

Initiators of drug policy-reform or watchdogs of the prohibitionist regime?

The role of NGOs in the 2016 UNGASS

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Abstract:

In this thesis, the influence of non-governmental organizations (NGOs) on international drug policy-making is assessed through a case study of the 2016 United Nations Special Session (UNGASS) on Drugs. The analysis assesses the main positions among NGOs in UN drug policy-making, the channels and hindrances to their influence on the negotiations and the political consequences of their participation.

It shows that the international NGO community is split into two main groups: a “prevention group” which mostly focuses on drug prevention and treatment, and by and large supports the current prohibition regime, and a “harm reduction group” which regards the goal of a drug-free world as unrealistic, claims that the prohibitionist regime itself has massive negative effects, and consequently opts for a drug policy reform. While the prevention group traditionally has been the dominant in the UN system, the harm reduction group has now taken the leading role, inter alia due to a professional secretariat, strong economic support and successful alliance building.

When studying the outcome of the UNGASS, however, there are still few signs of the reform-oriented voices from civil society. The outcome document reiterates the commitment to work for “a society free of drug abuse” and reaffirms the support to the UN drug conventions. Carefully avoiding any discussion about the shortcomings of the current approach, it emphasizes the “tangible progress” that has been made in international drug policy.

I argue that the combination of political polarization and certain institutional characteristics in the UN system are keys to understand this. While a number of national governments and UN secretaries have become more receptive to the inputs from the civil society, the consensus-based system of the Commission on Narcotic Drugs allows an alliance of conservative actors to block most changes towards a more human rights and health-based drug policy. This standstill is further strengthened by the politicization of the UN drug policy’s scientific board and earmarked funding from donor countries. Consequently, the outcome of the 2016 UNGASS is mostly a reaffirmation of the prohibitionist approach of the last 60 years.

In order to study the conditioning factors for NGO influence in a different political context, a case study of the Norwegian situation was conducted. Contrary to the NGO community in the UN, in Norway, the prevention group is the dominant actor. The harm reduction position, on the other hand, is mostly supported by a fragmented landscape of new and small user organizations. Still, the Norwegian case study lends support to several of the conditioning factors that we find on the international arena. Similar to the dominance of the harm reduction group in the UN system, the dominance of the prevention group in Norway largely seems to derive from a professional secretariat, economic grants and successful alliance building. The Norwegian case therefore supports the explanatory value of these agent-based conditioning factors. On a higher level, however, the dominance of the prevention group can also be understood as a result of a strong temperance tradition and a social democratic tradition of civil society influence.

In sum, then, both in the UN system and in the Norwegian context, the civil society actors opting for a drug reform meet evident challenges in their efforts of changing the current system. However, while they have not yet managed to end the prohibitionist regime, they have indeed played an important role for less radical political changes, such as the introduction of opioid substitution therapy (OST) and needle and syringe exchange programs (NSP). Moreover, they have put controversial issues such as decriminalization and the establishment of a legal regulated market for cannabis and coca on the agenda. Thus, in a longer perspective, they might be a crowbar in the struggle for a drug policy reform, both in Norway and internationally.

Acronyms:

CND	Commission on Narcotic Drugs
CSTF	Civil Society Task Force
DNT	Det Norske Totalavholdsselskap
ECOSOC	Economic and Social Council
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FHN	Foreningen for Human Narkotikapolitikk
GDPR	Global drug prohibition regime
GCDP	Global Commission on Drug Policy
HRC	Harm Reduction Coalition
IDPC	International Drug Policy Consortium
ILO	International Labor Organization
INCB	International Narcotics Control Board
INPUD	International Network of People Who Use Drugs
IOGT	International Organization of Good Templars
LUHM	Folkeaksjonen Lovlige Utsalgssteder av Hasj og Marijuana
NGO	Non-governmental organization
NSP	Needle and syringe exchange programs
OHCHR	Office of the High Commissioner for Human Rights
OST	Opioid substitution therapy
PRI	Penal Reform International
RIO	Rusmisbrukernes Interesseorganisasjon
TNI	Transnational Institute
UNDP	United Nations Development Programme

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Emergency Fund
UNODC	United Nations Office on Narcotic Drugs
VNGOC	Vienna NGO Committee on Narcotic Drugs
WFAD	World Federation Against Drugs
WHO	World Health Organization

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1.0 Introduction and research questions:

Since the 1960s, international drug policy has been guided through a global drug prohibition regime (GDPR), largely driven forward by the US government. The regime is put down in three UN conventions, which the majority of states are signatories to. In recent years, however, there has been increasing criticism against the system. A number of countries are finding loopholes to circumvent the prohibitionist intention of the conventions, and rather opt for more liberal drug laws. The most evident expression of this is the deregulation of cannabis use and possession. Starting with medical cannabis programs in the United States and decriminalization in Western Europe and Latin America, and more recently also the establishment of a legal regulated market of cannabis sales in Uruguay and four American states (Colorado, Washington, Alaska and Oregon).

In April 2016, the policy field received massive international attention when the UN General Assembly held a Special Session (UNGASS) on Drugs, after massive pressure from Mexico, Colombia and Guatemala. Through the Special Session, the member countries were supposed to discuss the achievements and shortcomings of international drug policy, and agree upon a framework for the next decade. Among reform-oriented actors, the UNGASS led to enthusiasm and hopes about an end to the prohibitionist regime. During the negotiations, however, the enthusiasm gradually turned into anger and frustration, and the session ended with massive criticism about a non-inclusive and non-transparent policy process.

The criticism was especially evident among a number of non-governmental organizations (NGOs). These actors have gradually got access to drug policy negotiations in the UN, and become important voices in the public drug debate. Still, however, there is very limited literature studying the political consequences of NGO involvement in drug policy-making. In this thesis I will therefore assess the influence of NGOs on the developments in international drug policy, through a case study of the 2016 UN General Assembly Session (UNGASS) on drugs.

While a lot of the NGO attempts at influencing international negotiations comes directly at the UN level, a substantial part of their influence also passes through their national governments. Therefore, in addition to studying the developments at the UN, a case study of the influence of Norwegian NGOs on their national government is also included."The main research question of the analysis

will be “*In what ways did NGOs influence the outcome of the 2016 UNGASS?*” For studying this question, I pose three sub-research questions:

1. What were the main positions among NGOs at the 2016 UNGASS?
2. In what ways did NGOs influence the outcome of the 2016 UNGASS at the international level?
3. In what ways did NGOs influence the position of the Norwegian government in the 2016 UNGASS?

1.1 Outline of thesis

The thesis is organized in eight chapters. Chapter 2 gives an overview of the main developments in international drug policy and the UN bodies concerned with this field. In chapter 3, I look into previous research on NGO involvement in international politics and describe the theoretical framework of the thesis. Chapter 4 discusses the choice of method and challenges to validity and reliability. Chapters 5—7 approach the research questions of the thesis successively. In chapter 5, I study the main positions on drug policy among NGOs in the UN and the relative strength of the different actors. The analysis shows that a group of reform-oriented NGOs has gained the upper hand in UN drug policy-making in recent years, inter alia because of good alliance building, economic resources and issue framing. In chapter 6, I study the influence of NGOs on the 2016 UNGASS at the international level. The analysis shows that despite increasing support for a drug reform from civil society and a number of UN agencies, the UNGASS outcome mostly reaffirms the current prohibitionist approach. I argue that the lack of influence of these reformist voices to a large degree derives from a combination of political conservatism, consensus voting and earmarked funding. In chapter 7, the domestic channels of NGO influence are assessed through a case study of the Norwegian context. Contrary to the international arena, in Norway the prevention group is the most dominant actor. The analysis shows that a strong temperance movement and the Nordic social democratic tradition of civil society involvement might be keys to understand this. In chapter 8, I summarize the findings, discuss the implications of the study and propose areas of further research.

2.0 Background:

Main developments in international drug policy

2.1 The establishment of the Global Drug Prohibition Regime

The first international drug control treaty was signed at the International Opium Conference in Hague in 1912. The intention of the treaty was to strengthen the control of drug trade, particular regarding the use of opium, morphine and cocaine. However, because of the lucrative monopolies European colonial powers held in the opium market and pharmaceutical market, criminalization of drug trade was rejected (Jelsma 2011: 2). During the 1920s, there were several efforts by the US and China of strengthening the drug control. In 1925, cannabis was added to the list of narcotic substances, but the treaties were still more regulatory than prohibitive (ibid.: 2). However, after the World War II, the situation changed. The United States had become the dominant actor in international politics, and had the power to impose a global drug control regime (McAllister 2000; Bewley-Taylor 2012, Jelsma 2011: 2). With heavy support from the US government, the UN published “The Single Convention on Narcotic Drugs” in 1961. Substituting all earlier treaties, the Single Convention stated that drug use should be limited to medical use or for scientific purposes (United Nations Office on Drugs and Crime, UNODC, 2013: 30). This convention is often regarded as the foundation of the global drug prohibition regime, and constitutes the framework of the current international drug policies. More than 100 substances were categorized in four schedules, based on their perceived risk to public health and liability to abuse (Bewley-Taylor 2012: 5). The Convention was especially strict regarding substances derived from plants. Within 15 years, the ambition was to eliminate all opium use, whereas coca and cannabis should be eliminated within a 25 year’s period (Jelsma 2011: 4). However, the effects of the convention were not as intended.

2.2 An explosion in illicit production and “The War on Drugs”

During the 1970s, demand for non-medical use of heroin, cocaine and cannabis increased fast, and the consequence was an explosion in illicit production of these substances. This was met with a strengthening of the control regime, evident in the 1972 amendments of the Single Convention (...), but even more importantly, through the United States’ increasingly militant strategies in combating drug trade in Latin America. In 1971 President Richard Nixon argued that drug abuse had become

the “public enemy No. 1”, and consequently, he announced the “War on Drugs” (Jelsma 2011: 5). The main addressee was Mexico, a large supplier of both cannabis and heroin to the US market, and in 1977 the United States started aerial spraying of cannabis fields there. Under the Reagan government (1981-89), the regime was made even stricter, employing more militant strategies to combat the illicit drug trade. This was especially evident in the Andes area, where the US government sent massive military forces in order to destroy cocaine labs. But also in other parts of the world, the escalation was evident. Introducing a “certification system”, the US government started to withdraw foreign aid and loans from countries that did not enforce drug control rules satisfyingly (ibid.: 6-7). However, while the 1970s and 80s were characterized by the US’ increasingly militant stance against production of plant-based drugs, the approach to synthetic drugs was a rather different one.

2.3 The gap between plant-based and synthetic drugs

The same year that Nixon had announced the “War on Drugs”, in 1971, the United Nations published another convention on drugs. Whereas the 1961 Single Convention had concerned plant-based drugs such as heroin, cannabis and cocaine, the 1971 Convention on Psychotropic Substances widened the control regime to include emerging synthetic substances, such as amphetamine and benzodiazepines. However, the control measures in this convention were much weaker than the ones in the Single Convention. Sinha (2001: 26) describes it like this: “Unless there was substantial proof that a substance was harmful, it should remain uncontrolled.” There is wide agreement that there were no medical or scientific reasons explaining the gap in control measures taken against synthetic and plant-based substances. Rather, the milder control measures taken against synthetic substances have primarily been explained through the power of the pharmaceutical industry in the North (Jelsma 2003: 3).

2.4 Increasing criticism against the regime

In 1988, the United Nations published its most recent convention on drugs, called “The Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.” The Convention obliged every country to criminalize all drug-related activities, and thus continued the trend of strengthening the control regime. Furthermore, it announced that demand control should be the full responsibility of each country, regulated by domestic rather than international legislation. This

provision was met with great criticism among some Latin American countries, who argued that this provision led to a highly unfair burden-sharing between the producer countries in the South and the consumer countries in the North (Jelsma 2003: 2). Also, an increasing number of non-governmental organizations (NGOs) and researchers were skeptical to the direction that drug control had taken. An example of this is the well-known political scientist and founder of the Drug Policy Alliance, Ethan Nadelmann. In an article written in 1989, he wrote: "Criminal justice approaches to the drug problem have proven limited in their capacity to curtail drug abuse. They also have proven increasingly costly and counterproductive." Based on this, he suggested an end of the "criminalization" of drugs (Nadelmann 1989: 939). However, the CND neglected all criticism against the regime. Rather than liberalizing the conventions, by the early 1990s the UN strengthened its effort to control illegal drugs.

2.5 UN drug control is strengthened

In 1990, the United Nations General Assembly held its first *special session* on drug policy.¹ The aim of the session was to evaluate the achievements since the 1988 Convention,² and the result of the negotiations was predominantly a reiteration of the principles of the three existing conventions on drug policy. The period between 1991 and 2000 was declared as "a period for intensifying and sustaining international, regional and national efforts in the fight against drug abuse" (UNGA 1990), and in 1991, the United Nations Drug Control Programme (later called United Nations Office on Drugs and Crime, UNODC) was established. In 1998, another special session was held, under the motto "A Drug-free World - We can do it!." However, while the UN seemed to strengthen its efforts at fighting drugs during the 1990s, the decade was also characterized by an increasing number of countries introducing more liberal drug laws.

As described above, the Single Convention of 1961 stated that drug use should be limited to medical use or for scientific purposes (UNODC 2013: 30). However, the Convention included no obligations regarding legislation or enforcement of drug policy. Although it encouraged the member

¹ This can be done at the request of the Security Council or a majority of the General Assembly, and such sessions have been conducted 29 times since the foundation of the UN.

² The session should be "devoted to assessing the existing situation within the framework of a comprehensive and balanced approach that includes all aspects of the problem, with a view to strengthening international cooperation to address the problem of illicit drugs, and within the framework of the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and other relevant conventions and international instruments", was the exact wording of the statement from the General Assembly 51st session.

countries to penalize illicit trade and manufacture of drugs (art. 36 a), it also recognized that measures such as treatment, education and re-habilitation could serve as alternatives to punishment (art. 36 b). This has served as a loophole in the international control system in which a number of countries have established more liberal laws or ways of enforcement than what was the intention of the UN conventions. The most evident examples of such *soft defections* from the regime might be the introduction of “harm reduction” and the liberalization of cannabis policies.

2.6. Soft defections from the regime: Harm reduction and deregulation of cannabis

During a session of the Commission on Narcotic Drugs in 2009, 26 member states (predominantly European) decided to add an “interpretative statement” to the political declaration, inter alia rejecting the absence of support for “harm reduction.” While there is no common understanding of the term, it can loosely be defined as programs and policies which aim to reduce the health, social and economic harms of drugs to individuals and communities (Rhodes and Hedrich 2010: 19). In the beginning, the term mostly implied practical measures such as needle and syringe exchange programs (NSP) and opioid substitution therapy (OST), but in recent years the term has increasingly become associated with a more general promotion of a more liberal drug policy. This is evident when studying the principles of the Harm Reduction Coalition (HRC):

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Affirms drug users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.

(Harm Reduction Coalition 2015)

The excerpt above lists three of the eight main principles of the Harm Reduction Coalition. First, it shows how the supporters of harm reduction do not opt for a total elimination of drugs, but rather want minimize the harmful effects of the substances. Keeping in mind the Single Convention’s goal of a “total elimination of drugs”, this is indeed an important break with the former regime. Second,

the excerpt shows how the harm reduction notion implies a greater involvement of drug users in policy development. The importance of user involvement will be discussed later in the analysis.

At the policy level, the most evident, and indeed the most controversial expression of the harm reduction approach to drug policy, is the decriminalization and legalization of cannabis. Starting in Latin America and Europe, spreading to the US with the introduction of “medical cannabis programs”, and more recently with a regulated market for recreational cannabis use in four US states, these policies have spread to all continents. While there still are few complete defections from the regime, an increasing number of countries have decriminalized use and possession of cannabis by law, and an even larger number of countries operate with a *de facto* decriminalization/ depenalization. While most of the changes have happened at the local or national level, some countries have also opted for changes at the international level. The most profound example of this is the 2016 United Nations General Assembly Special Session (UNGASS) on Drugs.

2.7 The 2016 UNGASS

In April 2016, there was held another UN General Assembly Special Session (UNGASS) on drugs. The session was originally supposed to be in 2019, in order to assess the progress in the goals from 1998. However, in September 2012, the presidents of Mexico, Colombia and Guatemala asked about expediting the session, pushing for a reevaluation of the current approach. The request was accepted, and led to hopes about an end to the prohibition regime (IDPC 2015). However, central scholars (e.g. Jelsma 2015; Felbab-Brown and Trinkunas 2015) remained skeptical about the likelihood for treaty change. One year ahead of the Special Session, the reform-oriented political scientist Martin Jelsma described the situation like this:

“...the chance that controversial issues like cannabis regulation and treaty reform will appear prominently on the agenda is slim at best. Most likely there will be unsatisfactory watered-down language vaguely reflecting a change of course in drug policy: more focus on health and development, less criminalization, more respect for human rights and proportionality in sentencing, better access to essential medicines, and so on.”

