvis et al., 2019).

Collectively, pillars' frameworks seem to inherently hold several structural issues that compromise their function and utility. Stakeholder's expectations and assumptions about how a strategy functions can determine the way it is implemented and therefore its effectiveness. The aim of the current study is to interrogate the structure, function, and utility of a 'pillars' framework by examining drug policy stakeholders' perspectives on Vancouver's drug strategy.

The Vancouver Model

Vancouver's four pillar drug strategy is one of the first and perhaps most well-known pillar-based drug strategies. The 'Vancouver Model' was developed and adopted as the municipal government's policy framework over 20 years ago, in 2001. The high prevalence rates of HIV and overdose, as well as local public safety concerns throughout the 1990s provided the impetus for the drug strategy (MacPherson et al., 2006a; McCann, 2008). A policy advisor at the City of Vancouver (Donald Macpherson) produced the framework by drawing on extensive research and consultation from people and places including Frankfurt, Amsterdam, and Liverpool (MacPherson et al., 2006a; McCann, 2008). The resulting document was adopted with support from municipal, provincial and federal governments (MacPherson & Rowley, 2001). The policy document outlines four pillars (harm reduction, treatment, prevention, and law enforcement), for addressing drug-related harms in Vancouver (MacPherson & Rowley, 2001; Canadian Drug Policy Coalition, n.d.).

Following the adoption of Vancouver's drug strategy, a special issue in the *International Journal of Drug Policy* elicited several articles related to it (Wood & Kerr, 2006), including on the establishment of a supervised injection site (Small et al., 2006), the role of police activity in drug markets (Small et al., 2006), addiction treatment (Marsh & Fair, 2006), and prevention campaigns (MacPherson et al., 2006b). Certain features of the strategy were critiqued, such as the inclusion of law enforcement and the exclusion of housing policy(Shannon et al., 2006), and some questioned whether these features undermined the objective of reducing harm (Cohen & Csete, 2006; Debeck et al., 2006; Heed, 2006; Shannon et al., 2006). Additionally, Debeck et al. (2006) outlined the disproportionate funding allocated to law enforcement and therefore questioned the adequacy of a 'pillars' architecture. Although this special issue began to unpack the issues of the pillar's framework, following this small body of studies, research on pillar structures for drug strategies has largely ceased.

Study objective

The current study aimed to critically examine the notion of a 'four pillars' drug strategy by interrogating how it functions as a policy framework and consider whether its structure and objective are still fit-for-purpose within the context (i.e., place and time) it is situated. While early literature on Vancouver's four pillar drug strategy critiqued and examined several aspects of this municipal drug policy, our study examines the perspectives of policy actors on the balance and resource distribution across pillars, the compatibility of the pillars, and whether the strategy is still adequate for addressing relevant drug-related issues

two decades after its inception.

Methods

Data collection

This study was part of a larger mixed-methods project on drug policymaking in Vancouver, Canada. Data were collected between October 2021 and March 2022. The current study utilizes qualitative interview data from fifteen participants who spoke about Vancouver's drug strategy. The study sample were drug policy stakeholders with experience participating in drug policymaking processes in Vancouver. To define this sample, we drafted an initial list of 20 individuals representing a drug policymaking network based on a major drug policy event in the city. We contacted participants via email, based on publicly available information and the authors' professional relationships. Some participants were also recruited via snowball sampling when the initial targeted recruitment strategy was exhausted. These individuals represented various groups: government officials/civil servants, politicians, people who use drugs, legal and community advocates, academics/researchers, and police.

Interviews took place over Zoom and the audio was digitally recorded. Each interview was approximately 30 to 45 min long and covered a range of topics related to drug policymaking. In the current study, we focus on data related to the four pillar drug strategy. Questions and prompts were informed by the study aim and our knowledge of the strategy and literature. Questions were semi-structured to allow participants to guide the conversation towards relevant experiences and perspectives. Questions included: *What do you think of the Four Pillar Drug Strategy? How useful do you think it is?* Data included participants' general perceptions of the drug strategy, and the effectiveness, successes, failures, and focus/aim of the strategy and individual pillars. The question guide was tested in the first two interviews, then we discussed and refined the questions to promote data relevance and depth. Following each interview, the interviewer memoed observations and debriefed with other team members regularly.

