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RESEARCH ARTICLE

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# Collaboration for drug prevention: Is it possible in a "siloed" governmental structure?

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## Summary

**Purpose:** Norwegian municipalities report that drug misuse is the most important public health challenge. The municipalities play a unique role in drug prevention aimed at youth, since young people rely on several services in their daily lives that are organized by different municipal departments. However, the municipal structure is described as siloed, and the policy areas as differentiated. This situation has led to a need for integration between different policy sectors to prevent drug use and promote health. The following study explores how policymakers describe the structures for integration within local government in practice with regard to drug prevention aimed at youth, contributing to the ongoing debate on collaboration and integration in response to public health challenges.

**Methods:** A single case study design was used to investigate the accounts of policymakers from different municipal departments in a Norwegian municipality following Axelsson and Axelsson's conceptual scheme of integration.

**Findings:** Collaboration between departments was viewed as important to successfully address drug prevention; however, the policymakers recognized problems with integration. The participants described confusion regarding ownership between the departments and a perceived lack of a mandate for collaboration.

**Conclusions:** The findings and discussion illustrate that integration of drug prevention in a siloed structure relies on

departments appreciating their respective roles in drug prevention and advisers experiencing a mandate to manage the siloes that exist in the organization. By gaining a better understanding of the siloed structures, we can provide valuable information needed to navigate them.

**KEYWORDS**
case study, collaboration, integration, local government, prevention

## 1 | INTRODUCTION

In recent years, drug prevention directed at youth has increasingly included a health-promoting approach. The goal is not only to prevent and avoid problem behaviours but also to strengthen health and well-being and address the root causes of harmful behaviours. This development has paralleled the recognition of the social determinants of health. For the last 40 years, social factors, such as housing, employment, education, and the urban environment, have evolved into the strongest influences on population health.[1] This evolution coincides with what Carey et al.[2] describe as a new paradigm within public health, characterized by moving away from policies aimed at the individual and towards shaping governmental structures. The recognition of the social determinants of health has led to government policies with the goal of working together across relevant policy sectors to promote health and prevent illness.[2] One of the challenges is that governmental institutions continue to adopt a so-called siloed bureaucratic government structure, where each department is responsible for the policies within its own field, for instance health and education.[3] To effect changes in social factors, governmental strategies, such as the Health in All Policies (HiAP) approach, have been proposed to bridge structural siloes.[2] HiAP is an approach that aims to increase the responsibility of public health at all levels of the policy process and requires high degrees of collaboration within the government, which in turn must be supported by the leadership.[4,5] Norway has been described as a leader in developing health-promoting public policy due to similarities between traditional Nordic concepts of the welfare state and key principles of health promotion.[6] The HiAP approach is one of the founding principles of the Norwegian Public Health Act of 2012, which emphasizes municipalities' role in addressing the broader determinants of health through intersectoral collaboration.[7-9] Norwegian municipalities report that drug misuse is the most important public health challenge.[10] To address complex governance challenges, such as drug prevention aimed at youth, more or better collaboration and coordination between different actors, organizations, and levels is often seen as a key precondition for governments and hence as a way forward.[11] In Norway, the municipalities are responsible for many of the services on which children and youth rely in their daily lives, such as kindergarten, health care, school, school nurses, child welfare, sports, and cultural activities. The municipalities therefore have the opportunity to develop policies that affect primary, secondary, and tertiary prevention efforts directed at youth. In addition, the broad spectrum of services the municipality organizes also provide the opportunity to devise policies that move upstream towards the root causes of problem behaviours. In recent years, there has been increased differentiation among the different policy areas, which has generated a corresponding need for integration.[12] It is seen as necessary for officials in different policy areas to collaborate closely to create good living conditions. In a siloed governmental structure, it may be difficult to develop comprehensive and coordinated policies across the different policy areas addressing drug prevention aimed at youth. The present study was developed based on a case study research project investigating drug prevention policies and initiatives at the local level in Norway. The case selected was the municipality of Bergen, which is the second largest city in Norway. Bergen was known for having one of the largest open drug scenes in Northern Europe, but in 2014,

the municipality initiated a large-scale action plan to address this issue. In the wake of the action plan, the research team wanted to examine how officials in different policy areas within the municipality were preventing young people from becoming future drug users. Regarding drug prevention aimed at youth, there are three main departments that organize these services: the Department of Education and Sports; the Department of Social Services, Housing and Inclusion; and the Department of Health and Care. As outlined in the Norwegian Public Health Act, the municipalities rely on collaboration between different sectors to bridge the siloed bureaucratic government structure. In a siloed structure, it can be difficult for each department to identify how it can impact the root causes of complex health challenges, such as youth drug use. Without a comprehensive understanding of complex health challenges and a collaborative effort to address them, it is likely that the problems will continue to exist. A lack of collaboration may also generate fragmented services for youth. Hendriks and colleagues[13] point out that there are limited studies on how intersectoral collaboration is perceived by those responsible for policy development, namely, the policymakers from different policy sectors within local government.