(Martin Jelsma, Transnational Institute, 2015)

When studying the political declaration coming from the 2016 UN General Assembly Special Session (UNGASS), Jelsma's predictions were strikingly fitting. In sum, the document showed few signs of any big changes in global drug policy. Following the rhetoric of the last 60 years, it reiterated the commitment to work for "a society free of drug abuse", and reaffirmed the support of the three UN drug conventions. Carefully avoiding any discussion about the shortcomings of the current approach, the document emphasized the "tangible progress" that has been made in international drug policy so far, and maintained its determination to counter the so-called "world drug problem."³ In the following discussion, I will discuss the role of civil society actors in these negotiations. First, however, it is necessary to define some central terms and place the thesis into a wider literature on civil society.

³ Parts of this chapter is taken from Aakrann (2015), "A gradual conversion of the War on Drugs? An institutionalist approach to the changes in international drug policy",

3.0 Non-governmental organizations in international politics

3.1 Defining non-governmental organizations

“Non-governmental organizations” (NGOs) was a term introduced in the United Nations Charter in 1945, which stipulated that NGOs could be accredited for consultation (UN 1945: Article 71). While the term initially was introduced to differentiate international private organizations from organizations established by intergovernmental initiative (called “specialized agencies”), it has gradually become more widely used, covering a wide range of different types of organizations operating at different policy levels. Consequently, a wide variety of sub categories of the term has developed. Some scholars differentiate between organizations depending on their geographical location (e.g. *grassroot organizations*, *national organizations*, *international organizations* and *transnational organizations*). Others differentiate between organizations depending on their perceived interests (e.g. *interest groups* and *pressure groups*).

In this thesis, I will use the more general term *non-governmental organizations* (NGOs) for describing these actors. I will rely on the definition offered by Nelson (2002: 17-18): NGOs are “all non-profit, voluntary citizens groups organized on a local, national, regional or international basis, excluding those defined as the private sector.” The definition thus includes a wide variety of groups, such as social movements, community-based organizations, trade unions, philanthropic foundations, universities and research institutes.

To some extent, the catch-all nature of the term NGO might increase the likelihood for false generalizations, by gathering too many different types of organizations under one banner. Still, I will argue that there are more advantages with this choice. First, by using the term NGO it is possible to study the work of a wide variety of social actors simultaneously, something which is highly valuable for a study in which we do not have an overview of the most central actors. Second, the term can be applied to a local, national, regional as well as an international setting, and hence enables an assessment of the activities of actors on all political levels. Last, and in contrast to terms such as *pressure group* and *interest group*, the term NGO does not imply simplifying notions about the interests, values and activities of the actors.

3.2 The perception of NGOs in different theoretical traditions

To a large degree, the perception of NGOs and their influence relies upon the theoretical approach of the analysis. Modern political theory has in general conceived of civil society as a counterpart of the state (Scholte 2014: 322), perceived to generate “sovereignty costs” (Tallberg et al. 2014: 755). Within the realist tradition, states are assumed to be self-interested, rational actors, operating in an anarchical system, and NGOs can therefore only influence political decisions if they are allowed to by national governments (Andersen 2015). The liberal tradition is characterized by more optimistic assumptions about intergovernmental cooperation and compromise, and the powers of non-governmental actors are consequently assumed to be somewhat greater. However, also here the state is the starting point for the analysis. With the introduction of constructivism in the 1980s, the state-centrism of earlier theories was somewhat challenged. Constructivist scholars, who focus on the role of ideas, values and identity, argued that NGOs can play a central role in the constitution of world politics, by being *norm entrepreneurs* and *norm transmitters* (ibid.).

The majority of analyses of the global drug prohibition regime (GDPR) belongs to the realist tradition, which focuses on the powers and interests of national governments. While supporting many of the realist arguments, this thesis will rely upon a somewhat more constructivist understanding of international politics, emphasizing factors such as norms, values, ideas and discourses.

3.3 Measuring NGO influence

Jan Aart Scholte (2014: 329) outlines five possible ways in which the civil society can have political influence: through i) institutional evolution; ii) agenda formation; iii) policy decision; iv) discourse construction and v) deeper structures. This model, which belongs to a constructivist stance of international relations, emphasizes the wide scope of civil society impact on political decisions. A somewhat more narrow model of types of NGO influence is offered by Youngwan Kim (2011: 1), who claims that NGOs can influence a government’s foreign policy behavior in four principal ways: as i) information providers; ii) lobbying groups; iii) agenda setters and iv) norm generators. Here, we will use a model offered by Willetts (1996b: 44), who studies the influence of NGOs in the United Nations. He argues that there are three principal ways in which NGOs influence world politics: through *agenda setting*, *policy formulation* and *policy implementation*.

While *agenda setting* is when an issue is brought to the attention of the relevant policy makers, *policy formulation* implies the formulation of the broad aims and objectives of a policy, and *policy implementation* is the very exercise of the political decisions (ibid.). Due to the time frame of this research project, *policy implementation* is out of reach of the analysis. Consequently, the focus will be at NGO influence on i) the agenda setting and ii) the policy formulation in the UNGASS.

The different organization's influence on these factors will be assessed in two steps. First, I will map out the activities and resources of the different non-governmental organizations that participated in the negotiations: What activities did they engage in and what economic and human resources did they have? As remarked upon by scholars such as Smith (2006) and Betsill and Corell (2008), these factors cannot be used as indicators for influence in themselves, but a high level of activity and good economic and human resources increase the possibilities for influencing a political outcome.

Second, I will do a qualitative assessment of the organizations' influence on agenda setting and policy formulation. Observations of the developments at the CND sessions (including the general debate, civil society dialogues and side events) and the public debate served as indicators for NGO influence on agenda setting. For assessing NGO influence on the policy formulation of the UNGASS process, I will compare the final outcome document with statements and documents delivered by NGO representatives during the preparatory works and the actual Special Session. By what means, and under what conditions, do non-state actors manage to affect international politics in this way, then?

3.4 Explaining NGO influence

When studying the determining factors of NGO influence, one often differentiates between structural conditioning factors and agent-based conditioning factors. Scholars focusing on the structural factors emphasize the way in which the negotiation context, or the so-called "political opportunity structure" influence the level of NGO influence. While there is a wide variety of factors that can be included in this category, they mostly concern the formal organization or power relations of the political system (McAdam 1996). Agent-based conditioning factors, on the other hand, focus on the way in which characteristics of the individual NGOs affect their level of influence. Among the individual characteristics that are perceived to affect an organization's influence are

professionalization (Dodds 2001); political strategy (Kakabadse and Burns 1994; Newell 2000); coordination (Chatterjee and Finger 1994; Keck and Sikkink 1998) and economic resources (Kakabadse and Burns 1994; Chatterjee and Finger 1994).

In reality, the two categories are, of course, strongly connected and often difficult to separate. Most scholars therefore use a combination of structural and agent-based factors for explaining the level of NGO influence on policy-making processes. In this thesis, I will follow such an eclectic approach, first assessing agent-based conditioning factors and then the political opportunity structure.

3.5 NGO influence in the UN system

At the establishment of the United Nations, non-governmental organizations were given a peripheral role in the work of the organization. As described by Bill Seary (1996), they took “virtually no part” in the discussions about the Atlantic Charter and the Declaration of the UN. There are several reasons for this. First, the UN was established as an intergovernmental body after the World War II, where political cooperation between *national* governments was at the root of the organization. Second, and linked to this, NGOs were considered as *non-political* actors, and therefore perceived as irrelevant to the work of organs such as the General Assembly and the Security Council. Third, the United States was highly skeptical to the involvement of non-state actors, and the power of the US delegation clearly limited the role of these actors (Seary 1996: 28). Hence, in the end NGOs were only mentioned in relation to *one* of the six principal bodies of the UN, the Economic and Social Council (ECOSOC).

The ECOSOC is a body which is concerned with topics such as economy, sustainable development, human rights, women’s rights and other social questions, and can make recommendations to UN members, specialized agencies and the General Assembly. Initially, the US delegation opposed any official role for NGOs also here, but after pressure from NGO consultants, the result was a compromise where they were given the right to “consultation”, but not “participation without vote”, like nonmember states and specialized agencies (Seary 1996: 28).

However, with the end of the Cold War came a climate shift from military focus towards social issues that allowed NGOs to get a more central role in international policy-making, and this was seen also within the UN system. These developments were especially evident under the leadership

of Kofi Annan (1997-2006), who advocated strongly for the recognition of NGOs as legitimate actors in international politics. Annan *inter alia* referred to the civil society as UN's "indispensable partners" and established a panel to review UN-civil society relations. In the subsequent report published by the panel, 30 recommendations were made for the reform of UN-NGO relations, *inter alia* de-politicizing the accreditation process and opening up the Security Council and the General Assembly to NGOs. While the results have been mixed, one area that is often emphasized as a successful example of civil society involvement is the arrangement of global conferences devoted to specific issues (Otto 1996; Clark 2008: 153-160).

NGOs can influence the political outcome of UN global conferences in a number of ways. Directly, by accreditation; as members of government delegations; through policy consultations, seats in official committees and boards and through involvement in performance evaluations. Indirectly, through governments (including the legislative branch, parliamentary debates and committee work), political parties, the mass media, regional institutions, etc. (Scholte 2014: 325-328). There is no consensus on the most important channels of influence. While direct participation in the negotiations is the most obvious channel of influence, some scholars see the preparatory phase as the most important (e.g. Aviel 1999: 159-160), and others argue that NGOs have most potential for political influence during the implementation phase (e.g. Schechter 2005: 185-191). So, what possibilities do NGOs have in influencing international drug policy more specifically? In order to assess this, we first have to describe the main bodies tasked with drug policy within the UN.

3.6 The main bodies in UN drug policy-making

The Commission on Narcotic Drugs (CND) is the central policy-making organ for UN drug control, made up of 53 seats that are distributed according to the unofficial geographical grouping in the UN. As a "functional commission" of the Economic and Social Council, the CND is responsible for monitoring the world drug situation and developing strategies for international drug control. At its annual meetings, the commission may adopt resolutions and propose new international treaties or amendments of existing treaties. Moreover, it can make recommendations for implementation in member countries and amendment of the Schedule of narcotic substances (Bewley-Taylor, Fazey and van Solinge 2003: 4).

While the CND is tasked with drug policy-making, the United Nations Office on Drugs and Crime (UNODC)⁴ is responsible for the operational work. The Office inter alia conducts research on drug control. The work can be summarized in three pillars: i) research; ii) assisting states in ratification of treaties and development of domestic legislation and iii) field-based technical cooperation projects (UNODC 2015).

The third of the most important UN bodies concerned with drug policy is the International Narcotics Control Board (INCB). The Board is a thirteen-member expert committee inter alia made up of pharmacists, doctors, police officers and lawyers, and broadly speaking, the Board is supposed to ensure that drugs are available for medical and scientific use, while preventing their diversion to illicit channels. While the INCB cannot sanction countries that are in breach of the conventions, they may request explanation and propose that “remedial measures” are taken. Also, in the case of unsatisfactory explanations or changes, it can make the matter to the attention of the Parties of the Convention, the ECOSOC and the CND (INCB 2016). So, to what degree can NGOs influence the work of these bodies?

3.7 NGO involvement in UN drug policy-making

So far, there has been very limited literature on the involvement of NGOs in international drug policy processes. A notable exception is an assessment of civil society organizations engaged in drug policy advocacy in Europe, carried out by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 2011-2013. Through internet searches in English, French and Spanish and information provided by national agencies, they identified 218 drug policy advocacy (DPA) organizations. The study assesses a wide range of topics, including the objectives, advocacy tools, constituency base and location of the organizations (O’Gorman, Quigley, Zobel and Moore 2013). In general, the study suggests that there is a continuum of policy advocacy orientation among the organizations going from control reduction on the one side via harm reduction and use reduction to control reinforcement on the other side (ibid.: 14):

⁴ At the time of establishment, the body was called the United Nations Drug Control Program (UNDCP), but in 1997, it merged with the Centre for International Crime Prevention, and became UNODC.

Figure 3.1 : Continuum of drug policy advocacy orientation (O’Gorman et. al 2013):



Control reduction --- Harm reduction --- Use reduction --- Control reinforcement

O’Gorman et al. describe the different groups like this: the supporters of control reduction perceive of current global drug policies as inefficient and leading to crime, violence and corruption, and hence argues for a relaxation of drug laws. The harm reduction NGOs share some of these political views, but their main focus is on access to services and involvement of users in the services. The promoters of use reduction focus on education, prevention or drug-free recovery. Last, the NGOs supporting control reinforcement are opting for a drug-free world, and suggest that a reinforcement of drug control is necessary in order to manage this. So, in what ways have NGOs had the possibility to influence UN drug policy-making?

For many years NGOs had literally no influence on UN’s drug policy-making. The establishment of the Vienna NGO Committee on Drugs and Crime (VNGOC) in 1983, however, partly changed the situation. The committee brought together an extensive body of international, national and local NGOs with a wide range of political and ideological orientation, and started to advocate strongly for the recognition of these actors in UN drug policy debates. This has indeed led to important progress. Most importantly, the VNGOC has provided NGOs operating in the drug field with access to the Commission on Narcotic Drugs (CND) and the United Nations Office on Drugs and Crime (UNODC)⁵. Furthermore, the body has arranged a number of events in order to raise the voices and further cooperation between NGOs internationally.

A concrete example of this was the hosting of an NGO forum called *Beyond 2008*, arranged specifically for organizations operating in the drug field. Through the project, relevant NGOs were supposed to submit their experiences and opinions on their own achievements in drug control since

⁵ A similar Committee is found in New York (The New York NGO Committee on Drugs and Crime), but the Vienna NGO Committee on Drugs and Crime seems to have played the main role in the strengthening of interaction between NGOs and the UN system.

the UNGASS on drugs in 1998, and make recommendations to the CND, UNODC and INCB on future directions in the policy field (Toby and Parker 2009: 2).

In general, *Beyond 2008* showed a clear expansion of NGO activity not only in service provision and research, but also in policy development, advocacy and user involvement. The increase was especially evident during the last ten years. Since 1998, the number of full-time staff reported by the respondents doubled, and over a third of the organizations completing the questionnaire had actually been founded during this period. The evaluation also found a transition from top-down to bottom-up programs, and an increase in the involvement of vulnerable populations (ibid.: 6).

Despite the formidable increase in NGO activity in the drug field, however, when the NGOs were asked about their perception of their *influence* on policy decisions, the results were more mixed. This was partly seen as a result of lack of receptiveness from the national governments, inadequate funding and a lack of co-ordination between organizations. Moreover, many respondents remarked upon the challenges with being heard in the Commission on Narcotic Drugs (ibid.: 10).

In sum, then, there is no univocal picture on the actual influence of non-governmental actors on international drug policy-making. In this thesis I will approach the issue by assessing the 2016 United Nations General Assembly Special Session (UNGASS) on drugs. I will start by mapping out the activities and resources of the relevant NGOs. Then, I will trace their influence on i) the agenda setting of the session and ii) the policy formulation of the final outcome document. For explaining their level of influence, I will use a combination of structural and agency level factors. First, however, it is necessary to describe the choice of method.

4.0 Method

4.1 Choice of method

The research project started out with a qualitative approach, and has been characterized by an iterative process of data collection and theory development, typical for grounded theory. The data collection involved a triangulation between document analysis, semi-structured interviews and observations of relevant negotiations. There were several reasons why this research strategy was chosen.

First, I chose a qualitative approach because of the lack of existing literature on NGO activity in the drug field. For answering a quantitative research question, you need clear assumptions about the research aims and a complete overview of the relevant interviewees. These elements were not present at the beginning of my research project. Second, I wanted to explore *how* NGOs influence political decisions, rather than merely measuring *how much* influence these actors have on the negotiations. For such “process questions”, qualitative analyzes are more suited than quantitative analyzes. Third, the qualitative method inhibits an inherent openness and flexibility that allows for the discovery and exploration of new dimensions and relationships during the whole research period. This struck me as particularly appealing when analyzing the drug field, which is characterized by a high degree of change – not least in the period leading up to UNGASS 2016. Finally, with a qualitative approach you get a much more thorough understanding of the sometimes complex meaning of different words and concepts. In a polarized field such as the drug policy debate, this is especially important in order to go behind simplifying dichotomies and characteristics of the different perspectives and positions. During the data collection, the importance of these nuances was illustrated when actors promoting different drug policies had very different understandings of central terms, such as “harm reduction” and “user involvement” (discussed more thoroughly later).

However, choosing a qualitative approach also comes with certain challenges, such as the probability for reactivity between the researcher and the interviewee, difficulties with verification and a limited potential for statistical generalization. How these issues were dealt with is described more thoroughly in the discussion about validity and reliability below.

