

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

INTRO 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 CSO's 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 CSO 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. Th respondents argued that it is important to invest in a professional approach. Furthermore, they argues 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 increases 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 level of participations 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 is 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.

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Introduction

The Netherlands has long been a leading country for drug policies around the world by adopting a progressive approach in which drug trade, production and possession are punishable, whereas drug use is not prosecuted (Trimbos, 2016). In recent years, in more and more countries (e.g. Uruguay and Jamaica), progressive policies such as the legalisation of medical or recreational cannabis use are becoming more common (Walsh, & Ramsey, 2015; The Gleaner, 2015). Also the Dutch drug policy is in development, which is evident in the current debate on cannabis regulation. It is perhaps above all our experience of recent consultation and engagement processes (advisory commission on cannabis regulation) that has prompted recent debate and discussion about civil society involvement issues in the drug sector.

Identifying an optimal drug policy confronts the Dutch government with complex problems because of several reasons. First, drug related policy problems are embedded in local, regional, national as well as international legislative frameworks. For example, the national government determines the general criteria that coffeeshops require to fulfil, but municipalities themselves decide the amount of coffeeshops and may determine additional criteria. Secondly, several government departments are involved such as the ministry of Health and the ministry of Safety and Justice, which means that there is no single department responsible for drug related policy problems. Thirdly, drug policy making is characterized by several goals that may conflict, such as the protection of individuals against drug related consequences such as crime, protection of drug use to protect public health by limiting use, and harm reduction that limits the risks without limiting drug use. All three goals are part of the Dutch approach towards drugs and drug use (Van den Brink, 2006).

There are several advantages for policy makers to involve civil society organizations in drug policy making. Civil society involvement is a way to provide policy makers with knowledge and expertise, but also with information about the perspectives of their constituency and ideas about future policies (Catt & Murphy, 2003; Fung 2006). Moreover, civil society involvement in policy making can help in increasing public support (Bernauer, Gampfer, Meng, & Su, 2016a). Furthermore, CSO involvement could contribute to the legitimacy and accountability of policies and represent the interests of those affected by drug policies (European Commission, 2006). Moreover, civil society involvement is often helpful in finding new policy directions that are based on a realistic picture of what is needed (European Commission, 2006).

An historical example illustrated the contribution of civil society on drug policy in the Netherlands. In the 1980s and 1990s, the drug policy in the Netherlands was partly affected by a strong citizen influence from interest groups and organizations that represented drug users (Van der Stel, Everhardt, & Van Laar, 2009). Examples include the 'Medisch-sociale Dienst Heroïne Gebruikers' and the so called 'junkiebonds' (De Jong, & Van Noort, 1987). Their efforts contributed to the shift from the twin-track policy towards the harm reduction policy. This means that the national policy approach started to focus on reducing negative health, social and economic effects of drug use without, by definition, limiting their use (Harm Reduction International, 2018). One of their activities included influencing the policy makers. For example, by producing a booklet on procedures within methadone prescription programmes, pressuring them to reduce health risks due to syringe sharing. As a result, a needle change policy was established in 1987 (Van der Stel et al., 2009). According to the Trimbos Instituut (Laghaei, Van Wamel, Van der Poel, & De Gee, 2013), the harm reduction approach has improved the life of drug users. In order to ensure or to improve civil society involvement, it is important to have insight in this process. An European study (Correlation Network,

2018) on civil society involvement in drug policy making indicated that there is a decreasing involvement of national CSOs in policy and advocacy processes, especially in high income countries. A lack entails the risk that policy makers and CSOs may overlook opportunities to improve the process.

Little is known about the current involvement of Dutch CSOs in drug policy making and opportunities to improve this. In addition, most studies on civil society involvement have focussed on the role civil society involvement from the perspective of the government, but not from the perspective of interest groups (Lundberg, 2018). Moreover, Roberts (2012) argued that the focus in drug policy research is often on policy issues such as alternative drug treatments or alternative drug laws, and less on the policy process.

Therefore, the aim of this paper was to investigate the role of CSO in Dutch drug policy making and to make suggestions for improvement. To ensure CSI in the Netherlands it is important to gain insight into the degree of civil society involvement, the methods that work or doesn't work, and the opportunities for CSI. Therefore, the aim of this paper was to investigate the extent of civil society involvement in Dutch drug policy making and to make suggestions for improvement.

2. Background

This chapter will discuss the context and theoretical perspectives to come to a shared understanding of the main concepts used during this paper. First, this section will discuss drug policy. Secondly, it will elaborate on the meaning of civil society organizations (CSOs) and civil society involvement (CSI). Thirdly, it will discuss useful theories that have been used to conduct this study. This section ends with the research questions.

2.1 Drug policy

Drug policy has been defined by the WHO (1994) as followed: *in the context of psychoactive drugs, the aggregate of policies designed to affect the supply and/or the demand for illicit drugs, locally or nationally, including education, treatment, control, and other programmes and policies. In this context, "drug policy" often does not include pharmaceutical policy (except with regard to diversion to non-medical use), or tobacco or alcohol policy.* Drug policy in the Netherlands can be further categorized based on the classification of Van den Brink (2006), who divided the drug policy approach in the Netherlands into the following domains: demand reduction, harm reduction and supply reduction.

- *Demand reduction* involves care and prevention. Addiction care in the Netherlands includes easy approachable and hard approachable facilities. Examples of prevention are the education campaigns at schools, and the drugs information number where people can receive answers to questions about drugs.
- *Harm reduction* includes examples such as methadone provision, needle exchange, user rooms, social damage (nuisance/criminality). Moreover, *coffeeshops help to regulate* the use of soft drugs and to prevent that soft drug users will come into contact with hard drugs.
- In *supply reduction*, the focus is on largescale production and trade/trafficking .

The execution of these main domains is embedded in laws and regulation. In the Netherlands, drug sale, trade, production and possession are punishable (Trimbos, 2016). *The Opium Act* includes a separation of hard drugs and soft drugs, which allows the OM to not prosecute certain situations. For example, the sale of soft drugs in coffeeshops is tolerated in the Netherlands under strict conditions (rijksoverheid.nl). List I contains the hard drugs, including heroin. The soft drugs are on list II, for example, cannabis. Soft drugs are generally seen as less harmful than the hard drugs on the list. From the 70s and onwards, the Dutch drug policy aimed at controlling and reducing risks associated with drugs (D. van der Gouwe E. Ehrlich M.W. van Laar Trimbos-instituut, 2009), but the drug policy has become more punitive over the years (Van den Brink, 2006).

2.2 Civil society involvement

Civil society organizations

This study examines the role of Civil Society Organizations (CSOs) in drug policy making in the Netherlands. This study defines 'actors' as *any participant in the policy process that affects policy, including individuals, organizations, groups and even the government (Buse, Mays, & Walt, 2012).* This section will define the concept of civil society organizations to distinguish them from other types of political actors. Civil society has been defined as *"the wide array of non-governmental and not-for-*

profit organizations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations.” (CSIDP, 2017). Therefore, ‘Civil Society Organizations’ (CSOs) refer to a wide array of organizations: *community groups, non-governmental organizations (NGOs), labour unions, charitable organizations, professional associations, and foundations.”* (CSIDP, 2017). The focus of this study is on community groups and foundations.

A distinction between CSOs can help to understand the involvement of CSOs in the drug policy process with regard to the adopted strategies and their relationships with the state. The CSOs, therefore, will be divided into subcategories by pointing to three main features that can be expected to affect their involvement in drug policy making. Firstly, the domains of drug policy were used to categorize the civil society organizations to understand their goals. Although coffeeshop policy has been described before as part of harm reduction, this will be treated as a separate category because this is a special focus of many CSOs and provides more information about their goals. Therefore, the focus of this study was on CSOs active in the field of *demand reduction, harm reduction or coffeeshop policy*.

Secondly, this study divides CSOs in public interest groups, research foundations and business associations. More categories can be made, but these three were the focus of this study. Dür & Mateo (2016) defined business associations as *groups that have either firms or associations of firms as members and public interest groups as groups that have a potentially broad membership and defend interests that are not directly related to the professions or vocations of their members or supporters*. Foundations are *institutions financed by a donation or legacy to aid research or education*.

Thirdly, a general thinking on participation in policy making is that only a minority of groups are ‘insiders’ truly count in the process of decision-making. In general, the insider status is preferred above the outsider strategy because this is usually considered as a more effective strategy. Insiders can be characterized by the following criteria : (1) frequent contacts with at least one ministry (once a month, week; (2) consulted on virtually everything in their field before regulations are published (most of the time, not ‘some of the time or rarely’); (3) able to influence policy (the government listens and usually or sometimes make changes, not ‘rarely’ make changes) (Page, 1999). If one of these criteria is not met, the CSO is no insider.

Literature argues that insider groups have *directly* access to decision-making whereas outsider groups use indirect strategies (Binderkrants, 2005). Insiders tend to use *direct strategies* which directly target politicians and officials. This can also be referred to as lobbying. General methods for this include mailing, phoning, letters and personal conversations with members of the parliament. Outsiders tend to use *indirect strategies*, which include the media strategy and mobilization strategy. The media strategy involves the publication of articles, and press conferences. The mobilizations strategy involves the mobilization of a group to make a statement, for example by means of a petition or a demonstration.

2.2.1 Civil society involvement : when

Firstly, this study looks at ‘when’ CSOs are involved in the policy process. Generally spoken, the policy making process includes four phases, which together form the policy cycle (see Figure 1). The stages include the following: issue raising and agenda setting, formulation and decision making, implementation, and evaluation (Fischer, & Miller, 2006). Each of these stages will be discussed below.

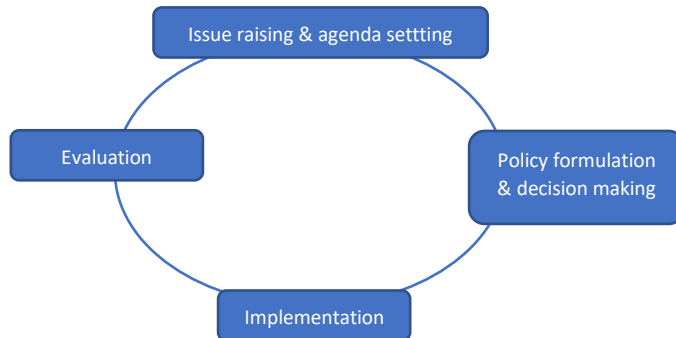


Figure 1. Policy cycle. Based on Fisher, & Miller (2006)

In this study, agenda setting was defined as: “the process by which problems and alternative solutions gain or lose public attention, or the activities of various stakeholders and groups that cause issues to gain greater attention or prevent them from gaining attention” (Birkland, 2015). To be more specific, the agenda itself means “the list of things being discussed and sometimes acted upon by an institution, the news media, or the public at large.” (Birkland, 2015). Various ways are possible to define agenda setting, but a comparison of different definitions showed that the definitions sometimes did include the part of ‘gaining attention’ but lacked ‘preventing issues from gaining attention’, whereas both are essential in agenda setting. Furthermore, agenda setting has a much wider reach and is not limited to certain policy spaces, in contrast to the other stages of the policy cycle (Birkland, 2015).

According to the policy cycle, agenda setting is followed by policy formulation and decision making. Formulation and decision making are often difficult to distinguish from each other (Fischer, & Miller, 2006) and, therefore, they were approached as one policy stage during this study. Policy formulation and decision making include *the consideration of several policy options and the determination of policy goals* (Fischer, & Miller, 2006). This also includes the gathering and analyses of information, and formulation of advice. Finally, decision making concerns adaptation, continuing or terminating of law and rules, which should not be confused with decision making in the other policy stages.

Policy formulation and decision making are followed by implementation. This stage was defined as “the stage of execution or enforcement of a policy by the responsible institutions and organizations that are often, but not always, part of the public sector.” (Fischer & Miller, 2006). Since the focus of this definition is on the involvement of institutions and organizations, this definition seemed useful with regard to the study purposes.