Within the literature, concepts such as "coordination," "cooperation," and "collaboration" are used interchangeably to describe the need for members from different sectors to work together.[14] Axelsson and Axelsson[15] developed a conceptual scheme of integration to capture the different collaborative forms within organizations working with public health. The scheme was developed in the Nordic context, where public health is organized as part of the government in a hierarchical structure, with decisions flowingly implemented at the lower levels. The term integration refers to "the quality of the state of collaboration that exists among departments that are required to achieve unity of effort by the demands of the environment."[16] The conceptual scheme of integration consists of two main dimensions: vertical and horizontal integration.[15] Vertical integration refers to the different levels within a hierarchical structure, while horizontal integration refers to the structures on the same level within the structure. The scheme has previously demonstrated its relevance in several studies[17-19] and will serve as an analytical tool for the present study to highlight the structures of integration within a siloed structure for drug prevention aimed at youth (Figure 1).

Utilizing the conceptual scheme of different forms of integration, as proposed by Axelsson and Axelsson,[15] this study aims to provide insights about the structures for integration within local government by exploring the following research question: How do policymakers in a Norwegian municipality describe horizontal and vertical integration with regard to drug prevention aimed at youth? By exploring both the vertical and the horizontal structures, we can provide more comprehensive analysis of the structures of integration in a siloed governmental structure. Integration and collaboration are central to addressing public health challenges. The present study aims to contribute to this field by presenting the perceptions of the people at the centre of the policy development for drug prevention aimed at youth.

## 2 | METHODS

### 2.1 | Design

Within the literature on drug policy, case studies have previously demonstrated its value as an approach to examine policy processes.[20] Inspired by Yin,[21] a single case study design was used to investigate the accounts of policymakers in one municipality, with the data consisting of interviews. Based on Yin's[21] criteria for case selection, the municipality of Bergen was selected due to some unique traits, which can serve to illustrate particular aspects that are seen as

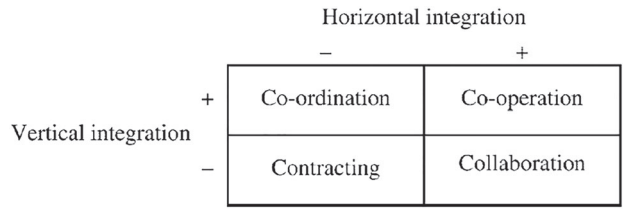


**FIGURE 1** Conceptual scheme of different forms of integration[15]

relevant for the analysis. Bergen is one of two municipalities in Norway with a parliamentary governing model. In this model, the city council elects the city government, an executive body, which answers to the city council, just as a national government answers to a national parliament. This model is characterized by majority rule overseen by the top political leadership, and, consequently, the political leadership becomes more visible.[22] This organization can serve to highlight structural siloes, given that there is a political leader at the top of every department, as opposed to the aldermen model, where there is one political leader.[22] In addition, the municipality adheres to a drug and crime prevention coordination model, employing a prevention coordinator who is responsible for coordinating prevention initiatives. Both the parliamentary model and an awareness of drug prevention were unique traits of Bergen municipality, which made it a suitable case for this study.

A contact person within the organization assisted in recruiting the participants. The participants were selected for the study through collaboration between the research team and the contact person in line with a purposeful sampling strategy, with participants selected for their ability to provide information-rich data.[23] The participants were policymakers recruited from different key positions: commissioner (the political leader of a department), chief executive officer (the administrative leader of a department), and adviser (an executive officer who develops policy documents). The participants were recruited from three relevant departments of the municipal organization: the Department of Education and Sports; the Department of Social Services, Housing and Inclusion; and the Department of Health and Care. All 11 invited policymakers participated in one face-to-face interview in 2016. The participants signed informed consent forms prior to the interviews, stating that they were willing to have the interview audio recorded and that every attempt would be made to preserve confidentiality. Ethical approval for the study was given by the Norwegian Centre for Research Data. The interview guide covered topics such as drug prevention initiatives and collaboration within the municipal organization.