4.2 Document analysis

In order to determine the political position and the strategies applied by the non-governmental organizations, position papers, strategy documents and newspaper articles were analyzed. For assessing the level of activity and the political position of the different NGOs in UN drug policy negotiations specifically, I did an assessment of NGO statements handed in beforehand, comments by NGO representatives during the actual negotiations, NGO involvement in the organization of side events at the UN sessions and summaries of the negotiations in the aftermath of the sessions⁶. As described in the theoretical framework, a comparison of the access, activities and resources of the NGOs with the political process and the outcome of the negotiations is crucial for the assessment of their influence. While observations and interviews at the CND sessions were the main sources for studying the political process, the CND blog, which is updated regularly through the negotiations, also proved useful for this purpose. For analyzing the Norwegian government's response to the NGO inquiries, national drug strategies (especially "Opptappingsplanen" from 2015) were studied, and compared to the NGO inquiries, and grant schemes were also assessed.

4.3 Observations

For studying the situation in international drug policy negotiations, observations were done at the re-convened 58th session of the Commission on Narcotic Drugs (CND) December 8th-11th 2015 in Vienna and a Pompidou Group meeting in Oslo November 17th, 2015. Moreover, the CND inter-sessional meeting September 24th, 2015 and the interactive Civil Society Hearing February 10th, 2016 were followed by webcast.

For studying the *domestic* policy process in Norway, observations were done at a seminar arranged by the Norwegian Policy Network on Alcohol and Drugs (Actis) September 8th, 2015, a debate about the UNGASS negotiations held at Litteraturhuset November 19th, 2015, a seminar about drugs and mental health arranged by *Faglig Forum for Helse- og Sosialtjenesten* at Folkets Hus in Oslo February 9th, 2016, a hearing in the parliament by the Committee of Health and Welfare February 11th, 2016 and a Dialogue Meeting between the civil society and the Norwegian Ministry of Health and Social Affairs held in Oslo March 1st, 2016.

⁶ These factors were analyzed in connection with the 58th and the re-convened 58th session of the CND, both held in 2015, and focusing on the preparations to the UNGASS negotiations in 2016.

Observational studies especially proved useful during the initial phase of the research period, for developing my research questions and establishing contacts with potential interviewees. Also, the observations of the political negotiations in the CND gave me an insight into the dynamics of UN drug policy processes that would be difficult to achieve merely by document analysis or interviews. In addition to showing the political views of the participants, the observations also shed light on the interviewee's perceptions of the other actors. Moreover, by being present at the CND negotiations, I got the possibility to conduct interviews while the interviewees still had the negotiations fresh in mind.

4.4 Informant interviews

For assessing the actual participation of drug policy NGOs in international drug policy negotiations, their perception of current policies and their own and other organizations' influence in the field, informant interviews were a key source. The interviews were qualitative and semi-structured, where most of the questions were open-ended, and varied between the different interviewees, depending on their position and knowledge. In total, 25 interviews were conducted, audited and transcribed, in order to assure a thorough analysis of each interview. The interviews were a crucial part of the data collection, for several reasons. First, drug policy is a highly polarized field, characterized by disagreement and controversy. In this context, the different actors' underlying perceptions and intentions are especially important to grasp in order to understand the dynamics of the political process. Here, a qualitative and semi-structured interview is a particularly useful tool because this method allows the researcher to develop a relationship to the interviewee that is difficult to obtain in quantitative and structured interviews. Second, interviews were essential because of the lack of literature on drug policy NGOs. By asking the interviewees which organizations that they regarded as central to drug policy-making, it was easier to map out the most important organizations in the field.

The interviewees were selected strategically, based upon their participation in drug policy negotiations or the public debate on the topic. Because the United Nations is the main organization for negotiations on international drug policy, consultative status in the Economic and Social Council (ECOSOC) and participation in the Commission on Narcotic Drugs (CND) sessions in

2015⁷ served as the starting point for the case selection. To single out the most active NGOs in the drug field, several measures were used: i) statements handed in to the CND sessions beforehand; ii) level of activity and organization of side events at the CND sessions and iii) publication of summaries of the CND negotiations. However, while the CND is the main policy-making body for UN drug policy, participation in these negotiations is not the only way in which NGOs can influence international drug policy. Another channel is through the Vienna NGO Committee on Drugs (VNGOC), where NGOs without consultative status in the ECOSOC also can gain access. Thus, in order to broaden the case frame, participation and level of activity at the VNGOC meetings were also assessed.

For choosing specific representatives from the selected NGOs, the “position method”, where formal position serves as the basis for selection, was used. In most cases, the Chair of the NGO was contacted, but in instances where there was a person working specifically with international policy, this representative was chosen. While the majority of interviewees were NGO representatives, researchers and bureaucrats were also interviewed in order to capture a wide variety of perspectives. Moreover, some interviewees were selected because of their high level of participation in the public debate on the topic.

To study the domestic channels for influence on international drug policy, a more thorough analysis of the Norwegian situation was conducted. There were several reasons for using Norway as a case. First, Norway has recurrently been referred to as one of the most responsive countries to civil society input in the CND negotiations. The Norwegian government is one of the major financial supporters to the Civil Society Task Force (CSTF), established for the UNGASS on drugs, and is known for including civil society actors into its national delegation at the CND session. A more thorough analysis of the Norwegian situation might therefore give fruitful insights into the determinants for NGO influence, or contrastingly repudiate our beliefs about civil society involvement in Norway. Second, contrary to the reform-oriented NGOs that have been highly visible at the international level, the NGOs that have been most visible in Norwegian drug policy-making have mostly supported current laws. Studying the Norwegian case is therefore a good opportunity to evaluate the explanatory power of the findings from the international context. If the conditioning factors for NGO influence fits both of these arenas, our hypotheses are clearly

⁷ This includes the 58th session of the CND, March 9th-17th 2015 and the re-convened 58th session of the CND, December 8th-11th 2015

strengthened. Third, I already had knowledge about the Norwegian situation, and choosing Norway as a case therefore enabled a more in-depth analysis of the channels of influence than what would have been possible in the analysis of other countries.

4.5 Challenges to reliability and validity

There are different opinions on the ways in which qualitative research is best evaluated. While some qualitative scholars (e.g. Mason 1996) apply the same criteria in the assessment of qualitative research as in quantitative research, others (e.g. Guba and Lincoln 1989) argue that a qualitative approach needs its own criteria of evaluation. Relying on the works of Hammersley (1992) and Maxwell (2005), I will support a midway between these two positions. This implies that while the terms *validity* and *reliability* are used, they are interpreted in a somewhat more constructivist way than in the positivist tradition of quantitative approaches. In the words of Hammersley (1992:), we will use “a subtle realist account”, which accepts the notion of an external social reality, but simultaneously recognizes that we can never know what is true and not. The discussion will be structured according to three dimensions that are perceived to be especially relevant to this research project: researcher bias, reactivity and potential for generalization.

4.51 Researcher bias

A challenge that is often emphasized in qualitative analyses is *researcher bias* - that the perceptions, assumptions and theoretical background that the researcher brings into the analysis confounds or directs the findings (Maxwell 2005: 108). I have followed the public debate for several years. During this time, I have gradually become more skeptical towards the current regulation. Hence, my motivation for studying the field derived from an interest in the shortcomings of current regulation. This is likely to have affected the premises of the study, e.g. via choices about focus areas, the selection of interviewees and arenas for observation. However, in order to reduce the probability of researcher bias, I have tried to have a transparent research process, display the different steps in the research project and illustrate my findings with statements from the interviews. I have also made great efforts to include participants from the “prevention group” as well as representatives from various UN bodies and the Norwegian government to get accurate and non-biased information as to their positions in the areas I highlight. Also, the analytical framework for assessing NGO influence is likely to have limited the consequences of previous assumptions and views. Furthermore, I want

to emphasize that while I am critical of the current regime, I am not sure that a regulated market for illicit drugs is a better solution than the system we have today.

4.52 Reactivity

When conducting qualitative interviews, the relation between the researcher and the interviewees is central to the validity of the data. A common challenge in such analyzes is *reactivity*, that the researcher influences the research object or the settings under study. According to Maxwell (2005: 107), since it is impossible to avoid reactivity, the aim should be to understand it and use it productively, rather than try to eliminate it. So, in what way may reactivity affect this research project?

First, it is quite common that interviewees emphasize characteristics which they perceive as positive and downplay characteristics which they perceive as negative. In this context, reiterations about “the importance of including civil society” and “user involvement” points to a general understanding of civil society involvement as a positive trait. Thus, when interviewing politicians or bureaucrats, there is reason to believe that they will exaggerate their cooperation with non-governmental actors in order to appear democratic and inclusive.

In the interviews with NGO representatives, reactivity might have influenced the answers in different directions. On the one hand, it is possible that the NGO representatives might have exaggerated their own activities and involvement in political processes in order to appear engaged and hardworking. On the other hand, NGOs working in the drug field today are highly dependent on government (and private) fundings. In the competition about these goods, it is also possible that the interviewees may have underestimated their own possibilities for political influence.

To make sure that I had a correct picture of the interviewee’s political activities and influence, several steps were taken. First, both when interviewing politicians, bureaucrats and NGO representatives, I asked the interviewees to give me *concrete* examples of policy processes and describe the way in which they had participated and cooperated in each case. Second, I used a triangulation technique called EAR, developed by Arts and Verschuren (1999: 411), which relies on *ego-perceptions*, *alter-perceptions* and *researcher’s perceptions* (figure 4.1). In other words, the

interviewees are asked to describe their own as well as other actors' role, and the information coming from the interviews was also compared to other sources of information.

Ego-perception (E)	Views of key players with regard to their own influence (or its lack) on key topics in complex decision-making
Alter-perception (A)	Views of the other key players with regard to the influence (or its lack) of "ego" on key topics in complex decision-making
Researcher's analysis (R)	Validity check of ego- and alter-perceptions by the researcher on the basis of the indicators "goal-achievement," "intervention," and "anticipation"

Figure 4.1 The EAR Instrument (Arts & Verschuren 1999: 417)

In this project, however, there are several reasons for being especially sensitive to the issue of reactivity. First, drug policy is indeed a controversial issue, and the views on the best solutions to the problems are very polarized. Under these conditions, the interviewees are especially prone to front their own agenda and interests. Second, many of the interviewees were resourceful persons with high levels of education, a respondent group that is especially inclined to steer the direction of the interview.

The sensitivity around drug policies also partly served as a hindrance in the collection of data. Two interviewees simply refused to answer some of my questions, saying that "as of today it is not convenient to answer those questions" and "I don't think I should say anything about that." Some interviewees also said that they had to be careful with what he was saying if I were going to record the interview. The restraint was especially visible among the politicians. One of the government representatives for example avoided answering some of my questions when I was recording, but talked very freely when I turned the recorder off. The sensitive nature of the policy field and the characteristics of the interviewees thus led to several challenges in the steering of the interviews. In order to limit the impact of this challenge, I kept a neutral researcher role. For example, I avoided using terms like *prevention* and *harm reduction*, which are often related to certain standpoints in the drug debate. Moreover, I always started the interviews with easy and uncontroversial questions, saving questions that might be sensitive till the end of the interview.

When comparing the interviews conducted in the beginning of the data collection phase with later interviews, there are certain differences. As I had conducted a high number of interviews, it gradually became easier to interpret the statements of the interviewees, ask relevant questions and put their narratives into a wider context. However, one factor also became more challenging later in the data collection phase. As I had gained a thorough knowledge about the field, it was sometimes difficult to retain an open researcher role because I often had clear expectations of what the interviewees were going to say. As a consequence of this, I might have missed some new insights or illustrative statements.

4.53 Potential for generalizations

Qualitative studies are sometimes criticized for being unfit for generalization because of the lack of probability sampling and a structured data collection. Scholars using this approach, however, counter these claims, saying that the aim of qualitative studies are *theoretic generalization* (Mitchell 1983) or *analytic generalization* (Yin 2009), rather than generalizing to a larger population. Others (e.g. Williams 2002), however, argue that qualitative research also can be used to draw some general inferences to a wider universe, or what he refers to as *moderatum generalizations*.

The concrete goal of this research project was to study the influence of NGOs in international drug policy-making, focusing on the UNGASS process. However, as the analysis is based on the works of scholars such as Smith (2006) and Betsill and Corell (2008), the findings may contribute to the general literature on NGO influence in international policy-making processes. In this way, the study inhibits ambitions about a certain degree of analytic generalization. A prerequisite for any such generalization, however, is a thorough understanding of the issue area and the most central concepts and dividers. Way too often, the NGO community is seen as one unified actor with one set of interests, goals and values. In order to avoid such simplifications, the first step in the analysis will be to assess the different landscape of NGOs involved in the negotiations in the UNGASS process. What kind of focus areas do they have, where are they located, what political stance do they promote and how do they participate in the policy process?

5.0 Harm reduction and prevention:

The main positions of NGOs in UN drug policy-making

5.1 Introduction

In this chapter I assess research question number one: “What were the main positions among NGOs at the 2016 UNGASS?”. When studying the 2016 UNGASS, I quickly learned that there is a diverse landscape of non-governmental actors involved in drug policy-making, including researchers, public health workers, former and current drug users, next-of-kin to drug users, youth organizations, police associations and humanitarian organizations. Despite this big variety of participants, however, it was possible to identify two main groups in the negotiations: one group gathered under the umbrella organizations World Federation Against Drugs (WFAD), opting for a drug-free world and supporting the three UN conventions, and another group gathered under the umbrella organization International Drug Policy Consortium (IDPC), seeing a drug-free world as unrealistic and consequently focusing on harm reduction rather than prevention of illicit drug use. Among the interviewees, there was some variety in the terms that were used to describe this division, but the most common terms was “the prevention group” and “the harm reduction group.” Even the leader of the Vienna NGO committee, which is supposed to promote the views of all voices in the civil society, spelled out this division directly:

“I don’t think it is a good thing, but there are two teams. There’s a harm reduction team and there’s a prevention team.”

(Esbjörn Hörnberg, Chair of the Vienna NGO Committee and Executive Director of the International Organization of Good Templars (IOGT), interview December 13th, 2015)

Hörnberg’s statement illustrates the highly polarized character of international drug policy-making. As will be shown in the following discussion, the two groups to a large degree resembles EMCDDA’s division between control reduction or harm reduction on the one side and use reduction or control reinforcement on the other.

5.2 The prevention group

The World Federation Against Drugs (WFAD) is an umbrella organization constituted by 148 NGOs that are engaged in the drug field and promote restrictive drug policies. Although abstinence is no requirement for membership, the organization's temperance roots are evident in the conditions for membership, which requires the members to "live a life free from illicit drugs" (WFAD 2016a). A large part of the member organizations promotes a Christian world view, and although the umbrella organization was not established before 2009, many of its organizations are much older, with roots in the alcohol temperance movement in the 19th Century⁸. Furthermore, among its 139 organizations, 56 are seated in Africa. Typical for these organizations are both their Christian world view and their focus on illicit drug as a development problem in poor countries. In addition to the Christian organizations and the humanitarian organizations, the WFAD also includes a number of treatment centers. Common to all of the actors, however, is their goal of a drug-free world, and their support of the current prohibition (WFAD 2016a; WFAD 2016b). In the statutes of the organization, it describes its approach to drug policies like this:

A balanced policy of drug abuse prevention, education, treatment, law enforcement, research, and supply reduction provides the most effective platform to reduce drug abuse and its associated harms.

(World Federation Against Drugs, WFAD, 2016c)

As illustrated in the excerpt, WFAD sees prevention as the main solution to the challenges coming from illicit drug use, and claims that law enforcement is an essential part of drug policies. When studying the argumentation of the prevention-oriented organizations more closely, the support for restrictive drug policies largely seems to come from a focus on protecting children and youth from drug abuse. In their political platform, WFAD cites the UN Convention on the Rights of the Child for explaining the necessity of strict drug policies, (WFAD 2016c), and also when studying its contributions to the UNGASS negotiations, the focus on children's rights is visible:

⁸ The most well-known example is perhaps International Organization of Good Templars (IOGT), founded in 1851 in order to promote "temperance, peace and brotherhood" (IOGT 2016)

“Perpetrators’ minimum rights cannot be the primary concern for policy-making. The victims’ rights have to come first. In the case of illicit drugs, the child is the explicit *prima facie* victim.”

(Dahlgren and Stere 2016: 32).

The statement mirrors a central conflict in the discussion about drug policy, namely who should be the base when designing drug policies. As illustrated in this excerpt, the prevention-oriented organizations see children as an especially vulnerable group, that is often negatively affected by illicit drug use, and consequently needs particular protection. The prevention group’s support for the current prohibition stands in stark contrast to the political views of the harm reduction-oriented organizations.