Policy evaluation was defined as “scientific analysis of a certain policy area, the policies of which are assessed for certain criteria, and on the basis of which recommendations are formulated” (Crabbé & Leroy, 2008). This definition was chosen because it contains the term ‘scientific analysis’, which is helpful to distinguish the evaluation that is meant here from more subjective evaluations such as normative opinions that are based on negative personal experiences with certain drug policies. In general, evaluation is carried out after implementation and may continue in project monitoring (Fischer, & Miller, 2006). In practice, however, evaluation takes place throughout the policy cycle and is not only carried out *to determine whether a project should be terminated or*

whether it must be adapted in order to continue (Fischer, & Miller, 2006). In fact, evaluation is also used to *analyse the desired outcomes and unintended results of policy implementations*. For example, evaluation is carried out in advance of a proposed implementation (Fischer, & Miller, 2006). National and local government play an important role in the evaluation of drug policy, but also research institutes. For example, WODC and Trimbos Instituut were commissioned by the government to evaluate the drug policy of 1972-2007/2008 (Van der Gouwe, Ehrlich, & Van Laar, 2009). To bring some specificity to this definition to make it workable for this paper, evaluation include evaluation done by researchers working at a research institute as well as researchers working at a harm reduction or care oriented organization that, for example, internally evaluates intervention programmes.

2.2.2 Civil society involvement : level of participation

The moments at which CSOs can be involved have been described above, but another way of viewing civil society involvement is to look to which extent CSOs have a say in drug policy making. A widely used model is the ladder of participation that has been proposed by Arnstein (1969). Each rung on this ladder expresses a lower or higher level of participation. This model has been developed by many other authors over the years. Edelenbos and Monnikhof (2001: p.242) lowered the number to the following five levels: informing, consulting, advising, co-production, and shared decision making (see Table 1). The level of participation has been organized into a scale in which shared decision making is the highest level, which means that a level also includes the levels below. For example, advising also includes consulting and informing. Firstly, this ladder will be used for this study because they left out the two lowest levels of ‘non-participation’ and therefore focus on ‘real’ participation. Secondly, this ladder has been developed by two Dutch authors that have knowledge about policy making in the Netherlands, which makes the ladder possibly more suitable for this study.

Table 1 Levels of participation. Based on Edelenbos and Monnikhof, 2001.

(Shared) decision making	<ul style="list-style-type: none"> • Politicians and officials leave the development of and decision-making about the policy to stakeholders, • whereby the civil service plays an advisory role. • The politicians take over the results, after testing against predetermined conditions
Co-production	<ul style="list-style-type: none"> • Politicians and officials AND stakeholders agree on a problem agenda, after which they jointly look for solutions. • The politicians and officials commit themselves to these solutions with regard to the final decision-making
Advise	<ul style="list-style-type: none"> • Politicians and officials put together the agenda in principle, but stakeholders are given the opportunity to raise problems and formulate solutions • whereby these ideas play a full role in the development of the policy. • Although politicians are committed to the full role of the developed ideas, they can (reasoned) deviate from this in the final decision-making process.
Consult	<ul style="list-style-type: none"> • Politicians and officials determine the agenda to a large extent • but stakeholders are seen as a discussion partner in the development of policy. • The conversation results are possible building blocks for policy, but the government does not commit themselves to the results that arise from these discussions.
Inform	<ul style="list-style-type: none"> • Politicians and officials determine the decision-making agenda to a large extent • keep interested parties informed. • do not make use of the possibility of allowing stakeholders to actually provide input in the development of policy

2.2.4 Civil society involvement : pitfalls and success factors

In the light of this study, insight into possible pitfalls and success factors was useful to gain insight in important elements of public participation that might need to change in order to improve the current process. To identify possible pitfalls and success factors for CSI drug policy making, a guideline for effective stakeholder engagement was used to gain insight into this (Australian department of the prime minister and cabinet, 2013). One item was the capacities of stakeholders, which included the required resources to become or stay involved, such as time, money and expertise. In addition, also the capacities of the stakeholders and the government to participate or guide participation procedures were argued to be important for effective stakeholder engagement. Furthermore, the following items were also mentioned to be possible pitfalls or success factors: the relationship between the participants and government, the clarity of the goal of the meetings, the used methods, the influence, the dialogues, the use of input (content, but also feedback on the participation process), representativeness, different interests known, responsibilities of the different parties, sharing of experiences, evaluation of the process. In short, the pitfalls and success factors were based on four main principles for effective stakeholder engagement: involve the right people, use a fit-for-purpose approach, manage the expectations, and use the input. These items are useful for the analysis because they gave insight in possible aspects of civil society involvement for improvement.

2.2.5 Why this conceptual model?

Several reasons for the theories used in this study have already been provided above, but this section will briefly explain the rationale for the combination of these concepts. Firstly, the distinction between the CSOs were necessary to distinguish the CSOs in this study and to gain better understanding of their involvement by providing information on their function, goals, strategies and relationships with the state. This information is useful to understand the role of the CSOs throughout the policy cycle. Secondly, the policy cycle and level of participation are useful to provide discuss the extent of civil society involvement, whereas the pitfalls and success factors were added to help identifying possible target points for improvement. This is important since this study is interested in the extent of civil society involvement, but also in barriers and success factors for CSI in order to formulate suggestions for improvement.

2.2.6 Research questions

The main research question of this study is “What is the view of CSOs, policy makers and journalists on civil society involvement in drug policy making in the Netherlands and what are the opportunities to improve this?” The sub research questions have been derived from the theoretical concepts that have been described in this chapter. These theories will help to provide an answer to the following research questions:

1. *When and how is civil society involved in the drug policy making in the Netherlands?*
2. *What do CSOs, journalists and policy makers think about the civil society involvement and outcomes?*
3. *What are constraints and success factors for participation?*
4. *How could civil society involvement in drug policy making be improved?*

3. Methodology

This section will first discuss the respondent criteria and sampling strategies. Secondly, it will discuss the data collection, followed by the data analysis. Furthermore, it will discuss the validity and reliability, and concludes with the ethical considerations.

3.1 Study design

A qualitative research design was used because the aim of this study was to establish an understanding of perspectives on civil society involvement. A qualitative design would gain an understanding of people's experiences, actions and perceptions to gain insight into this (Hanson, Plano Clark, Petska, Creswell & Creswell, 2005). Secondly, according to Sofaer (1999), qualitative research methods are valuable in understanding complex phenomena and moving toward explanations.

3.2 Respondent criteria and sampling

This research follows a qualitative design in which the perspective of several actors in drug policy making will be investigated. To select the respondents, this research required several purposive sampling strategies to select the respondents. Firstly, this study required intensity sampling that identified information rich people within the stakeholder groups (Grey, 2014). The sample was designed to capture people who possessed knowledge that deepens the understanding of public participation in drug policy in the Netherlands. The respondents were selected on basis of their knowledge about the policy process and civil society involvement. This means that they were involved in drug policy making or that they wanted to be involved in this. Thus, the selection was based on the respondents' relevance to the research questions rather than as representatives of a larger population. Moreover, a variety sampling strategy was used to include civil society organizations from different drug policy domains to create an overview of the drug policy process (Grey, 2014).

In order to secure the inclusion of respondents with plenty of experience of the drug policy process and participation from different drug policy fields, the civil society organization respondents were identified on the basis of the websites from their organizations. This was done by searching their websites and online media for their goals, activities and partnerships concerning drug policy. Thereafter, the respondents were selected based on their leading positions, such as spokesperson or board member. Furthermore, the respondents were identified with the assistance of people working in the field that had knowledge of relevant stakeholders. These people were found in the personal network of the researcher or via the respondents. Furthermore, snowball sampling was applied by asked the respondents whether they had suggestions for further respondents that could be of value for this study (Grey, 2014). An overview of the respondents is provided in the table below.

Table 1. CSO respondents

Respondent number	National / local	Function	Represents	Domain	Receives funds from government
CSO 1	National, local	Public interest group	Family of drug members	Demand reduction	yes
CSO 2 (R1) & CSO 2 (R2)	National, local (focus on national)	Public interest group	General	Drug policy reform	No
CSO 3	National and local	Advisory firm	n/a	Harm reduction, coffeeshop policy	Yes
CSO 4	National	Public interest group	Home growers, cannabis consumers, coffeeshops	Harm reduction: cannabis regulation	No
CSO 5	National and local	Public interest group	Cannabis consumers coffeeshops	Harm reduction : cannabis regulation	No
CSO 6	National and local	Business association		Drug policy reform	No
CSO 7	National and local	Public interest group	Marginalized drug users	Harm reduction	Yes
CSO 8	n/a	Research foundation	n/a	Scientific research / drug policy reform	No
CSO 9	National and local	Public interest group	Patients	Harm reduction (medicinal cannabis regulation)	No

Table 2. Policy makers, Journalists and the Research Institute

Respondent number	National / local	Function	Domain
PM 1	Local (Amsterdam)	Policy advisor	Coffeeshop (and smartshop) policy
PM 2	Local (one of the big cities in the Netherlands)	Policy advisor	Harm reduction, demand reduction, coffeeshop policy
J1	n/a	Journalist	n/a
J2	n/a	Journalist	n/a
RI	National and local	Research Institute	Harm reduction and prevention

3.3 Data collection

Interviews are favored in certain situations, for example where the research objective is based upon a process (Gray, 2014). Since the civil society involvement in drug policy is the focus of this study, interviews were conducted to collect the data. Interviews are also useful to study the perspectives of people and have the potential to go in depth (Gray, 2014). The interviews in this study were semi-structured. The interviews included open-ended questions about the features of current participation in the policy process, barriers and opportunities in this process, and suggestions for improvement. The interviews were carried out between April and May 2018 and conducted in the

Dutch language. The interview locations depended on the respondents' preferences. The number of interviews depended on the nature and the extent of the required information and whether data saturation was already achieved. After permission of the respondents, the interviews were recorded for accurate data gathering. The interviews took approximately between 45 minutes till two hour and each interview was transcribed verbatim except one because the respondent had given permission for this.

4.4 Data analysis

At the start, the transcripts were read to get familiar with it. For the analysis, a thematic content analysis was used in which most themes had been predefined in the coding guide (Thorogood and Green, 2014; p.210). To reduce the risk that information would be overlooked if parts of the text were not properly covered by the conceptual model, the coding guide was not used as a fixed code tree and themes also emerged by means of open coding. The data was analysed with the use of the Atlas.ti software.

During the coding phase, there was an alternation between closed, open, and axial coding. After the codes were organized, the next transcripts were coded similarly. The codes that were already made were used as much as possible. In this way, the predefined and newly created codes were validated. The code tree was run through continuously and codes were reformulated and shifted where necessary.

Furthermore, attention was paid to consistency with the research questions, constant comparison was done and the presence of deviant cases was checked. Additionally, both horizontal and vertical analysis were carried out. Pieces of text from previously coded transcripts were read to compare the information, but the statements within a single transcripts were also compared to each other. When information was contradictory to what had been answered before, this was corrected in the code tree. Comments were made to ensure that the researcher was able to see when opinions had changed or where opinions were not clear. If it was possible to derive the reason for the change in thoughts from the data, the reason was mentioned in the comment. Actions and choices were written down and explained in methodical and theoretical memos (Geen, & Thorogood, 2013).

In addition, some themes were organized according by means of a SWOT analysis (The Balance on SWOT analysis, 2017). SWOT is an acronym for strengths, weakness, opportunities or threats). The value of the SWOT analysis is to gain a deeper insight into the current position of CSOs in policy making as well as possible strategies to change this in the future.

