Conceptualising Domestic Change in Danish Drug Policy

- An Investigation of European Drug Strategy's Influence on Danish Drug Policy

AALBORG UNIVERSITY

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Preface

Firstly, we want to thank our girlfriends for their understanding and for their ability to give us the space we needed to delve into the deep abyss of international and domestic drug policy. A subject they will surely not miss talking about.

Additionally, we would like to thank our supervisor Laura for contributing competent guidance on our subject and pushing us further academically.

Lastly, we would like to thank to our informants, without whom this thesis would not be possible.

Abstract

Danish drug policy is historically characterised by being both susceptible to change and preserving distinct reservations towards certain courses of actions. The European Union's influence and significance to Danish drug policy has never been academically investigated, despite that EU for more than 30 years, has actively attempted to further the European integration within the area. Through a qualitative research design, this thesis attempts to fill this knowledge gap, by examining if there has happened a process of Europeanisation within Danish drug policy, through the following research question: *How has the European Drug Strategies, implemented between 2005-2020, affected the current Danish drug policy*

Since the thesis operates within an uncharted area, it has employed an inductive approach, aimed at providing a holistic understanding of the field. Based in Philipp Mayring's qualitative content analysis, the methodological research design attempts to dig deeper into the understanding of the field, and go beyond statistical results, to understand the domain as it presents itself. This is done through a qualitative analysis of the relevant European and Danish drug strategies, and three self-produced expert interviews.

We utilise Tanja A. Börzel and Thomas Risse's theoretical top-down framework to uncover whether the European Drug Strategy influences Danish drug policy. This is done by following the 'goodness of fit'-hypothesis between the European and domestic level, focusing especially on the presence of norm entrepreneurs, either epistemic communities or principled issue-networks, as 'change agents'.

The analysis is divided into three interlinked sections. The first analysis concentrates about extracting the most distinct policies, ideas, beliefs and norms within Danish drug strategy from 2010, *The Fight Against Drugs II*. In the second part of the analysis, the same procedure of extracting distinct elements from the European drug strategies from 2005-2012 and again from 2013-2020, is present. With the goal of comparing the findings from the first and second part of the analysis. This is done with the intention to juxtapose and identify the fits and misfits between the strategies in relation to the theoretical instruments. The third part of the analysis investigates how the Danish drug policy is understood and implemented on a practical level, through the analysis of the expert interviews. This is done to establish fits and misfits between the ambitions of the Danish drug policy and the implementation of it.

The results of the analysis are used in a discussion about how the Danish drug policy has implemented the policies, ideas, beliefs and norms that the EDS promotes. Both on a theoretical and practical level. The discussion identifies that several of the fits between the EDS and Danish drug policy found in the analysis, have an element of institutional misfit ingrained in them. Meaning that even though Danish drug policy has accepted and implemented several initiatives reminiscent of an EDS approach to drugs, the underlying conflictual ideals have meant that these initiatives have experienced an unbalanced implementation.

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Chapter 1: Introduction, Context and Puzzle

The production, trafficking and consumption of licit and illicit narcotic drugs continue to pose a complex, multifaceted, and international issue – in an increasingly interconnected world. According to the most recent World Drug Report, today more illicit drugs are produced and consumed worldwide than ever (UNODC 2019). It is internationally recognised "that addiction to narcotic drugs constitute a serious evil for the individual and is fraught with social and economic danger to mankind" (UNODC 2013: 23). Every country has an interest in reducing drug supply and drug demand. For the same reason, virtually every country on the planet is party to the three United Nations (UN) international drug control conventions: the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (UNODC 2013; Gotfredsen 2014: 5). Through these conventions, the UN has initiated and established a framework for an international prohibitionist drug control system, in which signatories are bound to formulating their national drug policies within the boundaries of these conventions (Chatwin 2017: 29), in example, the conventions require signatories to maintain a prohibition against all non-medical and non-scientific use of narcotic drugs (Houborg et al. 2008: 15-16).

In a regional context, the European Union (EU) first turned its attention to illicit drug policies in the early 1970s, identifying the policy area as a natural contender for further European integration (Chatwin 2013: 251). Nonetheless, it was first with the creation of the European Committee to Combat Drugs (CELAD) in 1989 that drugs gained a prominent place on the European political agenda (Bergeron & Colson 2017: 3). The need to respond to an increasing European public opinion anxious about drug-related crime and addiction (Bergeron & Colson 2017: 4; Boekhout van Solinge 2002: 80-90), together with implementation of the 1985 Schengen agreement, which abolished the EU's internal borders (Elvins 2017: 18), fostered the European politician's motivation to act on drugs.

Thus, 30 years ago, on December 10, 1990, the EU drafted its first ever Action Plan named *European Plan to Combat Drugs* with the preamble stating: "[d]rug addiction and drug trafficking today constitute a major threat to Europe and the rest of the world" (European Communities 1990). Since then, the EU has actively continued to develop several formal action plans and drug strategies of its own, as illustrated in the following figure:

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Figure 1: Timeline EU Strategies, Action Plans and Evaluations
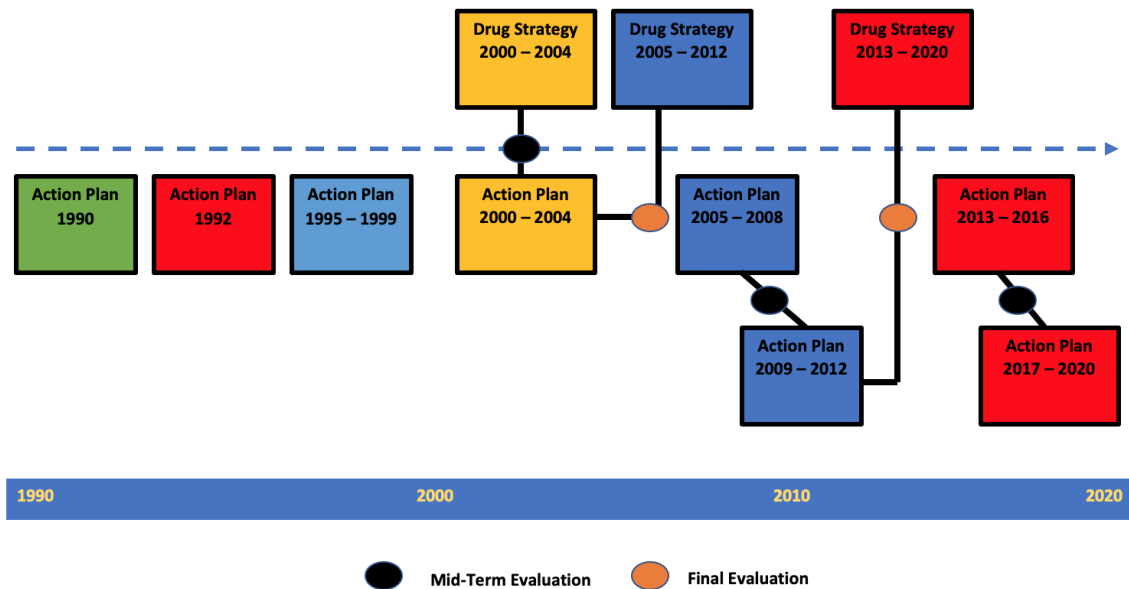
Model based on EMCDDA's timeline (EMCDDA 2019a)

The EU's current response to drugs is set out in the *EU Drugs Strategy 2013-20* (EDS) and its two consecutive action plans, which provide the overarching political framework and priorities of the EU and its member states (MS) for addressing drug policy. The first thing to understand about EU drug policy, is that, the EU within these affairs, is only given a weak and limited legal basis in the treaties constructing the Union (Elvins 2017: 14). In relation to the drug policy domain, competencies within public health, criminal justice, enforcement and customs components remain primarily at the national level (Elvins 2017: 14), while the wider EU competence encompasses aspects such as:

"controlling the trade in drug precursors, preventing money laundering, establishing minimum penalties for illicit drug trafficking in Member States' criminal law, as well as information exchange, risk assessment and control of new psychoactive substances (NPS), hence the obvious need, not least administratively, to coordinate policy initiatives" (Elvins 2017: 20-21).

In other words, the principle of subsidiarity applies to the EU drug policy domain (European Council 2012: 1). The principle of subsidiarity prescribes that policies should be decided as closely to the citizens as possible, meaning that the EU should only intervene in cases where

action cannot be left satisfactorily to the MS (Duff 1993). In that regard, national governments are provided with the main decision on its domestic drug policies and strategies, as well as the allocation of resources (International Drug Policy Consortium 2013). In practice, the EDS is formally approved by the head of states in the Council (Elvins 2017: 15), however, the EU drug policy domain is a complicated matter as it also involves a wide array of actors such as: The Commission, DG Home, a working group of MS representatives (the Horizontal Drugs Group), the EU agencies, Europol, Eurojust, and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)(Chatwin 2013: 252).

It is furthermore important to mention, that the fewer competences the EU has, the weaker the EU's ability becomes to make its MS comply to its standards and prescriptions. The drug policy area is an exclusive matter for national governments. Thus, the adaptational pressure which EU exerts on MS will not come from a legal obligation within this domain; instead from a "social pressure" (Ruano 2013: 23).

In contrast to the UN conventions' enshrined prohibition principle, the EU – with its current strategy – sets out an integrated, balanced, and for the first-time evidence-based approach to the drugs problem. The reduction of drug demand and drug supply are the strategy's main objectives, while coordination, cooperation and information are cross-cutting and underpinning themes (European Council 2012: 3). The aim of the EDS is found in the current EU drug strategy, and reads as follows:

> "The Strategy aims to contribute to a reduction in drug demand and drug supply within the EU, as well as a reduction as regards the health and social risks and harms caused by drugs through a strategic approach that supports and complements national policies, that provides a framework for coordinated and joint actions and that forms the basis and political framework for EU external cooperation in this field. This will be achieved through an integrated, balanced and evidence-based approach" (European Council 2012: 2)

The strategy intends to add value to national strategies (European Council 2012: 1), and focuses heavily on harm reductionist strategies, an overarching strategy that can facilitate collective actions and provide a common political framework for the EU MS. It also follows a unique and distinct scientific paradigm that has its basis in empirical data. In this context, the EMCDDA's job is to stay on top of current drug and drug abuse research to best advise the EU in a common

drug strategy for MS. The EMCDDA exists to provide a solid evidence base to support the drugs debate (EMCDDA 2020b).

At the national level, the EDS represents a model the MS can use to develop their own national policy documents, and their drug strategies are often synchronised with the EU strategy (EMCDDA 2020a). In this regard, MS have started implementing harm reduction measures into their strategies since its introduction in the EDS, which is one of the reasons that harm reduction has become synonymous with a *European* approach to drug policy (Elvins 2017: 14).

Given the pretext above, it is obvious that a broad normative consensus has been reached – both in the auspices of the UN as well as within the EU – on the need to address the negative impacts which drugs entail on the wider international and European society. As all EU MS are obliged to abide by the international prohibition regime, as well as all enjoy a shared commitment to the EU drug policies, it would be natural to expect that a broad similar style of drug policy was operating across Europe. However, in practice, as each EU MS has developed their own way of dealing with drugs, there exists a serious divide between two broad operating policy paradigms within Europe. It has become popular highlighting this range of policy division referring to the Netherlands and Sweden, in which the former favours a broad liberal approach, and the latter a more repressive one (Chatwin 2003; Bergeron & Colson 2017: 4).