5.3 The harm reduction group

Contrary to the prevention-oriented organizations, the harm reduction group regards the idea about a drug-free world as unrealistic, and claims that prohibition in itself has massive negative effects. Typically, they argue that the main focus of drug policy should be to reduce the negative *consequences* of drug use, and not opting for a drug-free world. The most evident example of the harm reduction position is the umbrella organization International Drug Policy Consortium (IDPC). IDPC was established in 2006, and is constituted by 148 reform-oriented organizations from all over the world. In contrast to the prevention group, most of the IDPC members are newly established, and mainly seated in the United States and Western Europe. Furthermore, the umbrella includes well-known actors such as the Drug Policy Alliance (DPA), the Harm Reduction Coalition (HRC), the Beckley Foundation and Transform Drug Policy International. When studying the political platform of the IDPC, the criticism of the current drug control regime is evident:

“The 2009 Political Declaration on drugs aims to “eliminate or reduce significantly” illicit production and demand, drug-related money laundering. We have clearly failed to achieve these goals - and the UNGASS must focus instead on how the international drug control regime contributes to broader UN objectives such as public health, human security, social and economic development, and human rights.”

(International Drug Policy Consortium, IDPC, 2015: 3)

The excerpt above is from IDPC's proposals to the 2016 UNGASS. As illustrated here, the organization is highly critical of the overarching goal of a drug-free society, which they claim is counter-productive to international human rights and health. Consequently, they opt for a redefinition of the current regime. When studying their political suggestions, it soon becomes clear that such a reform not only include a widening of harm reduction measures and decriminalization of use and possession of small quantities of cannabis, but also introduction of a regulated market for certain illicit drugs. The organization emphasizes "policy experimentation and innovation" and inter alia states that "the legal regulation of coca and cannabis markets is promising alternatives from which the international community must learn" (IDPC 2015: 4).

Contrary to the prevention group's focus on youth and children, the harm reduction-oriented organizations focus on the users (and to some degree also the producers) of illicit drugs. IDPC claims that the human rights of these groups so far have been neglected, and consequently calls for an end to the criminalization of drug use and small-scale production (IDPC 2015: 5). The user orientation is also visible when studying the member groups of the umbrella organization. As a central part of IDPC is the International Network of People Who Use Drugs (INPUD), a network of former and current users. The main aim of INPUD is to promote the rights of people who use drugs, and under the motto "Nothing about us without us", the network promotes an increase in user involvement in drug policy-making (INPUD 2016).

So far, the analysis has shown how the difference between the prevention group and the harm reduction group partly derives from a different member base and focus area. On a higher level, however, the disagreement can also be explained through the groups' perception of illicit drug use and view on individual freedom.

5.4 Illicit drug use: Criminality or disease? Or even a human right?

How can we understand illicit drug use? Is it a criminal offense that should be handled by the police? Is it a disease that is best handled by the public health system? Or is it neither a crime nor a disease, but rather a human right to use whatever drug you want? In recent years, a number of scholars have studied the developments in the perception of drug use. The general view is that while drug use earlier was perceived as a criminal issue, the massive criticism of the so-called "war on

drugs” combined with the coming of the HIV/AIDS epidemic resulted in a more health-based approach to the issue (e.g. Ólafsdóttir 2001; Tammi 2004; Hunt 2004).

Tammi (2004) describes how public health workers and next-of-kin played important roles in this development. Frustrated by the high number of deaths coming from the HIV/AIDS epidemic in the 1980s and 1990s, they argued that a more health-based approach was needed in order to save the lives of these people. In the 1990s and early 2000s, this perception was further strengthened by the introduction of opioid substitution therapy (OST) and the controlled use of heroin in treatment, measures that especially have been promoted in a number of European countries (ibid.). The last decades, however, scholars have remarked upon a third, and even more liberal approach to illicit drug use that does not only criticize the criminalization of drug users, but actually promotes the drug use in itself, arguing that it is a human right to use whatever drug you want. In the words of Hunt (2004), this approach can be described as a “strong version of harm reduction”, which prioritize human rights over public health.

When comparing the WFAD and the IDPC, there is little doubt that the two group’s perception of drug use is clearly different. WFAD can be described as a middle position between a criminalization approach and a public health approach. As described above, the umbrella organization includes a number of treatment centers, and emphasizes the centrality of prevention when designing drug policies. Simultaneously, the organization also underlines the need for limitations on individual freedom and for law enforcement in order to counter the negative effects of illicit drugs. This was also clearly formulated in interviews with representatives from several of the member organizations of WFAD:

“We want to keep it as it is. We gladly want to focus on health and prevention, but still not leave the criminal justice control, because this control also plays a great part of the solution.”

(Erik Leijonmarck, Chair of European Cities Against Drugs, ECAD,
interview December 13th, 2015)

“By accepting certain limitations on our access to drugs, we reduce the risk of other people getting drug problems.”

(Mina Gerhardsen, Chair of Actis, *Dagbladet*, March 23rd, 2015)

IDPC, on the other hand, strongly criticized the perception of drug use as a crime, with its promotion of decriminalization and regulation measures. Furthermore, among some of the member organizations there are also evident signs of the human rights based approach described by Hunt. The most evident example of this is perhaps found among the user organizations. As one of their six main principles, INPUD emphasizes that one should respect “the right of people to use drugs or not” (INPUD 2016). Also in an interview with the Chair of one of the user organizations, the focus on individual freedom was evident:

“We work for people’s right to choose their own life (...) It should be the same for everyone, no matter what drug you take.”

(Berne Stålenkrantz, Chair of the Swedish Drug Users Union (SDUU),
interview February 17th, 2016)

While the prevention-oriented organizations also support the notion of user involvement, to some degree, they seem to think that this inclusion often comes at the cost of other groups. An evident example of this came in an interview with the leader of the Vienna NGO Committee, who belongs to the “prevention group”:

“One is gradually starting to focus completely on the individual user. Human rights for the society have already been, and this we don’t have to care about anymore. Except for the people who are experiencing abuses, the people in jail (...) I understand that the users are marginalized. But that it should be a human right to keep on using drugs if you want to, that I have more difficulties with.”

(Esbjörn Hörnberg, Chair of the Vienna NGO Committee and Executive Director of the
International Organization of Good Templars (IOGT), interview December 13th, 2015)

In sum, there has become a rhetorical battle between the two groups, where each side mobilize a human rights discourse, in the defense of their political views. While the harm reduction group promotes a drug reform on the basis of the human rights of drug users and farmers of illicit drugs, the prevention-oriented organizations are more concerned with protecting the wider society from the negative consequences of illicit drug use, especially for children and young people.

Now that I have described the political landscape of NGOs involved in drug policy-making in the 2016 UNGASS, the next step in the analysis of their influence on the negotiations is to assess the relative power balance between these actors. For doing this, I will study i) the activities and ii) the resources of the two groups. What activities did they engage in, and what human and economic resources did they have?⁹

5.5 Assessing the activities and resources of the two groups

When comparing the prevention-oriented and harm reduction-oriented organizations, there are some evident differences. The most visible difference is perhaps the economic resources of the organizations. IDPC, on the one hand, has very strong sponsors. Among its donors are the multi-millionaire George Soros' Open Society Foundation (OSF), the Robert Carr Fund and the European Commission's Drug Prevention and Information Programme. Furthermore, estimates from the Open Society Foundation shows that during the last three decades IDPC received 22,5 million dollars only from this foundation (IDPC 2016). The WFAD group does not have nearly the same economic resources. According to the Chair of the organization (Nilsson 2016), the umbrella organization relies solely on project fundings and contributions from its member organizations. Keeping in mind that the majority of these organizations are located in Africa or Asia, and have small budgets (WFAD 2015), this constitutes a great challenge for the organization¹⁰. Contrary to the IDPC, WFAD only has one employee, while all of the others in the Secretariat works on a voluntary basis (Nilsson 2016). Furthermore, when talking to a representative from a prevention-oriented humanitarian NGO, inadequate economic resources was seen as the main challenge for the prevention group:

"It's a big problem that it is mainly American and European organizations that can afford to these meetings, while voluntary organizations from the South are not heard."

(Dag Endal, program coordinator, FORUT, interview March 1st, 2016)

⁹ This approach is in line with the works of scholars such as Betsill and Corell (2008) and Scholte (2014)

¹⁰ The challenge of inadequate economic resources for NGOs based in developing countries is a well-known problem also in other parts of the UN system (e.g. Brühl and Rittberger 2001)

A similar description was put forward by the leader of the Vienna NGO Committee:

“IDPC has been so strong, so well-financed, from Soros and others, while the prevention group is much bigger, but much less well-financed and influential. It doesn’t have the same influence.”

(Esbjörn Hörnberg, Chair of the Vienna NGO Committee and Executive Director of the International Organization of Good Templars (IOGT), interview December 13th, 2015)

In addition to the budgetary differences, the prevention group and the harm reduction group also varies in their professionalism. Led by Tony Blair’s former “drug czar”, Mike Trace, the IDPC has a big secretariat with long experience in policy-making. The professionalism is mirrored in several ways. First, IDPC stands out as the clearly most active participant in UN drug policy-making. The umbrella organization participates at all relevant events, including formal negotiations, civil society hearings and meetings in the Vienna NGO Committee, and in cooperation with national governments. Second, through daily essays on its website and regular releases of academic articles on drug policy, the IDPC is an important actor in the public debate outside the UN corridors.

When studying the harm reduction group, the diverse nature of the group is striking. In addition to the user organizations and political activists, the harm reduction group includes a number of representatives from the academic community. Two evident examples of this are the Beckley Foundation, established by the wealthy British Countess Amanda Feilding, and supported by a number of prominent researchers, such as David Nutt and Robin Room, and the Drug Policy Alliance, led by the famous political scientist Ethan Nadelmann. Despite the diverse nature of actors, however, the harm reduction group seems to be highly successful in alliance building. When talking to the leader of the Vienna NGO Committee, he described the harm reduction organizations as “one big network”, while the prevention organizations seemed to belong to a number of different networks.

“I know so many different groups from different network. While the harm reduction group is one big network.”

(Esbjörn Hörnberg, Chair of the Vienna NGO Committee and Executive Director of the International Organization of Good Templars (IOGT), interview December 13th, 2015)

The two groups also differ clearly in their level of activity in the public debate. The harm reduction group has promoted its views through a long list of well-known people. The best example of this is perhaps the Global Commission on Drug Policy (GCDP), which can be described as the harm reduction group's public face. Made up of a long list of well-known people, such as the former Secretary General of the UN, Kofi Annan, the business magnate Richard Branson and the former statesmen of Mexico, Brazil, Colombia, Chile, Peru, Greece, Portugal and Switzerland, the Commission has been a radical voice in the drug policy debate since its establishment in 2011, inter alia promoting pilot projects with regulated markets of coca and marijuana (GCDP 2014; 2016).

WFAD, on the other hand, does not have the same professional leadership or political strategy as the IDPC. Contrary to the harm reduction group, it does not have any well-known faces promoting their political views, and an assessment of the organization's board shows that the majority of the Secretariat has a background in the public health system or the religious community rather than political lobbying or organizational work (WFAD 2016d).

In the following discussion, I will show how these differences in professionalism, economic resources and alliance building has given the harm reduction group the upper hand within the NGO community in the UN system.

5.6 The harm reduction group gains the upper hand

Analyzing the structure of the Civil Society Task Force (CSTF), the official liaison for NGO participation in the UNGASS process, at first glance, there seems to be a relative balance between the prevention group and the harm reduction group. In addition to a representative from the World Federation against Drugs ("the global voice" for prevention) and a representative from Harm Reduction International ("the global voice" for harm reduction), the CSTF includes six representatives for affected populations. Among these, there is one representative for current users, one for former users, one for youth, one for families of drug users, one for farmers of illicit drugs and one for palliative care (UNODC 2015h). However, when studying the NGO participation more thoroughly, there is little doubt that the prevention-oriented organizations are losing ground to the harm reduction-oriented group:

“The NGO Committee here used to be constituted by zero tolerance organizations. But now serious reform-oriented organizations have become more influential, and the zero tolerance groups, at least by the progressive governments, are considered some kind of an irrelevant fringe. Even the UNODC and the Secretariat here, I think have moved away from that.”

(Martin Jelsma, Political scientist at the Transnational Institute, TNI,
interview December 9th, 2015)

“The civil society representation has been very skewed. Dominated by American harm reduction people and legalization people. The 10th of February almost the whole hall was filled up with these people.”

(Dag Endal, program coordinator, FORUT, interview March 1st, 2016)

“I think there is a dominance of organizations focusing on reform, legalization or harm reduction (...) The most important is probably IDPC, with a big stab and a lot of resources.”

(Stig-Erik Sørheim, Adviser on International Policies, Actis, interview February 5th, 2016)

As illustrated in the excerpts, NGO representatives from both sides agreed that the harm reduction group has gained the upper hand during the last years. This description is also supported by other data sources. Relying upon observations at the 2015 CND sessions and reviews of earlier sessions, IDPC seems to cooperate closely with several governments. In cooperation with national delegations, the umbrella organization has become one of the main organizers of side events at CND sessions (UNODC 2016b). At the CND session in 2016, the umbrella organization inter alia held a side event about decriminalization with the Czech government, a side event about harm reduction with the German delegation, a side event about sustainable development with the Norwegian government and a side event about proportionate sentencing with the Uruguayan government (ibid.). While the side events are a much less visible way of influencing a policy outcome than direct participation in the negotiations, they are a direct link to national delegations. Also when studying the inputs from the Civil Society Task Force to the UNGASS document, the harm reduction position is more prominent than the prevention position:

“Harm reduction is a key priority for the majority of civil society organizations working in the field of drugs. Harm reduction services should be widely available and freely accessible to all people who use drugs (...) Governments and UN agencies (in particular UNODC) should address legal, policy and ideological barriers to harm reduction.

(Civil Society Task Force, CSTF, 2015: 2).

As illustrated in the excerpt, the CSTF clearly support harm reduction measures, and promotes a widening of such services. Keeping in mind the controversy linked to this issue area, this recommendation is rather inconspicuous. Moreover, by also addressing the ideological barriers to these measures, the Task Force takes a clear standpoint in the wider debate on drug policy, implicitly supporting a more reform-oriented perspective. When it comes to law enforcement, the CSTF does not explicitly advocate decriminalization or legalization of any drugs. However, their support for “greater policy experimentation by member states” could be interpreted as opening up for a movement in this direction.

5.7 Conclusion

The NGO community involved in UN drug policy-making can be divided into two “groups”: a *prevention* group that opts for a drug-free world and supports the current prohibitionist regime and a *harm reduction* group that perceives the goal of a drug-free world as unrealistic, and consequently focuses on reducing the harms with current drug use. The prevention-oriented organizations typically have roots in the Christian temperance movement, are based in African or Asian countries, and focus on the consequences of illicit drug use for children and youth. The harm reduction-oriented organizations, on the other hand, are more newly established, most of them in the US or Europe. These organizations promote a more liberal world-view, and especially focus on the rights of the users of illicit drugs. In recent years, the harm reduction group has gained the upper hand in international drug policy-making, inter alia due to a professional secretariat, economic grants and successful alliance building. In this way, the analysis supports the claims of the agency-level oriented scholars, who focus on the possibilities NGOs have to change policies. As will be shown in the following chapter, however, certain structural factors still seem to have limited the influence of the reformist voices within the civil society on the political outcome of the UNGASS.

6.0 The institutional stalemate:

Channels and hindrances to NGO influence at the UN level

6.1 Introduction

At the outset of the UNGASS process, the inclusion of civil society was officially a central theme. UN Secretary General, Ban Ki-moon emphasized that it should be “a wide-ranging and open debate.” It was established a *Civil Society Task Force* during the UNGASS preparatory process in March 2015, to “ensure a balanced and inclusive civil society engagement and coordination” (UNODC 2016). It was made clear from key actors in the UN system that the voices of “on the ground” should be heard. In contrast to earlier sessions, where the involvement of civil society actors mostly had happened in civil society hearings with low level of attendance, this time it was also arranged a so-called “informal interactive stakeholder consultation.” Here, NGOs and representatives from the academic community had the chance to engage in dialogue with national delegates and UN secretaries. Also in the formal negotiations in the CND, the civil society was allowed a more participatory role, interspersed with government delegations, rather than tacked at the end of the negotiations, like earlier.

During the preparatory process, however, there was increasing criticism about the lack of *real* inclusion of civil society organizations. In March 2016, shortly before the UNGASS meeting in New York, an alliance of 189 NGOs submitted a highly critical statement to the UNGASS Board. The statement inter alia claimed that the process had been non-inclusive and non-transparent, and that the outcome was entirely out of sync with the reality:

“The UNGASS is now perilously close to representing a serious systemic failure of the UN system (...) “This goal (of a drug-free world ed. note) is not aspirational, it is delusional and dangerous, framing and distorting the whole policy response, prioritizing the elimination of drugs above health, well-being, human rights, and the reduction of drug-related harm” (ibid.).