After 11 interviews, data saturation was reached. Audio recordings from the interviews were transcribed verbatim and then analysed following a thematic framework analysis.[24] A framework analysis follows these steps: becoming familiar with the data, identifying a thematic framework, indexing, charting, mapping, and interpreting. As a tool, this analytical approach has no allegiance to either inductive or deductive thematic analysis but can help make the analysis more transparent.[24] Each participant was marked with key attributes, such as their role in government and departmental connections. The transcripts were entered into the software QSR International NVivo 11 for organization and analysis.[25] This step enabled the researchers to compare the codes with the different departments and roles for an additional level of analysis[26] (Figure 2).

The data were organized into categories, such as "ownership of drug prevention," and presented following the vertical and horizontal structures of integration inspired by the conceptual scheme proposed by Axelsson and Axelsson. To preserve the confidentiality of the participants, the roles of the participants have not been connected to the quotes where there is a possibility of identifying them.

## 3 | FINDINGS

### 3.1 | Drug prevention requires collaboration

All the participants explained that several of the municipality's policy areas are seen as important for drug prevention aimed at youth. The following quotes emphasize that creating good living conditions is equated with drug prevention aimed at youth:

> *"It is not merely drug prevention, but health promotion in the prevention plans. We need to add the knowledge we have that a good childhood lasts for a lifetime, and if the child gets a safe attachment the first years it increases the chances for a good life … which again prevents not only drug use but all sorts of misery."—Adviser*

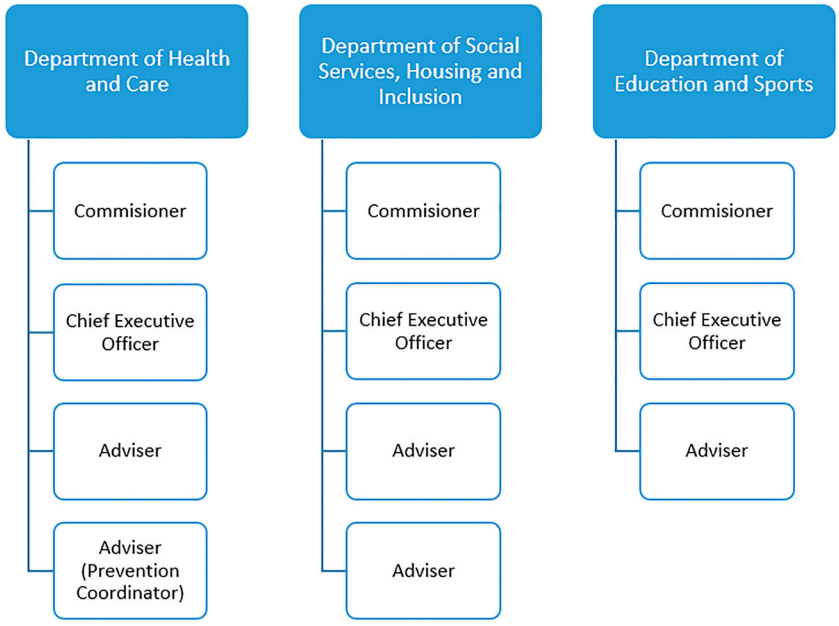


**FIGURE 2** Overview of the participants divided by departments and roles

> *"We need a common understanding that a lot of this is about creating good living conditions, and then we are talking about prevention in a health promoting perspective, which has to do with a lot more than drugs. It is an ambition that we are clear on this and don't get overshadowed by the efforts directly connected to drug problems, but to the understanding of how important the general prevention is."—Director General*

Collaboration among the three relevant departments was described as paramount in drug use prevention efforts aimed at youth. The following are excerpts describing the role of collaboration:

> *"Prevention and early intervention are where I need close collaboration with the other departments."—Adviser*

> *"We need to be able to do our core tasks and, in addition, we need to recognize that I can't do this alone. I need to collaborate (…) with the Department of Education or someone to achieve the overarching goals. (…) these are important prerequisites for drug prevention."—Adviser*

## 3.2 | Challenges in the horizontal structure: Confusion regarding ownership of drug prevention among departments

Although the three departments (Department of Health and Care; Department of Social Services, Housing and Inclusion; and Department of Education and Sports) were described as the most important in drug prevention policies, the analysis showed that not all of these departments take ownership of such policies. Participants from the Department of Social Services specified that they work with people who have already developed drug dependency rather than working on prevention. The lack of ownership can be understood by an example from the drug policy plan development. While the Department of Social Services has had the main responsibility for developing drug policy

plans, where prevention is a key theme, it was mentioned that the sections concerning prevention had been sent to the Department of Health and Care to be written.