4.4. Validity and reliability

The topic lists allowed the interviewer to discuss similar topics, which contributed to the interviews' reliability (Grey, 2014). The semi-structured interviews allowed for probing, which enabled the respondents to elaborate on the interview topics, providing a thick description (Green & Thorogood, 2014). After each interview, a member check was carried out to ensure the accuracy and the validity of the results (Grey, 2014). This included a short summary of the relevant statements that has been made by the respondents, which allowed them to make corrections or additions. This contributed to the right interpretation of the interview data. The interviews were based on an interview guide and topic list. The topic list is provided in Appendix I. The topic list allowed the interviewer to ask similar questions in different interviews which contributed to the interviews' reliability (Green & Thorogood, 2014).

4.5 Ethics

The respondents received an invitation mail that explained the research goal. They were also informed that their answers would only be used for this research. Furthermore, the respondents were informed that they could choose how they wanted to be referred to in the final report. Permission was asked for to record interviews, and afterwards recordings will be deleted. The interviews were followed by a member check, which enabled the respondents to respond to a summary of the interview and to add something if they wished to.

4. Findings

Context

In order to understand the main findings of this paper, this section will first briefly discuss the main strategies the CSOs used to pursue the desired policy outcomes. Subsequently, this section will discuss the views from the CSOs, policy makers and journalists on the Opium Act. Table 3 provides an overview. For further details, interview summaries have been included in Appendix III.

Strategies

Each CSO respondent was involved in policy making except CSO 9, who had consciously decided to abstain from drug policy making because they wanted to maintain a purely scientific status until more is known about psychedelics. The CSOs, with a current ambition to be involved in policy making, used direct as well as indirect strategies to influence the outcomes of the different policy stages. Approaching politicians and officials were some of the main strategies used by all CSOs and used during several stages of the policy process. The media strategy was especially discussed in the context of agenda setting and was extensively discussed by the journalists and the CSO respondents that focussed on drug policy reform.

View on the Opium Act

Most respondents criticised the Opium Act because they argued that this was negative for public health and in conflict with individual freedom. Most of these critiques concerned cannabis, which was the main focus of CSO 4, CSO 5 and CSO 10. The journalists were also not in favour of the Opium Act and added that this law describes drugs as more harmful than they actually are. The research institute (RI) also had some remarks about the Opium Act by arguing that the prohibition of substances do not automatically lead to a decrease in drug use. On the other hand, CSO 1 actively pursued the preservation of the Opium Act and was against cannabis regulation. However, she indicated that they realise that cannabis regulation is a case that has already be won and therefore no longer seen as a realistic goal. The policy makers and CSO 13 did not explicitly mention their view on the Opium Act. However, one of the policy makers did say that he was in favour of the cannabis regulation. The views of the CSOs are provided in table 3, whereas those of the other respondents are provided in table 4. To conclude, most of the respondents in this study showed disagreement with the Opium Act.

Table 3. The main strategies used by the CSOs and their view on the Opium Act.

CSO	CSO 1	CSO 2	CSO 2	CSO 3	CSO 4
Main strategy	Lobby/media	Lobby/media	Lobby/media	Lobby	Lobby/media
Perspective on the Opium Act	Agreement	Disagreement	Disagreement	Disagreement	Disagreement
	Public health	n/a	Public health, individual freedom	Individual freedom, harm is relative, drug use is a cultural phenomenon throughout history	Individual freedom
CSO	CSO 5	CSO 6	CSO 7	CSO 8	CSO 9
Main strategy	Lobby	Lobby	Lobby	n/a	Lobby/media
View on the Opium Act	Disagreement	Disagreement	n/a	Disagreement	Disagreement
	Public health	n/a	n/a	Development of the Opium Act was a political process based on many factors and science only played a minimal role in this	Individual freedom, public health

Table 4. View on the Opium Act from the policy makers, Journalists and the Research institute

Respondent	View on the Opium Act
Policy makers	
PM 1	n/a
PM 5	n/a
Journalists	
J1	Disagreement
J2	Disagreement
Research Institute	
RI	Neutral

Perspectives on civil society involvement and suggestions for improvement

The aim of the previous section was to provide *context* about the respondents, whereas this section will deliberate on the *perspectives* of the respondents on CSO involvement and on the strategies they used to achieve policy goals. The perspectives on CSI are summarized in table 5 and 6. The main findings will be discussed in further detail after providing an short introduction.

Firstly, the colors in the table illustrate a comparison between the CSOs in their view on their *own involvement*. Three CSOs (CSO 3, CSO 6 and CSO 9) differed from the other CSOs in their view on their own involvement. This is because CSO 3 and CSO 9 mentioned several times that the government did not listen to them and CSO 6 explicitly said they had no influence on de substances on the list and only little influence on the general local drug policy. The other CSOs were more positive about their own involvement in the policy process, mainly because they felt as though they were taken seriously by the government. Only CSO 8 was consciously not involved in policy making yet because they would like to become involved in the future when more is known about psychedelics to make evidence based statements about psychedelics in the context of drug policy.

“ That is a very different area for us. Of course, you can buy truffles in smart shops and we could also interfere with that. But we focus on science and therefore we do not really interfere with that , and that is on purpose. Moreover, I think you’ll get confusing discussions.” CSO 8

Secondly, the CSOs discussed insider as well as outsider characteristics. Firstly, all CSO respondents had contact with the ministries, national or local politicians or local officials. Secondly, in these relationships, seven respondents felt as though they were taken seriously by the government because they were listened to. Thirdly, all respondents argued that they may have had some degree of influence on policy making. However, they also argued that it was difficult to say what they had achieved and only provided a few examples of their achievements. Only two CSOs has been typified as insider, which included the CSOs in the domain of prevention and the CSO active in harm reduction.

The third column describes the *main points for improvement*. Some respondents only made a careful suggestion that might improve civil society involvement. To illustrate whether they meant their ideas as point for improvement or only as a careful suggestions, their statements are followed by ++ (point for improvement) or + (consideration or warning). For example, CSO 7 suggested to stay aware of the burden of evidence based work for small CSOs, but explicitly mentioned that this was only something to be careful with and not a suggestion for improvement. Tale 6 provides the suggestions for improvement of the other respondents.

Table 5. Perspectives from the CSOs on civil society involvement in drug policy making

CSO	Perspective on their own involvement * , **	Insider / Outsider*	Main points for improvement of CSO involvement
CSO 1	<i>Regular contact with authorities and they are listened to, but they do not always listen and act upon it</i>	Insider***	Talk to the people that have knowledge and experience in the field of drugs, and talk with the family of drug users (++) Inclusion in several other municipalities (++)
CSO 2 R1	<i>Conversations with authorities and some concrete results, but they</i>	Outsider	Government should listen more (+)

	<i>can listen more</i>		
CSO 3	<i>Regular contact with authorities, but they do not listen</i>	Outsider	V&J and VWS and health institutions are too dominant. Implementation of harm reduction should return to the citizens (++)
CSO 4	<i>Contact with authorities, and felt as serious partner, but results only slowly</i>	Outsider	Coffee shops should join CSOs that represent coffeeshops to increase their voice (++)
CSO 5	<i>Felt as though they were seriously taken by the government, and drug policy is going into the right direction</i>	Outsider	Monitor the drug consumer (+)
CSO 6	<i>Would like to have more contact, and has no to little influence</i>	Outsider	(1) Approach smartshops from a health perspective and involve them in harm reduction (++) (2) Inform and consult before decision making (++)
CSO 2 R2	<i>Influence not really clear, but guess some degree</i>	Outsider	KNMG en Trimbos could make a public statement on the desired direction of drug policy (+)
CSO 7	<i>Government listens, but it is still difficult to discuss 'influence' but they felt they are heard most of the times</i>	Insider	Make sure that there is a balance between evidence based work and the inclusion of CSOs (+) Make sure that there is a balance in responsibility (e.g. writing reports) and effectiveness (e.g. really speak with drug consumers) (+)
CSO 8	<i>Would like to become involved in the future</i>	n/a	
CSO 9	<i>The government does not listen</i>	Outsider	Include the patients (++)

* The insider/outsider classification and perspective on their own involvement were based on the criteria as described in the contextual background: frequency of contact between the CSO and the state, whether the state listens and whether the CSOs can possibly influence policy outcomes.

** The descriptions in this column are no quotes

*** Based on involvement in national policy making, and local policy making in one specific municipality. The situation differed in other municipalities.

Table 6. Perspectives from policy makers, journalists and a research institute on civil society involvement in drug policy making

Respondents	Main points for improvement of CSO involvement
Policy Makers	
R5	CSOs were invited for dialogues with the advisory commission on cannabis regulation. This was an improvement.
R12	Prevent that the criminal perspective overshadows harm reduction (+)
Journalists	
R6	The debate on drugs could go into the right direction when people do not exaggerate the risks, but also when they make positive aspects of drug use visible without exaggerating them (++)

R10	Community driven CSO (++) VWS should take a greater ownership on drug policy (++)
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CSOs' perspectives on their own involvement

Taken seriously by the government

Several CSO respondents found that high authorities were approachable and seven out of ten CSO respondents felt as though they were in general taken *seriously* by the government because they (1) had *conversations* with politicians and officials face to face or via social media or letters and (2) because they were *listened to*.

In the context of evaluation, CSO 1 and CSO 7 discussed the effectiveness of interventions with the government. However, most contact between the other CSOs and the government was in the context of agenda setting decision making and implementation. In these dialogues, the CSOs mostly shared their opinions with the government and addressed drug related trends and problems. In addition to this, there was also information exchange between the government and the CSOs. For example, CSO 6 explained that contact with the government is important to keep them informed.

"It is also to keep them well [ministry] informed. Especially when there are news items that have been blown up again. To at least let the right people know that it is not the way it seems. But they often understand that. But yes, the media is really a disaster for drug policy." CSO 6

The conversations with the government were seen as an indicator of being taken seriously, especially when the CSOs were approached by the politicians or officials themselves. For example, CSO 1 felt as though they were taken seriously when they were invited for a conversation with the municipality by the local alderman. The contacts with authorities did not automatically had to turn into policy outcomes to feel as being heard by the government.

"And in this sense we are a party that is heard, largely because of the funding we receive from the ministry Whether they are also being acted upon another question. But I do not feel that they just let us talk for talking. That they really appreciate our input. Of course, there is also input from other branches. And how the consideration is really made by what they take seriously and what that does not differ for each situation. But yes I have the idea that we are taken seriously. And that that is also taken into consideration when we mention that something is really going on." CSO 7

Furthermore, most CSOs that focussed on cannabis regulation felt taken seriously because of being invited for the advisory commission. However, they were depended on the initiative of commission to invite them for these dialogues. Interestingly, only CSO 2 R1 made the comment that it would actually be better to have a say in the advisory commission because now they only shared their opinions without having a real say:

"People from the field are involved, but they are not included in the advisory committee. However, it would be good if they were included. This is because now they only involved to provide a piece of advice, but have no say in it." CSO 2 R1

Three CSO respondents, however, felt not taken serious by the government. CSO 9 has had contact with the local government but not with the ministry because she received no response to her emails. Moreover, she felt that both did not listen to her.

Als de kamervragen beantwoord zijn, en als wij daar ja een aanvulling op aan geven omdat hetgene wat ze antwoorden niet klopt nou daar krijg je totaal geen antwoord op, dat wordt totaal genegeerd. Dus dan heb je zoiets van waarom worden die kamervragen gesteld, want er wordt niet naar de patiënt geluisterd. Maar goed, dat vind ik een beetje schandalig eigenlijk. CSO 9

"If the Second Chamber questions are answered, and if we add something to that because what they reply is not correct, we do not receive an answer at all. It is totally ignored. So, then you wonder why those questions are asked, because they do not listen to the patient. Anyway, I think that is a bit outrageous". CSO 9

CSO 3 also did have contact with the government, but mentioned that they only listened to a certain degree. For example, certain topics such as the relation between drugs and terrorism are ignored. CSO 6 mentioned that there were points for improvement in which she would found herself taken more seriously by the government. She wanted to be consulted about the opinion of her members to feel that they also have a say in policy making ahead of a decision and not to be view from a juridical perspective, but from public health. The following quote is form CSO 6 and illustrates that she want to be more consulted on forehand of decisions.