This reflects that the international framework leaves room for interpretation. While the regional framework must be formulated so broadly that it can encompass both the zero-tolerance policy of Sweden and the more tolerant policy of the Netherlands.

Denmark's drug policies evolved early as the Danish Parliament prohibited the unauthorised use and possession of drugs adopting its first drug policy, *the Act on Euphoriant Drugs*, the 27th of April 1955 (Folketinget 1955: 557). The case of Danish drug policy is an interesting case to explore in relation to the EDS, as Denmark has hopped between opinions over the course of the last couple of decades (Jepsen 2008: 170). For a long time, the Danish way of dealing with drugs has been falling directly in between the Dutch and Swedish approach (Chatwin 2011: ix). Europeanisation research that draws upon the 'top-down' perspective, focuses on how EU policies, institutions and processes impacts the EU MS on a domestic level (Börzel & Panke 2016: 116). Students of Europeanisation have identified a variety of causal mechanisms in which 'Europe hits home' (Börzel & Risse 2012: 1). Diving into this field of research, several explanations for the reasons why Denmark should be expected to gradually

align its preferences with the EU appear. According to Europeanisation research, Denmark should be moving closer towards the framework which the EU promotes through the EDS, instead however, Denmark has from 2003/4 and onwards chosen to reinstate the punitive and repressive approach towards drugs known from 1955, by adopting a zero-tolerance drug control policy (Frank et al. 2008: 10-13; Jepsen 2008: 151-176).

This development of Danish drug policy is odd and puzzling in several areas. First, the EU attempts to influence MS to see the reason behind its strategy through evidence-based logic emanating from the EU's strongest competence area on the field, the EMCDDA. Generally, Danish policies are based on and formulated in accordance with evidence. However, very little scientific evidence supports the Danish approach to drugs, and the literature suggests that Denmark and Danish politicians formulate and base the drug policy on moral rather than evidence (Reuband 1995; Nadelmann 1997; Storgaard 2000; Møller 2010: 17; Ege 2018). This differs strongly from how the EMCDDA is attempting to convince MS to structure their drug strategies. Second, reviewing the drug strategies of all EU MS, Denmark remains the only country without either an official drug policy document or an official drug strategy document (EMCDDA 2020a). According to Peter Ege, Denmark in reality does not have any officially goal towards combating drugs (Ege 2018: 223).

In most referendums and policy changes Denmark follows the guidelines put out by the EU, and generally endorses EU policy change (Olesen 2015: 322). But a Danish drug strategy is absent, and no measures are set up to reach its goals. This dissonance of a general Danish compliance and absentia from the evidence-based approach, is what has spurred interest in examining how the EU is allegedly not penetrating the structure of Danish drug policy. It provides an interest in examining if principles, such as the evidence-based approach, have gained footing in a Danish context after the implementation of the EDS.

To analyse the EU's possibilities to influence Denmark, the sociological institutionalism of Europeanisation is a valuable theoretical tool. This strand of Europeanisation theory is less concerned with what formal decision competences the EU provides, and is instead more interested in how formal and informal institutions "are influenced by the cultural features of the actors operating them, participating in them, i.e. what sort of interaction exists among the formal and informal institutions; mutual interplays between the two." (North 1990; North 1991; Grünhut 2017: 164). Thus, this approach examines the aspects that may be influenced by the

process of Europeanisation, and vice-versa the aspects which may influence the process of Europeanisation (Grünhut 2017: 165).

The study of Europeanisation peaked around year 2000, and the conceptual debate stopped around 2010 when a basic consensus was reached on its contents, research agenda and methods (Havlík & Hloušek 2017: 32). However, Europeanisation has never been used to analyse and discuss Danish drug policy academically. Since the current EDS comes to an end this year, together with the fact, that Denmark has continued their official punitive course of action towards drugs, beckons our investigation to focus on Europeanisation research, which provides us with the opportunity to explore the aspects of EU induced change in Danish drug policy.

1.1 Research Question

The above literary considerations, brings the master thesis to the following research question:

How has the European Drug Strategies, implemented between 2005-2020, affected the current Danish drug policy?

The reasoning behind this research question, relates to the specific strategy that the EU presented during 2013, in which they promote certain values and provide policy guidelines for MS to pursue. This period represents a shift in international drug policy as it represents the first attempt to change the understanding of drugs and drug abuse through explicit policy strategies on an international level. And as such, also represents an attempt to influence and change MS' views on drugs, and make MS adopt certain norms of drugs and drug abusers. Denmark as a case is especially interesting in its historical inclination to adhere to many of the EU's proposed normative changes (Olesen 2015: 324). But its strict zero-tolerance policy on drugs still possesses a majority of political support.

1.2 Structure of the Thesis and its overall Framework

The master thesis research question will be answered using the following framework:

The methodological approach consists of a research design comprised of a qualitative case study, with an analytical approach of inductive qualitative content analysis as presented by Philipp Mayring (2014).

The empirical data will consist of *The Fight Against Drugs II,* the *EU Drug Strategy 2005-12*, the *EU Drug Strategy 2013-20* and three self-produced semi-structured expert interviews.

The theoretical framework consists of the conceptual top-down framework of Europeanisation outlined by Tanja A. Börzel and Thomas Risse (2003).

The master thesis consists of four main parts divided into eight chapters. The first part consists of chapter 1, which contains an introduction and the thesis' research question. The next main part consists of chapter 2 and 3, in which the thesis' methodology, theoretical framework and an operationalisation will be presented. The third main part consists of chapter 4, 5, and 6 wherein the thesis' analysis will be conducted, as well its findings discussed – followed by concluding remarks. The final main part consists of chapter 7 and 8. In these chapters, one can find the bibliography and appendices.

Chapter 2: Methodology

2.1 Ontology and Epistemology

Our ontological stance follows that of interpretivism, which argues that all observation is loaded with relative theory and values. Investigation of the social world, because of this, cannot be a pursuit for a detached objective truth (Risse 2004: 145). In continuation hereof, we follow the notion of constructivism as an epistemological stance, which maintains that knowledge of reality is socially constructed by human actors (Parsons 2010: 75-76). In this way, it stands in opposition to positivism that holds that only sense experiences possesses true authentic knowledge. By nature, an interpretivist research paradigm promotes the value of qualitative data, because it concerns itself with uniqueness of situations and pursues contextual depth within these cases – and is on an axiological level, thus more concerned with relevance than rigour (Glaser & Strauss 1967: 241). For this research, this position translates well into looking at Europeanisation from a theoretical perspective of sociological institutionalism, which occupies itself with certain social constructs of ideas, beliefs and norms, and how these influence the specific case of domestic Danish drug policy. Norms being defined expectations of appropriate behaviour based on a given collective identity (Jepperson et al. 1996).

2.2 Research Design: Case Study and Delineation

This thesis will look at the EU's influence on Danish drug policy from a qualitative case study standpoint. One of the reasons behind this choice relates to the concern for the limitations of a quantitative approach to the subject. By providing a holistic and comprehensive exploration of Danish drug policy's influence from the EU, we aim to go beyond statistical results and understand the conditions for its structure through qualitative research.

Historically, a lack of scientific rigor created a scientific representation of qualitative analysis as highly subjective, non-replicable and thus essentially non-falsifiable and inclined to fitting facts into theoretical arguments (Levy 2002: 131). But much has changed in the last couple of decades, both in terms of literature on the methodology of qualitative analysis, but also there seems to be a qualitative focus within social science research in international relations in more recent times, especially in terms of creating holistic understandings of a field (Zainal 2007: 2; Mahoney 2007: 122-124). The pitfalls of case studies and qualitative research has been heavily

investigated and are extensively explained in Bent Flyvbjerg's *Five Misunderstandings About Case-Study Research* (2006). By aiming at the conventional wisdom and the most common assumptions of case studies, Flyvbjerg argues that generalisability, hypothesis-generation, biases on verification, theoretical knowledge over practical knowledge and summarisability of single cases, indeed do not pose a stable challenge to the viability of case studies' ability to generate solid social science (Flyvbjerg 2006: 242). Instead, the researcher must understand when to use case studies over other research designs. And when this is done, qualitative case study research is able to produce rich holistic understandings of contextual, and generally unstructured non-numeric data, by engaging in structured conversations with the research participants (Ponelis 2015: 534).

Another, more systematic way of deciding upon a case study research design comes from answering the four following questions laid out by Izak Benbasat, David K. Goldstein and Melissa Mead, to help determine whether the case study method is appropriate for a particular project (Benbasat et al. 1987: 372):

1) Can the phenomenon of interest be studied outside its natural setting? By its nature, exploratory research in drug policy cannot be studied outside its natural setting, as this would defeat the point of exploring; 2) Does the study focus on contemporary events? The thesis focuses on contemporary events through the interview data; 3) Is control or manipulation of subjects or events necessary? The control of the setting or subjects is not necessary to create valuable examination of the field; 4) Does the phenomenon of interest enjoy an established theoretical base? The theoretical base of the project that deals with Europeanisation does have a solid established base in general, but the utility of this theory regarding Danish drug policy is unexplored.

2.2.1 Defining the Case

The definition of cases and their studies this paper draws upon, comes from Robert Yin as he describes case study as a contemporary real-life phenomenon that can be investigated with the help of a limited number of events, conditions, and the relationship between these (Yin 1994: 23). But to further narrow our understanding of a case study, it is purposeful to include John Gerring's definition of case studies as "an intensive study of a single unit for the purpose of understanding a larger class of (similar) units" (Gerring 2004: 342). Gerring builds this elaboration on several understandings of case studies (including Yins) in an attempt to include

an element of transferability when using case studies in social science. Gerring also narrows his definition even further, by mentioning that a "unit" connotes a spatially bounded phenomenon (e.g. within a nation state or policy) that is observed within a single period of time that is given either implicitly or explicitly (Gerring 2004: 342).

Under this pretext, our definition of a case study obtains both the element of contemporality and situational delimitation from Yin's definition, but also the transformability and spatial demarcation feature from Gerring's definition. Our "unit" or case can thusly be delineated as drug policy development with an EU influence aspect, our spatial limitation is comprised of Denmark and our explicit temporal delimitation spans from the entry of the EU Drugs Strategy in 2005 to the time of writing, Spring 2020.

2.2.2 Case Types

Defining what type of case the thesis investigates will ultimately help understand what contribution the analysis will provide within social science. Arend Lijphart's presentation of six case type categories is a well-known composition that helps the scientist understand the components of a case, and helps to establish general propositions when attempting to understand the field of study (Lijphart 1971: 691). Lijphart presents six ideal types: 1) *Atheoretical case studies,* 2) *Interpretative case studies*, 3) *Hypothesis-generating case studies*, 4) *Theory-confirming case studies*, 5) *Theory-infirming case studies*, 6) *Deviant case studies*, relating to level of analytical depth, involvement of theoretical framework, generalisations and theory-building. We argue that our case lies within the deviant case type.

Lijpharts definition of a deviant case is that they are "studies of single cases that are known to deviate from established generalizations" (Lijphart 1971: 692). In this sense, Danish drug policy is deviant as it diverges from the established idea that most other Danish policy areas and ministries follow the established EU policy frameworks (Olesen 2015: 316). As for example the Danish climate policy does (Energistyrelsen 2020). Another aspect that speaks for the deviant case, is that Denmark is the only EU MS that does not have either an explicit drug strategy or an obvious drug policy. Denmark's drug policy is instead described as a comprehensive policy that stretches into multiple strategic documents, different policy areas, legislation and concrete actions (EMCDDA 2019b: 2). In this way, we define the Danish drug policy case as deviant compared to both other Danish policies, and in the case of other EU MS' drug policymaking processes.

