



Towards improving civil society involvement in drug policy making: a qualitative investigation in the Netherlands

What are actors' perspectives on the extent of civil society involvement in the drug policy making in the Netherlands and what are the suggestions for improvement?



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Summary

INTRODUCTION This paper reflected on drug policy making in the Netherlands and what the role of civil society organizations (CSOs) is. At the moment, drug policy reform is accelerating worldwide, which is, for example, evident in the Dutch debate on cannabis regulation, thereby creating a window of opportunity for civil society involvement. Knowledge and experience frequently highlight the crucial role of civil society in drug policy making, which has been historically illustrated by their contribution to solving the AIDS and heroin epidemics during the 80s and 90s in the Netherlands. The highly active role of CSOs in the early 80's resulted in a whole new drug policy paradigm which was highly successful in curbing the negative consequences of drug use: harm reduction. Little is known, however, about their current involvement and factors which hinder or promote their involvement. This entails the risk that policy makers and CSOs may overlook opportunities to improve the process, but also to prevent possible worsening of the process. Therefore, the aim of this paper was to investigate the role of CSOs in Dutch drug policy making and to make suggestions for improvement.

BACKGROUND Civil Society Organizations (CSOs) refer to a wide array of organizations, including research institutes and interest groups. They can be involved at different moments in the policy process, namely: agenda setting, formulation and decision making, implementation and evaluation. This study discussed the role of CSOs in these policy stages, also discussing their strategies (administrative, parliamentary, media, mobilization) and their level of participation (informing, consulting, advising, coproducing, shared decision making). This paper studied the following research question: *what is the role of civil society in drug policy making in the Netherlands and what are suggestions for improvement?*

METHODS 15 semi-structured interviews were conducted. The sample included representatives from Dutch CSOs (N=11), journalists (N=2), and policy makers (N=2), who were interviewed about the extent of civil society involvement in drug policy making. A purposive sampling strategy was used to conduct the sample. A thematic content analysis was used to analyse the transcripts, followed by a SWOT analysis.

RESULTS CSOs in drug policy making in the Netherlands were mainly involved in the agenda setting, formulation and decision making and implementation. The CSOs, in general, felt as though they were taken seriously by the government, but at the same moment there was a high degree of uncertainty about whether and how their input was used by policy makers and contributed to policy outcomes. The respondents argued that it is important to invest in a professional approach. Furthermore, they argued that drug policy making has more and more shifted from a public health perspective to an approach in which public order has the main focus.

DISCUSSION The role of civil society organizations in drug policy making in the Netherlands was restricted to informing and consulting in the agenda setting, formulation and decision making and implementation; which means that they are limited in their direct say. This study gives an idea about what CSOs, journalists and policy makers may find important about CSI, but not about other actors in the drug policy field such as the police and addiction care. Future research may also look into this.

CONCLUSION Civil society involvement in the Netherlands is restricted to informing and consulting in the agenda setting, formulation and decision making and implementation; which means that they are limited in their direct say. However, several risks of several democratic problems increase when higher levels of participation would be adopted. CSOs and policy makers should take this into

account and consider whether it might be more valuable and easier to improve the levels of participation that are already common. As many factors affect the drug policy making process, there is no easy strategy to improve the informing and consultation of CSOs. Nevertheless, it might be helpful for CSOs to use guidelines that support them in evaluating and planning their activities. Furthermore, to improve civil society involvement, CSOs should stay investing in a constituency, but must also reflect on their professional approach. In this, there is also a role for the government because the knowledge and experience of the CSOs are valuable for policy making, but in order for CSOs to adopt the right approach and to provide useful input, they must know the criteria on which the government selects the CSOs they want to inform or to consult. Further research may look into these criteria.