Data analysis

Audio recordings were transcribed and these data were uploaded to NVivo (QSR International, n.d.). To organize and start analyzing the data, our team read three transcripts independently, then met to discuss initial observations and ideas. From this process, we produced an initial coding framework which was applied to three additional transcripts, discussed again, and refined. The coding framework was then applied to all the data in NVivo.

Following this higher-level coding process, we conducted additional analyses and coding specific to the current study aims. Thematic analysis was conducted by considering and comparing related categories, codes, and patterns across the dataset, paying attention to narratives that spoke to the structure and function of the strategy. We interrogated narratives by asking questions such as: *What is happening here and why? Why is this aspect important to this participant? What does this statement signal about the functioning of a drug strategy?* We considered patterns and ideas both present and absent across the dataset, by considering what aspects, voices, or views may be missing. In doing so, we reflected on participants' positioning (e.g., police officer, researcher), the context of the interview, and the drug strategy itself. The analysis continued into developing themes throughout the writing process, moving between the coded dataset, initial themes, related literature, and discussion to help us understand and articulate ideas. We grouped and synthesized coherent ideas into themes which, as a cohesive whole, met the study aims. Throughout this process, we discussed the themes and findings regularly amongst authors to clarify ideas and deepen interpretations and understanding. The final themes and manuscript received input from all authors.

All data were stored on an encrypted and password protected database. Simon Fraser University Research Ethics Board granted approval for the study and its procedures (protocol #20200231).

Findings

Study findings speak to drug policy stakeholders' perspectives on a municipal drug strategy, pointing to perceptions of the function and utility of the strategy, and with particular reference to the pillars architecture. Findings are organized into three themes and related subthemes (Table 1).

The pillars in 'balance': How do the four pillars function as a policy framework?

Drug policy stakeholders' narratives about Vancouver's four pillar drug strategy evoked the idea of '*balance*', referring to the distribution of resources and attention across the pillars. Participants used a variety of metaphors to convey 'balance', referring to the strategy as a *"pie split four ways"* and *"stool with four legs"*. Participants thought about individual pillars as set within a unified whole (the strategy). In this conceptualization, the pillars were considered and compared relative to one another; this relativity produced the assumption that some sort of balance was required: "*the approach was seeking to balance these four pillars*" (Participant 10, researcher).

Balance of pillars was integral to the strategy functioning. Rather than a self-contained domain, participants discussed how disproportionate resources or efforts in one pillar could impact the others. As one participant depicts, an unbalanced strategy could compromise its function:

> *Four pillars drug strategy is often the analogy [of] a stool with four legs… because they could have just used four pillars at the entrance to a building, when you could well imagine knocking one of those pillars out and the building not falling down. But if you're sitting on a stool with four legs, and you take out one of the legs, at the very least, it's going to get pretty tippy*. (Participant 15, nonprofit organization advocate)

The participant emphasizes the intention of a strategy where all four pillars mattered, and were interdependent, except that some pillars can be 'knocked down' or eliminated/ignored. This view illuminated a structure that did not facilitate a sense of cohesion across pillars; instead, it produced a sense of precarity and insecurity. The participant is also skeptical of whether, in reality, a strategy functions this way. The framework's stability gets 'tippy' in practice due to unequal effort

Table 1
Themes and subthemes on the function and structure of a four pillars drug strategy

Theme	Subtheme
1. The pillars in 'balance': how do the four pillars function as a policy framework?	
	1.1 Resource distribution across the pillars
	1.2 Prioritization of the pillars through attention or neglect
	1.3 Weighing the benefits: justifying an unbalanced strategy
2. The pillars architecture: better together?	
	2.1 The compatibility of pillars: a complement or conflict?
	2.2 Silos or circles: connecting efforts across the pillars
3. The four pillars in context: is a four pillars approach still fit-for-purpose?	
	3.1 Local efforts situated in a broader policy context
	3.2 Too simplistic? Capturing complexity of drug-related issues

distribution across the pillars. This idea suggests a sense of precarity and uncertainty for how a pillars framework actually functions.