> *"We do not work that much with drug prevention, but rather with persons who have developed an addiction."—Participant from the Department of Social Services*

Participants from the Department of Education and Sports pointed to the importance of school settings in drug prevention; however, overall, participants from this department explained that the Department of Health and Care is mainly responsible for drug prevention. One of the reasons for this is that the prevention coordinator is employed by the Department of Health and Care.

> *"The Prevention Coordinator and the Health and Care Department have the main mandate, but we help. It is a Health and Care case as soon as it is connected to drugs (…) before, the Prevention Coordinator was placed closer to the Education Department but was moved to health, so previously, we had a clearer mandate."—Participant from the Department of Education and Sports*

The findings suggest that there is a discrepancy between the idea that drug prevention requires combined efforts from the three departments and the more passive attitude that drug prevention is the responsibility of the Department of Health and Care. This perspective is reflected in the following statement:

> *"It is the people in Health and Care who have the main directives in relation to drug prevention and these things. I don't experience that we have very strong guidelines in the work. It is primarily in the Health and Care Department, and they contact us when they need our help on things. So, they are kind of in the driving seat when it comes to the subject."—Participant from the Department of Education and Sports*

While collaboration among the departments was described as vital for drug prevention, the participants noted that, currently, the collaboration is not fulfilling its potential. Several participants referred to the organizational structure as "siloed," explaining that there are limited opportunities to work outside of one's own department. The participants referred to this situation in the following way:

> *"We are quick to think in silos, where everyone is preoccupied with their own. We have gotten better at participating with each other in collaborations, but sometimes there are situations where we think we can't prioritize it and then you get a challenge."—Adviser*

> *"We have a challenge in the way we are organized. It doesn't mean we can't fix it. I definitely don't believe that, but we have a potential for improvement when it comes to collaboration."––Chief Executive Officer*

> *"We see that the organization is too sectorized or siloed, but that is maybe a bit of an extreme word, but it is way too little coordinated throughout the organization."—Chief Executive Officer*

> *"I think it is about getting a collaboration across these silos because there are many departments who work within their field. But the silos are necessary because they show where the authority is, that being said, it may also lead to us to not being able to work together because there is no direct line to the department next to us or to the floor below. You are kind of just in your profession. So there probably are some barriers in the system."—Commissioner*

### 3.3 | Challenges in the vertical structure: Diverging perceptions of collaboration between the leaders and the advisers

The participants noted that there are also challenges within the departments.

> *"It is not that it is painless inside the vertical structure. Also, within the "silo" it can be challenging."—Adviser*

The participants highlighted that collaboration among the departments was hindered by time and resource factors, but they also pointed to the lack of a top-down mandate or strategy for integration within the municipality. The lack of a clear mandate for departments to work across policy sectors was particularly emphasized by participants in adviser positions across the different departments, while at the chief executive officer and commissioner level, this issue was not as prominent, revealing a discrepancy between leaders and advisers within the municipality. The advisers perceived that there was a lack of a mandate for collaboration, and some participants highlighted that this situation contrasts with the directives issued at a national level, which strongly advocate for collaboration.

> *"These silo-walls can sometimes be hard to break through or navigate over. If you invite people from other departments to contribute to the planning process, and no one has the time because they focus on their core tasks, you have a problem. There is a need for anchoring from the top on a shared vision (…). We need a top-down mandate, which goes through all the municipality plans."—Adviser*

> *"The anchoring of the drug prevention work in the Bergen municipality has been extremely demanding (…) if the Prevention Coordinator is placed on a service provider level, there is not the same opportunity to collaborate further. It has to be better anchored at the top of the municipality."—Adviser*

> *"One of the most important things the municipality has to do is more prevention. There are many municipalities that have it almost like an umbrella to a larger degree than Bergen municipality. Here, the focus has been on closing the open drug scene and so on, but you need to anchor it and keep a focus on it. As long as Bergen municipality has it as a point way down on the list, it will not be good enough."—Adviser*