In extension to this, it should be mentioned that qualitative case studies, are somewhat limited in their ability to generalise, but this is not the point of them (Flyvbjerg 2006: 226; 227). Instead one should think of this case as transferable to other areas when provided with enough thick description (Guba & Lincoln 1982: 248). Thus, even though we compare Denmark to other EU MS, it is not our aim to generalise our analytical points of the deviant case to other EU MS, but rather to create thick description through our analysis, and provide the possibility to transfer these thickly described points to similar contexts (Guba 1982: 247).

2.3 Empirical Data

This master thesis aims to investigate how the EU influence has affected Danish drug policy since the entry of the 2005 EU drug strategy. This case study intends to investigate this through qualitative content analysis applied to semi-structured expert interviews. However, our self-produced empirical data from these interviews are not sufficient to answer our research question satisfactorily – it must be complemented and compared to data held in documents.

2.3.1 Selection of Interviewees

The selection of interviewees has been guided by an assessment of, which persons who would be best at shedding light on the field of investigation. In this regard, several practical circumstances have been taking into consideration: the person's knowledge within the field, availability, network, time and resources, as well as, the person's desire to take part in an interview setting (See section 2.4.1: Expert Interviews). On this background, the thesis has been successful in conducting a total of three interviews with a former doctor and member of the former Boards of Narcotics, a policy influencing researcher and an ex-drug user who publicly advocate against drug use[1].

Operationally, the decision to stop interviewing at a point where saturation has been reached is a combination of several factors such as the heterogeneity or homogeneity of the informants (Guest et al. 2006), the complexity of the interviews (Ryan et al. 2016) and the structure of the

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[1] A greater presentation of the three interviewees and a presentation of their backgrounds are attached as appendix 1. Additionally, the interviewees wish to remain anonymous and will be labelled 'Alex', 'John' and ' Paul' in the transcribed interviews. Lastly, the interviews are presented in the original language (Danish) in the transcript. Therefore, any quotations within the thesis have been translated to English by the authors. See appendix 3: Interview Transcription, for the full transcription.

interview (Guest et al 2006). But ultimately we have limited ourselves to three interviews because of the limited resource of time, and the labour intensive work of the qualitative content analysis we apply to the transcripts – although further interviews would likely enhance the understanding of the subject and add to the saturation process (Guest et al.: 60). Another perspective on the subject could be gained by including interviews with EU officials or key personnel from the EMCDDA. This perspective could further enhance the understanding behind the EDS' rationale and underlying norms. Beyond this, interviews of Danish and EU parliament politicians could provide certain insights into political decisions of drug policy development, however, no such politicians were available at the time, in part due to the current extraordinary situation of Covid-19.

2.3.2 Selection of Documents

As a means of comparativity and triangulation, qualitative questioning is used to enable the thesis to contextualise the collected interview data (Bowen 2009: 30). Triangulation is used as a device to validate whether the paper's discoveries converge, are inconsistent or contradict with the data. This inference aids in eliminating potential biases and contributes to the holistic knowledge produced in the analysis (Bryman 2004; Mathison 1988).

The thesis thus includes a qualitative questioning analysis of:

- **The Fight Against Drugs 2010; the latest official white paper on drugs[2]**

- **The EU Drug Strategies (2005-2012) and (2013-2020)**

Specifically, the thesis will analyse the EDS and Danish drug strategy to compare the strategies' policy objectives, ideas, beliefs and norms with the informants' understanding of the Danish drug policy. To accomplish this, the latest Danish drug strategy (2010) has been chosen as a point of reference for comparing the developments present in contemporary Danish drug policy. This means that there exists a time period from 2010 that must be accounted for in term of EDS influence. Therefore, both the 2005-2012 and the 2013-2020 EDS have been

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[2] The Fight Against Drugs 2010 only exists in Danish. Therefore, wherever it is quoted in the analysis and discussion, it has been translated by the authors of this thesis. Furthermore, as its structure is comparable to the Cambridge Dictionary's definition of a strategy: "a detailed plan for achieving success in situations such as war, politics, business, industry, or sport, or the skill of planning for such situation (Cambridge dictionary 2020), we will henceforth mention it as "The Danish drug strategy".

included in the analytical framework, as these provide the necessary time frames to analyse the developments within the chosen period.

By comparing the interviews with the latest Danish drug strategy, and the EU strategies, we enable the analysis to trace EDS' norms implemented in Danish drug policy. For an introduction in how the documents are analysed, see section 2.5.3 (Questioning the Documents) and for a full operationalisation of the methodology and theory see section 3.5 (Operationalisation).

2.4 Qualitative Interviews in Social Science

"Ostensibly, those seeking information about others' thoughts, feelings, and actions merely have to ask the right questions, and the responses virtually pour out" (Gubrium et al. 2012: 2).

Even though one might enjoy the straightforwardness of Jaber Gubrium et al.'s description of questioning, and even though it summarises qualitative interviews' practicability pretty well, it disregards that interviewing is not merely the exchange of asking questions and getting answers. Social scientists have worked diligently to create structured guidelines, to enable researchers to do methodical and functional interviews that are usable in a scientific discourse.

Steinar Kvale argues that qualitative interviews produce knowledge that still have a prominent position in contemporary science, both in terms of the general public, but also as a challenge to philosophical questions (Kvale 2007: 5). The difficulty in performing interviews, unlike surveys, is that it is much harder to find a standardised technique or textbook method on how to best conduct a methodical crafted qualitative interview. Kvale however does provide certain methodological approaches to qualitative interviewing. For example, by including guides to briefing and de-briefing the interviewee before and after the interview, and guides to outlining an effective interview guide (Kvale 2007 55-58; Appendix 2).

2.4.1 Expert interviews

As the data we are looking for is not accessible through a pure analysis of relevant documents, an approach that aims to generate its own data will yield considerably sturdier research (Crouch & McKenzie 2006: 491). As Leo Van Audenhove argues, expert interviews are ideal when attempting to explore certain areas in a specific field, and when this information is difficult to explore otherwise (Van Audenhove 2017: 12).

The knowledge expert interviews can help us generate relates to *explanatory knowledge* and *process knowledge* that is, knowledge that gives information on routines, specific interactions and processes because our informants are directly involved in the subject field (Van Audenhove 2017:12). This approach to the field helps us generate fast access to an unknown area and is less time consuming than an ethnographic approach would be, although an ethnographic perspective and method may open the data for additional analytical points of understanding (Meuser & Nagel 2009: 28).

The reason we have included these expert interviews, is that we will be working with epistemic communities throughout our theory and in our analysis. The factual relevance of the epistemic culture is conceptualised by Peter Haas, as a community with enhanced knowledge on a specific subject and with the ability to change and inform policymaking (Haas 1992: 3). In terms of working with epistemic experts, it is important to see that the researchers, together with the research objective, helps define who is an expert in a field (Meuser & Nagel 2009: 18). As such, expert knowledge is not neutral and serves as part of the societal debate. In this point lies that experts also play a vital role in defining the problems, and may thus reproduce a "conservative" way of thinking, rather than leaning towards new solutions (Van Audenhove 2017: 11). And the researcher must thus be extra attentive to this point when selecting interviewees and interpreting and coding the interviews (Van Audenhove 2017: 11). The approach also emphasises the more negative qualities of the expert interviews, as the interactive nature of experts and their interviews are often difficult to replicate and lack the scope of quantitative data. But in terms of answering our research question, expert interviews provide well reflected perspectives and comprehensive descriptions of the field of study. While also making methodological triangulation more solid because of experts' relevance in the first orientation and structuring of new fields (Van Audenhove 2017: 18; Ahlin 2019: 3).

2.4.2 Semi-structured interviews

Drawing upon Henry Bernard's understanding of effective interviews, interviews with one person and only conducted once is best handled by the flexibility of the semi-structured interview (Bernard 2017: 164). Bernard also argues that semi-structured interviews work well with higher level bureaucrats because these are often accustomed to efficient use of their time and allows for the informant to elaborate endemic knowledge (Bernard 2017: 165). The format balances control and dynamism by following an interview guide but allows both the informant and the interviewer to follow new leads during the interview. It dynamically trails the

interviewers' and the interviewee's natural dialecticism of questions by using open-ended follow-up-questions, elaborations or probes specific to the informant's comments, rather than based on pre-existing theory (Roulston & Choi 2018: 233).

Navigating the interview will be based on certain themes. These themes are based on theoretical considerations about European integration, literature on Danish drug policy developments, and to the subject matter of EU influence on Danish drug policy. To emphasise the background of drug policy development in Denmark, the first theme relates to the structural foundation of the policy, what actors shape it, where focus lies and the experience our informants have with this. Secondly, what norms are found in Danish drug policy. A third theme relates to the interconnectedness of the EU and Danish drug policy, e.g. where they overlap, what the EU does to help domestic drug policy making on a practical basis and what effects this has. The last theme we want to highlight, is what effect the Danish drug policy has on a practical level, and what our informants have experienced in regard to this.

Danish drug policy, as mentioned, is not fleshed out and in practice does not exist explicitly, but rather through different aspects such as criminal law (Straffeloven 2019), Ministry of Social and the Interior (Folketinget 2011), and moral nature (Houborg 2017: 81). It is thus difficult to find, and in extension to this, compare. To circumvent this problem, we utilise the expertise of the epistemic community that lives and works within the field – but also intend to reflect upon their role in shaping the field.

2.5 Data Analysis: Qualitative Content Analysis

To analyse our field of interest we must first take our raw data and raise it to a conceptual level. This means that we must approach it systematically and interact with it in such a way that it goes beneath a surface level of analysis and mines out the hidden treasures contained within the data (Corbin and Strauss 2008: 66).

When researching an area that is virtually unexplored, Mayring argues that one must first have an explorative research question and design, and an inductive approach to help unravel the intricacies of the field (Mayring 2014: 16, 79, 82). As there exists very little literature on the interconnectedness of EU influence and Danish drug policy, this approach is thus helpful to organise the field. This logic opposes the deductive approach as this relies on previous literature and research on the subject, but as there exists a knowledge gap in this specific field, the

stronger argument lies on the alignment with an explorative inductive approach. Its utility in explorative research is best described by Mayring as "the inductive ongoing has great importance within qualitative research [...] It aims at a true description without bias owing to the preconceptions of the researcher, an understanding of the material in terms of the material" (Mayring 2014: 79).

This conception helps accentuate one of the strengths of qualitative content analysis in relation to our explorative research question. Namely that it takes the structures and the meaning of the material as its starting point, rooting out possible biases that may arise by working with preconceived codes. Qualitative content analysis with an inductive approach is thus strong in a sense that it attempts to classify and determine the profile of the case within its context, and outlining it relative to other objects and thus characterising its inner consistency (Rust 1981: 196).

Following this argument, qualitative analysis pursues a twofold strategy. It aims to force the object of analysis to expose its structure by inquiring into the relationship between individual aspects and an integrated appearance, but does this to achieve a conscious re-totalisation, to avoid losing sight of the overall social core content of the statements (Rust 1980: 21). This perception provides qualitative content analysis with a solid theoretical outline, but as Holger Rust admits, this does not present a concrete procedure to achieve this holistic overview of the subject (Rust 1981: 201). By following Mayring's qualitative content analysis techniques and procedures, we aim to produce systematic social science that has a high degree of transparency and interconnectedness with other data, as to achieve scientific dependability (Guba & Lincoln 1982: 247).

