Bachelor's thesis

NTNU
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Discourse Analysis of European drug policy

Bachelor's thesis in European Studies
Supervisor: Tobias Schumacher
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Abstract

The purpose of this essay is to analyse the EU Drug Strategy to establish the relation discourse has to policy making in the European Union at an institutional level. The goal is to see if and how trends in drug policies at member state level are reflected in the drug policy of the EU and the origin of European drug policy discourse. To do this I use the method of Discourse Analysis with the theory of Discursive Institutionalism. To analyse the origins of this discourse I use an analytical framework established by Franz Trautmann. The result show that the EU strategy does reflect some of the trends in drug policy, specifically in the way it views drug use. However, there is no indication of changes that raise question around the fundamental beliefs of prohibition. It shows how the change in perception of users has been embraced by the EU precisely because it does not directly conflict with fundamental prohibitionist values. This research is valuable as it shows the relation that discourse plays in the creation of EU politics.

Sammendrag

Formålet med denne bacheloren er å analysere EUs narkotikastrategi for å etablere forholdet diskurs har til politikkutforming i EU på et institusjonelt nivå. Målet er å se om og hvordan trender i narkotikapolitikken på medlemslandsnivå gjenspeiles i EUs narkotikapolitikk og opprinnelsen til europeisk narkotikapolitisk diskurs. For å gjøre dette bruker jeg metoden Diskursanalyse med teorien om diskursiv institusjonalisme. For å analysere opprinnelsen til denne diskursen bruker jeg et analytisk rammeverk etablert av Franz Trautmann. Resultatet viser at EU-strategien reflekterer noen av trendene i narkotikapolitikken, spesielt i måten den ser på narkotikabruk. Det er imidlertid ingen indikasjoner på endringer som reiser spørsmål rundt den grunnleggende oppfatningen av forbud. Den viser hvordan endringen i oppfatning av brukere har blitt omfavnet av EU nettopp fordi den ikke er direkte i konflikt med grunnleggende forbudsverdier. Denne forskningen er verdifull ettersom den viser forholdet som diskurs spiller i skapelsen av EU-politikk.

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1 Introduction

Over the past decades there seems to be a shift in drug policy worldwide. Many states in the USA are legalising or decriminalising drugs like marijuana, and there are questions being asked about the effectiveness of prohibitionist policies. These policies are criticised for the way they marginalise drug users and fail to effectively address drug-related issues. In Norway there recently was a drug policy reform presented to the parliament that caused debate among Norwegian society on if it was time to abandon prohibitionist drug policy. The reform ended up being downvoted, the key aspect deemed too radical was the decriminalisation of drugs. At an EU level there are several member states that have established harm reduction policies and even decriminalised certain drugs, the most known example being The Netherlands. There is some research on drug policy in Norway, but it seems few are aimed at a regional or institutional level. In addition to this, this type of analysis could be used to analyse other types of policies and how they are developed in the EU, and how changes in national policies are reflected at an EU-level.

My goal is to see if the trending drug policy changes are reflected in the EU Drug Strategy by doing a discourse analysis. If they are then to what extent, and if not, why that is. Then after this do an analysis on the origins of EU drug policy. The methods and theories I use are Discourse Analysis and Discursive Institutionalism for the discourse analysis and an analytical framework used by Franz Trautmann to analyse the origins of EU drug policy.

In the first chapter I introduce some key concepts of drug policy in general, and then I go over the basics of European drug policy. following this is the methodology chapter where I introduce the relevant theories and research methos that will be used in the analysis. Following this is the analysis chapter that is split into two analyses, first the discourse analysis and secondly the analysis of the origins of EU drug policy.

1.2 Drug policy concepts and European drug policy

1.2.1 Key concepts of drug policy

There are two approaches from which drug policy is developed, the *prohibition* approach and the *regulatory approach* (Olmeda, 2020, p.364). Prohibitionists believe that drugs are a threat to society from the outside and view it as a security issue, therefore drug use must be completely eradicated from society (Chatwin, 2011, p.89). To eradicate drug use, prohibitionist laws tend to be strict and focus on fierce criminal punishment for everyone involved in the drug trade, even the user. They tend to have a moralistic approach where an addict is demonized and framed as the opposite of a model citizen, everyone involved in the drug trade is pictured as evil or morally corrupted (Chatwin, 2017, p.27). Historically advocating for different polices can be controversial and/or problematic in societies that hold prohibitionist beliefs (Chatwin, 2017, p.27). The regulatory approach views it as a social/health issue. regulation supporters view the drug problem as a complex problem that considers the underlying social and personal reasons that cause the use of drugs (Chatwin, 2017, p.28). The eventual goal of regulatory policies is not to completely eradicate drug use from society but to reduce the harm it causes

The approaches mentioned above can be said to be the two extremes of drug policy, but the definitions help the reader understand their core concepts and values. When talking about member states policies, Sweden and The Netherlands can be used as examples of

opposites, as Sweden has historically had strong prohibitionist positions and the Netherlands a harm reduction focused position. Caroline Chatwin says, regarding national policies in the rest of the EU *"Other European Member States differ along the continuum between the Netherlands and Sweden, and there are many innovative drug policy practices in operation in Europe"* (Chatwin, 2017, p28).

1.2.1.1 Harm reduction, decriminalisation and legalisation

Three important terms within drug policy discourse are harm reduction, decriminalisation and legalisation. Harm reduction policies are policies that seek to reduce the harm that drugs cause, these can include needle exchanges to prevent the spread of diseases like HIV, programmes to help users get clean and many more, they have the overall goal to reduce the harm done to individuals, society and communities (Hedrich & Pirona, 2017, p.254). Decriminalisation means that something seizes to be a criminal offence but maintains an illegal status, the punishment of said offence no longer carries a criminal punishment and instead carries a civic punishment such as a fine or referral to a treatment program, no criminal record is kept (EMCDDA, 2001, s.2). Certain amounts are often set as a limit, if the amount of drugs found on a person exceeds this they will still be criminally prosecuted as it is not considered for personal use, this way production and distribution maintain criminal status. Legalisation removes all punishment for a drugs possession, it becomes completely legal, and both production and distribution are controlled in a similar way too alcohol and tobacco, full legalisation is mostly implemented towards marijuana and "softer" drugs (EMCDDA, 2001, p.2).