### 3.4 | Prevention coordinator as a potential bridge builder

Collaboration for drug prevention was also described as being hindered by limited political attention. This can be exemplified by the statement from a participant describing the lack of attention by politicians to the prevention coordinator:

> *"It's been a long time since I heard a local politician use the words Prevention Coordinator. (...) When a city council member is unaware of the coordinator, it creates silence around the work. Where there is political pressure, there is also action, and, where there is silence, less is done."—Commissioner*

The prevention coordinator has an important role in prevention work within the municipality. While the purpose of the prevention coordinator is to work across sectors, some participants argued that the role today is organized within a service area of a department and not on a higher level within the municipal hierarchy. The participants noted that this situation contradicts the national model for prevention coordinators. Furthermore, they explained the difficulty of following the national model due to the parliamentary governing system within the municipality. The

parliamentary model was also suggested as an explanation for limited collaboration on prevention within the municipality; one participant expressed this as follows:

> *"We are in the same municipality but, at the same time, we have a parliamentary governing model, which means that we are more separated. We have a Chief Executive Officer who is responsible for the administration within the department and reports to the department's politician. So, there is no overall Municipal Chief Executive Officer as in the aldermen governing model. So, it becomes maybe more demanding in terms of the issues that require collaboration between departments in a parliamentary municipality."—Chief Executive Officer*

### 3.5 | Summary of findings

To prevent youth from starting and continuing to use drugs, the policy makers emphasize that creating good living conditions is important and highlight the role of several municipal policy areas, such as education, social services, and health. While these services that are important to youth are organized in different policy areas, the policy makers reveal that collaboration among them is limited. The participants describe divergent perceptions regarding ownership of drug prevention among departments and siloed organization, characterized by limited horizontal collaboration. The participants also describe that vertical integration issues, mainly a perceived lack of a mandate, felt especially by the advisers in the different departments. Several of the participants point to the prevention coordinator as a possible bridge builder but note that it is problematic that the coordinator is placed within a service area and not higher up in the municipal organization.

## 4 | DISCUSSION

The local policymakers all noted that drug prevention requires collaboration among the relevant departments. In a recent scoping review regarding the implementation of health-promoting policies at the local level, collaboration was highlighted as the most common factor in achieving goals across settings.[27] The study made clear that collaboration should be both vertically and horizontally integrated into all stages of planning, implementing, and evaluating health-promoting policies at a local level. While collaboration is described as necessary in local drug prevention work, the findings from this study show that the municipality is experiencing challenges. The lack of experienced collaboration may indicate a lack of coordinated drug prevention aimed at youth. Following the conceptual scheme of different forms of integration proposed by Axelsson and Axelsson,[15] we have highlighted some of the challenges to integration in both the horizontal and vertical structures of the municipal government.

Participants from the three main departments described divergent perceptions about the different departments' responsibilities regarding drug prevention that potentially hinder integration. These types of horizontal integration issues were also studied by Hendriks and colleagues,[13] who investigated collaboration between health and nonhealth officials. They found that divergent perceptions of collaboration hindered collaboration between different policy sectors. Diverging perceptions, especially connected to ownership, were also noted as a problem in a recent study focusing on collaboration between health care and social care for elderly populations.[28] They identified different perceptions of ownership as one of the barriers hindering collaboration; these differences were particularly linked to the different values and understandings of the different professions in the different sectors. The different professions within the different sectors may also be governed by different goals, which may cause a perceived lack of horizontal collaboration. In a study describing the collaboration of stakeholders across policy sectors involved in drug prevention and education, it was found that the collaboration was characterized by a lack of ownership and lack of a shared vision among the stakeholders.[29] The stakeholders experienced tension between target setting governing from the