2.5.1 Inductive Approach and Processing Data

The descriptive nature of the case study research design, allows for a systematic interpretation of our data through inductive content analysis, known to Mayring as *inductive category formation*. As mentioned, because the scope of analysis is more explorative, we do not have a preformulated set of categories to code our data from. But there exists a certain degree of deductive reservation to this approach that relates to establishing the categories within pre-existing thematic considerations about theory, subject matter and the aim of analysis (Mayring 2014: 81). In practice, most research processes are characterised by both inductive and deductive aspects. Similar to Lijphart's case study types, these aspects in their pure form might

as well be seen as ideal types. This is supported by Henning Olsen when he argues that all types of social science have both inductive and deductive aspects (Olsen 2002: 110).

As such, this thesis' criterion relies on themes generated through Börzel and Risse's conceptualization of Europeanisation, our ontological and epistemological background and other existing literature regarding Danish drug policy. This approach allows us to produce systems of categories during the coding of the data that can be interpreted in terms of their relevance to the aims of the analysis and theories, but it also allows the researchers to see the links between categories and passages (Mayring 2014: 82). This inductive approach also means that the categories have to be checked constantly by comparing the sentences with others sentences in the same category, as to produce as sound categories as possible. These comparisons are essential to the analysis as they allow the researcher to differentiate and identify the specific properties and dimensions of each category and theme (Mayring 2014: 79, 81; Corbin & Strauss 2008: 73-74).

If one was to work purely deductively, these themes would have instead emerged exclusively from predefined categories evolved from theory. As such, they would likely imply a completely different research design and produce other results, in the same way a different research design or analytical approach would produce different results. As an example, and to critically look upon content analysis, a discourse analysis may inspect and analyse how drugs and drug politics are discussed in media. This could provide insights into a deeper understanding of the personal views that shape the discourse of the subject. But as our research question relates to an explorative understanding of the subject, rather than a deeper analysis of the discourses surrounding it, this path makes less sense.

Instead, to reach our goal of understanding the field holistically, the content analysis allows us to use the categories formed in the interviews, to compare and question the documents and drug strategies through a narrower lens that focuses the analysis of these. The strength of the qualitative content analysis resides in how the analysis is divided into individual steps of interpretation. By making this process comprehensible to others and intersubjectively testable,

it allows the project to be transferred to other subjects, establishing the method as scientifically solid[3] (Mayring 2014: 53).

2.5.2 Coding and Categories

The actual number of categories one should apply to research is a debated area (Mayring 2014: 81). According to Hsiu-Fang Hsieh and Sarah Shannon, between 10-15 categories keeps the categories broad enough to sort a larger number of codes within them, while maintaining a specific enough definitional value (Hsieh & Shannon 2005: 1279).

The category definition is the selection criterion and is established first through the theoretical and literary considerations about how EDS influences Danish drug policy[4]. This paper's established category definition stems from the concepts that frame Europeanisation. Such as institutional misfit, epistemic communities and issue-networks. These concepts will have a more in-depth description in the theory section (See Chapter 3). After establishing this, the material is read thoroughly, and passages are coded according to the category definition. The first time a passage that fits the definition is found, a category is constructed, and a short description labels this category (through formulations out of the material if possible). The next time a passage fits the category definition, it must be checked if it fits the label of newly constructed category, creating a reductive process. If it does not, a new category must be created, and the material must be worked through again. After working through roughly 10-50% of the material, or until the category system becomes stable, one stops developing new categories and review the category system to check if the logic of the categories is clear, if overlaps exist, and to compare the categories' compatibility with the subject matter, to check if the category definition needs to change. After this has been established, the researcher works through the entire material, coding it through the categorical scheme. This procedure provides the thesis with coded data that is organised into sets of categories that relate to a specific topic that connect to specific passages in the material, allowing the whole system of categories to be interpreted in terms of our analytical frame, subject and theory (Mayring 2014: 65-67).
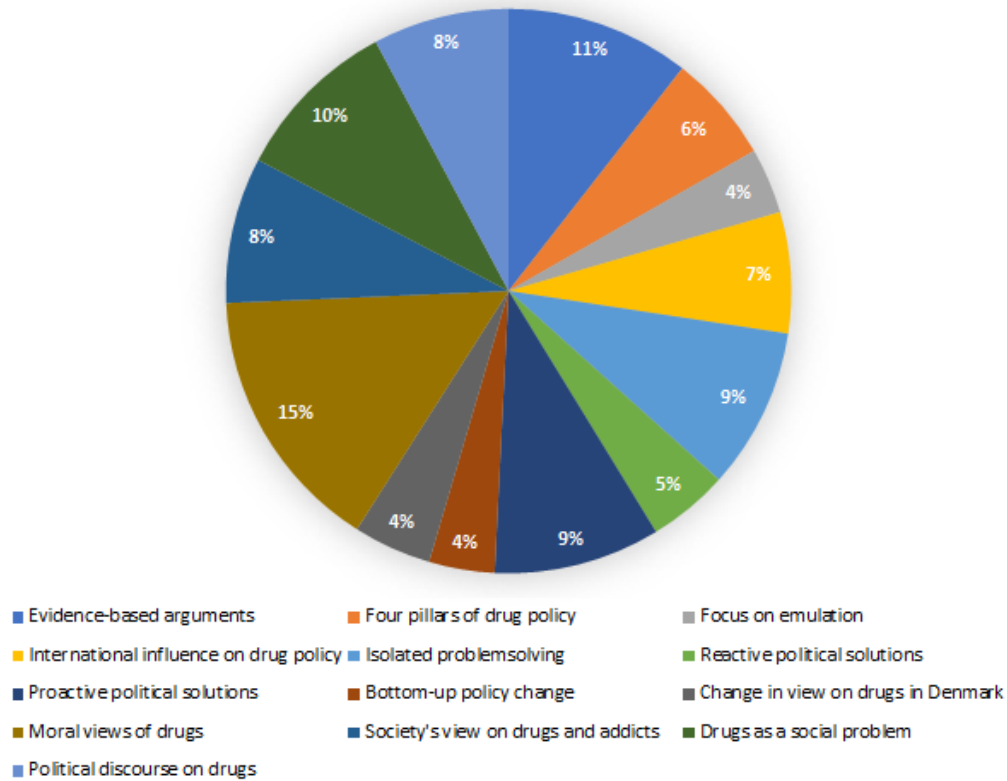
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[3] For a further look at how we have defined aspects of the coding and the step-guide, see Appendix 4: QCA definitions and step-model guide.
[4] The category definition can be seen within Appendix 4.

During the coding 13 categories emerged. The frequency of the individual coded categories within the data can thus be identified in the following figure:

Figure 2: Category Frequency

Legend		
■ Evidence-based arguments	■ Four pillars of drug policy	■ Focus on emulation
■ International influence on drug policy	■ Isolated problem solving	■ Reactive political solutions
■ Proactive political solutions	■ Bottom-up policy change	■ Change in view on drugs in Denmark
■ Moral views of drugs	■ Society's view on drugs and addicts	■ Drugs as a social problem
■ Political discourse on drugs		

Some of the categories hold more analytical value in terms of their dominant characteristics in Danish drug policy. Other categories maintain a more ingrained and descriptive role that helps clarify conflicts and anomalies. Therefore, the thesis' analysis will focus on the categories that relate the strongest to the theory as well as the objectives, ideas, beliefs and principles found in the analysis of the two strategies.

2.5.3 Questioning the Documents

There exist many analytic strategies in qualitative research, but two stand out as the mainstay of analysis – these strategies are according to Juliet Corbin and Anselm Strauss, "asking questions and making comparisons" (Corbin & Strauss 2008: 68). Asking questions to the interviewers is a relatively simple procedure and explained in the section 2.4 (Qualitative Interviews in Social Science). When analysing strategy documents, one has to employ a different strategy.

Questioning a document, the right way can go a long way to explore and interpret its meaning. The main point being to direct the researcher into thinking critically about the subject and help enable the researcher to understand the problem area from more diverse perspective. And even if the answers to these questions are only provisional, they guide to a deeper thought process about what meanings we need to look at in the data (Corbin & Strauss 2008: 71). The value of these questions do not lie in the time it takes to think about them, but rather in their ability to procreate more questions that enable us to probe deeper into our analysis – and deeper analysis is necessary to avoid shallow findings (Corbin & Strauss 2008: 72).

Even to grounded theorists as Corbin and Strauss, asking all questions to every single bit of data is frivolous and impractical. Instead, they argue that being an analyst means using common sense and making instinctual choices about what to ask the data about (Corbin & Strauss 2008: 72). This point emphasises that the analyst must follow their critical and intuitive instinct when it comes to choosing and questioning important data, and depart from there. Acknowledging the fact that there is no "correct" analysis (Corbin & Strauss 2008: 72). To ground ourselves in methodological theory about questioning the documents, and to provide a coding of our document data in terms of identifying relevant issues within the data, we have chosen the strategic approach from Corbin and Strauss named *theoretical questioning*.

These text related questions can be defined as "questions that help the researcher to see process, variation, and so on, and to make connections between concepts" (Corbin & Strauss 2012: 76). This definition allows us to see that taking the categories formulated in the interviews and connecting them to other concepts found in the documents, will show how these concepts relate to each other, either on a theoretical level, in terms of how theory relates to phenomena or how concepts relate to other dimensions of comparison. The reason this is important to understand, is that to comprehend how our theoretical background, the concepts from the documents and the categories that emerge in the interviews relate to each other, we must compare their properties. By comparing these groups according to their dimensions and properties, we can start understanding the differences between them (Corbin and Strauss 2012: 75). To avoid becoming focussed on pinning down "exact" facts about how the EU influences Danish drug policy the comparisons help us think about the data abstractly. As such we attempt to move away from "just" describing the specifics of the case, such as the structure of the policy, and think about it in a more abstract way about what properties within the strategies our informants value, and what principles are apparent in the drug strategies.

In summary, we will base our theoretical questions to the documents on the categories developed in the primary coding of the interviews to keep in line with the explorative quest of the inductive research design Mayring proposes. This means that instead of basing the questions on theory alone, we will include the categories provided in the coding of the interviews as these have already been previously based on a theoretical consideration. Our reasoning with this design, is that it will continue the explorative approach while linking the documents and interviews in an inductive comparative synergy, while maintaining scientific credibility and confirmability (Guba & Lincoln 1982: 247).

2.6 Linking Case and Theory

Until the end of the 90's, most of European studies focused on description and explanation of the European integration process. Neglecting, to some extent, a systematic analysis of the relations between regional and domestic political regime (Graziano & Vink 2013: 33). Europeanisation entered the arena as a new phase in European based regional integration theory, as a way to build upon these classic integration perspectives (Caporaso 2008: 24). Two distinct variants of Europeanisation were introduced early. The first being, a neofunctionalist variant of Europeanisation focuses on multilevel and supranational governance was inspired by the notion of transferring domestic societal preferences at an EU level (Graziano & Vink 2013: 34). The other holds its respects to an intergovernmentalist approach that is inspired by domestic state-level sources of European decision-making, and what consequences they hold in regard to the EU institution and policies (Graziano & Vink 2013: 34).