1.2.1.2 Moralistic views

The moralistic point of view and demonization of drugs and drug users that often accompanies prohibitionist ideals has over time been deeply engrained into what we could call "the global community" by the discourse used around drug policies. As Manjon-Cabeza Olmeda argues *"An atmosphere of fear has been created based on categorical statements that are not open to discussion: drugs kill, drugs take away your freedom, etc.",* I belive these beliefs are engrained into global society as that they have been historically pushed by both the UN and US. with three UN conventions (1961, 1971 and 1988) establishing prohibitionist policies as the only solution to the drug problem and pushing for criminal prosecution of drug users (Olmeda, 20120, p.370). This has historically made it difficult to criticise or take up debates around drug policy as the subject has been demonized and these beliefs accepted as absolute truths and realities, only in recent times have we seen larger support for more liberal policies (Olmeda, 2020, p.362). This could be somewhat attributed to both the shortcomings of prohibitionists polices and a change in public perception on the dangers of drug use (Hedrich & Pirona, 2017, p.264).

1.2.2 European drug policy

The official drug policy of the EU is the European Drug Strategy, the current one covers the time period 2021-2025. The goal of this strategy is not to implement and/or enforce specific laws or policies but instead to set goals and priorities on EU drug policy trough coordination and cooperation between member states, as the EU describes it "*Through the EU Drugs Strategy, the EU coordinates evidence-based, balanced and integrated measures with EU countries and speaks with one voice internationally"* (European Commision, n.d). The EU believes that drug policy is the responsibility of Member States as local authorities are more knowledgeable about the cultural, social and economic factors in their nations, but some guidance and cooperation is needed at an EU level, the EU phrase their approach as being "evidence based and balanced" (Elvins, 2017, p.15).

This has led to a strategy that puts emphasis on both drug supply reduction from a security standpoint and drug demand reduction from a health standpoint that includes harm reduction, something that has become synonymous with European drug policy (Elvins, 2017, p.15). The current drug strategy consists of three policy areas and three "cross-cutting themes", these are the following:

Policy areas

- Drug supply reduction: Enhancing Security
- Drug demand reduction: prevention, treatment and care services
- Addressing drug-related harm

Cross-cutting themes

- International cooperation
- Research, innovation and foresight
- Coordination, governance and implementation

Specifics on how these goals are to be achieved are found in the EU Drug Action plan, which is updated every four years (Chatwin, 2017, s.30).

1.2.2.1 EMCDDA

Drug policy is to stay in control of member states, while the EU provides a framework for national drug policies to operate, collect and disseminate data on the issue throughout Europe, as this data is analysed priorities on what to address are set by the Drug Strategy (Chatwin, 2017, p.30). An agency tasked with monitoring developments in the drug field was set up in 1993, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Their tasks are to produce information, be the centre of expert networks and evaluate national drug policies, the information they produce is now considered the most reliable and legitimate regarding drug issues in Europe (Bergeron, 2017, p.44). As member states would share information, and the EU facilitate cooperation and setting priorities, drug polices where to become more similar, this has not necessarily been the case (Chatwin, 2017, p.33).

1.2.2.2 Role of EMCDDA

Their role is to collect, process and provide, factual, reliable and comparable information on all dimensions of the drug phenomenon within the European union (Bergeron, 2017, p.42). However, the information they provide is focused on the social and health related aspects of drug issues (Bergeron, 2017, p.42). When recruiting experts most of them where recruited for their epidemiological knowledge, while many of them supported a more health-based approach the EMCDDA always stayed away from experts deemed anti-prohibitionist (Bergeron, 2017, p.48).

2 Methodology

In this chapter I present the methodology used in the analysis, which has two parts, one discourse analysis, from the point of view of Discursive Institutionalism, and an analysis of the origins of European drug policy using the established framework of Franz Trautmann.

2.1 Definitions

The following definitions are the most important to understand the type of Discourse Analysis I am going to use in this essay.

2.1.1 Discourse definition

There are several definitions of discourse, among them:

- *"a specifc ensemble of ideas, concepts, and categorizations that are produced, reproduced and transformed in a particular set of practices and through which meaning is given to physical and social realities."* (Hajer, 1995) (Lynggaard, 2019, p-2)
- *"Discourse… are 'carriers of ideas'. They can be divided into two types: coordinative and communicative. Coordinative discourse takes place between a set of actors such as epistemic communities, advocacy coalitions or even mediators*." (Sauruggel, 2014, p.96)

2.1.2 Discourse analysis

This type of analysis is described as *"discourse analysis is committed to the study of the products of discourse."* (Lynggaard, 2019, p.2). There are three elements to discourse analysis, two of them relevant for this essay which are: *"This is an understanding of discourse emphasising the structure and production of collective meaning systems."* Lynggaard 2012: 88) and "*Discourse analysis is devoted to questions of how discourse produces positions (or not) for agents to speak and act in discourse, how discourse produces knowledge and knowledge practices and ways of legitimising relationships between authority and the public"* (Milliken 1999: 229) (Lynggaard, 2019, p.2).

2.1.3 Discursive institutionalism

One of the discursive analytical approaches when analysing EU politics is Discursive institutionalism, - "*discursive institutionalism (DI). DI is an approach to political analysis that links discourse analysis with institutional research. DI highlights the role of ideas and discourse in their institutional context as well as how ideas and discourse affect political outcomes. Ideas concern the substance of discourse, whereas discourse conveys and transforms ideas, making discourse a key mechanism of political change. DI thus emphasises the transformative power of discourse as essential in understanding the politics of change."* (Lynggaard, 2019, p.8-9)

There are four tenets to discursive institutionalism. First, it considers ideas and discourses as central variables of research. Secondly, discursive institutionalism perceives ideas and discourses in their general context. Thirdly ideas refer to different meanings (i.e. sovereignty or environmental protection) specifically in different national contexts. Fourthly, the discursive institutionalism draws out the dynamic nature of the change analysed, which, according to its supporters, distinguishes it from the other forms of institutionalism that adopt a more static viewpoint. These four tenets indicate the two central variables in discursive institutionalism: ideas and discourses (Sauruggel, 2014, p.95-96).