leadership on one hand and collaborating as a means of achieving "joined-up" policy on the other. On one hand, the participants are measured on the goals the individual department achieves, and on the other hand, they are encouraged to collaborate seemingly without this collaboration being valued. The value of collaboration has been stressed in guiding policy documents such as the Health in All Policy approach. While the goal in these approaches is for the different policy areas to collaborate towards better health, there is a risk of ending up framing health as a means to achieve the objectives of nonhealth sectors.[30] A recent study shows that in some policy processes, health is framed as a means and as something distinct from other social issues to ensure legitimacy. The authors claim that this approach actually narrows the scope of potential policies and interventions. Instead, the authors argue for targeting the causes of causes and the distribution of societal problems.[30] The confusion surrounding the ownership of the drug prevention field is somewhat similar to the ongoing discussion of the framing of health in policy discussions. It is possible that the participants' confusion regarding the ownership of drug prevention is a result of viewing drug prevention as distant to their core tasks. The participants may experience that drug prevention does not fall into their domain and therefore not consider the causes of drug use and how each department can work together to address these root causes. The consequences of not addressing the causes may lead to an unwillingness to take responsibility for how each department plays a role in drug prevention. In addition, the municipality may experience challenges in providing comprehensive services to youth. A siloed organization may lead to difficulties in collaboration between the different services with which the youth come into contact, which are organized in different departments. Without a comprehensive and integrated municipality, it may be difficult to ensure safe transitions for youth between the different services.

Axelsson and Axelsson note that within the field of public health, integration usually takes the form of either cooperation or collaboration, characterized by a high degree of horizontal integration. The degree of vertical integration depends on the degree of governmental involvement.[15] For example, if the municipality is strongly involved, there is typically a clear sense of governing towards integration experienced throughout the municipality, from the top to the bottom of the municipal hierarchy. The participants reported that in the vertical structures, there seemed to be challenges between the leaders and advisers within each of the departments. This notion was expressed through the divergent perceptions of collaboration between the leadership and advisers within the departments. Namely, the leaders described places where the different departments met; the advisers referred to such meeting places to a lesser extent. Notably, the advisers also expressed that there was a lack of any top-down mandate to collaborate with other departments in the municipality. Following Axelsson and Axelsson's[15] conceptual scheme of vertical and horizontal integration, in this study, while the municipal leadership referred to a form of horizontal integration, the advisers, who are lower down in the municipal hierarchy, did not describe the same. The advisers described a lack of a mandate for collaboration from the municipal leadership. Similar to the findings of the present study, Pavis and colleagues[31] studied collaboration between different agencies regarding drug prevention. Pavis and colleagues[31] found that the different aims and objectives expressed by the leaders exposed the frontline project staff to unacceptable competing demands. In the present study, the lack of mandate perceived by the advisers may, in turn, indicate a lack of hierarchical management, which, according to Axelsson and Axelsson, is needed to structure the collaboration.

The horizontal dimension of integration concerns the extent to which the efforts of actors at the same level are compatible. Disproportionately, more research has been carried out on aspects of vertical integration than on aspects of horizontal integration, and there are reasons to believe that horizontal integration represents a greater challenge since there is no formal authority between the units on the same level.[32] In a bureaucratic structure like a municipality, it may be easier to oversee the integration within a unit; however, this is not necessarily the case when the personnel belong to different units.[32] The three departments in the present study are under the municipality's control. Therefore, it is within the mandate of the local government to strengthen vertical integration and for the leaders to support the advisers in their task to work across policy sectors to prevent drug use. However, will that be enough to strengthen the horizontal integration?

Hvinden[32] classified three main ways higher level actors may attempt to influence the level of horizontal integration accomplished by lower level actors to support real integration between different units. The first is increasing the mutual awareness between the lower level actors, for example, through joint meetings. A second way is for higher level actors to emphasize that lower level actors are supposed to contribute to the same goal by, for example, clarifying a mandate for the lower level actors. A third way is for higher level actors to seek to modify the patterns of interdependence between lower level actors through administrative budgets and other main channels. However, these measures are not necessarily sufficient to strengthen horizontal integration. How the actors perceive the availability of resources they require in their work is also likely to play a prominent role. Hvinden[32] cautioned that one may get an impression that higher level actors have greater power and more absolute control over processes taking place at a lower level than intended. The adjustments and strategies of lower level actors also influence the blend of functional autonomy and interdependence in a governmental structure. Factors such as multiple goals and functions, the professional discretion of the lower level actors, and internal specialization are likely to lead to disintegrative process with limited coordination and cooperation.[32] The advisers in the different departments all represent different professions with different ways of understanding the problem and different ways of navigating the system. These different factors within the governmental structure show that collaboration is not easily mandated but rather requires an understanding of the complex mechanisms at play. While it may be tempting to rearrange the organizational boundaries within the municipality to boost intersectoral collaboration, it may prove inexpedient. In a recent study, Holt[33] and colleagues argued that it is time to dismiss the idea that intersectoral action for health can be achieved by means of a structural fix. Rather than rearranging organizational boundaries, it may be more useful to seek to manage the siloes that exist in any organization, eg, by promoting awareness of their implications for public health action and by enhancing the boundary-spanning skills of public health officials.