(Transnational Institute, TNI 2016)

As the three-day session started out in the General Assembly in New York, the frustration among civil society actors became even more pronounced. Representing a group of former statesmen and world-known political leaders (*The Global Commission on Drug Policy*), Sir Richard Branson's critique of the process was harsh: "UNGASS was fatally flawed from the beginning (...) The process was a closed-door affair and excluded important voices from across the UN and civil society" (Glenza 2016).

Also when studying the political outcome of the 2016 UNGASS, there are few signs of the reformist voices from the civil society. The document reiterates the commitment to work for "a society free of drug abuse", and emphasizes the "tangible progress" that has been made in international drug policy so far (CND 2016). These goals have little resemblance to the harm reduction position, which characterizes the NGO community in the negotiations. In this chapter I assess research question number two: *In what ways did NGOs influence the outcome of the 2016 UNGASS at the international level?* I argue that the combination of political conservatism among key actors in the policy-making process, a consensus-based system and earmarked funding are some of the keys to understand the lack of influence of the reform-oriented voices from the civil society on the UNGASS outcome. Let me first turn to a surprising and not much recognized start of the UNGASS, resulting in the transfer of power from the General Assembly to the CND.

6.2 The General Assembly abdicates; the CND strengthens its power

When studying the formal access of NGOs to the 2016 UNGASS in New York, it may seem like a rather open and inclusive system of negotiations. The session was open to all UN entities and specialized agencies, as well as a wide range of international, regional and non-governmental organizations. In addition to the general debate, the session included five so-called interactive roundtables, where both member states and civil society actors had the chance to put forward their opinions (CND res. 57/5: 5). However, when studying the process more thoroughly, the outcome seems, to a large degree, to be steered by an alliance of prohibition-oriented member states and UN secretaries. In order to understand this, we have to take a closer look at the procedural arrangements of the Special Session.

In 2014, the General Assembly decided that the preparatory works of the UNGASS should be done by the CND (res. 69/200 and 69/201). Through a number of meetings between January 2015 and April 2016, the Commission was supposed to make an outcome document. Then, in a three-day session in the General Assembly April 19th-21st, 2016, this document would be discussed, and the final document would be adopted. For people from the outside, such procedural issues might seem like a minor detail. However, people familiar with UN negotiations know that procedural issues are often used by member states in order to affect the substantive outcomes (e.g. Keohane 1967; Kaufmann 1980; Sabel 1997; Smith 2006). In the words of Keohane (1967: 233) “votes on procedural issues are often far more important than votes on the substantive issues with which they are associated.”

The truth of this statement was vividly illustrated at the opening of the three-day session in New York, when the leader of the negotiations declared that the adoption of the CND document would be done *before* the general debate and the interactive discussions. Consequently, what was termed “preparations” in the CND in reality turned out to be the actual and final negotiations, while the three-day session in the General Assembly in New York literally had no effect on the UNGASS outcome. The decisions were already made. Rather than a “General Assembly Special Session” in April 2016, it seems to have been a number of “CND Special Sessions” throughout 2015.

This transfer is likely to have affected the political outcome in several ways. First, by moving the negotiations from the General Assembly to the CND, a number of UN agencies and international organizations were excluded from the policy process. When assessing the political stance of these actors, the importance of this exclusion becomes visible. In recent years, a number of these actors have indeed become important voices in the support for a drug policy reform:

“After 40 years of repressive responses, it is time to transition towards a comprehensive health and human rights approach. It is time to write the wrongs of global drug policies. My big brother Kofi Annan has a say – drugs destroy many lives, but drug policies have destroyed many more. In fact, the world is failing to protect the health and human rights of PWUD.”

(UNAIDS, Special Session in the General Assembly,
New York, April 19th, 2016)

“In 1979, 10 countries had the death penalty for drug offenses. Now we have 33 such countries (...) We need a human rights based approach for how we treat drug offenders. They should be treated as people with need. I support the decriminalization of people who use drugs.

(Office of the High Commissioner for Human Rights, OHCHR, Special Session in the General Assembly, New York, April 19th, 2016)

The excerpts illustrate how both UNAIDS and the United Nations Human Rights Office (OHCHR) claim that the prohibition of illicit drugs has more negative than positive consequences, and accordingly opt for a drug policy reform. These are only two of a number of international actors who have promoted a change. An assessment of the contributions to the UNGASS outcome shows that also WHO, UNHCR, UNDP, UNESCO, UNODC, ILO, UNICEF and UN Women support decriminalization of illicit drugs (UNODC 2016; TNI 2016). A number of international organizations (e.g. the World Bank, the International Federation of Red Cross and Red Crescent Societies) and regional organizations (e.g. the Organization of American States, OAS, and Union of South American Nations, UNASUR) have also promoted decriminalization policies (UNODC 2016; TNI 2016). Hence, there is little doubt that there was a momentum for change in the international community concerned with drug policy. Real discussions in the General Assembly would thus have opened up for more transparency in the process, possibly even an amendment of the current treaties. When the negotiations were limited to the preparatory stages and in reality took place within CND, this opportunity was lost. In order to understand this, it is necessary to take a closer look at the dynamics in the Commission.

6.3 CND: Political polarization and consensus voting

As described above, the Commission on Narcotic Drugs is the main drug policy-making body in the UN. As a functional commission of the Economic and Social Committee, the Commission's 53 member states are elected by the ECOSOC, based upon the informal rules of geographical representation in the UN. Many of the members in CND are of course situated far from each other when it comes to drug policy reform. On the one side, a group of European and Latin-American countries, such as the Netherlands, Portugal, the Czech Republic, Colombia and Ecuador promotes the move towards a more health-based and human rights-oriented drug policy. Some of the measures that they promote are a ban of the death penalty, widening harm reduction measures and

decriminalization or regulation of illicit drugs. In the UNGASS negotiations, two of the countries that were the boldest supporters of such changes were Colombia and the Czech Republic:

« (...) drug policy has failed dramatically, intended to protect people but based on criminalization and punishment. Our efforts have had detrimental effect on public health. If we do not admit our failure, we will fail again”

(Czech Republic, 1st roundtable, UN General Assembly Special Session,
New York, April 19th, 2016)

“Drug policy can’t be assessed on good intentions, but on its outcomes. Intention to find a drug-free world, which is the goal of the current drug war, has been accompanied with a repressive focus that has affected the most vulnerable.”

(Colombia, 3rd roundtable, UN General Assembly Special Session,
New York, April 21st, 2016)

On the other side of the policy spectrum, an alliance of countries in Asia and the Middle East, such as Singapore, China, Iran, Russia and Saudi Arabia promotes highly prohibitionist drug policies. Emphasizing their national sovereignty, they continue to use measures such as the death penalty and forced eradication of crops in order to “counter the drug problem.” Moreover, with a one-eyed focus on combatting illicit use and production, they refuse the use of harm reducing measures and limit the availability of essential medicines (Drummond 2014; Economist 2015). Also in the country statements at the Special Session these views were reflected:

“In the run up to UNGASS, some pessimists argued that we lost the war on drugs. This is not the case. We must continue our fight.”

(Russia, the 6th plenary meeting, UN General Assembly Special Session,
New York, April 21st, 2016)

“We see two approaches – harm reduction and demand reduction, in Singapore we use demand reduction in our fight against drugs (...) We have targeted preventive education and tough laws to prevent drug use. We have not seen the need to go down the route of harm reduction, we have very little HIV rates and death from overdose. In our opinion, you move to harm reduction if demand reduction has not worked.”

(Singapore, 1st roundtable, UN General Assembly Special Session,
New York, April 19th, 2016)

Russia’s statement to a large degree resembles the “war on drugs” rhetoric typical for the US approach in the 1960s and 70s. The statement from the representative from Singapore is more subtle, typical for the current rhetoric in UN drug policy-making. The excerpt supports the claim that the term “harm reduction” increasingly is becoming a symbol of the division between actors supporting a prohibitionist line and the more reform-oriented actors.

Negotiations in a field characterized by a high degree of political polarization are never easy, and as described by Betsill and Corell (2008), a high level of contention also decreases the influence of civil society actors. Moreover, in the case of CND, the consensus system makes agreements even more unlikely. As a result of the consensus voting procedures, the treaties are generally characterized by vague wording that can be accepted by all member states, and CND’s work therefore mostly reaffirms existing decisions (Fazey 2003: 159).¹¹ Moreover, although an increasing number of delegates in CND come from the health and social care services, the majority of member countries are still represented through the justice and security sector. As a result, the focus in the debates still often lies at the criminal justice dimension rather than the health-related dimension of the policy field. When assessing the UNGASS process, there is little doubt that the combination of political polarization and consensus system served to limit the influence of reform-oriented voices in the civil society.

At the first glance, there seems to have been a high degree of receptiveness towards civil society participation in the UNGASS process. First, the number of NGO representatives present at the negotiations was higher than ever before. Second, in contrast to earlier years, where NGO representatives have been tacked at the end of the session, if time allowed, this year they were

¹¹ Similar points are made about other parts of the UN system by e.g. Buzan 1981: 345 and Tolley 1983: 49

interspersed with government delegates and UN bodies throughout. However, a more thorough assessment of the issue shows that the inclusion of civil society was actually among the most contentious issues in the negotiations, strongly negated by a number of conservative member states.

Already during the procedural negotiations, the issue of civil society access to the UNGASS resulted in a quarrel between reform-oriented and prohibitionist countries. Leakages from informal negotiations showed that China, Venezuela, Cuba and Pakistan, all countries which are skeptical towards drug policy reforms (Economist 2015), were opposed to mention the Civil Society Task Force (CSTF) in the UNGASS resolution. This resulted in a stalemate in the negotiations (IDPC 2015: 25). In the end, a compromise was reached, where they mentioned the importance of including civil society actors, but leaved out any mentioning of the Civil Society Task Force (CND res. 58/8). During the UNGASS preparations, the consequences of the consensus system and political polarization became increasingly evident, when also the negotiations about the substantive issues were moved to informal settings, cut off from civil society insight.

6.4 Increase in informal negotiations in the CND

The sessions of the CND are divided into different types of negotiations. In *the Committee of the Whole*, all members meet to discuss draft resolutions. These meetings are open to NGOs with consultative status in the ECOSOC. However, sensitive and complex issues are often on the agenda. In these situations representatives from the different member states may find it difficult to declare their positions and agree upon text drafts in the open negotiations. Then they typically ask for so-called *informal* drafting committees, which are more closed forums where NGOs most often are not allowed to attend. This is common practice in most UN bodies, meant to allow the delegates to promote the interest of their national government while also arriving at compromises with other delegates (Smith 2006: 225). Furthermore, if certain member states still cannot reach an agreement in these informal negotiations, a new level of so-called *informal informals* is arranged. These are even more restricted and closed meetings. Often important bilateral negotiations between key members take place on these occasions (UNODC 2015c).

During the UNGASS process, the centrality of informal negotiations gradually became more visible. Every time there was a strong disagreement in the Committee of the Whole, in particular regarding topics such as decriminalization or harm reduction measures, the Chair routinely

suggested that the issue should be discussed in informal negotiations. This development was also mentioned by the International Drug Policy Consortium, in their summary of the 58th Session of the CND. According to them, because of the controversial nature of the UNGASS negotiations, most of the key questions concerning this process were discussed in such informal consultations (IDPC 2015: 25).

However, to some degree, some NGOs have managed to bypass this hindrance. First, at least the first layer of “ordinary” informal negotiations are not necessarily very well controlled, and there have been incidents where NGO representatives have managed to sneak into the negotiations unnoticed, spreading leakages to the public (e.g. IDPC 2015: 25). Second, some member countries have in fact allowed NGO representatives into these informals, as a statement of their support of civil society inclusion.¹² However, relying upon the interviews with NGO representatives, the most controversial issues are to some degree still cut off from the insight of civil society:

“Five years ago, there were often fights over whether civil society participants should be allowed into the Committee of the Whole, for example. That’s no longer any discussion. But the *informal informals*, they are becoming an escape mechanism for the countries that not like at all NGOs looking over their shoulders.”

(Martin Jelsma, Transnational Institute, the Netherlands, interview December 9th, 2015)

“An important part of the negotiations in Vienna happens in the so-called *informal informals*, and here the civil society does not have access.

(Torbjørn Brekke, Senior adviser at the Ministry of Health and Care Services,
interview February 3rd, 2016)

Jelsma represents a reform-oriented Dutch think-tank; Brekke represents the official Norwegian policy position. Both emphasize the importance of these *informal informals*. Hence, there is little doubt as to their importance during the UNGASS process in CND.

¹² Torbjørn Brekke from the Norwegian delegation to the CND and Stig-Erik Sørheim from Actis described one example of this practice where the Norwegian delegation had included Actis in their delegation, to the despair of many other member states.

So far, I have showed how the combination of political polarization, consensus-voting and informal negotiations in the CND has served as a hindrance to civil society involvement in international drug policy-making. In addition to these institutional characteristics, however, the lack of receptiveness towards civil society involvement is also likely to derive from political conservatism in the UN secretary. The most evident example of this is the International Narcotics Control Board (INCB).

6.5 INCB: Politicization of the scientific board

In addition to the CND, UN drug policy is to a large degree guided by the work of the International Narcotics Control Board (INCB). INCB is a thirteen-member expert committee, inter alia made up of pharmacists, physicians and representatives from the police and the judicial system. It is meant to be an *impartial* and *disinterested* advisory body (UN Single Convention 1961: §9). However, already during the 1970s, scholars remarked upon a politicization of the INCB (see e.g.: Bruun et al.'s *The Gentlemen's Club* 1975). In recent years, the prohibitionist stance of INCB has become gradually more visible. The most evident example of this is the stance INCB has taken on harm reduction.

When the harm reduction approach first was introduced, the INCB was a loud opponent of these policies. In the annual report from 2000, the Board expressed regret over the use of harm reduction measures, saying that these policies had “diverted attention of governments from important demand reduction activities such as primary prevention or abstinence oriented treatment” (INCB 2001: 60).

With the increasing global endorsement of the harm reduction approach, the Board decided to ask the Legal Affairs Division of the UN Drug Control Programme (UNDCP) for an interpretation of the flexibility within the conventions regarding harm reduction measures (INCB 2002). In a confidential answer to the INCB, the legal experts argued that most harm reducing measures could be accepted under the conventions, including opioid substitution therapy (OST), needle-syringe programs (NSP) and drug injection rooms. Rather than banning these measures, the legal experts actually went so far as to criticize the UN conventions on the grounds of being too restrictive versus harm reduction approaches:

“It could even be argued that the drug control treaties, as they stand, have been rendered out of synch with reality, since at the time they came into force they could not have possibly foreseen these new threats.”

(INCB 2002)

However, despite the legal experts’ endorsement of harm reduction policies, the INCB’s stance on harm reduction has continued to be highly ambivalent. While some annual reports have recognized the utility of harm reducing measures (e.g. INCB 2007), other reports have been much more critical of these policies (e.g. INCB 2008).

When studying the annual report from 2015, the ambivalence within INCB is still evident. First, while describing the introduction of opioid substitution treatment (OST) in a number of countries, INCB carefully refrains from commenting on the ban of OST in Russia, and the resulting negative health consequences (INCB 2015: 10). Furthermore, when describing the reduction in the prevalence of drug-related HIV infections in Western Europe in recent years, it does not mention the important role that needle-syringe programs obviously have had for this development. There has for a decade been general consensus about this in the academic community (Reddon et al. 2007). One should expect a “scientific committee” to be aware of this consensus. Also when studying the INCB’s contribution to the UNGASS document, there are clear signs of a prohibitionist approach:

“There is no universally agreed definition of harm reduction; however, it is generally taken to mean a range of practical measures and policies that are aimed at reducing the negative consequences of drug abuse and that do not necessarily include abstinence. The Board believes that the goal of any programme to prevent drug abuse should be abstinence.”

(INCB 2015: 1)

The statement is difficult to interpret as something else than a position where all treatment should have a final aim about abstinence, i.e. opposing e.g. opiate substitution programs. Also when studying the Board’s position on other issue areas, the prohibitionist tendencies are evident. First, the Board has been a staunch opponent of any liberalization of law enforcement. In addition to condemning the introduction of medical and recreational cannabis in the US and Uruguay (Room 2014), the INCB has been critical towards decriminalization policies, claiming that they are at stake with the three conventions:

“The conventions oblige states to ensure that possession of drugs - even in small quantities - shall be a punishable offense”

(INCB 2016: 5).

Standing alone, the INCB’s skepticism towards decriminalization or regulation of cannabis is perhaps not so remarkable. This is indeed one of the most controversial issues in drug policy today, and the effects of such policies are very much debated. However, when comparing their outspoken criticism of US’ and Uruguayan policies with their approach to the death penalty, the criminalization tendencies are more striking. In 2014, the Board finally decided to encourage member states to abolish the use of death penalty for drug-related offenses (IDPC 2015: 8). However, contrary to its habitual “naming and shaming” custom, it refrained from addressing specific examples of such countries. This is quite striking, bearing in mind the widespread use of these policies in Asia and the Middle East (Drummond 2014).