Over the past decades Discourse analysis has become a relevant perspective on EU politics. As it views political discourse as mechanism of inclusion and exclusion in EU policy making, the claim is that "*…discourse is decisive in terms of which actors are included/excluded from EU policy making, for the setting of the procedures guiding decision making, and for which issues stand a chance for serious consideration on EU"* (Lynggaard, 2019, p.65)

2.2 Use of documents

I am going to use a booklet distributed by the Council of the European Union on the EU drugs strategy 2021-2025 as the main document for the discourse analysis

"Documents can be said to be language fixed in text and time" (Lynggaard 2015: 154) and *"documents are primarily discursive artefacts and treated as a partial and biased documentation of the past".* Documents are useful for analysing political discourse for a few reasons. First, documents are not produced for analytical purposes, secondly, they are readily available, and thirdly they cover discursive twists and turns over long periods of time (Lynggaard, 2019, p.51).

2.3 Reliability and validity

A potential issue of reliability lies in that document, like other data, are analysed from the position of the analyst who is likely to view the material from specific theoretical perspective and personal opinions (Lynggaard, 2019, p.51). To avoid this one must have a clear the purpose and research question, there are two key elements to consider:

- *"Whose discourse(s) is to be uncovered? This involves encircling the set(s) of actors involved in articulating the meaning system(s) in focus. This is essentially the question of what we want our data to represent."*

- *"What is the timeframe of the discourse(s) up for analysis? Answering this question involves specifying the beginning and the end of the discursive developments we wish to uncover, whether shorter snapshots or over longer periods of time. Identifying the historical beginning and termination of a discourse are analytical 'blind spots' for discourse analysis."*

Considering validity, the use of documents strengthen validity, since as mentioned earlier they are not produced for analytical purposes and the analyst is not involved in producing the document (Lynggaard, 2019, p.51)

2.4 Franz Trautmann`s analysis

Franz Trautmann tries to explain the trends and developments of member states drug polices by using a combination of John Kingdon`s multiple streams model, Walt and Gilson`s Health policy triangle and Thomas Kuhn`s theory on paradigms. The belief that science is based on expert consensus on how something is to be explained (Trautmann, 2017, p.246). His analysis does a good job of explaining the factors that have driven the shift in paradigms in drug policy and gives an understanding on why drug policies in Europe have developed as they have on a national level.

My goal is to use this to establish the trends he sees to changes in drug policy and see if they are reflected in the EU drug strategy by doing a discourse analysis, and then use his framework of analysis to analyse the origin of the drug policy discourse used by the EU.

2.3.1 Kingdons model

Kingdon`s multiple stream model explains that there are three *streams* in the process of policy making: A *problem stream* (an issue that's needs addressing), a *policy stream* (ideals and proposals for handling said issue), and a *political stream* (the organized political process, forms of consensus building and decision making). The streams operate independently until there is a change that causes them to meet, which creates a policy window where policy change can occur (Trautmann, 2017, p.242). Trautmann deems these model insufficient for analysing specific policy decisions but claims it helps

understand the complex and dynamic character of the decision-making process. That's why he also uses the structure of Walt and Gilson`s health policy triangle, a model that facilitates health policy analysis by looking at the interaction between policy content (what), actors (who), context (where/when), process (how) and their impact on policy making (Trautmann, 2017, p.243).

2.3.2 Convergence trends

There are three convergence trends that he aims at analysing in drug policy changes, these are: *a wider acceptance of harm reduction*, *decriminalisation of drug use* and growing interest in *exploring options of regulation instead of prohibition* to control drug markets[1] (Trautmann, 2017, p.243). To analyse the emergence of these trends he uses the structure of health policy triangle in this way[2]:

- The process: convergence of drug policies in Europe
- The content: the paradigm changes
- The stakeholders: factors contributing to the influence of stakeholders
- The context: the impact of societal changes

Trautmann focuses on two stakeholder groups, science and research, and social movements. Although they were not the most powerful groups, they played a key role in challenging existing paradigms by raising questions around the drug policies of the time. Drug policy has historically been politicised and ideologically charged, with science evidence often being overruled by political and ideological arguments (Trautmann, 2017, p.249)

3 Discourse Analysis of the EU drug Strategy and Trautmann`s analytical framework to analyse the origins of EU drug discourse

3.1 Discourse Analysis

I am going to use a booklet distributed by the Council of the European Union on the EU drugs strategy 2021-2025 [3]. The document contains three policy areas and three cross cutting themes, the analysis will be towards the policy areas and parts of the introduction. Each policy area is divided into strategic priorities, the amount of strategic priorities on each policy area varies from four strategic priorities to two.

The goal is to analyse if the changes in approaches towards drug policy at national levels is reflected in the discourse used by the EU drug strategy. If they are, then in what way, and if not, how not. Eventually determining what concepts and beliefs are enforced by the discourse used in the drug strategy. I will both analyse the overall content of the discourse while also focusing on specific terms when necessary.

3.1.1 Analysis of the introduction

The introduction gives an overall overview of the aims, foundations and approaches of the drug strategy and divides them into eight points. There is a lot of technical information here, but also points worth going over and analysing. Especially considering the introduction shows the main principles and ideas on which the policy is built around, therefore being useful for discourse analysis. The points I am going to analyse are:

[1] Not all three trends can be found in all member states, sometimes they emerge separately and sometimes all together, the degree to which they exist also varies (Trautmann, 2017, p.243).
[2] His full analysis can be found in chapter 17 of the book European drug policy: the ways of reform.
[3] https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf

- **The second point**, introducing the aims of the strategy
- **The fourth point**, the founding principles of the strategy and its intentions
- **The sixth point**, mentioning what input the strategy is built around

The second point establishes the aims of the drug strategy a improving well-being of society and individuals, protect and promoting public health, offering a high level of security and well-being to the public as well as increasing health literacy, taking an evidence-based a balanced approach, this is something mentioned all over the document repeatedly, how all approaches and measures are to be evidence-based and balanced. The aspect worth analysing is the use of the term "well-being". It is argued that purely using a health explanation and viewpoint on the drug issue is limited and can be problematic since it categorizes all drug users as sick and fails to consider recreational or experimental use (Trautmann, 2017, p.247). Using the term well-being can be better suited since there are several aspects of well-being beyond purely health (Trautmann, 2017, p.247). It seems the EU strategy acknowledges this and therefore sets well-being as an aim where public health is included rather than it being the only factor.