"Nou, ik zou het al fijn vinden als ze ons in ieder geval uh wat eerder hoe zeg je dat... zouden willen laten weten van goh we zijn hiermee bezig en heb jij input vanuit jouw achtergrond. Hoe denkt jouw achterban erover? En dan voel ik mij niet gepasseerd en voel ik me serieus genomen." CSO 6

"Well, I would really like it if they would at least tell us a little sooner how do you say that ... "we are doing this and you have input from your background? What does your constituency think about it?" Then I won't feel passed and I feel taken seriously." CSO 6

Effective and less effective strategies to achieve the desired policy goals

Lobbying

Although politicians and officials were in general viewed as approachable and seven CSO respondents felt as though they were taken seriously, which are typical for an insider status, approaching politicians and officials also went together with uncertainty about the degree to which their input contributed to decision making.

The quote below is from CSO 2 R1, arguing that approaching politicians or officials does not always lead to policy outcomes, even if they are in favour of your ideas. This is in line with the thought of the other CSO respondents that felt taken seriously, who also argued that although there are conversations, whether the government listens and act upon your input remains uncertain. The following quote is from CSO 2 R1 and reflects this common perspective among the CSO respondents.

“There are people who really listen to us and who say that it is probably a good idea. But that does not always mean that it always immediately turns into a political result.” CSO2 R1

With regard to approaching politicians and officials, CSO 4 argued that Twitter was useful to target politicians. He provided an example in which he approached a politician via Twitter once, during a debate on the ‘Growshop Act’. In this debate, it was discussed that the sell of certain help tools to cultivate cannabis were not allowed anymore. The respondent sent a message to a member of the Second Chamber in which he showed that these products were sold in many garden centres. This led to a question in the Second Chamber, which was according to this respondent the highest goal for an activist group.

One factor that could help in being involved directly in policy making was knowing the right people and knowing them personally. For example, respondent 4 mentioned that they knew someone from the advisory commission, which he saw as a door to get involved. However, all CSOs that were active in drug policy experienced that knowing the right people could be limited by a lack of support from other politicians or officials or ‘partijpolitiek’. The following quote illustrates this.

“In the end party politics also plays a very big role. If the party leader thinks that a repressive approach [criminalization] sounds good, yes then you can only exercise a limited influence.” CSO 2 R1

Media and mobilization strategy

The CSOs that focussed on drug policy reform were more focussed on using the media as strategy than the other CSOs. The media played a major role in policy making and was especially discussed in the context of agenda setting. Media activities included posting texts on websites or social media, or in newspapers and magazines to share information about drugs and drug policy, and opinions. These were targeted at the general public, but also at the constituencies of CSOs or politicians and officials. CSO 2 R1 mentioned that they themselves combined strategies to strengthen their impact on policy outcomes because politicians experience more pressure when your own opinion is supported by the public opinion. Interestingly, there was one example in which media use led to positive attention without having the intention of agenda setting. CSO 7 mentioned that a local politician acted upon an article from their magazine whereas that was not even the intended goal.

However, the respondents also discussed the risks of using the media. For example, CSO 7 was reluctant with media use because they represent a marginalized group of society and the media tends to focus on the wrong messages such as the lifestyle of a drug user. Another example was the mushroom prohibition that was mentioned by several respondents. For example, CSO 6 mentioned that media is sometimes a disaster for drug policy, with which she was referring to the role of the media in the mushroom prohibition. CSO 4 and CSO 6 mentioned that informed journalists as well as politicians about the context of media messages or ways to improve it. According to CSO 4, the messages about drugs in the media have been improved over the years. The quote below is from CSO 7, who is active in harm reduction, and illustrates both sides of the coin.

“Media is a very effective way to initiate a public discussion. Especially mass media, because that keeps people critical. However, sometimes it is very tragic how that evolves. For example, when that mushroom ban, when a tourist jumped [...] briefly said, but sometimes the consequences of media attention is a little alarming.” CSO 7

The media was also used for the mobilization strategies. Both mobilization examples encountered difficulties in reaching the desired media attention. CSO 1 mentioned that a lack of media attention was one of the factors that made that the petition unsuccessful. She argued that the lack of media

attention was there because they did not share the popular opinion of cannabis regulation and therefore were almost entirely ignored by the media whereas normally the press was present when they said something. CSO 4 also mentioned a lack of media attention with regard to the cannabis liberation day. Cannabis liberation day is an annual event to advocate advocates tolerance and broad application of hemp as a sustainable raw material and opposes criminalization of the plant, cannabis consumers, coffee shops and growers. According to CSO 4, this event was a good way to raise awareness because it was a way in which awareness for cannabis was created without contributing to stereotyping. This was because this event included people from different backgrounds. However, the media did not discuss this event or only showed stereotyping messages instead of someone without an extensive stereotype confirming look. Both examples showed the important role of the media in the mobilization strategy.

CSOs perspectives on the involvement of other CSOs

Transparency and Inclusiveness

CSO 7 questioned the current degree of transparency in the policy process, but did not automatically advocate for a more transparent process. She argued that more transparency might lead to a higher inclusiveness which is ethically seen positive, but which also entails the risk that also people that do not have the best interests for drug users become involved, such as pharmacy companies. Nevertheless, CSO 7 argues that a point for improvement may be to also include non-structural CSOs in decision making. These are organisation that, like CSO 7, receive funds from the government and regularly have contact moments with a ministry. Furthermore, CSO 4 and CSO 2 R2 mentioned that CSOs can play a larger role in agenda setting. For example, by questioning the main principles of the current drug policy and by making public statements. This was said about the KNMG, which is a federation of doctors, and about Trimbos Institute. The following quote was made by a CSO respondent, who is an ex-psychiatrist.

"I find the worst that the doctors' federation refuses to take a stand on the question of whether drugs should actually be banned." CSO 2 R2

In addition, CSO 7 mentioned that we should stay aware that it is good that CSOs are hold accountable for their actions, but we should be careful that this does not negatively affect their actual work with the consumers because of spending too much time in writing rappers. Because this may lead to less efficient work and field players that do have knowledge about practice but are less well in writing rappers may be excluded from the field. Other barriers may be the capacities and recourses of CSOs to report the effectiveness of their interventions, as was discussed by CSO 7. She referred to the CSO she represented, but also argued that this might be a concern for other CSOs as well. The respondent did not mention that this was a point for improvement of civil society involvement, but argued that it was a concern to bear in mind. This respondent represented a CSO organisation that focussed at harm reduction and prevention and experienced this struggle themselves, but addressed that what she shared in the interview was her personal opinion and not automatically that of the CSO. was also talking about possible other CSOs. This will be illustrated by the following quote:

"I believe that, not only for us, but also for other parties, I think that we really needs to be careful. Because it makes the threshold very high to step in, but also for many people who are very good at outreach work and care. [...] And that is precisely the people who can do their work very well and very enthusiastically. And people who can report very well, and use

nice words, and play the political game can, and conduct research well, they remain in the field. Whereas those are not necessarily the people who are good in doing outreach work or who are good service providers. " CSO 7

Strategies

CSO 7 argued that cannabis liberation day was a good way to raise awareness because, as CSO 4 also argued, it was a way in which awareness for cannabis was created without contributing to stereotyping. However, this respondent also mentioned that the media did not discuss this or only showed stereotyping messages. Furthermore, positive remarks were made by respondent CSO 2 R2 about the distribution of pamphlets by CSO 4 and how they tried to stay visible. CSO 2 R2 argued that this might have had results because they received response to this.

According to most of the respondents, all actors should become, or stay, aware of negative imaging, especially in agenda setting. Reasons for this was that negative imaging may lead to not well-informed decision making. Moreover, they should play an active role in stimulating objective messages in the media, and to prevent negative imaging.

Furthermore, it was suggested that it is not always desirable when CSOs get attention for topics, especially when they place too much emphasis on the negative aspects of drug use. This critique also applied for other actors, which will be discussed later.

Perspectives of journalists, policy makers and the research institute on the involvement of CSOs

Inclusiveness

Both argued the importance of involving CSOs. PM 2 also addressed the importance of including coffeeshop owners and besides also drug consumers, which was especially true for the debate on cannabis regulation. Moreover, PM 2 explained that CSOs, and coffeeshops, were consulted by the local government themselves to provide them with input for the agenda. PM 2 said the following about CSOs, in the context of public health:

"We do not do this kind of things because we like to tell people something. We just want to know what people think themselves. For example, we try to figure out what people think by means of the public health monitor, but also with personal conversations with people from the city itself and with representatives of the users." PM 2

As discussed with PM1, CSOs were initially not invited to take part in the cannabis regulation debate. The critique was therefore first made by the municipality and the VNG that experts were lacking. At the moment of the interview, CSOs had been invited for dialogues with the advisory commission and she argued that everyone that should be included was included. She also mentioned that the policy process was inclusive at local level. The RI mentioned that the fact that everyone is included and is taken serious, has contributed to the success of the Dutch drug policy.

In contrast, both journalists had suggestions concerning the inclusiveness of CSOs in drug policy making. J2 mentioned that he pursued to establish a CSO that gives a voice to drug consumers because he concluded that (1) there are only a few organisations that represent this citizen group, and (2) the existing groups have no clear consumer base. Although an association has a clear member base, which is helpful in showing that you have a constituency, he argued that a foundation has tax advantages and is more appropriate because drug policy problems do not only affect drug

consumers but a broader community. The other journalist (J1) argued that the cannabis world has been set in motion, whereas this is very limited for other drugs such as MDMA or LSD. However, he argued that this is not per definition a task of organizations, because citizen themselves should take responsibility to raise their voice and present the 'ordinary drug user'.

"So those 3 things. Claim the current policy. Identify drug hazards but not overdo it. And dare to name positive experiences and make them visible. And if you do those 3 things, you can steer the debate in the right direction." J1

Strategies of CSOs

Both policy advisors considered the CSOs with which they had conversations as serious actors to involve in the process. On the other hand, there might be situations in which CSOs are not seen as a serious actor. For example, J1 argued with regard to one CSO that although they were lobbying, they were not taken seriously because their attitude negatively affected their position.

" Yes, but they are not taken seriously because they then form people like Madeleine van Torenburg of the CDA for witch and if you do so then you miss your own moral point of view, hard ground, which you do have. ' "- J1

Interestingly, J1 also said that cannabis liberation day has the same appearance as the gaypride, with which he meant that it is good to raise awareness for this, but that this event is maybe not the best way to do it because it contributes to the stereotyping which is counterproductive for the intended goal of raising awareness for cannabis in a neutral way.

"In that respect, very good things were done. Also tried to be visible with cannabis liberation day, of course, but in general I find it very stereotypical confirming what happens there. Just like the gaypride for example." J1

Although the CSOs were involved in agenda setting by use of the media strategy, it was not easy to gain the desired focus on their messages. The primary concern here was the undesired focus on criminalization and much focus on public health problems. In this context, J1 argued that the government agencies have much more resources to make their message clear while CSOs have meagre resources that mainly exist of volunteers.

Perspectives of CSOs, policy makers and journalists on the involvement of the government (V&J, VWS and the police), health and research institutions, drug consumers and coffee shops.

Institutionalization

PM 2 and CSO 3 reported that the implementation has been institutionalized over the years. This concerned institutes such as the Ministry of Health, Welfare and Sport (VWS), the ministry of Safety and Justice (V&J), the police, health institutions and research institutes. Moreover, several respondents shared the view that institutions have a dominant role in drug policy making, which is not limited to one of the policy stage but evident throughout the policy cycle. For example, CSO 1 mentioned that she is at the table with care institutions and that those institutions have a strong position. Before discussing their views, it should be noted that institutions were argued to play a major role in drug policy making, but that this did not automatically mean that these institutions had a wrong approach to deal with drug related problems.