Rather than an objective and independent expert committee, the INCB thus seems to have become a profound expression of the prohibitionist tendencies of the UN secretariat. Consequently, as opposed to the reform movement in many other UN bodies, INCB must be regarded as a strong brake pad with regard to drug policy reforms. In addition to the institutional characteristics of the CND and the political conservatism in the INCB, the prohibitionist-orientation of the UNGASS outcome can be explained by the earmarking of funds for UN drug policy-making.

6.6 UNODC: Open for reforms, but tied up in earmarked grants

Compared to the INCB, the operational branch of UN drug policy system, United Nations Office on Drugs and Crime (UNODC), has gradually appeared as a more open and less prohibition-oriented voice. In 2000, the Executive Director of the UNODC used a highly confronting and antagonistic discourse, inter alia describing decriminalization or legalization policies as “a policy capitulation”, coming from a “negative mindset.” By 2010, however, the UNODC discourse had changed completely. In contrast to the aggressive tone of the 2000 report, now the main focus seems to be on health and human rights:

“Above all, we must move human rights into the mainstream of drug control. Around the world, millions of people (including children) caught using drugs are sent to jail, not to treatment. In some countries, what is supposed to be drug treatment amounts to cruel, inhuman or degrading punishment - the equivalent of torture (...) As human beings we have a shared responsibility to ensure that this comes to an end.”

(Antonio Maria Costa, Executive Director, United Nations Office on Drugs and Crime, UNODC, United Nations World Drug Report 2010: 5)

Costa’s statement illustrates a marked shift in the perception of illicit drug use within the UNODC. A decade earlier, drug use was regarded as a criminal offense by the UNODC. In this statement, he harshly criticizes the drug policies in a number of UN member states. Furthermore, his call for moving human rights into the mainstream of drug policies must be interpreted as recognition of the negative effects that criminalization of drug users has had. Despite the change in the political position of the UNODC, however, little has happened on a practical level.

When studying the thematic distribution of the UNODC funds, it shows an apparent focus on crime prevention compared to health measures. In 2014-2015, only 20,8 % of the budget was on drug prevention and health, whereas 32,6 % was used on organized crime and illicit trafficking, 6,4 % was used on criminal justice and crime prevention and 11,8 % was used on terrorism prevention. In sum, the resources used on crime related measures (50,8 %) therefore were more than the double of the resources used at health measures (UNODC 2015f).

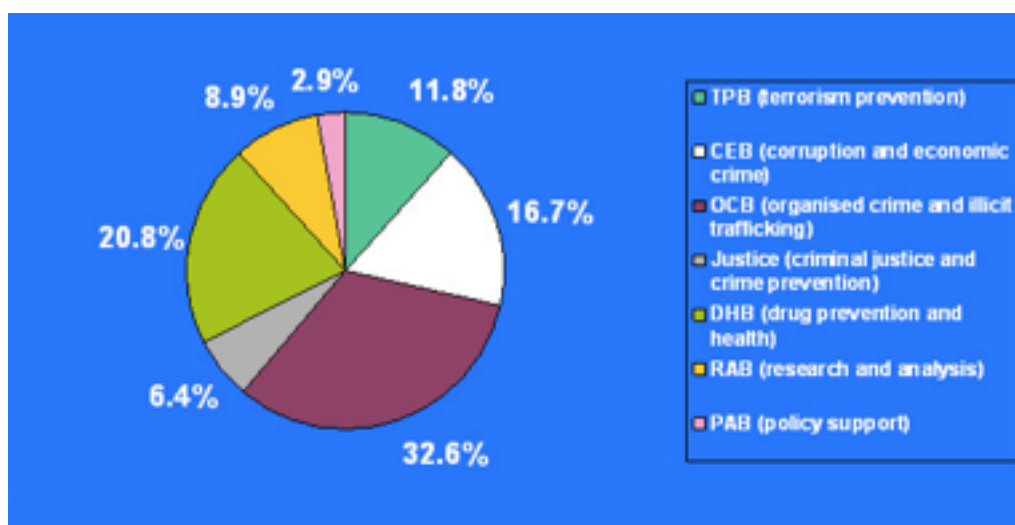


Figure 6.1 Thematic distribution of UNODC funds for 2014-2015 (UNODC 2015f)

Furthermore, while the report shows a certain increase in the public health measures, only a very small part of these funds went to harm reduction-oriented measures. A report published by the International Harm Reduction Association (IHRA) in 2014 showed that there was a severe lack of funding of both needle-syringe programs (NSP) and opioid substitution treatment (OST), and that funding for these purposes in fact had been decreasing in several regions, despite of evidence about their vast beneficial health-related effects (Cook et. al 2014: 5).

The overwhelming focus on prohibition-oriented grants can largely be explained through the donor system in the UNODC. Almost 90 % of its budget comes from voluntary contributions from member states. As one of the main donors, the US government has managed to steer the work of the UNODC away from health and human rights measures towards law and order-oriented measures by threatening to end its financial support. At the turn of the millennium, the UNODC started to remove the term “harm reduction” from its publications and website after pressure from the US government about ending its support (TNI 2005: 1). In recent years, the UNODC has become more positive towards harm reduction measures, but an evident increase in earmarked grants seems to have hindered the UNODC from supporting harm reduction measures. Figures from 2014-2015 show that 97,5 % of the UNODC’s grants were earmarked specific projects, while only 2,5 % were given to general purposes (UNODC 2015g).

So far, I have shown how the combination of institutional characteristics and political conservatism in UN drug policy-making bodies effectively has limited the influence of the reformist NGO community on the substantive outcome of the UNGASS. However, the lack of influence on the UNGASS document does not mean that these actors have not had any political influence at international drug policy making. In the following discussion, I will show how the NGO community seems to have played an important role in the issue framing and agenda setting of the UNGASS, increasing the possibility for future changes.

6.7 Influence on the agenda setting and the prospects for long-term changes

Although the UNGASS stopped short of a treaty revision and omitted the most controversial issues, it also showed some movement towards more focus on human rights and health. First, after massive pressure for abolishment of the death penalty and a decriminalization of drug users, the member countries finally agreed to promote the use of “proportional sentences” and “alternative or

additional measures to conviction." Second, while carefully omitting controversial terms like *harm reduction*, *opioid substitution therapy (OST)* and *needle and syringe exchange programs (NSP)*, the declaration did state its support for certain overdose-preventing measures (highlighting that such measures always should be in accordance with national legislation). Third, when comparing the document to earlier declarations, there was a more explicit acknowledgement of the human rights of vulnerable groups such as children, youth and women (CND 2016).

Judging by the UNGASS process, the civil society has played an important role for these developments. With regard to the liberalization of law enforcement, organizations such as Amnesty International and Penal Reform International (PRI) have been the loudest promoters, when it comes to harm reduction measures, not surprisingly, Harm Reduction International (HRI) has served a key role, and for the acknowledgment of the human rights of vulnerable groups, the IDPC has run several programs (UNODC 2016). By “naming and shaming” member states that are in breach of the human rights convention or promote repressive drug policies, and addressing issues that are seen as too controversial for national governments, these organizations partly seem to have affected the perception of illicit drugs, and the focus areas of the drug policy negotiations. Two examples from the UNGASS negotiations are the massive focus that civil society organizations have had on the reintroduction of the death penalty for drug offenses in Indonesia (e.g IDPC 2016b) and the negative effects of the lack of harm reducing measures in Russia (e.g. Eurasian Harm Reduction Network 2016). Also among the interviewees, there was broad consensus about the importance of the NGO community in the change of focus area for international drug policy:

“The changes you’ve seen now the last couple of years, in a more health-based, human rights focused, proportionality of sentences, is to a large extent thanks to the civil society and the work here in Vienna. You still see little of it in the text, but it has become more and more visible in the country statements...”

(Martin Jelsma, Political scientist at the Transnational Institute,
interview December 9th, 2015)

“The civil society as a whole I think has been very influential, pushing the agenda on several issues into the right direction.”

(Pien Metaal, Researcher at the Transnational Institute (TNI) and member of the Civil Society Task Force, interview December 13th, 2015)

“A constellation of American-based organizations and certain countries in Latin America have been driving forces for a completely different approach to drug policy. You just need to read the lobby documents of IDPC and HRI and those organizations to see that.”

(Dag Endal, program coordinator, FORUT, interview March 1st, 2016)

“I think that with regard to harm reduction, access to essential medicines and the question about the death penalty, the civil society has managed to make a movement. Moreover, the increased support for the - in a somewhat simplified term - “legalization movement” is thanks to the participation of the civil society.”

(Torbjørn Brekke, Senior adviser at the Ministry of Health and Care Services, interview February 3rd, 2016)

The statements illustrate that although the reformist voices from civil society is little reflected in the outcome document of the 2016 UNGASS, these actors have still contributed to a change from focus on punishment and law enforcement towards human rights and health.¹³ While the change in the perception of illicit drug use is most evident within the harm reduction group, and especially among the user organizations, there are also clear signs of a change among a number of national governments and UN secretaries.

The most evident example of this is perhaps the sudden change in the political position of the Canadian government. Canada has earlier have been a staunch defender of the international drug conventions, but after the election of Prime Minister Justin Trudeau, the country has become one of

¹³ This development can be linked to the importance of “issue framing”, described by Betsill and Corell (2008)

the most radical voices in the international community. April 20th, at the UNGASS in New York, the Canadian health minister declared that the government would establish a regulated market for marijuana.¹⁴ While there is little prospect for more comprehensive changes at the international level in the near future, it is thus likely that there will be changes at national and local levels in the wake of the 2016 UNGASS.¹⁵ As remarked upon by several interviewees, the best possibilities for NGO influence are at the national level:

“If you want to be heard, it’s probably easier to go to the national government than to talk to them in Vienna, because there you sort of come to a position that is already defined.”

(Stig-Erik Sørheim, Adviser on International Policies, Actis, interview February 5th, 2016)

“The debate goes back to the countries, and that’s where I think we’re going to see some really interesting reforms in addition to those already taking place, starting on the ground. And ultimately, change is going to come from the ground up, not from the UN down.”

(Coletta Youngers, Washington Office on Latin America, UN General Assembly Session, New York, April 21st, 2016)

6.8 Conclusion

When studying the outcome of the 2016 UNGASS, there are few signs of the reform-oriented voices from the civil society. The document reiterates the commitment to work for “a society free of drug abuse”, and emphasizes the “tangible progress” that has been made in international drug policy. In this chapter I propose three structural hindrances to NGO influence on the outcome of the 2016 UNGASS. First, what was supposed to be a “General Assembly Special Session” was in reality decided in the preparatory works of the Commission on Narcotic Drugs (CND). Here, all decisions are taken by consensus, and a large part of the negotiations also happen in informal

¹⁴ <http://news.gc.ca/web/article-en.do?nid=1054489>

¹⁵ Also in California, the prospects for change are evident. The state is planning to hold a referendum on cannabis legalization in November 2016, and polls from the Public Policy Institute of California shows that a majority of the voters seem to support a regulated market: <http://www.latimes.com/politics/la-pol-sac-recreational-marijuana-20160503-story.html>

meetings. Taken together, this allows prohibition-oriented governments to block most changes towards less punitive drug policies. Second, the scientific board in the UN drug policy system, INCB, which is supposed to be a neutral organ, has taken a highly prohibitionist role. Overstepping its mandate, it has clearly served as a brake pad on harm reduction measures and any liberalization of law enforcement, while failing to criticize severe human rights abuses. Third, the support for a health-based drug policy is also hindered by earmarked funding by important donors. When the vast majority of funds are earmarked crime prevention and law enforcement, and a minority of the funds goes to harm reduction efforts, it is difficult to achieve any changes on the ground. Hence, the combination of institutional characteristics and political conservatism still hinders NGO involvement in the UN system.

7.0 The intermingled temperance and labor movement: The Norwegian case of NGO influence in drug policy-making

7.1 Introduction

While Norway is situated within the so-called Nordic zone of penal moderation, drug offenses has been an exception to this (Shammas et al. 2014). The proportion of investigated drug offenses increased dramatically from the mid-1990s, and drug offenses are now the leading cause of imprisonment in Norway (Hauge 2013). In recent years, there have been some signs of a turn from the use of the criminal justice system to the health care system for minor drug infractions (Falck 2014). However, by and large Norway still has “very strict anti-drug laws” (Pratt 2008). In this chapter, I assess research question number three: “In what ways did NGOs influence the position of the Norwegian government in the 2016 UNGASS?.” Contrary to the international level, Norwegian NGO participation in drug policy-making has generally been dominated by organizations that support the current regime. A case study of the Norwegian situation therefore allows us to test our hypotheses about the determinants of NGO influence in a different political context. If we find any of the same explanations in the Norwegian context as on the international arena, the explanatory value of these factors are clearly strengthened. In the same approach as the assessment of the international arena, the analysis will start by describing the landscape of NGOs involved in drug policy-making in Norway.

7.2 NGOs engaged in drug policy in Norway

In Norway, civil society engagement on the drug field has traditionally been linked to the Christian temperance movement. At the beginning of the 20th Century, the support for temperance organizations was prevalent, with memberships even outnumbering the main labor union organization (Lorentzen 2014: 13). The movement worked closely with the government to inform the population about the negative health consequences of drug use, and also played an important role in the establishment of treatment institutions (ibid.). Towards the end of the Century, as the views on drug use among the population changed, the temperance movement lost most of its support, and new organizations without a Christian world view entered the drug field.

Some of the new organizations were organized by representatives of the treatment institutions; some were made up of the next-of-kin to the users, while others were constituted by professionals working in the field. The most evident shift, however, came with the so-called *user organizations*. Frustrated by the strong position of the philanthropic institutions and professionals and inspired by other stigmatized groups, drug users argued for the right to represent themselves in policy processes, and gradually managed to establish their own organizations (Seip 1994).

In recent years, these actors have raised their voices, participating actively in the public debate, and demanding more influence on Norwegian drug policy-making. Still however, the dominant civil society actors involved in Norwegian drug-policy making have roots in the temperance movement. As the only non-governmental organization, the prevention-oriented umbrella organization Actis (Norwegian Policy Network on Alcohol and Drugs) has regularly been included in the national delegation to the meetings in CND. Moreover, the organization has recently been given a “supervisor role” for other organizations in the field by The Norwegian Directorate of Health. While the conflict between the reform-oriented user organizations and the prevention-oriented organizations has smoldered for some years, the question about the inclusion of civil society representatives in the national delegation in the UNGASS put the issue loudly on the agenda. In January 2016, the Chair of the user organization NORML Norway, Ester Nafstad, wrote an article in Huffington Post where she openly criticized the Norwegian delegation for painting an untrue picture of civil society participation in Norwegian drug policy-making.

“Regarding civil society participation, the Norwegian government regularly includes the temperance movement (Actis) as their NGO partner at the UN. Actis claims to represent the whole substance use field in Norway, a claim which is patently untrue (...) That the Norwegian government is arguing for civil society participation while only including those who agree with them and not the active drug user organizations is arguably not very democratic.”

(Ester Nafstad, *The Huffington Post*, January 21st , 2016)

According to Nafstad, the Norwegian government only listened to organizations that support current prohibitionist policies, while organizations that promote more reform-oriented drug policies were excluded from the policy-making process.

In the following discussion, I will show that while the Norwegian government increasingly is including civil society actors with different political standpoints into the policy-making process, the prevention-oriented organizations still have certain advantages compared to the reform-oriented user organizations in their efforts at influencing drug policy-making in Norway. On one level, this can be seen as a consequence of the differences in agency level factors. On a higher level, however, the dominance of the prevention group also seems to derive from a strong temperance movement and a social democratic tradition of civil society inclusion in policy-making processes. For showing this, I will compare the two groups in Norwegian drug-policy making.

7.3 Actis: Prevention and professionalism

Constituted by 27 member organizations, Actis is the biggest NGO working in the drug field in Norway today. The organization was established in 2003, as an initiative from the former temperance institution Avholdsfolkets Landsråd (established in 1895). As of today, abstinence is no qualification for membership, and the member organizations are engaged in wide variety of areas, such as education, treatment, aftercare and humanitarian work. Actis also includes two user organizations - Rusmisbrukernes Interesseorganisasjon (RIO) which is made up of former drug users, and Barn av Rusmisbrukere (BAR), constituted by children of drug users. Common to all of the organizations, however, is their prevention-orientation. The statutes state that “members cannot have a liberal standpoint on alcohol or drugs” (Actis 2012: §2d). Also when studying the overarching goal of the organization, the restrictive view on drug policy is evident:

1. To work for a drug-free society and a reduction of alcohol use, through a value-oriented and evidence-based drug policy
2. To work for prevention to become the most important tool in drug policy.
3. To work for a strengthened focus on the consequences that others’ drug use have on a third-part

(Actis 2012: “Vedtakter for Actis - Rusfeltets samarbeidsorgan”: 1)

The excerpt above lists the three first of Actis’ statutes. The overarching goal of a drug-free society displays the organization’s roots in the abstinence movement, and places it neatly in the group of prevention-oriented organizations. An even clearer expression of the focus on prevention came from a representative from one of the member organizations of Actis during the UNGASS preparations.