As such, Europeanisation represents much of the international constraints and opportunities when researching political actors. An examination of European sources of domestic policies, without the consideration of Europeanisation, would thus likely disconnect the research from a large part of policy influence. This also holds true beyond policy analysis and applies to a more general investigation of political environment and structure (Graziano & Vink 2013: 34-35). As such, the theory can, and has been, utilised for a myriad of different research as a perspective in many different geographical areas, policy sectors and social and governmental arenas (Caporaso 2008: 23). Therefore, we are aware that a degree of *concept stretching* is possible within the theory of Europeanisation. This refers to a practice where concepts are used for terms or situations that they are not designed or suited for (Buller & Gamble 2002: 5).

Europeanisation and the elements that outline it have been much discussed because of the vagueness and ambiguity embedded in its multiple definitions (Graziano & Vink 2013: 35). As an example, Thomas Risse, Maria Green Cowles and James Caporaso view it as a development of the institutional governance at an EU level (Risse et al. 2001: 3). This understanding sees Europeanisation as the creation of a new institutional centre. Europeanisation has also been used to refer to examples of European models of organisation that have been exported outside of European borders. In other words, European modes of governance, institutionalisation and organisation may become attractive to non-European governments looking to legitimise reform within their own jurisdiction, through a European rationale (Cole and Drake 2000: 27). To enhance the understanding of why Europeanisation has been chosen for this paper, we must therefore look at the logical relation between the theory and the subject field.

2.6.1 Finding the Logical Relation

For Gerring, internal coherence is arguable the most important characteristic of a usable theory and its concepts. It refers to how the properties of the concept (the intension) and the phenomena (extension) are logically related (Gerring 1999: 357-358). The easiest way to substantiate how drug policy and Europeanisation are interlinked is to look at the definition we use of the theory in relation to the subject and how they logically relate (Gerring 1999: 367. 373-374). In relation to our ontological position, we follow the definition of Europeanisation presented by Börzel and Risse when they build upon Peter Hall and Rosemary Taylor's understanding of sociological institutionalism. They describe Europeanisation as "[...][T]he emergence of new rules, norms, practices, and structures of meaning to which member states are exposed and which they have to incorporate into their domestic practices and structures" (Hall and Taylor 1996; Börzel and Risse 2003: 66).

This description defines the theory and its components as a consolidated European way of doing things that is transposed into domestic policy. If in the crudest description possible, Europeanisation denotes a condition of becoming "more like Europe", then it must imply a sense of transformation in terms of domestic policies. In short, Europeanisation describes a situation where distinct modes of European direction of influence transform aspects within domestic policy. In our case, the EU direction of influence is set out from the EDS towards the Danish drug policy. Thus, moving the analytical focus away from the European level, and onto

the domestic level. Allowing the researchers to shift their focus to explaining how national governments adapt and adopt European objective, beliefs, ideas and norms.

A theoretical significance of utilising Europeanisation in combination with Danish drug policy should be mentioned too. Jim Buller & Andrew Gamble note that a substantial body of work has been made on the origins and the development of the EU over the last many decades. But this work has been mainly focused on the institution building and political integration on the European level. Much less attention has been paid to the reverse; how European integration is impacting the domestic politics of EU MS (Buller & Gamble 2002: 9). By using Europeanisation in connection with Danish drug policy we move in uncharted territory. Very little literature exists on this specific subject and the gap in knowledge provides not only an elaboration of the usage of the theory of Europeanisation, but also what influences are apparent in context of national drug policy.

2.6.2 Europeanisation in Denmark

Posing the question "is Denmark even affected by Europeanisation?" seems pivotal to answer at this time. And to take point in different cases, Thorsten Olesen has dived into eight referendums during the period of Denmark's inclusion into the European Community in 1973 to 2015. In this period of time, Olesen points out that in five of the eight cases, the nation has produced a further European integration, and increased political legitimacy behind the European policies within the Danish government (Olesen 2015: 322). Often stressed in Europeanisation literature is the fact that MS are affected differently and with different intensity. As an example, Robert Ladlech remarks that:

> "[A]lthough undetected as regards its cumulative effect, the degree of penetration by the EU into its member states' political systems has resulted in a myriad of adjustments, that, while perhaps not formally redefining national statehood, does imply that twenty-first century EU membership commits a state to a continuous process of Europeanization" (Ladrech 2010: 215).

Within a Danish context this argument is very compelling. Even though it is generally acknowledged among scholars that no seismic shift has taken place in terms of European influence on Danish politics and policymaking, there exists much disagreement on the degree of European penetration on Danish politics (Ladrech 2010 185, 206). As Olesen concludes,

Europeanisation is at least in the progress of changing certain aspects of Danish political life, albeit an interpretation of certain areas of politics (Olesen 2015: 325).

Chapter 3: Theoretical Framework and Its Application

Touched upon in the previous section, the literature on Europeanisation distinguishes between 'bottom-up' and 'top-down' perspectives. The bottom-up perspective focuses on how domestic actors influence the policies on the EU level, while the top-down perspective focuses on how the EU policies, institutions and processes impact MS on a domestic level (Börzel & Panke 2016: 116). However, in practice, it is suggested that Europeanisation often take place as a complex 'multi-directional process' in which top-down and bottom-up processes occur simultaneously (Bandov & Kolman 2018: 142). Kerry E. Howell defines these processes of Europeanisation as MS being involved in processes of either 'downloading', 'uploading' or 'cross-loading' (Howell 2005: 380). Yet, with an emphasis on the domestic area, the scope of this thesis is to scrutinise to what extent the EU's strategy towards drugs impacts and affects Denmark's attitude towards drugs. Börzel and Risse argue that within the study of Europeanisation top-down processes are desperately needed (Börzel & Risse 2003: 57). This master thesis will thus help extend the literature by adopting a top-down perspective that focuses on the interaction between the EU level and the Danish domestic level. In this section, Börzel and Risse's conceptual top-down framework of Europeanisation will be laid out and related to this thesis' subject area.

Börzel and Risse posit that "whether we study policies, politics or polities, there are two conditions for expecting domestic changes in response to Europeanization" (Börzel & Risse 2003: 58). The first necessary condition for expecting any domestic change is a degree of *misfit* or *incompatibility* between the EU level and domestic level processes, policies, and institutions. In this regard, misfit or incompatibility relates to the '*goodness of fit*'-hypothesis (the degree of fit or misfit), which from a theoretical point of view, generates an adaptational pressure on EU MS, and furthermore, determines the degree of adaptation pressure. However, domestic change cannot be expected solely on the basis of a misfit. Various facilitating factors are required as a second condition for change. It is argued, that facilitating factors such as domestic

actors and institutions are needed to drive and induce the domestic change as a response to the generated pressure (Börzel & Risse 2003: 58).

Before turning towards outlining the framework in detail, it is important to clarify what is meant when referring to the contested concept of institution, as this concept will appear multiple times within the theoretical framework. Börzel and Risse (2012) mainly derive their understanding of institutions from Peter A. Hall and Rosemary CR. Taylor (1996) and we argue that Hall and Taylor's definition is more accurate to employ. Hall and Taylor understand institutions as formal and informal procedures, routines, norms and conventions, which are embedded in the organisational structure of the polity or political economy (Hall and Taylor 1996: 938).

3.1 Goodness of Fit

There is a general consensus in the literature dealing with Europeanisation that misfit and resulting adaptational pressures constitute a starting point for any causal mechanisms (Börzel & Risse 2003: 61). One of the most common assumptions within the literature, is that processes of Europeanisation is only able to produce domestic change, if the change is inconvenient. This means that a *misfit* or a *mismatch* between the EU and domestic policies, processes and institutions must be present in order for Europeanisation to induce domestic change. The rationale behind this assumption lies in the fact that "there is no need for domestic changes, if Europeanization fits perfectly well with domestic ways of doing things" (Börzel & Risse 2003: 61). In other words, an EU strategy or policy simply cannot be expected to induce change in any EU member state, if components or elements of the new EU strategy or policy are already in place within the MS. Thus, a *fit* between the EU level and the domestic level should be understood as a compliance in norms, rules and collective thinking across the two levels. On the other hand, a misfit should be understood as a problem of compliance between the EU and the MS. A disagreement in the ways of doing things, so to speak.

Börzel and Risse argue that "the goodness of fit between the European and the domestic level determines the degree of pressure for adaptation generated by Europeanization on the member states" (Börzel & Risse 2003: 61). Radaelli as well as Knill and Lehmkuhl highlight that "the goodness of fit is relevant when an EU model exists to be implemented" (Featherstone 2003:

16). Following this train of thought, the goodness of fit is only successful in generating pressure for adaptation, if the EU has an 'inconvenient' model ready to implement. The EU has a clear position on drugs, reflected through its strategy that form a basis for MS to either implement or draw guidance from.

Supporting arguments for expected change is found within the three mechanisms of *institutional isomorphism*. If an EU MS is dependent on the EU, the mechanism of *coercive isomorphism* expects the MS to become increasingly homogenous and organised around the same principles in any given domain (DiMaggio & Powell 1983). Second aspect of institutional isomorphism relates to uncertainty, as uncertainty encourages imitation, and thus, *mimetic processes*. Finally, domestic change comes from *normative pressures* brought about by professionals as the more one relies on professional's know-how, the more institutional structures will look alike across the EU and Denmark (DiMaggio & Powell 1983). In other words, institutions that frequently interact, are more exposed to each other, and thus, more likely to develop similarities over time in terms of formal organisational structures, principles of resource allocation and practices (DiMaggio & Powell 1983).

In sum, a misfit between the EU level and domestic level exerts adaptational pressure on MS, and "in principle, the degree of adaptational pressure determines the extent to which domestic institutions would have to change in order to comply with European rules and policies" (Cowles et al. 2001: 7). Our theoretical framework distinguishes between two types of misfit by which Europeanisation exerts adaptational pressure on the member states: *policy misfit* and *institutional misfit* as "the lower the compatibility between European and domestic processes, policies, and institutions, the higher the adaptational pressure" (Börzel and Risse 2003: 61-62).

3.2 Policy Misfit and Institutional Misfit

Policy misfit challenges the established domestic policies if these clash with EU policies and regulations, while an institutional misfit challenges domestic rules, procedures and the collective understandings attached to them (Börzel and Risse 2003: 61). While policy misfit is more direct, institutional misfit has a long term and incremental effect, resulting in substantial adaptational pressure (Börzel and Risse 2003: 62-63). Thus, in our case it is expected that the

policy misfit challenges Denmark's "national policy goals, regulatory standards, the instruments or techniques used to achieve policy goals, and/or the underlying problem-solving approach" (Börzel and Risse 2003: 61) within the drug policy domain. While the institutional misfit will trigger a socialisation and collective learning process which challenges the formal and informal procedures, routines, norms and conventions as a part of the adaptation process to the EU level (Cowles et al. 2001).

The two varieties of misfit constitute a necessary condition for domestic change, but change is only produced and expected, if various factors facilitate adaptation and promote the change. Börzel and Risse (2003) point to *rationalist* and *sociological institutionalism* as two logics of change. Despite the fact that these two logics stress different factors facilitating adaptation in response to Europeanisation, and that it is argued that they are not mutually exclusive, and in, fact, often work simultaneously or dominate different phases of the adaptational processes (Börzel and Risse 2003: 68-69) – this thesis will only emphasise the latter because our philosophy of science and theoretical perspective of Europeanisation, is occupied with how certain social constructs of norms, ideas and beliefs influence the specific case of Danish drug policy.