The participants in the study expressed that they considered the departments to be siloed structures with limited room for collaboration. The role of the prevention coordinator was described as a resource that can aid in reducing these barriers and manage the siloes. However, the placement of the prevention coordinator in a service area at a low level in the municipal hierarchy is problematic according to several participants. The placement of the prevention coordinator suggests a limited mandate associated with the role, which appears to be limiting the capacity for collaboration. Researching a coordinator role similar to that of the prevention coordinator, Hagen and colleagues[34] found that a public health coordinator positioned close to the municipal executive correlated with greater intersectoral collaboration on public health in Norwegian municipalities. To achieve more effective drug prevention, the municipality will need to address the structural siloes within the municipal organization and the divergent perceptions of collaboration. It may seem tempting to organize drug prevention in a project organization within the governmental structure. However, previous research has warned that organizing interorganizational collaborations as projects tends to be counterproductive as it can create barriers between the temporary organization and other public authorities.[35,36] Permanently repositioning the prevention coordinator may enhance the role of prevention and make it easier to manage the structural siloes. While the role of the prevention coordinator is limited, its placement demonstrates the need for an awareness of the structural siloes in the municipal organization. With a revised mandate and position in the municipal organization, it may aid in providing a macroperspective for the departments where they are made aware of how they contribute to drug prevention and creating good living conditions. However, these efforts may prove futile if the departments do not take an active role in recognizing how each department plays a role in addressing the root causes of drug use and the advisers continue to experience a limited mandate to collaborate across the siloes.

The study has some limitations worth noting. The case study design is inherently limited in scope, which may limit transferability. This study provides insights into how one municipality works with drug prevention and collaboration, and given the unique characteristics of the case, readers can evaluate their own opportunities to transfer the results to other similar contexts. These findings provide insight into collaboration for complex health challenges within a siloed governmental structure and therefore are especially relevant for policymakers. While the interviews show how policymakers describe integration regarding drug prevention, the data do not constitute empirical

evidence for what they in fact do; rather, they only provide valuable information on how policymakers experience and perceive collaboration.

## 5 | CONCLUSION

Following the development of the social determinants of health, the interplay and collaboration between policy sectors are important to address complex health problems, such as drug prevention aimed at youth. In Norway, young people rely on several services in their daily lives that are organized by different municipal departments. The municipalities have been characterized by increasing differentiation among the relevant policy areas and with a siloed organizational form. In a siloed structure, it can be difficult to perceive the implications each department has for the public health, and services can be experienced as fragmented by youth. A siloed governmental structure may therefore limit the coordinated drug prevention aimed at youth. This risk has generated a need for more integration to offer comprehensive services. Utilizing the conceptual scheme of different forms of integration, as developed by Axelsson and Axelsson,[14] we found that the policymakers experience challenges in the horizontal and vertical structures of the municipality, which may limit the integration necessary to provide drug prevention. Following the horizontal structure, the policymakers from the different departments experience diverging perceptions of ownership of drug prevention. The diverging perceptions of ownership were discussed in relation to viewing drug prevention as distant from their core tasks and not considering how each department can contribute to the causes of drug use among youth. To effectively address drug prevention in a municipality, it is important to have a common awareness of the root causes of drug use and for each department to take responsibility for their contribution. Following the vertical structure, the leaders and advisers within the departments experience diverging perceptions of a mandate to collaborate across the sectors for drug prevention. The lack of interorganizational integration can be explained by a lack of hierarchical management, which is needed to structure cooperation.[15] We discuss ways higher level actors may attempt to promote horizontal integration between lower level actors and how lower level actors also influence interdependence in a welfare bureaucracy, revealing some of the complex mechanisms at play. As Holt[33] argues, there is a need to understand these complex structures to be able to successfully navigate and promote health. We point to the prevention coordinator as a resource to navigate the structural siloes within the governmental structure. Following the findings of the present study, integration of drug prevention in a siloed structure relies on departments appreciating their respective roles in drug prevention and advisers experiencing a mandate to manage the siloes that exist in the organization. The present study focuses on the conditions for drug prevention directed at youth in a local government at the policy level. While the local policymakers experience challenges in collaboration for drug prevention, more research is needed to understand how these challenges impact the services offered to prevent young people from engaging in drug use in practice.

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### CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest.

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