In a letter to the government, FORUT lists their main recommendations for the Norwegian position in the negotiations:

“There are systematic campaigns for replacing prevention with harm reduction. Therefore, Norway has to be one of the countries that emphasize the prevention perspective in all contexts.”

(Dag Endal, FORUT, interview March 1st, 2016)

FORUT is among the member organizations of Actis that has been most involved in the UNGASS process, handing in positional papers to the government and participating at the CND session in Vienna in March 2016. It is a humanitarian organization that was established in 1981 by the temperance organizations IOGT, Juvente and JUBA, and focuses on drugs as a hindrance for development. To a large degree, FORUT thus resembles the member organizations of the WFAD, described in chapter 6. However, contrary to the lack of resources and professional leadership of the WFAD members, as a member organization of Actis, FORUT has good preconditions for influencing the policy-making process.

Actis is a highly professional organization. It has a big staff and offices in both Oslo and Brussels. The leader of umbrella organizations is Mina Gerhardsen, a central Norwegian politician from the Labour Party. She has e.g. been state secretary for former Prime Minister Jens Stoltenberg (2009-2011), and was already before that regarded as “one of the most influential women in Norway.”¹⁶ Hence, she must be regarded as unusually well qualified to tackle the demanding negotiations between NGOs and the state.

7.4 The harm reduction group: A fragmented landscape of small user organizations

While the prevention position is efficiently promoted through the umbrella organization Actis, the harm reduction approach is mainly supported through a selection of newly established user groups. Among these, Foreningen for Human Narkotikapolitikk, FHN (the Association for Humane Drug Policies), has served a key role. The association was established in 2006, and is constituted by both

¹⁶ ["Norges mektigste kvinner"](#). *Ukeavisen Ledelse*. 15 June 2007. One should also note that her grandfather was the most important politician in post-war Norway, a teetotaler, as well as a key figure in the development of the alcohol policy in the Labour Party during the 1930s.

former and current drug users. Among the main focus areas of the association is the importance of *user involvement*. They often reiterate the slogan “Nothing about us without us! ”, referring to the inclusion of drug users in the policy process. This slogan has effectively been used by marginalized groups such as disabled people and homosexuals in their battle for better political inclusion. Thus, through the slogan, the drug users position themselves within a landscape of successful political movements advocating values many people typically would support (Charlton 1998).

Contrary to Actis’ focus on prevention, FHN’s main goal is to reduce the *harms* associated with drug use (FHN 2012). Regarding the goal about “a drug-free world” as unrealistic, the association promotes measures such as heroin assisted therapy, decriminalization and regulated sales of illegal drugs (ibid.). Occasionally, the association has also supported a recognition of people’s drug use, claiming that it is an individual choice that shouldn’t be controlled by the government. An example of this came when a member of the association, Sturla Haugsgjerd, spoke at a side event at the CND in March 2016:

“In 1998 you told us: “A drug-free world – we can do it!” We spent 20 years telling you we were wrong. Our slogan should be: “Drugs: we can do them and still be vital members of society.”

(Sturla Haugsgjerd, Board member of FHN, side event at the CND, March 16th, 2016)

Haugsgjerd’s statement clearly resembles Hunt’s strong version of the harm reduction notion. Rather than perceiving of the drug use as a crime or a disease, Haugsgjerd argues that the drug use should be accepted, and not seen as a deviation, incompatible with a good life. This perception of drug use as acceptable and a freedom one has the right to have, has also been promoted by a couple of other, smaller user organizations. Among these are Normal Norge, aiming for a regulated market for cannabis (Normal Norge 2016), and EmmaSofia, which is promoting legalization of MDMA:

“Normal wants accept and respect for adult marijuana users. We want a model where marijuana is regulated in the same way as alcohol is today.”

(Normal Norge 2016)

“In a free and open society everyone should feel safe to follow their conscience, provided this does not harm others. For millions of people, using psychedelics and MDMA is an important part of their personal, spiritual, and cultural lives.”

(EmmaSofia 2016)

In sum, when studying the Norwegian case, we clearly see the same division between prevention-oriented and harm reduction-oriented organizations that we find on the international arena.

However, an important difference lies in the relative strength of the two groups. In Norway, the dominant group in the NGO community is the prevention group, promoted by the professional and resourceful umbrella organization Actis. The harm reduction position, on the other hand, is mainly promoted by a handful of small user organizations, established during the last decade. So, how can we explain the dominance of the prevention-oriented organizations in Norwegian drug policy-making?

In the following discussion, I will show how differences in i) political strategies; ii) alliance building; iii) constituency base and iv) economic resources to a large degree explain the dominance of the prevention-oriented organizations in Norway.

7.5 Insider and outsider strategies

A main issue area in the literature on determinants for NGO influence has been the effectiveness of different political strategies. Many scholars (e.g. Kakabadse and Burns 1994; Newell 2000) claim that insider strategies are more effective for influencing the political outcome of negotiations than outsider strategies. This is supported when studying the Norwegian case of drug policy-making. While the reform-oriented organizations mainly used outsider strategies in order to influence drug policy-making, Actis also applied a variety of insider strategies, such as arranging private meetings with politicians and decision makers. For example in the development of the new national drug policy strategy in 2015, *Opptappingsplanen for Rusfeltet*, Actis had private meetings with the Chair of the Committee for Health and Social Care Services, as well as representatives from the Ministry of Health and Social Care Services (Actis 2016: 10). The close cooperation between the prevention-oriented organizations and relevant politicians was also described in the interviews with representatives from these NGOs:

“I feel that we have good access to politicians, if we want to meet them, we can do that, and they also contact us. (...) We prefer to work on issues before they end up at hearings in the parliament, to say what we mean, and then we see that politicians promote our suggestions.”

(Mina Gerhardsen, Chair of Actis, interview March 17th, 2016)

“Earlier, we had to contact politicians in the parliament and arrange meetings. We barely do that anymore, now they call us.”

(Jon Storaas, Chair of RIO, interview February 23rd, 2016)

Both of these statements, delivered by representatives from the prevention group, gives the impression of a very inclusive government, not only listening to the civil society, but actually promoting the participation of these actors. When talking to the reform-oriented organizations, however, the views were pretty different. In contrast to the Actis members, several of the reform-oriented NGOs felt that there was a lack of receptiveness towards their views among politicians, and subsequently prioritized using the media or hearings in the parliament in order to influence the policy-making process:

“Our most effective channel of influence is the media. We have contacts in several of the biggest newspapers. Most often, politicians do not want to talk to us. They do everything they can to avoid us.”

(Ester Nafstad, Chair of Normal Norge, interview February 3rd, 2016)

“LUHM has sent several proposals to the government about a concrete plan for how the civil society can contribute to an open and constructive debate. The government has not given any answer” (...) I write proposals to hearings in the parliament and to the government, newspaper articles, participate in TV-debates and in social media.”

(Anita Nyholt, Chair of LUHM, interview January 29th, 2016)

As illustrated in the excerpts above, the strategies of the different organizations is to a large degree linked to their perception of the decision makers' receptiveness. Whereas Actis and RIO describe a political process characterized by a high degree of accessibility and openness, the reform-oriented

organizations have much more challenges with being heard. As a result of this, they typically turned to the general public, through media channels.

To some degree, the high visibility of the reform-oriented organizations in the public debate seems to have led to certain changes in the receptiveness of the government for their views. An example of this was, as described above, the somewhat surprising inclusion of Sturla Haugsgjerd from FHN to an event in UNGASS in New York. After participating in the public debate for only about a year, and as a member of the FHN for an even shorter period, he was invited by the Ministry of Health and Care Services to speak at a side event. According to Haugsgjerd, the invitation came right after he had published a critical newspaper article in Norway, and was a consequence of this:

“It all started with the newspaper article that Ester and I wrote, “Un-united nations”, where we criticized the pretty inconsistent Norwegian position. And because of this, I was invited to Vienna, I think.”

(Sturla Haugsgjerd, Board member of FHN, interview March 1st, 2016)

One should also note that Haugsgjerd as a response to the invitation later wrote an essay in the newspaper *Morgenbladet* (22.04.2016), with the title: “Bent Høie, you tried in a courageous manner in UN.” Here, he described how the Minister of health played a much more progressive role than he had expected in the UNGASS meeting in New York. Still, this is an exception, and the low level of insider strategies has likely served as an important hindrance for the reform-oriented organizations in their efforts to influence drug policy-making (e.g. Kakabadse and Burns 1994; Newell 2000). Another agency level factor that seems to have increased the political influence of the prevention-oriented organizations at the cost of more reform-oriented organizations, is the level of alliance building.

7.6 The importance of alliance building

NGO coordination (Chatterjee and Finger 1994; Keck and Sikkink 1998) and professionalization (Dodds 2001) are two of the factors that are assumed to increase the influence of NGOs on a policy process. When comparing the prevention group and the harm reduction group in the NGO community in Norway, there are clear differences in these dimensions. Among NGOs promoting

restrictive drug policies, the level of professionalism and alliance building is very high. The most profound expression of this is Actis. While each of the member organizations has their own political platforms and focus areas, the umbrella organization plays an important role in coordinating the activities of its member organizations. In addition to a highly professional secretariat that promotes the main views of the organizations, Actis is constituted by a political board, made up of representatives from its member organizations. Meeting regularly to discuss important questions in drug policy-making, the board is likely to decrease the level of conflict between the member organizations and gather support for the issue areas that they agree upon. Among the reform-oriented organizations, there was no formal cooperation, and alliance building seemed much less well-developed:

“LUHM does not cooperate with any other organizations.”

(Anita Nyholt, Chair of LUHM, interview January 29th, 2016)

“We have quite a few legalization movements in Norway, but there has not been so much cooperation.”

(Ester Nafstad, Chair of NORML Norway, interview February 3rd, 2016)

The lack of cooperation between the reform-oriented organizations is not very surprising, when studying this group more thoroughly. While Emmasofia is constituted by MDMA users and psychologists who want to use MDMA in therapy, NORML and LUHM is made up of cannabis users, focusing on decriminalization and regulated distribution cannabis. FHN is a somewhat wider association that originally was established to improve the conditions for active drug users, but it has especially focused on heroin substitution therapy and other policy measures affecting heroin users. Hence, while all the organizations are promoting drug policies that focus more on harm reduction and less on prevention, there are still major differences both in the issue areas and user groups of the different NGOs. First, the narrow issue areas of the organizations might have hindered them from opting for more general changes in drug policy. Second, the different member bases of the organizations also seem to have constituted a challenge in forming a unified alliance:

“FHN have persons that can contribute to a stigmatization of drug use, e.g. by using terms such as drugs. And they aren’t representative for most drug users, they can give an impression of drug use as very problematic.”

(Ester Nafstad, Chair of NORML Norway)

While Nafstad does not directly comment on the political views of the FHN, she seems critical of the language and member base of the association, afraid that this may result in an unfortunate impression of drug users. It shows that the challenges with cooperation do not only originate from different political views, it is also about the demeanor of the NGO representatives. The statement touches upon a central, but highly sensitive issue that also is important for understanding the challenges that user organizations experience in their efforts at influencing drug policy: to what extent should sobriety be a precondition for participation in drug policy processes?

7.7 Possible costs of including active drug users

While the majority of user organizations belong to the harm reduction group, Actis also includes – in a wide definition of the term - two user organizations: “Barn av Rusmisbrukere” (BAR), which promotes the views of children of drug users, and RIO, which promotes the views of former drug users. However, there is a striking difference between the user organizations of the two groups: among Actis’ user organizations, abstinence is a formal precondition for membership. Among the reform-oriented user organizations, active users are also included. This seems to have served as a major hindrance for the influence of the reform oriented organizations for several reasons.

In recent years, the Chair of the FHN, Arild Knutsen, has had several relapses. This has got much media attention, and he has needed to leave the organization for periods. As a consequence of this, the association has struggled with a fragmented leadership (e.g Arneberg 2015). In addition to this, drug use also seems to have increased the conflict level between the active users on the one side, and the former users and politicians on the other side. This was evidently illustrated in several of the interviews. At the first glance, user involvement seemed to come with few problems. All of the interviewees emphasized the importance of including drug users in the policy-making process, and were hesitant to discuss potential challenges coming from such inclusion. However, in their descriptions of the organizations made up of active users, the ambivalence was much clearer:

“Their language is hair-raising”

(Dag Endal, program coordinator, FORUT, interview March 1st, 2016)

“FHN are very aggressive. I have been in debates with them a couple of times, and then I’ve been bombarded by harassment and threats. They have little influence simply because they are extremely aggressive and rude.”

(Kari Kjønaas Kjos, Chair of the Committee of Health and Social Care Services,
interview February 18th, 2016)

“I think it is a challenge to debate with people that are strongly affected by drugs, and our organizations that are in user councils and boards with these organizations, think that this is problematic.”

(Mina Gerhardsen, Chair of Actis, interview March 17th, 2016)

In sum, it seems like a wide variety of interviewees, including NGO representatives and politicians, seem to be troubled about the illicit drug use and confronting language of the reform-oriented organizations. This conflict was also illustrated during the field work of the research project. At a debate at Chateau Neuf, the Chair of FHN, Arild Knutsen, held a rather aggressive speech. After the meeting, the leader of Actis’ user organization RIO, Jon Storaas, accused Knutsen of being intoxicated and said that he should be ashamed of his behavior.¹⁷

During the lead-up to the UNGASS, the negative consequences of FHN’s confrontational style gradually became more visible. After yet another aggressive speech, this time at a dialogue meeting arranged by the Ministry of Health and Social Care Services, a member of the association, itself, expressed frustration with the demeanor of the FHN speaker. He excused the speech to a representative for the Ministry of Health and Social Care Services and said that it did not really reflect FHN’s standpoint on the issues. The situation is interesting in several ways. First, it illustrates the centrality of the conflict between former and current users, which is one of the

¹⁷ The critique came at a Facebook discussion, and was later deleted. The quarrel was also mentioned by several of the interviewees.

dividing lines between RIO and FHN, and in drug policy debates more generally. Second, it shows that the drug use is not only a conflict between FHN and politicians, but also within the organization itself.

Such outspoken conflicts have, to my knowledge, never been found within the prevention-oriented organizations, where most of the representatives described a good cooperation and networking. The low level of conflicts among prevention-oriented organizations was also mirrored in the interview with Mina Gerhardsen. When asking her what the main disagreements among Actis' member organizations were, the only disagreements she could come up with regarded the level of criminal sanctions and whether one should establish smoking rooms for heroin in addition to current injection rooms. While Gerhardsen's account of the situation does not necessarily mirror the actual political situation, it illustrates how Actis serves as a unifying role among reform-oriented organizations, hiding or overcoming possible disagreements, and focusing on the issue areas that the member organizations agree upon.

7.8 Economic resources

Scholars such as Chatterjee and Finger (1994) and Kakabadse and Burns (1994) emphasized the central role of economic resources for the level of NGO influence. When studying the Norwegian case, this indeed seems to be an important reason for the dominance of the prevention-oriented organizations. As one of the oldest examples of government support, already in the 1850s, the temperance movement received substantial grants to carry out its work (Lorentzen 2014: 12-13). These arrangements still constitute an important part of the budget of NGOs engaged in the field, through chapter 718, post 70 in the national budget. In 2014, the grants given through these arrangements totaled 76,5 million NOK, distributed among 33 different organizations (ibid.: 2; 19).

Earlier, politicians often made sure that organizations promoting their political views received economic support, but according to Lorentzen (2014: 16), today, such practice is mostly gone. However, when studying the grant schemes, there are still certain factors that seem to favor the prevention-oriented organizations. First, because of a myriad of different arrangements, organizations with a high degree of information and resources are likely to achieve more economic support than smaller organizations.

“It is hopeless, because the grants are given from all the departments. So the big organizations are able to hire a person just to apply for these grants, and make projects that fits the descriptions.”

(Kari Kjønaas Kjos, Chair of the Committee of Health and Social Care Services,
interview February 18th, 2016)

Organizations can apply for grants from a variety of sources. However, such applications require a lot of knowledge and resources. Thus, large organizations with many employees have evident advantages in the competition for economic resources. Here, the prevention-oriented organizations, and particularly Actis, have advantages compared to the small reform-oriented organizations.

Second, an increasing earmarking of the grants seems to favor prevention-oriented organizations at the cost of user organizations, in the same manner as evidenced in the UN context (see the description of UNODC in Chapter 6). Currently, two thirds of the grants are earmarked specific projects. Out of the 25 projects that received government support in 2014, only three were addressed at people who use drugs. Many were directed at so-called “affected populations”, including next of kin, children, youth, elders and people who serve alcohol (Lorentzen 2014: 62).