Narratives emphasizing a sense of balance indicated when there was perceived *dys*function in the strategy, when the pillars were 'out of balance'. Some participants criticized the four pillar drug strategy, describing it as *"three pillars and a stick*" and believed that the pillars were *"out of whack"*. Such comments indicated a sense of deficiency in the drug strategy when pillars were unbalanced. Some described individual pillars as having a "*way outsized role – it's been prioritized above all else*" (Participant 3, nonprofit organization advocate), criticizing the disproportionate prioritization of areas or pillars.

Conversely, some stakeholders assessed the contribution of each pillar without necessarily requiring balance. As one participant illustrated, each pillar was a different, yet not equal, 'color' in the strategy:

> *To have law enforcement and public safety as a pillar is an equal color to harm reduction. I think it's wrong. […] first and foremost harm reduction and have that as 'the' color. […] we want education, we want treatment available to those who want it. Does law enforcement have a role?* (Participant 6, nonprofit organization advocate)

An *un*balanced strategy could be justified and accepted through perceived 'worthiness' or value. Perceiving the pillars framework as 'in' or 'out' of balance often depended on the participants' political interest and which pillars they valued. For example, in our data, law enforcement representatives often believed harm reduction was heavily weighted whereas community activists criticized the role of law enforcement.

As Ritter (2010) notes, the idea that there 'should' be 'balance' in drug policies implies an optimal *and* attainable distribution, begging the question about how balance can be assessed. Participants provided insights on various organizing principles for gauging the extent of 'balance': (1) resource distribution, (2) attention or neglect, and (3) benefits or harms across the pillars – subthemes examined below.

Resource distribution across the pillars

Stakeholder narratives evoking the notion of balance were mostly concerned with the fairness and equality of resource distribution, particularly in terms of funding. This concern highlighted (1) an assumption that the pillars should receive equal resources, and (2) a scarcity mindset that produced a sense of competition between the pillars. Participants talked about certain pillars receiving a greater piece of the 'pie' in terms of funding:

> *A state budget or provincial budget, a civic budget, you would see that if you measured the relative strength of those legs [pillars] by the percentage of the budget allocated to those topics: policing, harm reduction, treatment […] prevention. You would see that policing is something in the range of 70 % and may well be higher and harm reduction is in the single digits.* (Participant 15, nonprofit organization advocate)

> *The idea is these colors are sort of equal. In reality, law enforcement has been funded way more than the others and harm reduction has been drastically underfunded.* (Participant 6, nonprofit organization advocate)

As in these examples, participants were concerned that one or more pillars received 'more' funding than the others. This notion of fairness in resource allocation reflected a sense that there was scarce resources and competition for them. One pillar receiving a greater proportion meant the other(s) suffered. This mindset evoked a sense of insecurity that pillars were fighting or vying for prioritization and resources, despite being part of the same strategy.

Participants' views on resource distribution across the strategy's pillars also indicated assumptions as to where priorities lay; for them, funding allocation indicated the relative values and interests of government – again, evoking a sense that any one pillar was fighting for attention. These views reflect the constraints of a drug strategy based on a pillar's framework: it makes the conception of drug strategies a competitive one where resource distribution says something about the 'worth', value, and viability of a pillar relative to the others. In doing so, the drug strategy is judged in terms of distributive fairness rather than contributions to strategy goals or outcomes.

Prioritization of the pillars through attention or neglect

The notion of balance was also evoked with reference to the relative governmental attention or actions towards pillars. Reflecting on each of the pillars' roles, participants criticized the prioritization or emphasis on certain pillars: "*it's been a lot about harm reduction, harm reduction, harm reduction"* (Participant 1, police officer); *"police seem to have 'the' role"* (Participant 4, person with lived experience); "*it's been prioritized above all else… that's a problem"* (Participant 5, nonprofit organization advocate). Participants were not specific in terms of the implied metrics that they were using to describe an imbalance. However, these statements indicate that certain pillars were somehow overvalued relative to the others – underscoring that balance across the pillars mattered. In discussing the dysfunction of the pillar's framework in terms of unbalanced priorities, the *over*valued pillars were seen as unfairly detracting from the others.

Perceptions of which pillars had been neglected differed between stakeholders. For example, treatment and prevention were seen as neglected yet potentially impactful pillars: *"We've really forgotten about treatment and [prevention…] areas where we could have made meaningful impact and saved lives. We dropped the ball."* (Participant 1, police officer). Stakeholders' reflections on government priorities provided the sense of a missed opportunity for the overall strategy to make an impact when attention is unbalanced.