Moving on to **the fourth point**, the strategy is said to be based firstly on EU law and principles, secondly on international law, referring to the relevant UN conventions on the issue. It is also pointed out that the EU supports the outcome of the 2016 UN General Assembly Special Session document. A document where many of the shortcomings of UN drug policy were addressed and the need for some degree change established (Olmeda, 2020, 366). The UN conventions mentioned are historically known for pushing and lobbying prohibitionist policies and fierce criminal prosecution towards all involved in the drug trade, even users (Hughes, 2017, p.272). The 2016 document does not reject the earlier established ideas, it only recognizes its shortcoming and opens for more freedom of choice within national policy (Olmeda, 2020, p.367). So, if the EU strategy is partly based on the UN convention it would mean it exists under the ideas and concepts established by it, which mainly support prohibitionist and criminal justice approaches.

Further down, it is stated that this strategy considers the 'respective competence' of member states and is therefore intended to add value to their strategies while respecting national needs and legislation. Therefore, the strategy is to be implemented in accordance with the national principles and competencies. It seems to me that this could lead to widely different interpretations of the strategy, and consequently to widely different policy implementation. If a state implements the strategy with strong prohibitionist and criminal justice principles and values, the result would not be the same as a state that holds the opposite set of principles and values regarding drug issues. This has been one of the criticisms of former drug strategies, since they are in addition to this very vague, they have been interpreted differently among member states and resulted in drug policy from both sides of the spectrum to exist within the EU framework (Chatwin, 2017, p.34).

The sixth point goes over where the input that the strategy is built on comes from, and there is an addition here I think is worth mentioning. While many organizations and agencies are mentioned, what sticks out is the mention of 'civil society'. It seems that the social movements that started as marginalised groups and weak stakeholders raising questions around drug policy practices they deemed inadequate have now, at least on paper, become a relevant stakeholder enough to be mentioned by the official EU strategy (Trautmann, 2017, p.251). This is an example of how discourse legitimises relationships between institutions and the public.

3.1.2 Supply reduction: Enhancing security

The first policy area of the strategy is also the one with the most strategic priorities (four), and it's the supply reduction policy area with emphasis on enhancing security. I will analyse the overall content of the policy area, as much of the language and concepts used is self-explanatory and to be expected in a policy area about security. There are however two points where I think deeper analysis is needed. First analysing the content and then the two points.

It is first established that the drug market in Europe is characterised by high availability of various types of drugs, ever larger seizures, increasing use of violence and huge profits. In other words, the overall drug "industry" is getting larger. To counter this the strategic priorities, focus on fiercer criminal prosecution of drug-related organised crime groups, increasing monitoring of EU borders, target emerging digital and postal drug trafficking distribution channels and dismantling illicit drug production and illicit cultivation.

I think this is the part where it becomes clear that even if the EU has adopted some of the newer ideas and concepts in drug policy. The prohibitionist foundation established by the UN remains at its core. When faced with the increase in size of the drug industry and the amount of violence that comes with it, the only answer is to increase the amount of policing done on a wide scale, ignoring the fact that this has rarely succeeded on a significant level (Olmeda, 2020, p.362). Anti-prohibitionists argue that if you have a demand for an illegal substance, there will always be criminal black market there to provide supply, and no matter how much you criminally prosecute and target the criminal organizations taking part in this black market they will not seize to exist (Olmeda, 2020, p.371). On the contrary if something remains prohibited it will only increase the size of this market (the document itself says it is growing) regardless of police action against it (Olmeda, 2020, p.371). This concept is not even mentioned here, and it seems the EU seems reluctant to abandon prohibitionist ideals established by the UN, even if the current strategy remains ineffective at reducing the size of the drug market. Even worse, if the current strategy possibly contributes to the expansion of this market.

However, there are two specific points in this area where I think the strategy shows signs of new ideas. And therefore, I will analyse deeper. One in the first part of the first strategic priority, where it is established as a goal to target high-risk organised crime groups that are active across EU-borders and the other also in the first strategic priority where the communities affected by drug issues are mentioned. In the specifics it is mentioned that operation on large scale should be targeted and disrupted, and operations on a smaller scale only targeted if they are particularly harmful due to the nature of the drugs involved. Examples are given such as cocaine, heroin and methamphetamine. The people targeted within the crime organisations should be top-level or mid-level targets that are important to the continuity of the crime groups. There are two things I see here:

First there seems to be a perception that some drugs are more dangerous than others, and therefore should be prioritised over less harmful drugs. This seems to be a reflexion of a trend in drug policy in general, where there is a perception that not all drugs are the threat they were made out to be when first introduced to the public (Hedrich & Pirona, 2017, p.264). and this change in perception changes the level to which these drugs are prioritised by law enforcement.

Secondly, prioritising high and mid-level targets reflects less importance on making the most possible amount of arrests and instead focusing on the relevant targets in these organised crime groups instead of wasting resources on low-level criminals.

Extending on the first priority the strategy mentions the importance of recognising the effect drug-related crime has on some communities, and the exploitation of vulnerable groups like children and young people. It is acknowledged that these groups often end up involved in the drug market due to underlying factors (specifics of these factors not mentioned). This is clearly connected to the point made earlier of not focusing as much on low-level individuals involved drug markets, as they are often the vulnerable groups mentioned. Therefore, less focus on criminal prosecution and more focus on addressing the underlying factors that contributed to their involvement will arguably be beneficial in the long run both for the individuals and the communities in general (MacGregor, 2017, p.232).

3.1.3 Demand reduction: Prevention treatment and care services

The second policy area is demand reduction and consists of two strategic priorities, the established goal is: *"In the area of drug demand reduction, the objective of the Strategy is to contribute to the healthy and safe development of children and young people and to a reduction of the use of illicit drugs. It also aims to delay the age of onset, to prevent and reduce problem drug use, to treat drug dependence, to provide for recovery and social reintegration through an integrated, multidisciplinary and evidence-based approach and by promoting and safeguarding coherence between health, social and justice policies."*.