Third, the level of management support is to a large extent related to the number of members and the geographic spread of the organizations, and increasingly relies on custom (Lorentzen 2014: 55). Because the prevention-oriented organizations in general are bigger and have a longer history than the reform-oriented organizations, these factors definitely favor the prevention side.

So far, I have shown how the dominance of the prevention-oriented organizations in Norwegian drug policy-making to a large degree can be explained by certain agency-level differences between the two groups. However, as emphasized by Betsill and Corell (2008), the agency-level and structural-level conditioning factors are inextricably linked, and often difficult to separate. In the following discussion, I will therefore show how a key to understand the differences between the harm reduction and prevention group may lie in the development of the temperance movement in the late 19th and early 20th century and the social democratic tradition of civil society involvement in Norway.

7.9 Laborers and temperance supporters: a turbulent, but close relationship

Esping-Andersen's (1990) work on the different types of welfare states shows that a key aspect of the Scandinavian model is the integration of civil society into the government. In a social democratic view, the responsibility for welfare services mostly belongs to the government, and there is little room for voluntary organizations. However, these ideals have not always been reflected in the real world. Kuhnle and Selle (1992) describe how voluntary organizations and philanthropic organizations in reality played a key role in the provision of health services, although this was not recognized officially. Hence, the result was a system with a high degree of participation by voluntary actors, while controlled and financed by the public authority. This description seems to fit the development in the drug field as well.

Per Fuglum (1999), one of the main scholars on the history of alcohol policy in Norway, has studied the links between the temperance movement and the labor movement. He describes a relationship characterized by differences and competition, but more than that, similarities and cooperation. In 1875 the first abstention organization, Det Norske Totalavholdsselskap (DNT), was established, and during the 1880s DNT increased its support massively. In eight years (1879-1887), the organization increased its member base tenfold, from 7000 to 70 000 members, and at the end of the 19th Century, a variety of other temperance organizations were established. To some degree, these developments were met by skepticism among laborers. First, the temperance movement was a competitor in the recruitment of members. Second, prevalence was by some laborers perceived as a reactionary view that limited individual freedom (Fuglum 1999: 29-31). When studying the two movements more closely, however, there are clear similarities.

In 1848-49, when Marcus Thrane established the first labor organization in Norway, abstinence was a key issue, and in the 1890s, there were temperance organizations specifically directed at laborers (e.g. Christiania Bryggearbeideres Totalafholdsforening, Arbeidernes Ring and Jernbanernes Afholdsforening). For many years, The Labor Party avoided to take a clear standpoint on the alcohol question, but in 1911, the party decided to enshrine prohibition in their political platform, and subsequently served a key role in the ban in 1916 (Fuglum 1999: 14).

To some degree, the support for the prohibitionist rules among laborers seems to have come out of bare necessity. In 1911, 20 % of all laborers in Kristiania (Oslo today) had been charged or arrested

for massive drinking, constituting 80 % of all such convictions (Rygg 1914). Many politicians within the labor party looked upon this development with timidity. In an article in the newspaper *Socialdemokraten* in 1922, Martin Tranmæl formulated his skepticism to alcohol, and the importance of banning it: "Everyone recognizes that alcohol is a social evil that has done a lot of harm. And especially among the laborers." The statement illustrates how alcohol prohibition fitted into a broader struggle for labor rights. For many social democrats, massive alcohol consumption was regarded as a disrupting factor in the struggle for social equality, and fighting alcohol addiction therefore was a necessary step in order to strengthen labor rights.

An even more direct expression of the link between the labor struggle and the temperance idea was formulated by Kyrre Grepp, Chair of the Labor Party in 1918-22: "I am a temperance man because I am a social democrat, not the other way around" (Horverak 2013: 199). In this statement, the argumentation for supporting the prohibition seems to originate from certain moral codes rather than political pragmatism. This is in line with the work of the Swedish historian Ronny Ambjörnsson (1988). According to him, the labor movement and the temperance movement shared the ideals of puritanity, responsibility, sobriety and austerity, and therefore constituted natural partners.

During the 20th Century, the temperance movement lost support and the distance to the labor movement increased. Inspired by more radical political ideas from the European continent, prominent representatives from the social democratic environment (e.g. Carl Jeppesen) increasingly came to see alcohol problems as a symptom of much more overarching problems, originating from a capitalistic economy, and not solvable through prohibition (Fuglum 1999: 53-54). Moreover, as the views on alcohol in the population changed, the temperance movement was increasingly associated with more right-wing Christian views. In the Norwegian context, The Christian People's Party (Kristelig Folkeparti, KrF) became the most consequent supporter for a restrictive alcohol policy. As a result of this, the temperance ideas lost support within the labor movement. However, the historical links between the temperance movement and the labor movement still have important repercussions for current drug policy in Norway.

There is reason to believe that that the temperance organizations' historical links to the labor movement have increased their knowledge about political processes, lobbying and alliance building. When the "new drug problem" appeared in the late 1960s, the traditional temperance movement

gradually managed to include drug policy in their work program. Whereas alcohol policy was gradually “getting out of fashion” in large parts of society, cannabis smoking in youth subcultures had made drug policy an increasingly debated issue area (Sandberg 2013). A number of new drug policy organizations were established, but several of them were closely related to the traditional temperance movement and those parts of the state administration working with alcohol and – gradually – illegal drugs (Hauge 2009). The most profound example of the adaptability of the prevention group is perhaps the absorption of the user organization *Rusmisbrukernes Interesseorganisasjon*, RIO.

In 1996, RIO was established “to ease the way out of drug use through diverse treatment” (RIO 2014: 9). As the biggest user organization in Norway, RIO has 16 employees and volunteers, all of whom are former drug users. However, while the base of the organization differs significantly from the civil society organizations rooted in the Christian temperance movement, the political standpoint of RIO is rather similar to many of these organizations. RIO is a member of the umbrella organization *Actis*, and thereby promotes the overarching goal of a drug-free society. While this is not explicitly formulated in RIO’s political platform, the statutes of the organization still mirror its restrictive view on drugs:

“Activities and representations undertaken by RIO should be free from drugs. Additionally, it is expected that active users in RIO shows general temperance and sober behavior” (RIO 2014: §8).

RIO has also been critical against the system of opioid substitution therapy (e.g. *Aftenposten* 2005; *NRK* 2014), and in the Chair of the organization still expresses skepticism towards the focus on medical solutions to drug abuse:

“There is a very narrow focus. It is only about saving lives, not about seeing the person as a resource. (...) It is seen as very important to find the medicine that works best and then there is very little followup in other ways.”

(Jon Storaas, Chair of RIO, interview February 23rd, 2016)

Taken together, the qualifications for membership and the skepticism towards medical solutions to drug use places RIO closer to the prevention approach than the harm reduction approach. The

example thus evidently illustrates how the prevention group has managed to absorb even a substantial part of the drug users under their umbrella.

7.10 Conclusion

Contrary to the reformist stance of NGOs in international negotiations, in Norway, the majority of drug policy organizations support the current system. On one level, the dominance of prevention-oriented organizations can be seen as a result of a professional secretariat, successful alliance building and economic resources. On a higher level, however, the prevention orientation can also be seen as a result of a strong temperance tradition and a social democratic tradition of civil society inclusion. In the late 19th and early 20th century the temperance movement established strong ties to the government, and in recent years, the movement successfully absorbed NGOs working in the emerging new field of narcotics. As a result, today the prevention group has a highly professional umbrella organization with strong ties to political parties, while the harm reduction group lacks such professionalism and political knowledge. Hence, the prevention-oriented organizations have clearly been the most influential actors in drug policy-making in Norway.

8.0 Concluding remarks

The research question of the analysis was *“In what ways have NGOs influenced the outcome of the 2016 UNGASS?”*

The analysis has shown that the international NGO community has played a reform-oriented role in the 2016 UNGASS, promoting a new perception of drug use where the focus on law enforcement is substituted with a focus on human rights and health. When studying the political outcome of the negotiations, however, there are few signs of these reformist voices. Following the rhetoric of the last 60 years, the final UNGASS document reiterates the commitment to work for “a society free of drug abuse”, and emphasizes the “tangible progress” that has been made in international drug policy so far.

I argue that the lack of progress in UN drug policy derives from a combination of political conservatism and certain institutional characteristics in the main UN drug policy-making bodies. First, what was supposed to be a “General Assembly Special Session” was in reality decided in the preparatory works of the Commission on Narcotic Drugs (CND). Here, all decisions are taken by consensus, and a large part of the negotiations also happen in informal meetings. Taken together, this allowed prohibition-oriented governments to block most changes towards less punitive drug policies. Second, the scientific board in the UN drug policy system, INCB, which is supposed to be a neutral organ, has ever since its establishment taken a highly prohibitionist role. Overstepping its mandate, it has clearly served as a brake pad on harm reduction measures and any liberalization of law enforcement, while failing to criticize severe human rights abuses. Third, the support for a health-based drug policy is also hindered by earmarked funding by important donors. When the vast majority of funds are earmarked crime prevention and law enforcement, and a minority of the funds goes to harm reduction efforts, it is difficult to achieve any changes on the ground.

Also in the Norwegian context, the reform-oriented civil society actors have met evident challenges in their efforts at changing the current system. Although the Norwegian government increasingly has emphasized the importance of including all voices in the drug policy-making process, the prevention-oriented organizations still has evident advantages compared to the newly established user organizations. As an offshoot of the temperance movement, the prevention group has managed

to build up a highly professional secretariat, with good knowledge about political processes and lobbying. The harm reduction group, on the other hand, is constituted by a fragmented landscape of user organizations with little political knowledge, a confrontational negotiation style and a high degree of conflicts.

However, while the reform-oriented NGOs have not yet managed to end the prohibitionist regime, they have indeed played an important role for less radical political changes, such as the introduction of opioid substitution therapy (OST) and needle and syringe exchange programs (NSP). Moreover, they have put controversial issues such as decriminalization and the establishment of a legal regulated market for cannabis and coca on the agenda. Thus, in a longer perspective, they might be a crowbar in the struggle for a drug policy reform, both in Norway and internationally.

While the focus of this thesis was the way in which NGOs have influenced international drug policy-making, the study may also contribute to the wider literature on NGO influence. First, the study clearly supports Betsill and Corell's argument about the necessity of combining agent-based and structural explanations in the analysis of NGO influence. Both on the international level and in the Norwegian context, NGO influence was affected by differences in i) professionalism; ii) alliance building; iii) economic resources and iv) political strategy. However, the analysis also indicates that favorable individual-level NGO characteristics are not enough to effect the political outcome of the negotiations. At the UN level, the harm reduction group's professional secretariat and economic resources did increase the attention to their focus areas in the negotiations, but an unfavorable political opportunity structure still limited the actual influence of these actors. The Norwegian case, on the other hand, is a good example of the linkages between the two types of conditioning factors. Here, the prevention group's advantages at the agency level clearly was a result of earlier developments at the structural level.

Limitations of the study and recommendations for future research

The main limitation of the study is the challenges with establishing causality between the explanatory factors and the indicators of NGO influence. with the qualitative research design used here. How do we know that differences in political strategy, professionalism, alliance building and economic resources actually increased the influence of the reform-oriented organizations at the UN level and the prevention-oriented organizations in Norway? The open-ended nature of my

qualitative approach implies that it is difficult to identify what should be taken as *indicators* of NGO influence and what should be taken as *explanatory factors*. However, the approach taken here may be a useful starting point for formulating new hypotheses, using other designs and other types of data. Future research projects should try to highlight in more detail how factors such as economic resources, access to negotiations and level of activities probably can both *reflect* NGO influence and *affect* the level of subsequent NGO influence.

Another limitation is related to the theoretical framework at hand. I have to a large degree made use of Betsill and Corell's works for assessing the level of NGO influence. While their contribution has been fruitful, it is not ideal for studying international drug policy negotiations. In Betsill and Corell's framework, which is based upon environmental negotiations, the civil society to some degree is perceived as a unified actor. As shown above, there are indeed important disagreements within the civil society in international drug policy. In this thesis, a great degree of the research actually concerned the different political positions of the main NGOs. In future research on the topic, a framework which also takes into account the conflicts between actors *within* the civil society would thus be beneficial.

A third limitation of the study is the potential consequences of a high degree of informal meetings and the exclusive character of the negotiations in the Commission on Narcotic Drugs. Although I finally managed to get access to the 58th reconvened CND session in Vienna in December 2015, a substantial part of the negotiations happened behind closed doors. Consequently, I had to rely on a high degree of secondary literature. In a polarized issue field like drug policy, it is surely some reliability challenges linked to the use of secondary literature. However, in order to reduce these challenges, I combined document analysis with interviews and some observatory work, and made use of the Arts and Veerschuren's EAR framework, described above.

A final limitation of the study is related to the time frame of the data collection. The finalization of this thesis was done about a month after the UNGASS session in New York was held. It would of course be naïve to expect that one should be able to evaluate the complete consequences of this process before at least a few years have passed. As described above, the Canadian government newly decided to establish a legal regulated market for cannabis, and in November 2016, California, the largest US state, with almost 40 million inhabitants, will also have a referendum on cannabis

legalization. As of the current polls, it seems like they will vote in favor of legalization.¹⁸ While the UNGASS outcome document reaffirms the current approach of international drug policy, there are thus important developments in drug policy all over the world at the time being.

¹⁸ <http://www.latimes.com/politics/la-pol-sac-recreational-marijuana-20160503-story.html>

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10.0 List of interviewees:

- **Angell-Hansen, Bente**, Norway's Ambassador to Austria and Head of the Norwegian Mission to the United Nations in Vienna (02.03.2016)
- **Brekke, Torbjørn**, Senior adviser at the Ministry of Health and Care Services and member of the Norwegian delegation to the Commission on Narcotic Drugs (CND) (03.02.2016)
- **Cattacin, Sandro**, Professor in sociology, University of Geneva (17.11.2015)
- **Cooke, Mark**, Policy Director for The American Civil Liberties Union (ACLU) in Washington (17.11.2015)
- **Endal, Dag**, Program coordinator at FORUT (01.03.2016)
- **Gerhardsen, Mina**, Chair of Actis (17.03.2016)
- **Gierløff, Fredrik Wang**, Political counsellor at the Ministry of Health and Care Services (29.03.2016)
- **Haugsgjerd, Sturla**, Journalist and member of Foreningen for Human Narkotikapolitikk (FHN) (01.03.2016)
- **Hörnberg, Esbjörn**, Chair of the Vienna Non-Governmental Committee on Drugs and Crime (VNGOC) and Executive Director of the International Organization of Good Templars (IOGT) (13.12.2015)
- **Jelsma, Martin**, Political scientist and Program director at the Transnational Institute (TNI) (12.12.2015)
- **Keane, Marcus**, Head of advocacy and policy at the Ana Liffey Drug Project and Chair of the working group on national-level civil society engagement of the Civil Society Forum of the European Commission (22.12.2015)
- **Kjønaas Kjos, Kari**, Chair of the Committee for Health and Welfare in the Norwegian parliament and member of the Progressive Party (Fremskrittspartiet, FrP) in Norway (18.02.2016)
- **Leijonmarck, Erik**, Chair of European Cities Against Drugs (ECAD) (13.12.2015)
- **Løvland, Siv**, Member of proLAR in Oslo (23.02.2016)
- **Metaal, Pien**, Researcher at the Transnational Institute (TNI) and member of the Civil Society Task Force (CSTF) (13.12.2015)
- **Nafstad, Ester**, Chair of NORML Norge (03.02.2016)
- **Nyholt, Anita**, Chair of Folkeaksjonen Lovlige Utsalgssteder av Hasj og Marijuana (LUHM) (29.01.2016)

- **Reunanen, Ali**, Vice Chair of Kriminellas Revansch i Samhället (KRIS) (13.12.2015)
- **Robertson, Oliver**, Death Penalty and Alternatives Project Manager at the Penal Reform International (PRI) (13.12.2015)
- **Room, Robin**, Professor in sociology and Director of the Centre for Alcohol Policy Research at la Trobe University, Melbourne, Australia (16.11.2015)
- **Reinås, Knut T.**, Chair of Forbundet mot Rusgift (FMR) (29.02.2016)
- **Storaas, Jon**, Chair of the Rusmisbrukernes Interesseorganisasjon (RIO) (23.02.2016)
- **Stålenkrantz, Berne**, Chair of the Swedish Drug Users Union (SDUU) (17.02.2016)
- **Sørheim, Stig-Erik**, Adviser, International Policies, Actis (05.02.2016)
- **Toppe, Kjersti**, Vice Chair of the Committee for Health and Welfare in the Norwegian parliament and member of the Agrarian Party (Senterpartiet, Sp) in Norway (18.02.2016)