> *Prevention, out of those things [pillars], never got the funding, the support, or the scale up in the same way harm reduction did. Probably was kind of law enforcement and harm reduction, kind of number one, and then prevention lagging very far behind. And treatment, you know, we've seen some improvements*. (Participant 13, researcher)

Beneath this ranking of relative attention to each pillar (where law enforcement and harm reduction are seen to be prioritized, and prevention 'left behind') there is an assumption that balance can (and should) be achieved.

Relative to narratives centering enforcement and harm reduction, participants mentioned prevention and treatment to a lesser degree in the data – potentially indicative of the attention paid to these pillars in the real or actual local context. For instance, some participants were unsure of what these pillars contributed: *"I don't really know what prevention is, that's like going and talking to school kids or some shit like that?"* (Participant 4, person with lived experience). However, some still felt that prevention and treatment were integral to a drug strategy: "*Sure, we want education, we want treatment available.*" (Participant 6, nonprofit organization advocate). Such comments highlight the potential utility of simply including pillars in the strategy to signal and remind stakeholders of available approaches. Despite an *un*balanced strategy, the presence of all four pillars may serve as a reminder of the suite of potential actions and priorities.

Weighing the benefits: justifying an unbalanced strategy

Related to the distribution of resources and attention was participants' evaluation of observable benefits or harms from each pillar. Participants considered if and how much effort in a particular area had 'helped' towards achieving some objective of the drug strategy (although participants never clearly defined an overarching strategy goal or objective). Participants leveraged the idea of benefits deriving from interventions under the pillars to justify their inclusion:

It's a pillar that actually delivers the least benefit compared to those investments in the other three pillars. I think there's ample evidence to show that. (Participant 7, nonprofit organization advocate)

That should be the priority. I think harm reduction is kinda the top tier and when you do harm reduction correctly […] It will help things and it has helped things. (Participant 3, nonprofit organization advocate)

Observable beneficial outcomes justified the worthiness for inclusion in the drug strategy. Conversely, some used the perceived failures or harms from a pillar to argue against its inclusion or reallocation of resources or attention.

The other three pillars deserve much greater investment […] We really need to draw down investment in enforcement of the prohibition side of things because that's failed as a strategy. (Participant 7, nonprofit organization advocate)

While the participant did not articulate 'what' failed meant in terms of meeting a strategy goal, observable outcomes were used to argue for/against pillars. Ongoing evaluation and communication of beneficial outcomes from interventions therefore might be important – particularly if/when lobbying for pillar initiatives.

In addition to the importance of observable benefits for supporting the strategy, *un*balanced priorities were not necessarily seen as dysfunctional when the benefits of a particular pillar operating well at a particular point in time were observed. For example, one participant believed the four pillars overemphasized harm reduction, but noted that: "*I don't disagree with that because, you know, the overdose deaths speak for themselves. [In] 2021 we're probably gonna have over 2000 deaths in the province"* (Participant 1, police officer). For this participant, unequally distributing resources was justifiable when a pillar 'worked' towards issues that mattered to them. A focus on observable benefits of pillars gives way to a potential alternative architecture in which 'balance' does not need to be achieved for a strategy to be functional.

The pillars architecture: better together?

In addition to the 'balance' of pillars, participants reflected on the cohesion of the strategy as a whole. How well do the individual pillars work together, strategically, as a cohesive set of initiatives working towards a common goal? Overarchingly, stakeholders depicted the four pillars framework as structurally fragmented, and, subsequently, dysfunctional. As a set of four discrete policy domains, the pillars architecture had separate individual components that merely stood and operated alone – or even in conflict – rather than as a cohesive and harmonious set of efforts. Comments about the pillars having disjointed efforts and values depicted this fragmentation, along with explanations of disconnected efforts seen as ineffective in terms of a cohesive strategy.

The compatibility of pillars: a complement or conflict?