The ministry of Safety & Justice, and the police

PM 2 mentioned that, over the years, the emphasis on health within the drug policy has shifted to public order, which is especially visible in the implementation of the policy. He explained that the mayors have more and more become the key player in drug policy decision making in most Dutch cities and that drug policy concerns, for example, coffeeshops, safety, drug nuisance, and bans on smoking. He stated that it is important to continue to emphasize the importance of harm reduction, which is in line with the majority of the other respondents .

The ministry of V&J and the police were criticized, especially on their role in raising awareness for drug related criminality issues. Four respondents would like to see that the ministry of V&J, and the police play a less dominant role in agenda setting. This was said by respondents that were not, or only partly, in favour of the supply reduction policies. Seven respondents did not mention their view on the desired role of V&J and the police in agenda setting, but CSO R2 and PM 2 did mention that the law enforcement perspective is dominant, which lead people to be careful that the health related topics do not become overshadowed.

The ministry of Health, Welfare & Sport, health and research institutions

The ministry of VWS and health institutions were also criticized, but to a lesser extent than the ministry of V&J. This was because most respondents did not agree that drug use should be seen as a criminal act, whereas they were more easily in line with the principle of protecting the public health. However, several respondents discussed that some institutions tend to exaggerate the health effects of drug use. The following quote was made by a CSO respondent, who is an ex-psychiatrist.

“Well I think that they are doing well in designing the programs of prevention. But they also tend to add to the seriousness of addiction problems. Because this makes their position more important.” CSO 2 R2

Moreover, according to CSO 3, institutions often approach drugs in the wrong way and he argued that harm reduction should not be done by institutions but by citizens themselves. For example, parents themselves should be working at festivals at the first aid posts instead of people various institutions. CSO 3 argues that this would help to counteract the negative perception of drug use because parents see the reality of drug use themselves. Other respondents have not, however, expressed this view.

“If there is a party in Groningen, you have to bring in the red cross of Groningen. Because then they see that it is with their own children not all that bad at those parties. No, instead, Trimbos who went on to create a nationwide platform of first aid posts. So, uhm special cars, heart monitoring. And then the local triangle said we only give permission to the party if that is organized in this way. It is now top-down.” CSO 3

RI has been criticized by two other respondents for focussing too much on the negative aspects of drug use. This research institute mentioned that they were aware of those criticism, also of being described as ivory tower and stated that they try to maintain the nuance, but also addressed the importance of having different voices.

Several respondents shared the opinion that there should not be too much focus on the negative health aspects of drug use by the ministry of VWS or health institutions. CSO 3 would like to see that health institutions as well as the ministry of Health, Welfare do not raise too much awareness for the negative health effects of drug use. Six other respondents, however, agreed that there should not be too much focus on the negative health effects, but did not mention that the ministry of HWS or health institutions should play a less big role in agenda setting. In fact, J2 would like to see that the

ministry of VWS plays a bigger role in drug policy making, to compensate the role of the ministry of V&J. Furthermore, CSO 5 argued that it would be useful when the national government would help to implement a national campaign.

" Look, I would love it if it is a clip about cannabis on the television, made by SIRE. If we do not want to normalize and you would like to provide information, then you should just do it right. Then you just have to implement it nationwide." CSO 5

Coffeeshops and smartshops

According to CSO 4 and CSO 5, coffeeshops should become better involved in policy making by increasing their degree of organisation, but also to support the CSOs financially. In addition, according to CSO 5 and CSO 6, coffeeshops and smartshops can also play a role in prevention and harm reduction. CSO 6 proposed the idea of including smartshops in the implementation of harm reduction.

"Look and those policymakers prefer to set the policy from so-called harm reduction. But smart shops also fulfill a function. If something is sold via smart shops, you can monitor that. You could demand that the quality be checked, for example." CSO 6

Strengths, weaknesses, opportunities and threats of and for CSOs in drug policy making

A further analysis was made to identify possible target points for CSOs and policy makers to improve CSI in drug policy making. This section will discuss the factors that might constrain or contribute to civil society involvement in drug policy making. First, this section will discuss the internal factors, which are the strengths and weaknesses of the CSOs that might constrain or help them to become or stay involved in policy making to achieve their desired policy outcomes. Secondly, this section will discuss external factors that might positively or negatively affect civil society involvement.

Strengths and weaknesses

Firstly, most CSOs addressed that they have knowledge and expertise on different drug policy areas, about drug policy content as well as practical knowledge such as the size of drug problems or research into drugs and drug policy. This was also mentioned by PM 2. Decision making was a bit contested. Although officials and politicians sometimes lack knowledge and experience, and even with knowledge some said they would not choose the interests of citizens/drug consumers (R3 and R10). However, R4, R8, R13 explicitly mentioned that politicians if they are informed right they were trusted to make considered decisions.

Secondly, CSO 4 and CSO 5 discussed how the inclusion of CSOs in drug policy making has improved recently. They argued that the professional approach of CSOs has increased over the years and partly replaced the activist approaches used by CSOs. They argued that a professional approach is important for CSOs for being heard and to fight against stereotyping. A professional approach was, for example, a contributing factor for contact with the government and for contact between practical partnerships, such as finding support from coffeeshop owners. A '*professional approach*' included many aspects. CSO 4, for example, provided the example that they have a professional attitude by providing neat brochures during lobbying. This was not only provided as example by CSO4, but also CSO 2 R2 and J1 referred to these brochures. Furthermore, several respondents argued that it is important to be a constructive approach, in which you should not only focus on what you don't want, but

stay open for opportunities.. Moreover, CSO 4 argued that they were seen as professional group because of their lobby. The following quote is about a CSO's decision to lobby, which was suggested by coffee shop entrepreneurs.

“ We also really wanted to show these entrepreneurs that we are taking this seriously. We are not a kind of hippies or something, anarchists or punks, whatever. No, we just want to solve this issue as quickly as possible. Just like you.” CSO 4

Some respondents that focussed on drug policy reform argued that CSOs have more impact on decision making when they are able to show that they represent a large number of members and by mobilizing their constituency. However, the respondents also provided examples to illustrate that a professional approach is not always natural for CSOs. However, five respondents emphasized the importance of having a constituency, which was an issue because coffeeshops and drug users are difficult to organize. For example, there has seen an improving trend in the organisation of coffeeshops recently, but this wasn't this way many years.

“ Eight years ago they were all islands and it has actually become more and more professional over the years, more and more serious, less activist, so yes we are more often together around the table trying to form a collective towards government because that is the strongest, that works best too.” CSO 5

Four respondents mentioned that drug consumers and coffeeshops are difficult to activate (CSO 3, CSO 3, CSO 5 and J1). The reasons they provided was the current drug policy in which there is no long imprisonment for using drugs. Another reason was added by the journalist (R6), who mentioned that people do not want to go public about their drug use because of the prevailing stigma on drugs and drug use. A difficulty in moving coffeeshops to join a constituency was given by respondent R4 and R8, which was that the coffee shop culture was difficult to mobilize because there were many islands and because of the coffeeshop culture in which the owners are independent and used to be criticized. However, these respondents said that, in recent years, the number of islands has been decreased and, therefore, improvement was visible in the way they are organized (R8, R4). This helps to support the coffeeshop organizations in achieving their goals.

“In addition, there is of course a lot less than before, so what remained earns much more. I believe that membership of such a federation costs 2000 euros per year. Yes, for a coffeshop, come on, you just have to do that. If they did, the unions would have more strength.” CSO 4

A third factor that could positively or negatively affect their involvement concerned their resources and capacities. This paragraph will discuss four concerns with regard to resources and capacities. Firstly, according to CSO 7, the requirements for evidence based work could be a constraining factor for CSOs to become or stay involved in the implementation of drug policies. Secondly, J1 mentioned that CSOs have meagre resources when compared to the government, which might explain that the voice of the government in agenda setting, the media, is bigger as those of the CSOs. Thirdly, CSO 2 R2, CSO 4, J1, J2 and CSO 8 argued that the Opium Act is too much based on moralism instead of evidence. In addition to this, several respondents argued that it is important that CSOs or the CSO respondents themselves are to deliver hard evidence to support their statements to officials and politicians, but also to CSOs and the general public. A difficulty in doing so is the required amount of resources and capacities for scientific evidence. Some CSOs were funded by the government, whereas others were not. Others were, for example, funded by coffeeshop owners. Funds by

coffeeshops could carry the a problem, by indicating that the CSOs served certain interests. The problem here is that when their evidence is related to funds from coffeeshops this may affect how the evidence is taken. On the other hand, some respondents (R2, R3, R7, R13,) indicated that the relationship (funds) with the government also carries risks, namely whether you can still guarantee your independence. For example, one CSOs stated on their website that they did not want government funds, to stay independent.

Furthermore, the CSOs included in this study mentioned that they were part of a society in which many people know each other and where there is regularly contact between CSOs. Interesting to note is that except one of the CSO respondents, all were also involved in other CSOs or has been involved in the past. They expressed knowledge about the activities of other CSOs, which was especially true for CSOs with the focus on cannabis regulation. Although the respondents did not discuss the values of this explicitly, this enabled them to contact each other and to stay informed about developments and problems. For example, CSO 2 R1 mentioned they had meetings with another CSO to discuss how they would share the same message. Not only drug related, but also the problems that other CSOs face or successes they have made.

Opportunities and Threats

On the one hand, two CSOs that focussed on cannabis regulation argued that politicians have become more open towards cannabis regulation, which was also mentioned by J1. In addition, some respondents argued that the development of drug policy in other countries and an increase of research into the positive effects of cannabis were also positive factors for them to pursue their goals.

On the other hand, several respondents argued that the implementation of drug policy has been institutionalized over the years. In this context, the primary concern of the CSOS was the shift towards a more criminal perspective on drugs and drug use by the increased role of the ministry of V&J. This was because most respondents preferred to lay focus on public health, or not a focus on any risks at all, instead of a focus on drug criminalization. The two principles that were used to support these statements were public health and individual freedom.

Furthermore, one risk for civil society involvement is probably related to the risk of overhasty decisions by officials and politicians and negative imaging due to the messages in the mass media. This was especially true for agenda setting because of the prominent role of the media strategy. Each CSO active in policy making was involved in agenda setting. CSOs tried to prevent negative imaging and to inform journalists as well as officials and politicians about the consensus between news items and reality. However, they still expressed frustration about this, although some respondents to a lesser or bigger extent. Several issues were discussed on problems that became overexposed in the media - such as the ban on magic mushrooms and 4FA – which were quickly followed by decisions.

“We raise issues. Sometimes we also write together with other CSOs, together with the Regenbooggroep with Ttrimbos, we also write a letter. If we think something is not going well or we think something else has to be done. Then we will also say that. ... And then you hope that is taken away. My experience is, and that is not just on drugs policy, that things are taken into consideration when there is a media scandal left. And then things can suddenly be decided and investigated very quickly.” CSO 7

Discussion

Summary of the results

The aim of this paper was to investigate the extent of civil society involvement in Dutch drug policy making and to make suggestions for improvement. In summary, 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. 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. This study suggests that it is important to invest in a *professional approach*. Furthermore, drug policy making has more and more shifted from a public health perspective to an approach in which *public order* has the main focus, which is restricting the policy options being considered.

Comparison with the literature

According to the ladder of participation (Edelenbos and Monnikhof, 2000) and the policy cycle (Fischer, & Miller, 2006), 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. This is partly in line with other literature on public participation, because shared decision and co-production are rarely used in practice (Leyenaar, 2009). The CSOs were involved in informing and consultation by being involved in information exchange between the CSOs and the government and because the CSOs shared their opinions. Although providing advice was discussed by the respondents, the data suggested that this was used incorrectly and referred also to consultation. For example, the dialogues with the advisory commission on cannabis regulation were sometimes referred to as providing advice. Indeed, the stakeholders were given the opportunity to raise problems and formulate solutions, which is an aspect of advising. However, they had no role in the advisory commission themselves. This made it likely that the conversation results were possible building blocks for policy, but that the government did not commit themselves to the results from these discussions.