3.3 Sociological Institutionalism as a Logic of Change

Through the lenses of sociological institutionalism, Europeanisation is, as mentioned, understood as "the emergence of new rules, norms, practices, and structures of meaning to which member states are exposed and which they have to incorporate into their domestic practices and structures" (Hall and Taylor 1996; Börzel and Risse 2003: 66). This perspective encompasses a 'logic of appropriateness', which prescribes actors as "guided by collective understandings of what constitutes the proper, that is, socially accepted behaviour in a given rule structure" (Börzel and Risse 2003: 65). Contrary to instrumentally rationalist behaviour, where actors seek to maximise or optimise their given preferences, sociological institutionalists instead suggest that actors follow a rule-guided behaviour in which they try to fulfil social expectations by doing "the right thing" (Risse 2000: 4; Börzel and Risse 2003: 66). From this perspective, actors are guided by collective and intersubjective meanings which influences the ways they define their goals and social identities, and furthermore influences their perception

of normative rational action (Börzel & Risse 2003: 65-66; Risse 2000: 4-5). Börzel and Risse thereby point to "that Europeanization leads to domestic change through a socialization and collective learning process, resulting in norm internalization and the development of new identities" (Börzel & Risse 2003: 59). Thus, processes of socialisation and learning should lead actors to redefine their interests and identities. This understanding of sociological institutions also provides a nuance of external pressure to our previous definition of norms (See section 2,1. Ontology and Epistomology). Meaning that norms should be understood as "[...] social standards of behavior and/or thought that (a) indicate what people should or should not do or think under some circumstances and (b) are at least in part enforced upon individuals by external pressure" (Dequech 2006: 473).

Within sociological institutionalism, an agency-centred version theorises different degrees to which domestic norms and institutions change in response to international institutional arrangements. The agency-centred explanation focuses on socialisation and learning processes which actors are exposed to, and from where they absorb new norms and rules of appropriateness, incrementally leading them to redefine their interests and identities (Börzel & Risse 2003: 66). From this perspective, the EU can be understood as a 'teacher of norms' (Finnemore 1993), and furthermore "as a gigantic socialisation agency which actively tries to promote rules, norms, practices, and structures of meaning", to which Denmark is exposed (Börzel & Risse 2012: 7). However, it should be noted that normative misfit does not necessarily results in domestic change as actors often resist change despite adaptational pressure. Therefore, domestic change to 'do the right thing' rather than maximizing or optimizing their given preferences can only be expected if one of two mediating factors are present.

These are either 'change agents' also called *norm entrepreneurs*, or *cooperative informal institutions* (Börzel & Risse 2003: 67). This perspective of institutionalism and norms provides the thesis with a background to understand how Denmark are thought of as rule followers, and why Denmark should adapt to EU influence.

3.4 Norm Entrepreneurs

Norm entrepreneurs mobilise at the domestic level. They persuade and pressure actors to redefine their interests and identities, engaging them in social learning. "The more active norm entrepreneurs are and the more they succeed in making EU policies resonate with domestic norms and beliefs, the more successful they will be in bringing about domestic change" (Börzel & Risse 2012: 8).

Börzel and Risse distinguish between two types of norm- and idea-promoting agents (Börzel & Risse 2000: 9). The first type is *epistemic communities*, which Haas defines as "a network of professionals with recognized expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge within that domain or issue-area" (Haas 1992: 3). An epistemic community may consist of professionals from a variety of disciplines and backgrounds; however, they share a set of normative and principled beliefs. Epistemic communities influence policymakers through communicative action, and furthermore, through scientific knowledge in which they seek to elucidate cause-and-effect relationships in a particular issue-area. This is done to familiarise policymakers with the reasoning processes by which decisions are made elsewhere (Adler & Haas 1992: 389). In other words, epistemic communities influence policymakers through *persuasion* and *arguing*, as they promote ideas as legitimate and true through reason-giving, challenging the legitimacy of norms (Habermas 1981; Risse 2000). Epistemic communities contribute in legitimising new norms and ideas, as well as contribute to the transparency of actions and to the stable expectations of others' behaviour (Adler and Haas 1992: 389; Börzel and Risse 2003: 67). The less policymakers understand about the cause-and-effect within a certain domain, the higher the consensus among the scientists involved, and the more scientific advice is institutionalised in the policymaking process – the more influential epistemic communities will be in stimulating change (Börzel and Risse 2000: 9).

Margaret E. Keck and Kathryn Sikkink argue that *advocacy* or *principled issue-networks* provide another motivator for change. Contrary to the knowledge-based or epistemic communities, these networks constitute of activists who specify criteria for determining "whether actions are right and wrong and whether outcomes are just or unjust" (Keck &

Sikkink 1998: 1). Inspired by the thoughts of Sikkink, this thesis understands principled issue-networks as a set of organisations and individuals, which share principled ideas, beliefs and values, and who exchange dense information and services, working domestically on issues of drugs (Sikkink 1993: 415-416). Like epistemic communities, which persuade policymakers through scientific knowledge, issue-networks persuade actors to reconsider their goals and preferences by appealing to collectively shared norms and identities (Börzel and Risse 2003: 67). In this regard, non-governmental organisations (NGOs) play an important role in any issue-network as they usually make an effort to press more powerful actors to take a position (Sikkink 1993: 416). Both epistemic communities and principled issue-networks persuade policymakers for different reasons, and with a focus on these two norm agents, the thesis will investigate their role in facilitating policy or institutional change related to issue-area of drugs in Denmark.

Summing up, the sociological logic of domestic change suggests that the emerging of new norms and identities develop through mechanisms of arguing, learning, and socialisation triggered by processes of Europeanisation. The basis assumption is, that once these new norms and identities eventually become part of the domestic actors' mindset, interests will gradually change and new collective identities will take form, which will ultimately lead to change.

3.4.1 Domestic Change in Response to Europeanisation

Following Börzel and Risse's framework, different degrees of domestic change in response to Europeanisation appears: 1) *Inertia,* 2) *Absorption*, 3) *Accommodation*, 4) *Transformation* (Börzel & Risse 2003: 69-70).

Inertia characterises means that no domestic change can be identified. Absorption characterises a low degree of domestic change as "member states incorporate European policies or ideas into their programs and domestic structures, respectively, without substantially modifying existing processes, policies, and institutions" (Börzel & Risse 2003: 69-70). Accommodation is characterised by a modest degree of domestic change as "member states accommodate Europeanization pressures by adapting existing processes, policies, and institutions without changing their essential features and the underlying collective understandings attached to them" (Börzel & Risse 2003: 70). Transformation is characterised by a high degree of domestic

change as "member states replace existing policies, processes, and institutions by new, substantially different ones, or alter existing ones to the extent that their essential features and/or underlying collective understandings are fundamentally changed" (Börzel & Risse 2003: 70).

Depending on the degree of adaptational pressure, sociological institutionalism expects different outcomes. This logic of change will only expect domestic change beyond absorption as the result of a long-term process of incremental adaptation. It is expected that high adaptational pressure with or without the presence of facilitating factors, will only lead to changes under the condition of crises or external coercion. If this is not the case, the expectation is institutional inertia as new norms, rules, and practices do not simply replace or harmonise existing ones. Low adaptational pressure with facilitating factors is expected to lead to accommodation, while it will only lead to absorption if no such factors are present. Finally, medium adaptational pressure with facilitating factors will lead to gradual transformation, while medium pressure without facilitators will lead to accommodation/absorption. However, at least in the long run, it is expected that medium adaptational pressure is most likely to result in domestic transformation (Börzel and Risse 2003: 70-71). Nevertheless, as no single empirical case, nor any evidence has ever shown that convergence has meant the complete homogenisation of domestic structures across MS, Börzel and Risse argue that one can only expect partial or some 'clustered convergence', as some member states gradually converge towards similar policies and institutions, while others do not (Börzel & Risse 2003: 72-73).

How we will utilise this understanding to measure or gauge the influence of the EDS on Danish drug policy, will be laid out in the following operationalisation.

3.5 Operationalisation

In social sciences, the concept of operationalisation relates to the process of translating the abstract theoretical concepts into measurable variables. It is important to mention, that we can only determine the EU's practical influence on the institutions within the Danish drug policy domain, if we know when Denmark's process of adaptation begins. The investigated time period has been delineated and determined by the strategies.

The thesis aims to investigate what fits and misfits present themselves and how they relate to EDS influence on domestic change. Deduced from the theoretical framework, the thesis focuses on domestic change as the dependent variable; that is, if domestic change has occurred in Danish drug policy, and if these changes relate to EDS influence.

To be able to demonstrate if the norms and practices found in the EDS 2005-2020 are successfully being transmitted into a Danish context, the thesis will conduct an interlinked tripartite content analysis on the basis of three strategy papers, and three self-produced interviews.

To set up a point of reference, the first part of the analysis will focus on the policy objectives, ideas, beliefs and norms embedded within The Fight Against Drugs II, with the intention to investigate overlaps between the EDS 2005-2012.

Secondly, the analysis will compare the two EDS to investigate what new policy objectives, ideas, beliefs and norms Danish drug policy is exposed to. Then compare the Danish drug strategy and EDS to demonstrate and identify potential fits and misfits.

The third part will analyse the three expert interviews to investigate the understanding of contemporary Danish drug policy. And through this understanding – coupled with the fits and misfits from the second part of the analysis – provide the basis for a discussion about how the EDS has had an influence on Danish drug policy, and which aspects within Danish drug policy either hinder or promote the further integration of EDS influence.

Thus, the theoretical framework can be summarised in the following figure:

Figure 3: Theoretical Framework
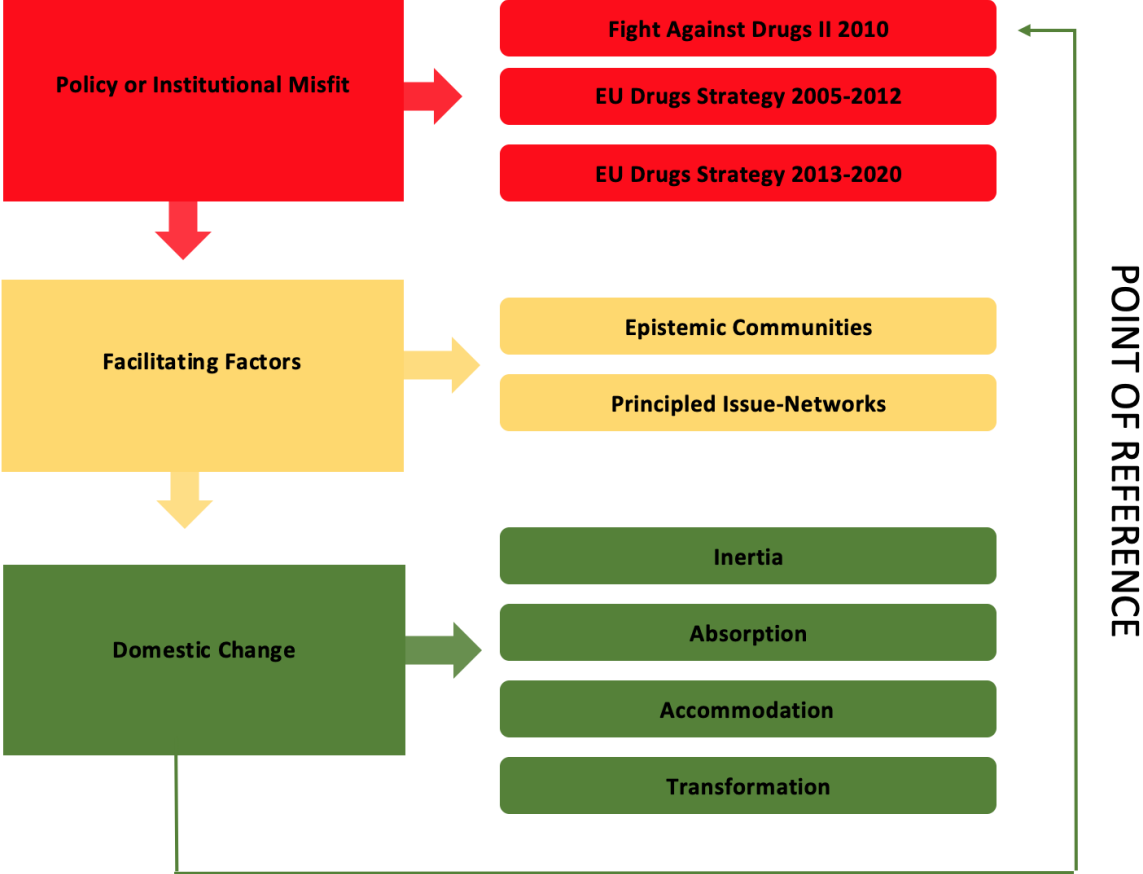
(Model based on theoretical framework of Börzel and Risse 2003)