Stakeholder reflected on how the inclusion of certain pillars, which they saw as conflicting rather than complimentary, created inherent contradictions in the framework. Two pillars in particular – law enforcement and harm reduction – were juxtaposed and suggested a conflict in terms of their values, efforts, and interests. Some stakeholders expressed strong feelings about the inclusion of these two pillars. *"Police and harm reduction are, like, incompatible, right? They cannot be thought of as… the same institution."* (Participant 4, person with lived experience). The perceived pillars' incompatibility was based on the belief that policing had differing values and interests than other pillars; thus, it was dysfunctional to include them in the same framework. Participant 3 (nonprofit organization advocate) was vehement that:

[The police] believe that they can have less harmful interactions with people who use drugs, and that's not true… because their history is to suppress those people, it is to squash them to make them feel bad, to tell them that they are bad people and put them away; that is their history. Their history will not be removed. There is no amount of training that will remove that from their brains, and so we're in this place where the police think that they can continue to be a part of [the drug strategy].

This individual saw law enforcement as a fundamental flaw in the pillars structure in terms of undermining the strategy overall. The incompatibility of pillars' aims, values, and interests produced conflict rather than synergy or collaboration between the pillars – thus putting into question whether a pillars framework is productive.

Silos or circles: connecting efforts across the pillars

Related to fragmentation, some participants believed that the pillars *should* be cohesive, synergistic, aligned, or working towards a common goal, instead of having independent pursuits. Participants talked about the efforts under pillars needing to be "cyclical" and "connected". For example:

We've actually talked about [the] pillars instead of standing independently as silos… [being] more of a circular kind of model that everyone supports and feeds off each other and that's how a model should work. (Participant 3, nonprofit organization advocate)

In this quote is a sense of synergy and connection where efforts are a coordinated endeavor that produce movement towards a common goal. However, the mechanisms that could merge pillars' efforts were vague or nonexistent. Without this, it was unclear how the pillars architecture promoted or inhibited collective action.

The need for connections was emphasized by some participants who pointed to real-world examples, such as the concentration of services in specific neighborhoods, access to and resources for treatment programs, and a lack of follow-through and follow-up supports for people. The fragmentation of pillars depicted disconnected and therefore deficient interventions:

It's not just the [four] pillars alone. It's how they interact and connect and how decisions are made or policies are made or people, individuals who use drugs move between those services or supports or policies which are still very, very disconnected. (Participant 13, researcher)

Harm reduction doesn't exist in a lot of places in the city, it's more universally in about 12-square blocks but then there's a lot of places where there's nothing, you know? I think treatment's a huge mess. It's fragmented. (Participant 4, person with lived experience)

Alternatively, when pillars were functioning correctly on their own, they were seen as complementing and contributing to the others, depicting a sense of synergy in the framework. For example: *"when you do harm reduction correctly, that also feeds into prevention and treatment.*" (Participant 2, city official). This idea provides the sense that the pillars have the potential to work in harmony and that there may be benefits to multiple discrete areas of interventions under one framework.

The four pillars in context: Is a four pillars approach still fit-for-purpose?

A drug strategy can have several purposes: to direct government efforts and resources; to situate efforts relative to other policies and laws; to signal the values and priorities of government to the public; and to provide guidance and a lens through which to see or address drug related issues. Although participants did not clearly articulate the purpose of the local drug strategy, they often spoke about it in relation to the immediate issues faced in the local context. Their reflections put into question whether the four pillars drug strategy, produced 20 years prior, was still an adequate framework, or 'fit-for-purpose', in the local context. Participants themselves problematized Vancouver's strategy: "*The four pillar's is a document and a policy objective that's useful and well-intentioned but has little to do with reality."* (Participant 15, nonprofit

organization advocate). Similarly, others problematized the current relevance, stating that the strategy was *"out-of-date, it's old"* (Participant 4, person with lived experience). In pointing to current issues, participants put into question whether and to what extent the framework is agile and adaptable. Criticisms about the strategy suggested a sense of rigidity and simplicity in that it was not nimble enough to be 'fit-for-purpose'.

In addition to issues in the local context, participants highlighted other factors – including the subthemes of broader drug policies and intersecting issues - that can undermine the adequacy of a pillar's framework in context.

Local efforts situated in a broader policy context

Stakeholders' reflections on a municipal drug strategy situated it in a broader policy context, comprised of provincial and federal drug policies and governance. Rather than operating in isolation, local efforts and issues were impacted by higher-level policies. In conversations about municipal issues, participants made statements such as: *"those [federal] laws and policies are killing people"* (Participant 6, nonprofit organization advocate) where other policies and laws could potentially impede or enable local initiatives.