Most CSOs considered themselves as though they were taken seriously by the government because of several reasons, but the data also suggested that CSOs had a limited say in policy making because of their efforts to decrease the focus on criminalization. Drug policy making has more and more shifted from a public health perspective to an approach in which criminalization is the main focus, which may have consequences for the public health and may limit opportunities to improve harm reduction strategies. This shift was also found in a study on civil society organization in drug policy in England. (UK Drug Policy Commission, 2012). This study in England included advocacy groups, officials and media, but also practitioners, academics, think tanks, former ministers and politicians.

Most CSOs considered themselves as though they were taken seriously by the government because of several reasons, but there was *uncertainty* about the extent to which their input was used by the decision makers. This may be explained by the finding that the CSOs were involved in informing or consultation and, according to Edelenbos and Monnikhof (2000), in these procedures the government has not the task to provide an argumentation on the adoption or rejection on the suggestions of the participants. Moreover, that limited time is a possible reason for policy makers to not include CSOs in advising. For example, a study into unwritten rules in policy making indicated that limiting the level of participation to consulting was viewed as a practical strategy when policy makers faced a high time pressure (Herold, 2013). In addition, in this way policy makers were also able to decide themselves what they would do with the outcomes, which was also practical with

respect to time constraints. Moreover, consulting allowed them to be able to say that all relevant actors had been involved.

The restriction to informing and consulting and the absence of feedback on the input from CSOs does not automatically disconfirm the finding that CSOs are taken seriously, but it does suggest that civil society involvement could be improved. This is because several studies emphasize the importance of evaluating the outcomes of involvement (Devlin-Foltz, Fagen, Reed, Medina, & Neiger, 2012), whereas the data suggested that the CSOs had difficulty in describing how and whether their involvement resulted in policy outcomes. Many literature has been written about the extent to which civil society organizations influence policy outcomes and has tried to find appropriate tools to evaluate their work (Devlin-Foltz, et al., 2012). The literature on evaluating advocacy is increasing and may be helpful to improve civil society involvement in drug policy making in the Netherlands. For example, they referred to guideline to advocacy evaluation planning as proposed by Coffman (2009). Based on this model, an online tool has been developed to support advocacy groups in building capacities as well as in pursuing policy change (The Aspen Institute).

This study indicates that one way in which civil society involvement might be improved, is to invest in a professional approach. This means that CSOs use evidence, adopt a constructive relationship with the government, have good designed websites and other products, are well organized and have sufficient amount of resources and capacities to execute such an approach. Especially the relationship between CSOs and the government was a central topic in this study and will therefore be discussed in further detail. This is in line with a study into civil society involvement in Eastern Europe, which concluded that a respectful relationship between CSOs and the government was important for the long-term sustainability of CSOs (Fioramonti, L & Heinrich, V.F., 2004). At the same moment, the data suggests that CSOs have become more professional. This might have a positive effect on the insider status of the CSOs, but it may also result in trade-offs between the influence of CSOs on the policy process and their connection to the people they represent (Lang, 2012, p. 64). This might be caused by focussing too much on the institutions that need to be influenced, instead of focussing on the citizens and monitor their opinions. However, focussing on a professional approach and the institutions instead of radical messages and public disagreement helps to have better access to consultation and funding (Lang, 2012, p. 150).

Practical and theoretical implications

There are several considerations that need to be borne in mind when interpreting the findings of this study. Firstly, CSO involvement entails some risks that should be mentioned here. Informing is often suitable to reach a broad group, but consultation and advising involve a selection of CSOs, which may negatively affect the representation of the different interests in society. Furthermore, a bad representation increases the risk that civil society involvement contributes to 'commercialization' (Brühl, 2001). This means that public interests become overshadowed by self-interests. Even if it would be possible to select a representative group for consultation or advise, this group would probably have a large group size in order to represent the different interests because drug policy is a controversial topic with many different interests and opinions. The inclusion of more CSOs in the policy process would increase the representative interests, but also makes decision making more difficult because it will become more difficult to achieve a consensus. This may negatively affect the effectiveness because only less 'strong' decisions can be made. Furthermore, it is important that CSOs are aware of the criteria that should be met to be included for consultation or advisory procedures.

Secondly, the study was conducted in the first half of 2018 while the government was in debate on the experiment for cannabis regulation. This debate was a windows of opportunity for CSOs to get involved in drug policy making. The data suggests that the policy making process has

become more inclusive with regard to cannabis policy. Thus, it may be that CSOs claimed characteristics of insider status because of their inclusiveness in policy making with regard to cannabis regulation. This might have skewed the results.

Strengths and limitations

The conceptual framework used for this study was useful to provide an overview of the process, but the respondents used the terms such as 'advise' interchangeably with 'consulting' and 'having a dialogue', which sometimes made the analysis difficult. Therefore, it was difficult to make distinctions between the levels of participation. Moreover, the general view of the respondents has been discussed, but the ability to influence drug policy depends from issue to issue which made it difficult to typify them as insider or outsider. For further research into this topic, it is recommended to use a smaller framework that may focus on one policy stage, or one type of level of participation. However, the inclusion of strategies in the framework appeared to be very helpful to organize the data, which smoothed the analysis part and enabled the researcher to identify patterns and underlying values or problems. Also the use of barriers and success factors was useful, because this was already closely related to the reality of drug policy making and were almost literally found in the transcripts. Furthermore, the policy cycle describes the different stages of the policy process, but not the transition between the stages and these may be barriers. Finally, 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 look into this. The study not only asked for self-evaluations of the role of CSOs in policy making, but was also supported by other evidence from policy makers and journalists about the actual role of CSOs in the policy process. This was important, because the CSOs might have been positive because admitting that it was difficult and achievements was some extent to own up to failure. Moreover, a thorough background analysis on civil society involvement and drug policy making was done before the study was conducted, which was useful to conduct the interviews and interpret the data.

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 increases 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 level of participations 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 is 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.

Recommendations

In 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. The study indicated that in order to assess a desirable level of involvement and feedback from policy makers, it is important to adopt a professional approach and that it might be helpful for CSOs to use guidelines that support them in evaluating and planning their activities. Further research may look into the criteria on which the government selects the CSOs they want to inform or to consult.

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Appendix I : Topic list (Dutch)

1. Rol in het beleidsproces

- Wat vindt u van de manier waarop drugsbeleid nu tot stand komt?
- De **beleids**cyclus wordt vaak verdeeld in vier fases: (1) probleem herkenning en agendavorming, (2) beleidsvorming en besluitvorming, (3) implementatie, en (4) evaluatie.
 - **Wie& wanneer**
 - Zou u aan kunnen geven waar u bij betrokken bent?
 - En wie er nog meer bij betrokken zijn?
 - Komt dit overeen met degene die er volgens u bij betrokken *moeten* zijn?
 - Zo niet: Wie moet er nog meer bij betrokken worden
 - Waarom? Welke criteria vindt u belangrijk om te gebruiken bij het bepalen van wie er bij het beleidsproces betrokken moeten zijn?
 - Hoe kun je dit bereiken?
 - Zo niet: waar komt dit door
hulpvolle en belemmerende stakeholders (bijv. geen evaluatie van proces, gebrek aan vaardigheden van bepaalde groepen)
 - **Invloed & Hoe**

- In wat voor activiteiten bent u/zijn jullie betrokken (informereren/ adviseren/coproduceren/meebeslissen: lobbyen, vergaderingen, bijeenkomsten etc.)
- (Hoe) kunt u invloed uitoefenen op het beleid? / (Hoe) kunnen burgers invloed uitoefenen op het beleid?
- Welke criteria vindt u belangrijk voor het bepalen van de strategie waarop u/burgers beleid willen beïnvloeden?

2. Bent u tevreden over de mate waarin u/andere burgers bij beleidsvorming betrokken bent?

(gebruik eventueel de tekening van cyclus of eerder gegeven antwoorden als hulpmiddel)

- Waarom wel/niet?
- Wanneer zou u tevreden zijn?
- Wat vindt u van: samenwerking, begeleiding, beschikbare middelen (geld/expertise), vastgesteld doel/plan, gebruikte methodes, invloed (eerlijke verdeling), gebruik van input, representiviteit etc.

3. Hoe zou het proces er voor u ideaal gesproken uitzien?

- Denkt u dat dit haalbaar is?
- Hoe zou u dit aangepakt willen zien worden?
 - Door wie + hoe?
 - (Hoe) zou u dit zelf aan willen pakken?
 - Zijn er personen/hindernissen die overtuigd/overkomen moeten worden? Hoe?
 - Zijn er punten die u erg sterk vindt en graag wilt behouden? Welke en waarom?
 - Heeft u suggesties voor andere NGO's? Wat zij volgens u moeten weten over betrokken zijn bij het opstellen van drugsbeleid?

Appendix II : Coding guide

Definition of code and subcodes		Example quotes	
Code	Subcodes		
Who	<i>Those who are (not) or should (not) be involved in the policy making process</i>	Who are involved	je ziet het vaak met burgemeester maar op de populistische toon voor iedereen hier is het veel samenwerk met de coffeeshops eenmaal. En inderdaad, zoals maar op, dan zie je gewoon z (R4)
		Who should be (more) involved	Die ouders en die familieleden het (R1)
		Who should not be (less) involved	Politie, justitie en de verslavings gezondheidszorg bijgekomen zich allemaal opwerpen om c

			noem dat gezondheidsdictat
Policy stage	<i>In which stage of the policy making process are the actors involved See subcodes definitions</i>	<p>Agenda setting This step identifies new issues that may require government action. If multiple areas are identified they can all be assessed, or particular issues may be given a priority. Inwoners dragen onderwerpen aan voor beleid</p>	Dus op een gegeven moment ministerie destijds, 2008 belangrijk dat het beleid wordt. De effecten. Wa eigenlijk weten we het niet opdracht, wat ik heel raar mee, en toen hebben we dat is agendasetting. R7
		<p>Policy formulation This step defines the structure of the policy. What goals need to be achieved? Will there be additional implications? What will the costs be? How will key stakeholders react to these effects? Deelnemers geven advies of denken mee over beleidsalternatieven</p>	En een van de dingen die v het gedachtegoed tot nu t voorzien wordt dat jullie n hoofdofficier van justitie, d wij vinden het belangrijk d met coffeeshops, dat je o praten of hun vertegenwo landelijk clubs, VOC en no gesprekspartners zijn. R12
		<p>Policy decision making (rejection/adoption) Once the appropriate approval (governmental, legislative, referendum voting etc.) is granted then a policy can be adopted. Besluitvorming. Gemeentebestuur/ -raad/ (of ander politiek orgaan) neemt zelf besluit of geeft kaders aan waarbinnen beslissingsbevoegdheid wordt gedelegeerd aan bepaalde groep inwoners.</p>	Als het gaat om substantie hebben we nul invloed. R9
		<p>Policy implementation Establishing that the correct partners have the resources and knowledge to implement the policy. This could involve creating an external organisation to carry out actions. Monitoring to ensure correct policy implementation is also necessary. Inwoners denken/doen mee in beleidsuitvoering.</p>	We zitten aan tafel... met zo' uh Dijk en Duin, Skoff en noe mag dat uh mag dat beter. W bij elkaar. R1
		<p>Policy evaluation This step assesses the effectiveness and success of the policy. Did any unpredicted effects occur? These assessments can be quantitative and/or qualitative.</p>	Ik vind het zonde als ik de met mijn werk verantwo ik zou niet willen dat dat n meer buitenstaanders die gaan uitleggen waarom di handelingen doe. Hoe min daadwerkelijk kan doen. R
Level of participation	See subcodes	<p>Informing Politicians and officials determine the decision-making agenda to a large extent keep interested parties informed. do not make use of the possibility of allowing stakeholders to actually provide input in the development of policy</p>	Nou...ik krijg wel alle i informatie wanneer al ee de aanloop ernaar toe. R9
		<p>Consultation Politicians and officials determine the agenda to a large extent but stakeholders are seen as a discussion partner in the development of policy.</p>	Nou, ik zou het al fijn vin eerder hoe zeg je dat... zo zijn hiermee bezig en hel Hoe denkt jouw achterba gepasseerd en voel ik me s