Chapter 4: Analysis

4.1 First Analysis: The Fight Against Drugs II

Through qualitative questioning of the selected documents, this section aims to extract the policy objectives of the Danish drug strategy and the two latest EDS, as well as the underlying norms, ideas and beliefs hidden within them. This is done to establish a foundation for the analysis' further investigation of domestic change in Danish drug policy and the EDS' influence on this.

By using theoretical questioning on the documents, the analysis will first investigate the Fight Against Drugs II. Next the analysis will examine the two EDS and compare them to identify both sustained and new European understanding of drugs. Parallel with this, the content of the EDS will be compared with the content of the Danish strategy to identify potential fits and misfits to grasp which policy objectives, norms and ideas Danish drug policy is exposed to.

4.2 The Four Pillars

The Fight Against Drugs II is comprised of a mix of four pillars: prevention, treatment, harm reduction and control. Each section describes the pillars' contribution in how to combat drugs. Placing all pillars under analytical scrutiny, we have found that the pillars of prevention, treatment and harm reduction had similar traits, while the pillar of control had more unique traits. Therefore, for analytical reasons, the first section will investigate these three pillars collectively, while the pillar of control will be analysed separately.

4.2.1 Evidence-Based Policymaking

The Danish drug strategy states that targeted and sustained efforts are needed to prevent, treat and reduce harm. In the section describing the actions and initiatives related to the preventive work, the objective in relation to children and adolescents aim to "delay the age of onset of drug use" (Regeringen 2010: 14), furthermore to "prevent use that may pose a risk of acute harm and the development of abuse and long-term health damage" (Regeringen 2010: 14). The preventive action is thus aimed at children and young people, but more interestingly the

preventive actions are organised and based on concrete studies and past experiences, as well as results from pilot projects, among others (Regeringen 2010: 15).

> "The project was completed in April 2007 with positive results. The model municipalities experiences and the results of the project have been communicated to the municipalities in the rest of the country, and the knowledge collected with the project is part of the Danish Health Authority's supporting efforts in the field of prevention" (Regeringen 2010: 15).

The above quote reflects that projects within this area are being launched with the aim of gaining a deeper insight into effective prevention efforts, after which experiences and results are disseminated to the rest of the country, as well as implemented in the future work of the authorities. In addition, the studies are included in the assessment of where preventive action should be undertaken.

> "Very few try drugs for the first time after the age of 20. Among those who do so, the experimental consumption tops between the ages of 16 and 24. Studies show that it more or less is the same young people who have a high level of alcohol consumption and are daily smokers who also smoke cannabis" (Regeringen 2010: 14).

Because of these studies, there is a clear indication that preventive actions countering drug abuse, should first and foremost be implemented to delay the age onset of alcohol for young people (Regeringen 2010: 14).

"Part of a responsible drug policy is to take care of those who, despite the preventive efforts, have ended up in abuse" (Regeringen 2010: 20). Within the pillar of treatment, the strategy focuses heavily on providing high-quality care. One of the objectives of treatment efforts is, inter alia, to reduce the morbidity and mortality of drug users (Regeringen 2010: 28). In line with prevention efforts, treatment efforts thus draw on various experiences, expert reports, projects and studies, with a goal to develop new methods and ensuring improved treatment efforts (Regeringen 2010: 20-23). Treatment related to drug abuse is a complicated affair, and the government thus states that they will launch an educational opportunity for professionals in the field: "The educational opportunity, inter alia, shall disseminate the latest knowledge on the field of social abuse" (Regeringen 2010: 25). This with the aim to incorporate the

perspectives on the newest and most effective methods, theories and evidence-based treatment, among other things.

Harm reduction efforts are closely related to the pillar of treatment. According to the strategy, drug consumption rooms lie outside the scope of what the government perceives as harm reduction (Regeringen 2010: 5), however, "efforts to limit the harms which drug addicts inflicts on themselves and the surrounding community" (Regeringen 2010: 35) are seen as crucial. Efforts to reduce harm, among other things, consider the increasing number of drug-related deaths from 2008 to 2009. In this regard, a study has been launched to "qualify current knowledge of drug-related deaths" (Regeringen 2010: 36), of which it is stated that results will be used in future actions.

On this basis, it is apparent that within the pillars of prevention, harm reduction and treatment, there is a fundamental idea and common understanding that the measures taken are related to an evidence-based approach, whereof knowledge is used to target the efforts – to the extent available. Moreover, some of the pillars' policy objectives become evident.

4.2.2 Sharing Responsibility

In addition to evidence-based policymaking, the strategy contains a general idea and principle of shared responsibility, in which coordinated interdisciplinary cooperation is crucial to optimise practice. This is seen several times across the three pillars. In relation to preventive efforts: "Experience [...] will provide a good basis for further developing coordinated, interdisciplinary and knowledge-based prevention work for young people" (Regeringen 2010: 16). In connection to the treatment efforts, it is stated that "the coordinated outreach efforts and interdisciplinary work needs to be strengthened in general" (Regeringen 2010: 22), moreover, "coordinated cooperation between addiction treatment and treatment psychiatry must be strengthened [...] – in order to improve the overall course of treatment for the addict" (Regeringen 2010: 26). Finally, looking towards harm reduction, "a bridge-building function is seen between the homeless institution, Men's Home, the municipality's treatment services, the police and the criminal justice system" (Regeringen 2010: 35).

In most cases, where the strategy calls for coordinating interdisciplinary cooperation, it is with a focus on either optimising, increasing the level of knowledge of professionals or making information more accessible. In this regard, there is a clear acknowledgement of an idea of shared responsibility. Against this background, it can be said that the strategy contains the idea that coordinating interdisciplinary cooperation – within and across the pillars – is an important aspect for streamlining and increasing the quality of the measures that each pillar can implement.

4.2.3 Proactive Approach Towards the Youth

In the strategy's introductory section, the government describes the challenges Danish society faces in the field of drugs. Among several things, it is mentioned that "the use of cannabis is associated with a wide range of harmful effects, and children and adolescents, as well as vulnerable adults, are particularly vulnerable to the harm" (Regeringen 2010: 5). The strategy thus focuses on 'early intervention' in the prevention and treatment work aimed at children and adolescents.

Prevention efforts consist mainly of knowledge dissemination to "strengthen the negative attitude of young people against drugs and increase young people's risk awareness in relation to drugs in general" (Regeringen 2010: 14). There is a broad focus and several types of interventions targeted at children and young people, to prevent these groups taking drugs as early as possible, in order to avoid developing an abuse later in life. Among other things, the Danish Health Authority prepares material for parenting meetings on drugs in schools. In addition, a cooperation has been established with trendsetters in youth cultures, whose task it is to make clear anti-drug statements (Regeringen 2010: 15). Finally, it is described how targeted projects are used to raise awareness of drugs through internet-based information and counselling services, in order to make the relevant information in this area more accessible to children, young people, parents and professionals (Regeringen 2010: 15-17). The proactive approach thus relates to an attempt to avoid a vulnerable group descending into an undesired and unhealthy lifestyle.

Treatment services targeted at young people include, among other things, anonymous counselling and treatment located under one roof (Regeringen 2010: 17). The strategy states that during the period 2009-2013, funds were "provided to disseminate the most effective social treatment methods to the municipalities" (Regeringen 2010: 17). A nationwide knowledge center has been set up to better equip professionals in their work with young people under the age of 18 who have problems with drugs, as well as preventive work in a school context, with outreaching care teams showing good results (Regeringen 2010: 18). Meaning that, the strategy contains a clear idea of a focused proactive approach towards the youth.

4.2.4 Control Pillar: Sending a Signal

Sending a clear signal of what is right and wrong is a permeating trait within the strategy but appears more clearly in the section describing the pillar of control and law enforcement. While the preventive work is mainly aimed at disseminating and strengthening the negative attitude among young people towards taking drugs (Regeringen 2010: 14), the section regarding control makes it clear that "there is a need to send a clear signal that any possession of and trafficking of euphoric drugs are illegal and have clear criminal consequences" (Regeringen 2010: 39). The section clarifies that there is a zero-tolerance policy towards drugs (Regeringen 2010: 39), and that the fight against "drug-related crime is a very important task and a high priority for the police" (Regeringen 2010: 37).

Contrary to the other three pillars, where efforts are based on the latest knowledge and evidence-based methods, there is no similar indication that this applies to the pillar of control. The control effort is a national focus area, for both the police and the Danish Tax and Customs Service (SKAT) (Regeringen 2010: 37). The strategy reports that the intensive police efforts against organised crime produces good results and that it is crucial that the positive development is maintained. In this regard, progress is measured on the seized number of drugs and weapons. Furthermore, the government endeavours to maintain a strong focus on these efforts in the future (Regeringen 2010: 37), however there is no indication of the government's desire to present any studies or evidence of the effects of this policy branch.

The pillar of control section also shows that the efforts and legislation related to the area, are based on the government's 'perception' and 'need' to improve efforts and legislation, and to send a 'clear and strong signal' – rather than to base efforts on proven effects. The strategy in this section is fixated on presenting the effort as a 'success' with 'good results', but no comparative efforts are made to tell in relation to what this perception is associated with, and no references are provided to evidence proving these conceptions right or wrong.

Finally, there is a strong focus on sending a clear and strong signal that drugs are illegal. This relates to the strategy's description of 'health rooms', which is an offer of health care assistance and a place for drug users, "of course without access to consuming illegally acquired drugs" (Regeringen 2010: 11).

Against this background, the pillar of control seems less obliged to justify its measures through evidence than the other three pillars. Its goals are to a greater extent, related to sending a clear and strong signal that drugs are illegal and association with drugs is punishable.