This strategy has few points to analyse specifically and is more fit for an overall analysis of the discourse used throughout. There is one term I think is worth examining, the use of "prevent and reduce problem drug use" in the introduction to the policy area. By using the term "Problem drug use" it implies the existence of unproblematic drug use, since if all drug use was problematic there would be no need to explicitly point out problematic use. Both the crime paradigm and health paradigm have been criticised for having shortcomings in categorizing every drug user as problematic, either as a criminal or a sick person, while ignoring recreational or experimental use (Trautmann, 2017, p.247). The use of the term "problematic drug use" implies that there in fact exist non problematic drug use and that it is acknowledged by the EU. The results of these implications on actual national policy will still depend on how they are interpreted by the member states.

Overall, the *first strategic priority* is aimed at the prevention of drug use and raising awareness, specially toward vulnerable groups such as young people. Early interventions, preventions targeted at both individuals and groups. Increasing information campaigns on the dangers of drugs through new ways of communication, increasing availability of measures to prevent development of drug-use disorders are some of the specific targets. The language used here is again, as in much of the document, extremely vague. It only covers what areas should be strengthened and developed, not specifically how. Again, it falls on the member states to decide how to interpret this. Take for example "increasing information campaigns", the fact is must prohibitions ideals where integrated onto society by information campaigns based on false statements and beliefs on the dangers of drugs (Olmeda, 2020, p.370). It is the content of the information that matters, and this remains in control of the member states. Therefore, member states with prohibitionist beliefs will focus on the information that fits their narrative and vise-versa.

In addition, establishing early intervention and prevention can also be interpreted and implemented in different ways. Technically the criminalisation of a substance is a prevention measure as it is intended to deter drug use and protect public health in that way (Hughes, 2017, p.279). the type of interventions and prevention methods implemented will be based on pre-existing beliefs and conceptions of the drug problem.

The second strategic priority of this policy area is to ensure access and strengthen treatment and care services. This priority establishes more concrete concepts and ideas than the former, the use of the word "care" embraces taking care of drug users on a wider scale than just health. The official definition of care is *"the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something."*, health only being one aspect of care. Specific priorities addressed include removing barriers to treatment, reducing stigma, addressing specific needs of women and groups that need special care, and promoting peer work (peers as in other drug users). So, the EU acknowledges that drug policy historically has created stigma towards drug users, stigma that has detrimental effects on the mental and physical health of said users (EU Drug Strategy). This stigma is often associated with criminal prosecution and prohibitionist policies, and it seems the EU directly addresses this problem, by directly addressing stigma it indirectly addresses the flaws in these policies.

Supporting peer work is also a breath of fresh air in drug policy, where the knowledge of drug users themselves is to be considered and embraced. I would argue that it goes further than this, and indirectly supports the notion that there exists non-problematic drug use, something I already speculated on earlier. The EU supporting peer work, especially in the field of information sharing and raising awareness does not directly reveal this, unless you look at what type of information is shared, and awareness raised. While information and awareness on drug issues shared by official channels often boils down to the dangers of drug use and why it should be avoided, information shared by peers is often based on how to safely use different types of drugs (Hedrich & Pirona, 2017, p.268). Information like this is distributed on the internet on peer-led sites, based on how to safely use types of drugs, how to recognize tainted drugs and other practical information (Hedrich & Pirona, 2017, p.268). The EU supporting this then means it supports this type of knowledge, and to a degree acknowledges the existence of non-problematic drug use.

3.1.4 Addressing drug-related harm

The last policy area is addressing drug-related harm, which also consists of two strategic priorities it is introduces like this: *"the use of drugs may cause health and social harm to users but also to their family and the wider community. This chapter therefore focuses on measures and policies that prevent or reduce the possible health and social risks and harm for users, for society and in prison settings. National needs and national legislation must be taken into account when implementing these measures and policies.*

Prisoners are more likely to have used drugs compared with the general population, and they are also more likely to have engaged in risky forms of use, such as injecting drug use. Up to 70 % of European prisoners have used an illicit drug. Drug problems can worsen in prison settings due to the difficulties in coping with incarceration and the availability of drugs, including NPS. At the same time, imprisonment can provide an opportunity for treatment and rehabilitation."

The opening introduction to this area is somewhat straight forward, but there is one choice of wording I want to address. The last statement declaring that "imprisonment can

provide an opportunity for treatment and rehabilitation". What I think the EU is trying to say here is that since many prisoners struggle with problematic drug use that often worsens in prison, harm-reduction services need to exist in this area, with those in place imprisonment can provide opportunity for treatment and rehabilitation for the prisoners in question. The issue I notice with this statement is that the way its formulated, can be interpreted in the way that imprisonment itself is the tool used for treatment and rehabilitation, which would imply imprisoning individuals simply for the use of drugs to "rehabilitate them". No distinction is made to whether this is to treat those already in prison or to imprison individuals as treatment.

The first strategic priority addresses the overall need to increase the accessibility to harm reduction services for the treatment of blood infectious diseases related to drug use. It is mentioned that these should reach high-risk population and have low-threshold entry requirements. It also mentions some of the specific services it refers to such as, needle and syringe programs, accessible HIV testing and treatment and even supervised drug consumption facilities. It also criticises current drug responses for missing effective measures to prevent drug overdoses, and that member states should investigate and implement the use of opioid antagonist medicines such as naloxone to prevent overdoses. This part even vaguely embraces decriminalisation, something the EU has never or rarely done in the past (Trautmann, 2017, p.245). By saying that in some member states drug possession or consumption for personal use and in small amounts does not constitute a criminal offence and that more comprehensive in-depth data on these practices should be exchanged between member states.

This whole strategic priority seems less vague than other parts of the strategy, with instructions on the type of treatment, services and methods being very specific and less up for interpretation. There is a clear idea of how harm reduction services should look and be implemented pushed by the EU. The mention on low-threshold and widely available services seems like a clear instruction towards member states still reluctant towards harm reduction policies, where these services are high-threshold and not widely available to do so. This has been a in the EU, that although almost all member states have implemented some form of harm reduction policies, not all of these have been widely available to those that need it and have had high-threshold points of entry (Hedrich & Pirona, 2017, p.259) Overall, this policy priority seems to have a clear idea of what measures are and how to implement them, with less of it being up for interpretation, establishing clear concepts and ideas. I barely mention *the second strategic priority* as is basically just says that these harm-reduction measures should also be available for individuals in prison as they are vulnerable to problematic drug use. Expanding on the notion that these services should be widely available to those who need it.