		The conversation results are possible building blocks for policy, but the government does not commit themselves to the results that arise from these discussions.		
		<p>Advising Politicians and officials put together the agenda in principle, but stakeholders are given the opportunity to raise problems and formulate solutions whereby these ideas play a full role in the development of the policy. Although politicians are committed to the full role of the developed ideas, they can (reasoned) deviate from this in the final decision-making process</p>		Mensen uit de praktijk worden adviescommissie. Maar het zou Want nu alleen om een zeggenschap (R2)
		<p>Coproduction Politicians and officials AND stakeholders agree on a problem agenda, after which they jointly look for solutions. The politicians and officials commit themselves to these solutions with regard to the final decision-making</p>		n/a
		<p>Shared decision making Politicians and officials leave the development of and decision-making about the policy to stakeholders, whereby the civil service plays an advisory role. The politicians take over the results, after testing against predetermined conditions</p>		n/a
Strategies & methods to influence policy outcomes	<p>Strategy De strategie waarmee organisaties hun doelen nastreven</p> <p>Methods worden gebruikt om een strategie ten uitvoer te brengen</p>	<p>Indirect strategy & method</p> <p>Influence on policy is sought in more indirect ways</p>	<p>Mobilization strategy Actions where members or citizens are mobilized (The difference with media strategy is that members (or other supporters) are literally mobilized. Such as public meetings or petitions. Whereas media is publishing articles, although press conferences are also included. used for other purposes to influence, it is determined as media strategy). In other words: mobilization strategy is showing up somewhere with a group (real life (meetings) or digital (letter writings), whereas media producing 'media output' such as articles.</p> <p>e.g. public happenings,</p>	Ook geprobeerd natuurlijk w cannabisbevrijdingsdag, maar stereotype bevestigend wat bijvoorbeeld. (R7)

			petition	
			Media strategy Actions directed toward the media (producing 'media output' e.g. writing articles, contacting reporters	En we dringen ook door tot o je wel. Wij zijn soms ook gefr metcannabisbevrijdingsdag, elkaar, allemaal internationa maarja, gewoon doorgaan. H wel.
		Direct strategy & method Groups approach public decision makers	Parliamentary strategy Actions targeting politicians and parties (kamerleden, raadsleden) e.g. contacting party members, use of evidence	Niet met de minister zelf nee contact gehad met de beleid vorige kabinet hebben we he tweede kamer leden gezeten schriftelijk, we blijven gewoo advies, onze visie en dat wer
			Administrative strategy Actions directed toward bureaucratic actors and actions (ministers, gemeenteambtenaren, wethouders) e.g. responding to requests, public committee	We hebben natuurlijk nu eer gevraagd en dan voelen we o
	Mixed strategies Combination of strategies			Want als je het publieke deb dat er meestal mee samen d beïnvloeden. En dan dat je h extra druk om het dan toch a
Use of input The extent to which the input from stakeholders is used. Whether they notice that they have influence, Do the respondents think that the input of CSOs is used? (e.g. taken into consideration, policy results)				Maar ik heb niet het idee e praten voor het praten. Da Alleen is er natuurlijk ook overweging echt gemaakt nemen en wat niet dat zal heb het idee dat wij serieu dat dat ook meegenomen aanklaarten dat er echt iet
Success factors / pitfalls <i>Factors that (possibly) contribute to the smooth running of the participation process</i>	Resources CSOs			Maar de roepstoeter van e groter, die staat op een po die dag en nacht werken n vakantiedagen, om zijn lijn fucking vrijwilligerswerk, o onze eigen stem, om maar R6

<i>and / or its outcomes</i>	Capacities from CSOs	Ja ik denk het wel. Omdat we als een groep met echte <i>exper</i> mensen die echt naar ons lui waarschijnlijk wel een goed i dat het zich altijd direct omz
	Capacities from government	Ook gemeentepolitici die bes staan ja of nee. Die weten he hasj of wiet. Geen enkel...die onderscheiden. R4
	Media attention	Naja, wij laten hem (petitie) een actie, maar die is mislukt aandacht hadden (R1)
	Professional approach (constructive, use of evidence, constituency)	-Je moet altijd, denk ik, je mo bereiken. Dus daar komt van demonstraties in Den Haag, v media uitingen enzo, het is a u, het is allemaal goed letten bronnen weet je wel. CSO 4 -ja, maar die worden niet ser mensen als Madeleine van T uitmaken en als je dat dan du standp uh (hard ground), die -En het allerbelangrijkst is da CSO 4 - Maarja, ze (coffeeshops) zo moeten zijn. Maar kijk dat is moet kijken wat is de geschie gegaan met die winkels van z de lokale politiek, de lokale k van uh 'coffeeshop uh omstr gewend dat iedereen tegen z - Naja, we wilden ook heel gr we nemen het serieus. We zi anarchisten of punkers, what zo snel mogelijk oplossen. Ne

Appendix III : Interview summaries (Dutch)

CSO 1

Zet zich in voor familieleden van drugsverslaafden. Er moet aandacht blijven voor de negatieve gevolgen van drugsgebruik en er is te weinig aandacht voor de familieleden van drugsverslaafden CSO 1 speelt zowel op nationaal als lokaal niveau onder andere een rol bij het creëren van aandacht voor drugsproblematiek, het onderzoeken van beleidsalternatieven en het evalueren van beleid. CSO 1 heeft daarvoor contact met verslavingsinstellingen, schoolbesturen, de gemeenteraad met wie ze een subsidierelatie hebben, de burgemeester en de wethouder. Voor het contact met de Tweede Kamer heeft CSO 1 een persoon van de Europese commissie in het landelijk bestuur.

De respondent is tevreden met hun betrokkenheid bij het huidige beleidsproces in hun gemeente, want CSO 1 voelt zich serieus genomen. Dit geldt echter niet voor alle afdelingen van CSO 1. Op andere locaties in Nederland moet CSO 1 ook bij gemeentelijk overleg betrokken worden. Bij het opstellen van drugsbeleid moet meer worden gepraat met de werkvloer (dit wordt namelijk niet

gedaan) en dat familieleden meer betrokken moeten worden. Ook moet het 'hokjes denken' (verschillende ministeries die apart naar drugsproblematiek kijken) veranderen.

CSO 2 R1

CSO 2 een organisatie die zich inzet om het drugsbeleid in Nederland te verbeteren. Hoewel de organisatie actief is in Amsterdam, is de organisatie vooral actief op nationaal niveau. Ze hebben onder andere contact met Twee Kamerleden, de gemeente Amsterdam en andere CSOs die actief zijn in het veld van drugsbeleid. De respondent heeft het idee dat de organisatie invloed heeft op drugsbeleid in Nederland. Als reden hiervoor verteld de respondent dat ze o.a. door politici worden gezien als een groep met echte expertise gebied van drugsbeleid. Dat betekent nog niet altijd dat het zich altijd direct omzet in een politiek resultaat, maar zijn wel concrete resultaten gehaald in het algemeen. Niet alleen voor drugsbeleid maar voor een democratie an sich, geldt dat iedereen in ieder mee zou moeten kunnen doen als ze het zouden willen. Drugsbeleid is geschikt om personen buiten de overheid bij het beleidsproces te betrekken, maar van het onderwerp hangt het er ook weer vanaf wie je erbij betreft.

CSO 3

De respondent van CSO 3 houdt zich bezig met het monitoren van drugsgebruik, preventie, voorlichting, en advies aan verschillende instanties waaronder de overheid en journalisten. Daarnaast zet hij zich in voor vernieuwing van het drugsbeleid, waaronder cannabisregulering. Hij heeft contact met de gemeente Amsterdam en is ook betrokken bij andere organisaties die zich inzetten voor drugsbeleid (o.a. adviseur bij VLOS).

Er zijn drie grote actoren die het drugsbeleid beïnvloeden; dit zijn het ministerie van V&J, het ministerie van VWS en de zorginstellingen. Er heerst een gezondheidsdictatuur waar instituties het voor het zeggen hebben en er wordt bovendien onnodig veel zwaarte aan het drugsonderwerp gehangen. Zij zijn ook degene die de negatieve beeldvorming over drugs en drugsgebruik veroorzaken. Daarnaast dragen CSOs zelf ook bij aan deze beeldvorming. De betrokkenheid van V&J, VWS en zorginstanties moet minder; breng harm reduction terug naar de gebruiker, blijf weg uit de media en denk niet in drugs ('drugs is slecht'), maar in drugsmarkten. En er zou eigenlijk een ministerie van genotsmiddelen moeten komen.

CSO 4

CSO 4 is vertegenwoordigd de branche en gebruikers, maar iedereen die te maken heeft met cannabis(verbod) is welkom. Zij doen dit door dit door te lobbyen bij de 2^e kamer en bij hun eigen achterban, gebruik van de media (wat o.a. een belangrijk onderdeel is van lobbyen). Zij creëren aandacht voor cannabisregulering en de problemen met het huidige beleid.

De respondent vindt politici goed benaderbaar, maar wat ze ermee doen is een ander verhaal. CSO 4 merkt wel dat ze serieus genomen worden, bijvoorbeeld vanwege de uitnodiging van de adviescommissie. Resultaat gaat langzaam, maar er is wel sprake van een trendverandering. Gedurende het streven naar cannabisregulering speelt de strijd tegen negatieve beeldvorming een centrale rol. Hoewel ze zich afgelopen jaren wel al beter zijn gaan organiseren, zouden coffeeshops zich nog beter kunnen organiseren door lid te worden van een coffeeshopbond want met een grote groep sta je namelijk sterker voor politici.

PM 1

PM 1 is samen met de gemeenteraad, de burgemeester, de driehoek en sub-driehoeken betrokken bij het formuleren van beleid en besluitvorming op het gebied van coffeeshop- en growshop beleid. Binnen de gemeente heeft PM 1 hiervoor regelmatig contact met verschillende partijen. Dit betreft onder andere overleg met de burgemeester, (sub-)driehoek, de politie, de BCD en coffeeshops. Het proces is zowel lokaal als landelijk inclusief. De input van alle relevante partijen is nodig om tot een goed advies te komen.

J1

Onderzoeksjournalist die een jaar onderzoek heeft gedaan naar drugs en het drugsbeleid. Hij kwam tot de conclusie dat gebruikers niet gehoord worden in het publieke debat. Gebruikers willen zich daar niet daadwerkelijk over uitspreken, want er zit een stigma aan drugsgebruikers. De cannabiswereld roert zichzelf nu wel aardig, maar voor andere drugs is dat héél matig. Er moeten 3 dingen worden gedaan om het debat de juiste richting op te sturen: 1. Het huidige beleid aanklagen. 2. Gevaren van drugs benoemen maar niet overdrijven. 3. En de positieve ervaringen durven benoemen en zichtbaar maken. Er zit echter een groot verschil tussen het aantal middelen dat verschillende partijen hebben om op het podium te staan. Aan de ene kant goed bekostigde ministeries en het Trimbos Instituut en de andere kant moet doen met vrijwilligerswerk en donaties.

RI

De respondent van RI is woordvoerder bij een onderzoeksinstituut dat zich bezighoudt met onderzoek, monitoren en evalueren van drugs(gebruik) en drugsbeleid. Ze hebben het mandaat om namens het ministerie in het buitenland op te treden. Dus in die zin hebben ze wel een iets andere relatie met het VWS dan de CSOs in deze studie.