Some participants considered the local drug strategy as potentially interacting with other levels of government and policy. For instance, the municipal drug strategy could include efforts towards higher-level reforms.

> *Maybe you replace enforcement with decriminalization, you add a pillar which is regulation, and that's where we talk about moving towards a provincial regulatory framework for all psychoactive substances where they're treated just the same as cannabis and tobacco and alcohol.* (Participant 2, city official)

In suggesting decriminalization and regulation could be potentially 'new' pillars, participants empowered local efforts by deliberately connecting with and being complementary to provincial and national efforts. However, it was unclear whether and how such policies, which relied on federal reforms, could actually exist at a municipal level. Given that municipal drug policies are relatively more nimble and specific, they could be more progressive than highly bureaucratic and political federal or provincial/state level policies.

Too simplistic? Capturing complexity of drug-related issues

In considering the drug strategy in the local context, participants spoke about intersecting drug-related issues and determinants – for example, mental health, housing, poverty. These narratives highlighted myriad issues that went beyond drugs and put into question the simplicity of a pillars framework. For instance, one person talked about the social determinants, stating: *"We have to see all these issues [as] connected"* (Participant 4, person with lived experience). Such narratives underscored the complexity of drug-related harms and issues. Participants suggested that *"we are still so far behind"* in terms of this complexity.

The complexity of drug-related issues was also highlighted by participants who took an equity lens to drug-related issues. Some highlighted how efforts under pillars could be undermined by structural and social barriers.

> *There's a whole bunch of crazy socio-problems that happen for people and people are often intersected by multiple of them. But there's no silver bullet […] for someone else it might be substance use disorder, someone else it might be mental health, for someone else it might be, you know, multiple of those that lead to get results concurrently.* (Participant 1, police officer)

This lens puts into question the simplicity of a pillars framework for addressing drug related issues, and proposes that a strategy may be undermined when not considering pillars representing other intersecting social structures.

Discussion

In this study, we interrogated aspects of a pillars-based drug strategy through the perspectives of drug policy stakeholders, including the notion of 'balance', functionality, and 'fit' in the local specific municipal context. One assumption was that pillars may need to be 'balanced', based on the distribution of resources, efforts, and attention. Central to balance was observable benefits which were used to justify an *un*balanced framework or to lobby for the exclusion or deprioritization of certain pillars. A second assumption was of connectedness, suggesting that pillars needed to work synergistically together towards a goal. Yet, structurally, discrete pillars did not enable a sense of cohesion and connectedness. In addition to assumptions, stakeholders' perspectives pointed to several dysfunctions of a pillar's framework. Multiple discrete areas for action produced a sense of contradiction, competition, conflict, fragmentation, isolation, and inefficiencies. It may be that the pillars architecture alone is too rigid and simplistic, and may benefit from a more agile architecture to be 'fit-for-purpose' in a particular context. Our study puts into question the taken-for-grantedness of a pillar's framework and provides considerations that governments and stakeholders may find helpful in the design of future policies.

Our findings problematize the notion of 'balance' in terms of how a drug strategy functions: how are the interests, resources, and policy areas 'in balance', and is balance needed for a drug strategy to function? The issue of 'balance' has been discussed in previous scholarship, exploring the prevailing assumption that equal distribution of resources is needed to achieve 'balance' (Lancaster & Ritter, 2014; Ritter, 2021). For participants in our study, perceptions of resource allocation signaled a sense of prioritization and value for certain pillars. For instance, similar to other research (Cohen & Csete, 2006; Heed, 2006; Small et al., 2006), some believed Vancouver's model favored law enforcement while neglecting other pillars. Our study adds to this literature by showing how beliefs about balance produced a scarcity and competitive mindset between the pillars. This may not be productive for a drug strategy. There is no evidence that 'balance' or equality across pillars is needed to achieve strategy goals. Additionally, achieving a balance of resources may be unreasonable, given that each pillar objectively requires distinct and different resources to achieve observable benefits. Also, attention to certain pillars may be required to address current issues. It may be unproductive to focus on 'balance' and, instead, be beneficial to understand and communicate the actual resource needs for specific interventions to work towards a common goal. Examining resource allocation across a drug strategy for tangible outcomes is an area for future research.