3.1.5 Overall analysis

It seems that while aspects of the trends in drug policy changes are reflected in the EU strategy, it does not reflect all. there seems to be no consideration on challenging the belief that the best way to control drug is trough prohibition. With the "*Supply reduction: enhancing security*" policy area being the one with most strategic priorities, where it is mentioned that the size of the illegal drug market is in fact increasing. The ones that are noticeable are the shift towards viewing drug use as a health issue rather than criminal issue and a short mention on decriminalization policies, although not by name. reading trough the strategy there is a specific term that is used to describe the concept on which all the goals, strategies and priorities are built on, that is "evidence-based and balanced".

Further examining what this term represents in the context of EU drug policy sheds light on why some of the emerging changes in perception about drug policy are reflected in the EU strategy, while others are missing entirely. It also helps to explain why some policy areas are specific on what their goals are, while others vaguer and up to interpretation.

The goal of a "balanced" approach in EU drug strategy is to balance a mix of demand- and harm-reduction policies on one side with law enforcement and international cooperation on the other (Elvins, 2017, p.15). From my interpretation of the drug strategy, it seems the security focused policy strategy is the one that is framed as most important. It is the one with the most strategic priorities and has specific goals and targets, also it is the first one established, giving the impression that it is the "first" priority. The Demand reduction policy area is not only shorter, but also extremely vague, the priorities set there could result in widely different actual policies, depending on the point of view they are interpreted from. There are some aspects that reflect the trends of changing drug policy, however only if interpreted in a specific way. The last policy area, reducing drug related harm, although shorter than the security one, seems more specific. With specific mention of what types of services should be established and how.

Some experts claim this is deliberate, that while the demand and harm reduction aspects of drug policy do change the perceptions the drug problem from a criminal issue to health issue on the user side, they do not challenge the belief that drug policy is mainly a security problem that needs to be addressed mainly by tackling the supply side (Olmeda, 2020, p.362). A quote of Martin Elvins describes the reason for harm reduction becoming embraced by the EU as follows "*Whilst harm reduction has become synonymous with a European approach to drug policy, and is widely adopted by Member States, it does not, by definition, claim to be an overall solution to the drug problem. In fact, precisely because policies under the rubric of harm reduction intrinsically recognise the likely continuity of the problem (that is, that the demand for, and use of, psychoactive substances will persist), they do not tend to invoke deeper questioning of its causal dynamics and the systemic role played by policies aimed at supply."* (Elvins, 2017, p.15-16).

This notion is strengthened when considering the fact that when the EMCDDA was established, it was done in a way where it would only brief and collect information on health and social aspects of drug policy (Bergeron, 2017, p.44). Henri Bergeron explains the reasoning for this as *"This selective framing of the EMCDDA's brief to inform was more the result of a compromise negotiated within the Council at the time the founding Regulation was adopted. It was thought at the time that this would make the information it had to collect inoffensive: within the Council epidemiological knowledge and language had a benevolently neutral image, while other dimensions of the problem were judged to be too political by some Member States."* (Bergeron, 2017, p.44-45). The EMCDAA even made sure to stay away from expert groups that were deemed too "anti-prohibitionist" when recruiting (Bergeron, 2017). Taking this into consideration, the "evidence" part of the strategy in my opinion loses some of its significance. While the evidence used to develop the EU drug strategy is not false or inaccurate, its scope is limited to the demand- and harm-reduction elements of drug policy.

The main problem of not challenging the fundamental concept of viewing drugs as a mainly security-oriented issue where the main focus is tackling supply, is that ignores the evidence that this has historically never worked (Olmeda, 2020, p.371). Even the EU

itself acknowledges in the drug strategy that the drugs markets are indeed getting larger but continues to pursue a solution that has been ineffective. Some even argue that it is in fact prohibition itself which causes these markets to grow, therefore some of the security concerns around drugs are to an extent consequence of prohibition itself rather than the consumption of drugs themselves (Olmeda, 2020, p.371).

However, all this does not mean that the implementation of demand- and harm-reduction polices into the drug strategy are a bad thing. On the contrary there are many positive aspects of these approaches being established in the official discourse of EU drug politics. The fact is that while the viewing of drug use as a health issue and introduction of harm reduction measures started in some member states, it was the EU that embraced these changes on an EU-level (Trautmann, 2017, p.245). A concept that started out as controversial, with several member states being hostile towards it, has over the last decades become a central part of the EU strategy (Hedrich & Pirona, 2017, p.254). The EMCDDA has established itself as one of the most reliable sources on information on developments of the drug problem has facilitated and strengthened the cooperation and information sharing among expert groups within the EU (Bergeron, 2017, p. 245). One could speculate that if the EU never had incorporated these concepts and ideas into the EU strategy they would not have become as widely accepted as they are today. Some member states that have joined the EU after the TEU have incorporated the EU drug strategy in its entirety as their national policy, making harm reduction a core foundation of their policies (Chatwin, 2017, P.34). While not all member states have embraced harm reduction on a large scale limiting it to a small number of services, it seems the EU strategy is clear and specific on the fact that these services need to be widely available and low-threshold (Hedrich & Pirona, 2017, p.261).

Overall, the discourse used in the EU drug strategy reflects some of the trends in changes of drug policy, it does not reflect all of them. The trends reflected are in the perception of drug users, and in the framing of drug use from a crime to a health problem. It even indirectly implies that not all drug use is necessarily a health issue or bad, and supports, at least on paper, information input from drug users and embraces the involvement of civil society. However, little has changed in the perception of drug policy in the security aspect. With law enforcement cooperation and prohibitionist beliefs still being dominant on the side of supply reduction, regardless of the shortcoming of these policies in the past. The "balanced and evidence-based" approach intends to balance aspects from harm- and demand-reduction polices with aspects from supply reduction policies, and leaves parts of the strategy up for interpretation. This is possible as these harm- and demand-reduction policy principles don't challenge the overarching principle of prohibition being the only way to control drugs (Elvins, 2017, p.16). Next, I want to analyse what factors led to the creation of this "balanced" policy at an EU level by analysing the origins of EU drug policy.