De respondent vindt dat het Nederlandse drugsbeleid altijd beter kan, maar wel al gewoon goed is. Harm reduction wordt wel een beetje onder de tafel weggeschoven. Hij denkt dat de Nederlandse samenleving zodanig is ingericht dat daar eigenlijk altijd wel overleg is tussen alle verschillende mensen. Hij denkt dat het feit dat iedereen aan de tafel zit en dat iedereen serieus genomen wordt dat dat bijgedragen heeft aan het succes van het Nederlandse drugsbeleid. Tussen partijen is er soms wat discussie, maar verder dan dat gaat het niet. Het gaat echt om de details, met name de media uitingen die soms echt heel irritant zijn. De organisatie wordt soms een ivoren toren genoemd, maar dat vindt hij eigenlijk helemaal niet. Ze hebben namelijk een heleboel mechanismes ontwikkeld om te weten te komen wat er op straat speelt.

CSO 5

CSO 5 is belangenorganisatie voor cannabisconsumenten. Hun belangrijkste doel is het verbeteren van de keten van de coffeeshopsector, van de verkooppunten en uiteraard het legaliseren van de geteelde wiet. Ze hebben contact met coffeeshop(bonden) en nog niet met dit kabinet maar met vorige kabinet heel vaak met staatssecretaris en 2^e kamer gezeten. Ze doen het nu schriftelijk. Ze blijven gewoon iedere keer brieven sturen met advies en hun visie. En dat werkt wel, want er is wel respons op. En ze zijn uitgenodigd voor een gesprek met adviescommissie.

Op gemeentelijk niveau merken ze dat ze echt een serieuze gesprekspartner zijn geworden. Ook omdat ze zelf gemeentes aanschrijven als ze beleid willen veranderen. Het is belangrijk om op de consument blijven letten/luisteren, want alles hangt af van de consument. Coffeeshops kunnen nog zoveel willen, de overheid kan nog zoveel willen. Er zal nooit minder geblowd worden. Wat die bewegingen daar zijn. Dat moet je heel goed monitoren en proberen vertrouwen te houden. De

blower in Nederland is niet makkelijk uit zijn tent te lokken om eens wat te gaan doen of eens wat te zeggen wat hij ervan vindt.

CSO 6

Brancheorganisatie voor smartshopproducenten, groothandels en detailhandels. Streeft niet naar invloed op gemeentelijk niveau. Wel is Amsterdam een belangrijke gemeente omdat de helft van de smartshops zich daar bevindt. CSO 6 heeft o.a. contact met het VWS wat bestaat uit informatie-uitwisseling tussen ministerie en CSO 6. Vaak wordt CSO 6 geïnformeerd via hun eigen adviseur die bij veel vergaderingen aanwezig is. Daarnaast gekoppeld aan beleidsadviseur van de gemeente Amsterdam. Overleg met ministerie is landelijk op productniveau of als zich problemen voordoen.

CSO 6 wordt niet vooraf betrokken vooraf aan besluitvorming. Ze worden wel achteraf betrokken, maar hebben dan weinig invloed. Wat betreft de substanties die op de opiumlijst (nationaal niveau) staan hebben ze nul invloed. Wat betreft algemeen beleid hebben ze meer invloed, maar dit duurt wel eindeloos. Soms is het lastig om hun wens concreet te maken en je moet onderhandelen, maar de positie van CSO 6 hierin is niet heel sterk is. Ze zouden graag geraadpleegd willen worden over ideeën van hun achterban vóór besluitvorming. Ook willen ze de status van smartshops verbeteren en op die manier een grotere rol spelen als Harm Reductie functie. Aangeven of en hoe hun eigen rol zou moeten veranderen vind de respondent lastig.

J2

Freelance onderzoeksjournalist en daarnaast betrokken bij changing perspective, waarvan hij een stichting wil maken die druggebruikers vertegenwoordigd. De respondent vindt het huidige drugsbeleid is gebaseerd op moralisme. In tegenstelling tot dat zou het beleid gebaseerd moeten zijn op volksgezondheid en vrijheid. In dat opzicht is het wenselijk dat het drugsbeleid geen taak is van justitie maar van VWS en VWS zou op dit gebied in actie moeten komen door zich een grotere rol toe te eigenen. In dit opzicht vindt de respondent het ook gek dat de politie degene is die de meeste invloed heeft op de beeldvorming van drugs, terwijl zij zich volgens de trias politica buiten dit dossier zouden moeten houden als het gaat om wiens schuld de problemen met drugs zijn en wie het probleem moet oplossen. De respondent kaart een eigenlijke integriteitskwesitie aan, omdat er niet naar het belang van de publieke gezondheid en de burger wordt gekeken maar politieke belangen de overhand hebben. De respondent stelt dat er in Nederland is een lage power distance is en een hoge feministische cultuur (respectievelijk is de overheid vrij toegankelijk en vind er veel overleg plaats). Gebruikers kunnen zich echter niet verwoorden vanwege het juridisch risico voor hen en daarom wil respondent 10 een stichting worden om officieel de gebruikers te vertegenwoordigen, want zulke groepen heb je eigenlijk niet behalve enkele uitzonderingen.

CSO 2 R2

Ex-psychiater en betrokken bij SDB, VOC en social club Amsterdam. Spreekt regelmatig op bijeenkomsten in het buitenland en op wereldwijd niveau. Hij is zelf van mening dat de VGZ is geschaad door het huidige drugsverbod. Een andere waarde waar het huidige beleid mee in conflict is, is vrijheid.

Er zijn veel organisaties die echt een rol in spelen in drugsbeleid, maar journalisten en dergelijke niet, terwijl die daar toch ook een onderdeel van zijn. CSO 2 R2 vind het ergste dat de artsenorganisatie (KNMG) weigert om een standpunt in te nemen over der vraag of drugs nou eigenlijk verboden moeten worden. In internationale context verteld hij dat nieuwe regels worden opgelegd bij de CND meeting, maar hij geeft een voorbeeld waarmee hij illustreert dat het op dit onderwerp een soort mechanisme is dat het huidige beleid in stand wil houden terwijl veel landen al tegen prohibition zijn. Toch is het al een gewonnen zaak, wordt alleen gerekt. Volgende stap is kijken

wat de volgende drug is die legaal kan worden. Hij heeft het idee dat ze zelf wel enige invloed hebben.

PM 2

PM 2 is adviseur en projectleider op het gebied van coffeeshopbeleid, harm reduction, preventie en zorg. Hij is betrokken bij implementatie (preventie, zorg, harm reduction), evaluatie, agendavorming (wat zijn de problemen in de stad: signalen opvangen). Je zou eigenlijk wel kunnen zeggen dat hij contact heeft met alle soorten partijen. Zowel zorginstellingen, coffeeshops, en soms het ministerie bijvoorbeeld m.b.t. het experiment gesloten coffeeshopketen.

Voor besluiten worden in principe de relevante partijen betrokken. Maar waar je bij zorg/preventie meer naar input/signalen kijkt is dat een ander verhaal wanneer het gaat over coffeeshopbeleid. Coffeeshopbeleid bestaat *eigenlijk alleen* uit vergunningen verlenen en dat is een bevoegdheid van de burgemeester. In de loop der jaren heeft burgemeester een grote 'key role' gekregen in het coffeeshopbeleid. Hij noemt de volgende drie aandachtspunten voor betrokken organisaties: 1. instellingen kijken hoe je jongeren kunt bereiken. Scherp blijven met interventies 2. Neiging om altijd iets te doen. Maar soms beter door een ander laten doen of helemaal niet. 3. Werk samen. Bijvoorbeeld als iemand een doelgroep heeft met mensen die wellicht ook tot jouw doelgroep horen. Kijk hoe je samen kunt werken om de doelgroepen te bereiken. Instellingen bijvoorbeeld minder contact met buurtbewoners dan wijkgroepen.

CSO 7

Mainline houdt zich bezig met de signalering en preventie van drugsgerelateerde problemen Zij hebben een subsidierelatie met het VWS en geven 2x per jaar presentatie aan het ministerie VWS waarin zij het VWS op de hoogte houden van wat zij in de praktijk signaleren.

Mainline Nationaal m.b.t. VWS is betrokken waar ze bij betrokken wil zijn. Mainline wordt serieus genomen want het is o.a. zichtbaar dat ministerie wat met hun input doet. Aan de ene kant moet er transparantie in het proces zijn omdat dat ethisch is. Aan de andere kant nee want malloten personen die je er eigenlijk niet bij wil hebben. Er is veel dialoog in Nederland en dat is goed, maar men moet er wel op blijven letten dat organisaties niet veel gefocussed raken op zichzelf moeten verantwoorden. M.a.w.: pas op dat degene die wel veel ervaring met de praktijk hebben maar minder goed kunnen praten/rapporten schrijven/resultaten aantonen niet buitengesloten worden aan het proces en blij jezelf afvragen voor wie je bepaalde uitspraken maakt. Doe je het voor de gebruiker of om jezelf in te dekken? Buiten de organisaties die structurele relatie hebben met het ministerie zou het goed zijn om bij grote veranderingen/besluiten/visies over Nederlands drugsbeleid in vergelijking met het buitenland een soort open call te doen om dit te bespreken. Op die manier hebben andere organisatie ook de mogelijkheid hiervoor. Maar let op: dat er structurele subsidierelaties zijn is niet slecht. Het is mooi dat Mainline dit kan doen en dat de overheid in ieder geval goed samenwerkt met enkele organisaties op het gebied van drugsbeleid.

CSO 8

De focus van OPEN is het produceren en verspreiden van kennis over psychedelica. Dit doen zij o.a. door informatie uit te wisselen via congressen/meetings en OPEN doet ook interviews, waarvoor de aanleiding vaak is dat ze het willen hebben over de therapeutische effecten van psychedelica bijvoorbeeld. Komt tijdens het interview op het idee om wellicht politici te benaderen om informatie met ze te delen.

Ze zijn bewust (nog) niet betrokken bij beleidsproces d.m.v. uitspraken over het drugsbeleid om hun boodschap duidelijk te houden. Hij wil pas uitspraken over de inhoud van het drugsbeleid

maken als je harde feiten hebt. Het onderzoek naar psychedelica toont redelijk positieve resultaten, maar het is nog te vroeg hier uitspraken over te doen. De respondent is wel geïnteresseerd om dit later te doen wanneer er meer kennis over is. Toch heeft hij wel het idee dat ze indirect invloed hebben op beleidsvorming. Een strategie om iets op de kaart te brengen is eigenlijk al dat OPEN de keuze heeft gemaakt om op psychedelica te richten en bijvoorbeeld niet recreatief drugsgebruik, m.a.w: een onderwerp met maatschappelijke relevantie.

Iets waar we aan zouden kunnen werken is beleidsbeïnvloeding als het gaat om het doen van onderzoek. Er zijn natuurlijk wel obstakels doordat middelen in de opiumwet staan en dat er geen onderzoekspotjes van de overheid zijn voor dit soort onderzoek. Dat is wel iets waar we gericht aan zouden kunnen werken en wat ook bij onze doelstelling zou passen.

CSO 9

CSO 9 merkt dat er niet naar hun geluisterd wordt door het ministerie. Ze zijn wel in gesprek met de gemeente. Hoewel het lastig is om hun ideeën door te voeren is hebben ze bijgedragen aan de stijging van het aantal medicinale cannabisgebruikers. Toch zouden ze graag met verschillende partijen in gesprek willen gaan: OM, politie en het ministerie. Met het OM en politie is het lastig omdat ze slechte ervaringen hiermee hebben. Met het ministerie is het lastig omdat ze geen reactie krijgen op hun mails. Verder krijgen ze ook geen reactie op aanvullingen op antwoorden op kamervragen. De hoofdconclusie is dat het erg moeizaam gaat om het gebruik van medicinale cannabis te verbeteren (o.a. thuisteelt, meerdere soorten) en dat er nog steeds te weinig naar de patiënt wordt geluisterd.