Another question our study addresses is how well the pillars function together as a cohesive whole. Do the pillars work together or in competition, and do efforts in one complement the other? Our analysis suggests several dysfunctions may exist in a pillar's architecture. Drug policy stakeholders assumed synergy was important but perceived the pillars as being fundamentally separate and in conflict with one another. Findings question the integrity of a four pillars framework, or whether unity is, in fact, needed at all. When pillars appear to contradict each other, a focus on strategy goals may be important (Ritter, 2021) – goals that our participants did not articulate, yet are important to communicate and understand.

Ritter (2021) notes that pillars should, in theory, be *interdependent* rather than separate efforts. In our study, participants' perceptions of disconnected pillars may indicate an ignorance of overlap and synergies that are, potentially, strategic and functional or, conversely, may be dysfunctional and produce gaps in policy. Researchers outside of drug policy similarly note the assumption of an 'interconnectedness' amongst a pillars architecture without evidence of how these connections occur (Ranjbari et al., 2021). Some authors critique this taken-for-granted

aspect of the 'connected roles' (Clune 2020) of pillars, noting that the operationalization of actions across pillars frameworks remains vague particularly when connectedness may mean contradictions or conflict (Purvis et al., 2019). In the development field, Stetter (2004) also critiques a pillars framework, observing a separateness of the pillars rather than one of interconnectedness. It may be that "…the terminology itself reproduces this very *pillarization* through labels [of policy domains]" (Stetter, 2004, p. 724). Constructing discrete pillars may structurally produce a separateness and therefore separates the capabilities of actors and actions (Stetter, 2004). Collectively, these observations put into question whether by separating actions into pillars it creates structural and functional boundaries which are not supportive of coordinated/coherent actions that are both strategic and productive.

Vancouver's four pillar drug strategy is not representative of other models across the world nor Canada. At the time of its development, Vancouver's four pillar drug strategy was seen as innovative and a model for other jurisdictions (Piscitelli, 2017). In recent years, examples of drug strategies outside Vancouver have proposed new pillars, thereby tailoring the strategy to be 'fit-for-purpose'. Often, such revisions are in response to the everchanging policy and drug context in which a drug strategy sits. One Canadian city introduced an 'integration' pillar aimed at promoting a cohesive and synergistic framework (Waterloo Region Integrated Drugs Strategy, 2018). Others removed law enforcement, reframing it as 'community inclusion and safety' (Strathcona County Community Drug Strategy Committee, 2018). Some strategies focus on specific and current local issues such as overdose (e.g., Vernon Harm Reduction and Overdose Response Strategy (Sharkey, 2019) and housing (City of Thunderbay, 2018). In recognition of the evolving nature of drug-related issues, some governments have committed to regularly (every three-to-five years) refreshing the drug strategy to promote sensitivity and specificity (e.g, City of Thunderbay, Waterloo Region). The iterative and evolving nature of these strategies echo a sense of nimbleness that may be necessary for effectively responding to the everchanging context in which a drug strategy is situated.

Conclusion

Drug strategies are policy frameworks that outline government priorities, directions, and interventions, organized to coordinate action towards a specific vision or goal. A pillars architecture for framing a drug strategy has existed for at least twenty or so years. Our study sheds light on what matters to drug policy stakeholders given such an architecture, including a sense of balance, observable benefits, and the synergies and connections between pillars. Such perspectives put into question a pillars' framework and call for analysis of whether a 'pillars' structure is beneficial or fit-for-purpose. Is it possible to design a drug strategy that ensures sufficient flexibility such that it can be adapted to changing harms? Does a pillar's architecture facilitate such adaptability, or does the very notion of fixed pillars with their implied equivalence and balance stymie functionality of the strategy?

Ethics approval

The authors declare that they have obtained ethics approval from an appropriately constituted ethics committee/institutional review board where the research entailed animal or human participation.

CRediT authorship contribution statement

Alissa Greer: Writing – review & editing, Writing – original draft, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Conceptualization. **Naomi Zakimi:** Writing – review & editing, Project administration, Formal analysis, Data curation, Conceptualization. **Alison Ritter:** Writing – review & editing, Formal analysis, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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