This conclusion is sustained by following proposals of Discursive Institutionalism

- That general political programmes are based on ideas. In this context, ideas can be seen as paradigms reflecting the organizational principles that guide policy. (Saurugger, 2014, p.96)
- That common ideologies reflect the world view shared by a particular set of actors (Saurugger, 2014, p.96)

- That discourse does not exist independently of the agents who carry them. And therefore, it is crucial to identify these actors in order to understand the influence the discourse has on policy (Saurugger, 2014, p.97)

3.2 Trauttmann`s analysis applied at the EU-level of drug policy

While Trautmann focused his analysis on origins of drug policy changes and trends developing in national policies, I think several aspects of it can be used to explain the development of the official EU Drug Strategy. There are hints of this in his original analysis. When he compares the convergence of harm reduction policy in the Netherlands as a bottom-up driven process from social movements to a top-down driven force as the national strategy to harm reduction in Europe being a bottom-up driven process from few member states like the Netherlands to a top-down driven process in becoming a core part of EU drug policy (Trautmann, 2017, p.245). For his form of analysis to work on an EU changed some of the concepts he concentrated on must be adapted.

The one I use looks like this:

- The process: creation of EU drug policy
- The content: creation of a paradigm
- The stakeholders: factors contributing to influence of stakeholders
- The contexts: the impact of social changes

The process is described as creation of EU drug policy because there was no pre-existing drug policy that could have changed. The same goes for Creation of paradigm, although in member states there where established paradigms that changed this was not the case for EU, which led to the creation of a "balanced and evidence-based approach" combining both the security/crime paradigm and the health paradigm. The stakeholders stay the same, but I consider different stakeholders compared to the original analysis. Lastly the impact of social changes is written in the same way, however in my analysis the "society" I refer to are the member states, that form part of the "European Society".

3.2.1 Creation of EU drug policy

The concept of cooperation between member states on drug policy first became relevant in the 80`s, as it was believed that removal of internal borders would lead to a rise in drug related crimes (Elvins, 2017, p.17). A letter from French president Francois Mitterrand urging the EU to address the issue also increased the urgency. For this reason, a European Committee to Combat Drugs (CELAD) was established. which created the two first EU Action Plan on drugs (Predating the first drug strategy and the signing of TEU). These plan where heavily influenced by decisions and agreements of the Trevi Group, this group had become interested in the drug problem during the 80`s and facilitated dialogue between law enforcement officials and practitioners from member states. This led to the action plans only focusing on the security aspect of the drug issue (Elvins, 2017, p.17).

When the TEU was signed both CELAD and the Trevi group where disbanded, and an official EU drug policy was to be created. The European parliament failed to come to an agreement on the most effective drug policy, so it was decided that it would be left up to the member states, while the EU set priorities and provided a framework for cooperation and coordination (Chatwin, 2017, p.30) This led to the creation of a "balanced and evidence-based" approach that aims to balance a security based approach on the supply reduction side, and a health and social based approach on the demand reduction side

(Elvins, 2017, p.15). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was created, it tasks are to collect and provide reliable information on the drug issue and its developing trends, as well as serve as a centre of expert networks on drugs.

3.2.2 Creation of a paradigm

When drug policy at an EU-level was to be created there was no established paradigm for EU drug policy. Historically, thanks to influence from the UN and US, the norm for drug policy worldwide had been a security-based approach (Olmeda, 2020, 262). Within EU borders however there were several member states where the former paradigms of drug policy had been replaced by new ones that aimed at explaining the drug issue as a health issue, implementing harm reduction and decriminalisation into their national policies. This was not the case for all member states, many of them still viewing the problem from the crime paradigm with national policies still focusing on prohibition and prosecution of drug use.

Unable to decide on which one was best fitted for an EU policy and considering the existence of both within EU borders the result was what can be called the "Balance and evidence-driven" paradigm, which borrows aspects from both (Chatwin, 2017, p.29). Creating a mix between harm reduction and social policies from the health paradigm on the demand reduction side, and security-focused policies taken from the crime paradigm on the supply reduction side, simultaneously putting emphasis on scientific evidence (Elvins, 2017, p.15). While some aspects of both paradigms were included many were also excluded. There is for example little mention or recommendation of decriminalisation policies in the EU policy, even if this often goes hand in hand with harm reduction policies (Trautmann, 2017, p.244). Earlier in this essay I have explained how the absence of these aspects of the health paradigm in EU-policy may be since they still are deemed "too-political" and raise questions around the fundamental beliefs of prohibitionist policies. Not because they are ineffective.

3.2.3 Impact of social changes

As mentioned earlier here the member states are considered society, forming part of "The European society". By examining the societal mood, societal setting and uncertainties of the EU at the time one can examine how these affected the creation of the EU drug policy.

The societal mood of the European society was divided. some states basing their policies on the health paradigm and some to the crime paradigm, the EU could not ignore the states that moved towards harm reduction and regulation, at the same time it could not force the other states to abandon their prohibitionist policies. The result was a policy where both could coexist and hopefully cooperate to find the most effective policy. One can also claim that the EU policy being created as "evidence based" is in part because of the mood of the health driven member states. While drug policy had historically been driven by political and ideological arguments that ignored scientific evidence these states had now used science and research as fundamental parts of their policy development (Trautmann, 2017, p.250). The societal setting also played a factor. If the EU created a drug policy decades earlier, when all member states supported prohibitionist policies, it would likely have resulted in a mainly purely prohibition focused policy, as other alternatives had not yet developed at member state level.

Moving on to uncertainties, the political climate of the member states where paradigms changes took place where riddled with uncertainties. Shifting political spectres on a wider

scale than drug policy and no established drug policy made it possible for new types of policies to develop. At an EU level the signing of the TEU created a new political spectre, while the EU had existed before this the TEU brought it to a much larger scale and the political power of the EU expanded to new territories (Chatwin, 2017, p.28-29). There had also not existed an EU drug policy in the past so there were no established notions at an EU-level of how one should be.

3.2.4 Influence of stakeholders

A stakeholder is a person or group that has interest or stake in a political affair, this can be because they are directly affected by it or professionally involved in it, they are the engine of drug policy making and implementation. The level of influence of stakeholder groups depends on factors like political power (Size of group and level of influence), extent of vigour and support within the group and within coalitions of groups, and lastly support and interest from diverse stakeholder groups (Trautmann, 2017, p.249).

To understand the influence of stakeholders in this situation we first must establish who they are. First the member states. The removal of internal border made all member state into a stakeholder in EU drug policy. Since it was believed this would increase drug related crime across the EU, all member states would be affected so it was in their interest to have a say in the development (Elvins, 2017 p.17). Secondly the EU, with rising cases of drug related issues across Europe, and focus on policy integration across all fields the EU became a central stakeholder on the issue (Chatwin, 2017, p.29). Lastly expert groups and agencies, expert groups like the Trevi group and agencies like the EMCDDA where stakeholders that helped create information and notions around drug policy. One could say the Trevi group predated the official policy and therefore should not be counted, but they were one of the first expert groups that took interest on the drug issue and where highly influential in the first two action plans on drugs, as well as the security aspect of EU drug policy (Elvins, 2017, p.24).

The difference between the influence of stakeholders when comparing developments at a national level to developments at the EU-level is the consensus among stakeholders (Trautmann, 2017, p.249). The stakeholders mentioned all agreed on the fact that an EU drug strategy had to be developed. they also shared a sense of urgency with the removal of borders and rising drug use across Europe. They did however not agree on what type of policy this should be, some member states stood in the crime paradigm while some stood in the health paradigm. In the EU the parliament failed to agree on the best type of policy. The sense of urgency made the EU (The most powerful stakeholder) conclude that it would have to attempt to create a policy that took aspects of both paradigms to create its own "Evidence-based and balanced" approach to find a middle ground without directly interfering in national policies. While creating a framework for member states to cooperate, coordinate and share information on drug issues so they could develop efficient policies.

4 Conclusion

My goal with this essay was to see if the trends of drug policy changes happening in national policies of member states was reflected in the discourse used by the EU in the EU drug strategy eventually how and why. By doing a Discourse Analysis I concluded that some aspects where reflected while some where missing. It seems the EU discourse has reflected the trend towards viewing drug use differently, viewing drug use as a health issue rather than a crime. However, it also showed that the EU discourse maintains a prohibitionist point of view on the supply side of the drug problem, even if this has

showed to be historically ineffective. The reason for health reduction being embraced turned out to be that it does not come in conflict with the prohibitionist point of view, as it does not present itself as a solution to the drug problem and is deemed inoffensive. To find the origins of the EU discourse towards drug policy I used the analytical framework of Franz Trautmann, this revealed the factors that played a role in the creation of the EU drug policy.

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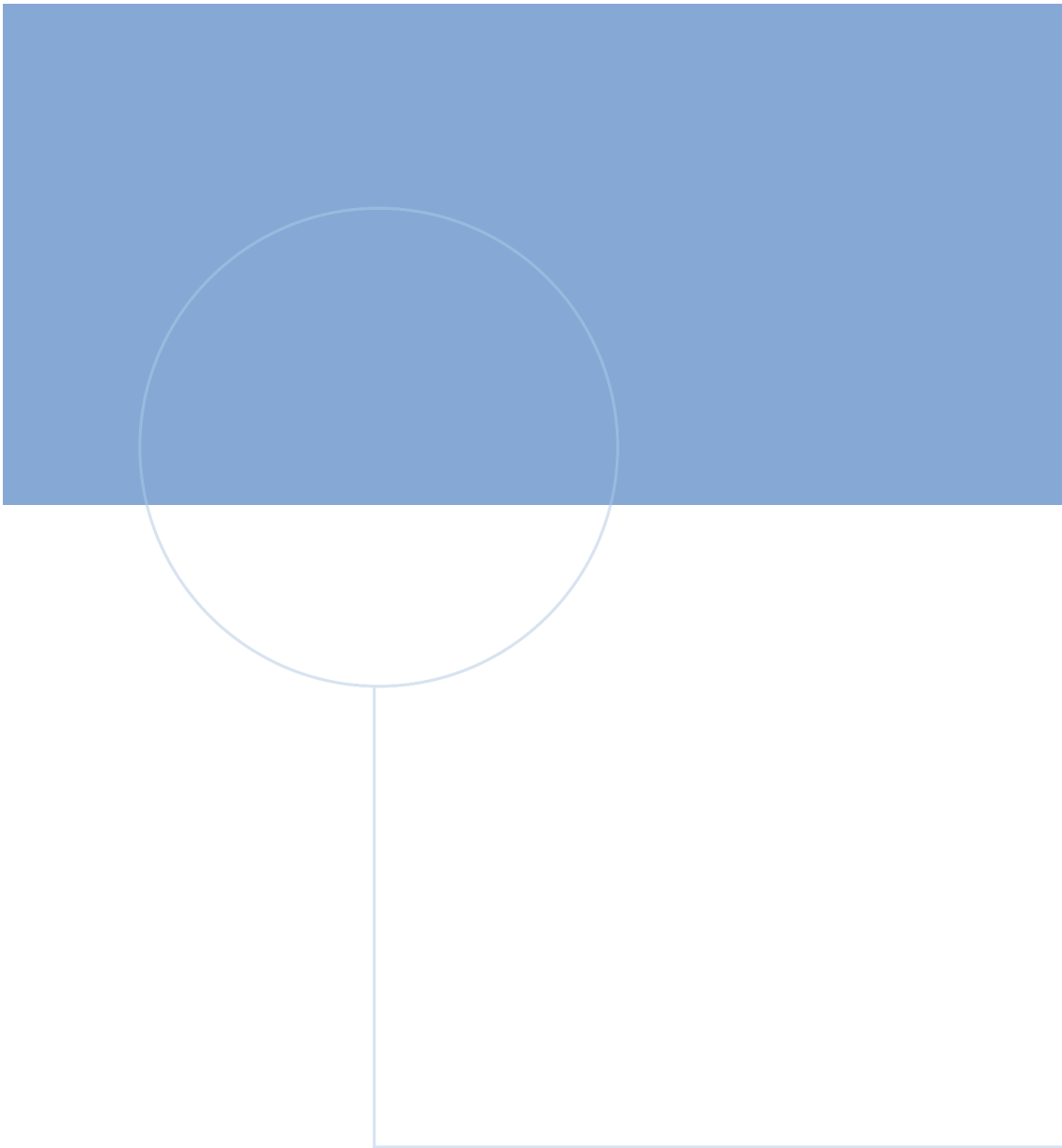

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