4.2.5 A Proactive Approach to Criminalisation and International Cooperation

Considering the signal value ingrained in the control pillar, the pillar additionally stresses its aim "to make it more difficult for the criminals to develop new drugs" (Regeringen 2010: 40), and thus, sets out a clear ambition to counter the criminals by being proactive towards their assets. The strategy states that the government will create a new system aimed at banning entire groups of uniform substances. Furthermore, the strategy highlights that when it comes to the number of bans on new drugs and the pace at which they are banned, Denmark considers itself at the forefront in a European context (Regeringen 2010: 40).

A ban on drugs in groups means that it becomes problematic for criminals to produce new 'licit' drugs. In other words, banning groups of drugs instead of banning individual drugs, stresses the proactive approach towards the criminals. At street level, efforts are taken to stop the drug-related crime, which according to the strategy, has "a powerful preventative significance" (Regeringen 2010: 37). The proactive efforts are directed at the organised drug-related crimes, where the police collect and analyse information about their criminal activities

(Regeringen: 37). Furthermore, SKAT makes use of dogs and scanning equipment in order to control smuggling and restrict the import and trafficking of drugs (Regeringen 2010: 38).

Another aspect of proactivity evident within the pillar of control, is the emphasis on national and international cooperation. Nationally, the police and SKAT work closely with one another to exchange operational intelligence of importance for proactive actions on the import of drugs (Regeringen 2010: 38). Furthermore, there is a collaboration between the Danish Health Authority, the police and the forensic chemistry institutes (Regeringen 2010: 40). Internationally, the strategy regards transnational cooperation crucial, including working closely with the EU, the UN and other international fora (Regeringen 2010: 38). At the EU level, Europol is regarded a major actor with huge importance for the Danish efforts in this area. While it is Europol's task to collect, process and analyse information from MS. It is the task of the Danish police to use this information to prevent, detect and investigate and to furthermore track and prosecute the people involved in organised drug-related crime (Regeringen 2010: 38). In addition to the EU cooperation, there is a Nordic police and customs cooperation, as well as cooperation with the UN Drugs Unit, and the World Customs Organisation (Regeringen 2010: 38). The national as well as the international cooperation makes it possible to exchange information quickly, and thus better respond to criminal activity.

Against this background, within the control pillar, it is clearly demonstrated that the idea of national and international cooperation, is considered a necessity in relation to proactively and effectively target the drug-related criminal underworld. As well as to show that the drug policy is trying to take a proactive approach to the import and control of the prevalence of drugs within the Danish borders.

4.3 Second Analysis: European Drug Strategies

The two EDS span from 2005-2020 and are products of the EU MS mutually shared interests. The strategy from 2005 is primarily formulated in accordance with the UN General Assembly Special Session (UNGASS) on Drugs from 1998, while the current strategy has implemented the principles agreed on at UNGASS in 2009. The following section will extract the most

profound policy objectives, norms, ideas and beliefs embedded in the two EDS, and compare these to the Danish drug strategy.

4.3.1 Evidence-Based Policymaking

Despite the fact that the current EDS 2013-20 is the first drug strategy to be considered an explicitly evidence-based approach to drugs, the former strategy was built on the same principle of evidence-based policymaking.

While the current strategy explicitly states that it aims to take an evidence-based approach to the drugs phenomenon (European Council 2012: 1), the former, in relation to drug demand reduction states: "A demand reduction system implies the following measures using all the options available according to the latest state of scientific knowledge" (European Council 2004: 10). One of many objectives presented in the EDS 2013-2020 pertains to obtaining "a better understanding of all aspects of the drugs phenomenon and […] provide sound and comprehensive evidence-base for policies and action" (European Council 2012: 3). Without explicitly listing this objective in the EDS 2005-2012, it instead focuses heavily on evaluation as an integral part of the policy process. Evaluation should be conducted using appropriate methods and parameters and is regarded as an important tool to draw on deeper insight to further develop effective measures (European Council 2004: 20). The strategy emphasises that knowledge and experiences gained through joint projects, should be shared with all EU MS bodies and agencies, so that best practices can be applied elsewhere (European Council 2004: 15), as well as the importance to draw on all knowledge and expertise available in specialist organisations, both within and outside the EU (European Council 2004: 7). In that regard, the 2005-2012 strategy demonstrates its preference to draw on knowledge, research and experiences to develop the most appropriate and efficient measures towards drugs.

The EDS 2013-2020 builds on the lessons learned from the EDS 2005-2012, and summarises the above by stressing the evidence-based policymaking through the following sentence: "actions must be evidence-based, scientifically sound and cost-effective, and aim for realistic and measurable results that can be evaluated" (European Council 2012: 3). The most eye-catching development from the EDS 2005 to the EDS 2013, is thus the fact that the current EDS explicitly states its aim to follow an evidence-approach while it was only implicitly

suggested in the former. And that the objectives are more clearly stated. Therefore, an interlinked feature between the two strategies, although more clearly laid out in the EDS 2013-2020, is that evidence-based policymaking applies to the policy field of both demand and supply reduction. In that regard, the objective of utilising evidence in the field of drug supply reduction, has become more elaborated and distinct; the current EDS, within the field of drug supply reduction policymaking, states that MS, "should enhance information and data collection on all aspects of drug supply [...] with the aim to improve analysis and informed decision making" (European Council 2012: 10).

4.3.1.1 Comparing Evidence-based Approaches and Objectives

The EDS can thus be seen to emphasise a norm about how evidence should be applied across of efforts. An approach that differs from the Danish strategy's control pillar, as this pillar seems to be outside of scientific scrutiny (Section 4.2.4: Control pillar: Sending a Signal). This difference in rational approach, indicates a clear institutional misfit between the EU strategy and Danish drug strategy within the drug control area.

On the other hand, the essential feature of evidence-based policymaking does apply to the Danish strategy's pillar of prevention, treatment and harm reduction. When the EDS mentions its objectives within the drug demand reduction, they resonate strongly with the objectives that reside within the three pillars of harm reduction, prevention and treatment:

> "In the field of drug demand reduction, the objective of the EU Drugs Strategy 2013-20 is to contribute to the measurable reduction of the use of illicit drugs, to delay the age of onset, to prevent and reduce problem drug use, drug dependence and drug-related health and social risks and harms through an integrated, multidisciplinary and evidence-based approach, and by promoting and safeguarding coherence between health, social and justice policies" (European Council 2012: 4).

The mentions of delaying the onset of drugs is a verbatim recall of the Danish drug strategy objective within the pillar of prevention, while the objective to "prevent and reduce problem drug use, drug dependence and drug-related health and social risks and harms" resonates with the Danish objective of both treatment and harm reduction. In essence, this extract summarises how the EDS subsumes the Danish strategy's three pillars' objectives under one headline: drug

demand reduction. Meaning that the three pillars share a common goal with the EDS, and a common understanding of how to solve the issues. Indicating both an overall policy and institutional fit on the area.

4.3.2 A Balanced and Integrated Approach

Both EU strategies are formulated in accordance with international and EU law and takes into account relevant UN political documents. For example, the EDS 2005 considers the UNGASS outcome paper from 1998, while the 2013 strategy considers the UNGASS outcome paper *Integrated and Balanced Strategy* from 2009 (European Council 2004: 2; European Council 2012: 1). Both strategies take an integrated and balanced approach to the drugs problem, as they regard drug demand reduction and supply reduction as mutually reinforcing elements in illicit drug policies. These perspectives are integrated in the sense that prevention, treatment, harm reduction and control must be conceived as part of an integrated strategy. In which a greater commitment is needed to link and coordinate the efforts of each pillar, instead of having disjoint actions that work in mutually exclusive ways (UNODC 2009: 2-3).

The perspectives are balanced in the sense that an effective drug policy is targeting the demand and the supply of drugs with equal vigour. Noting that this requires adequate consultation with a broad group of scientific centres, professionals, NGOs, civil society and local communities (European Council 2004: 5; European Council 2012: 6-7). The 2005 EDS states that an "integrated, multidisciplinary and balanced approach of combining demand and supply reduction will remain the basis for the Union's approach to the drugs problem in the future" (European Council 2004: 5), and the EDS 2013-2020 has continued to do so by taking "an integrated, balanced and evidence-based approach" to the drugs problem (European Council 2012: 2). Thus, both strategies clearly adhere to the principle of a balanced and integrated approach.

4.3.2.1 Targeting demand and supply with equal vigour?

As presented, the Fight Against Drugs II, mutually recognises the need to limit both the supply and demand for drugs by designing and constructing the strategy around four pillars. The strategy's preamble exemplifies this with:

"The drug policy is built on four pillars [...] A consistent prohibition and an effective control effort cannot stand alone. There is need for a determined and persistent effort to prevent, act early, treat and limit harm. There is a need to limit the supply and demand for drugs" (Regeringen 2010: 4).

As sketched here, the strategy indicates an intention to provide a balanced approach. Yet, highlighting the title of the strategy, and the emphasised zero-tolerance approach previously outlined (See section 4.2.4: Control Pillar: Sending a Signal), it may be suggested that the government actually does give preference to the control pillar – which contests that the Danish strategy can ultimately be considered integrated and balanced. Nonetheless, it should be acknowledged that Danish strategy has an element of the EDS' understanding by designing its approach around four pillars, thus attempting to view drug issues from multiple angles – indicating an institutional fit. However, one thing is to endorse it, another is to implement it.

4.3.3 Reducing Demand from a Health Perspective

"The drugs problem can be viewed from various perspectives, ranging from the political, to health, to research, to everyday practice in the field and to operational cooperation against drug trafficking" (European Council 2004: 4). As seen in the extract, the drugs problem can be perceived through a wide range of positions according to the EDS. Despite that the EDS 2005-2012 concludes that all aspects must be considered, the principle of reducing demand from a perspective of health appears to be a profound and recurring principle in both EU strategies.

The EDS 2005-2012 states that all measures within a demand reduction system "[...] ultimately contribute to reducing the use of drugs and dependence and to reducing the drug-related health and social consequences" (European Council 2004: 10). In this extract, special attention should be given to 'reducing the drug-related and social consequences'. Throughout the strategy it is specified that actions must be taken to reduce drug-related health and social damage, and in that regard stresses a particular concern for public health (European Council 2004: 3, 5, 10, 11).

To lower demand, the EDS 2013-2020 puts even more attention towards the principle of health. During the preface, it states: "the strategy aims to contribute to a reduction in drug demand and

drug supply within the EU, as well as a reduction as regards the health and social risks and harms caused by drugs" (European Council 2012: 2). Without explicitly stating it, the strategy attempts to depict drug dependence as an illness. It stresses "the need to target drug use through an integrated health care approach" (European Council 2012: 2), furthermore, "the need to improve the quality, coverage and diversification of drug demand reduction services" (European Council 2012: 2). As formulated by UN Under-Secretary-General and Executive Director of the UN Office on Drugs and Crime, Antonio Maria Costa, the EDS 2013-2020 aims to place health at the centre of its strategy, figuratively speaking: "to put addicts in the hands of doctors rather than policemen" (UNODC 2009: 2; European Parliament 2016: 33).

The EDS 2013-2020 encourages its MS to "develop effective and differentiated drug demand reduction measures […] with particular attention to be paid to vulnerable and marginalised groups" (European Council 2012: 5), moreover to use "appropriate alternatives to coercive sanctions (such as education, treatment, rehabilitation, aftercare and social reintegration) for drug-using offenders" (European Council 2012: 6). In that regard, with a heavy focus on these aspects, the strategies evidently attempt to form a shared understanding of drug dependence as an illness, as well as from a shared expectation of how the illness should be dealt with appropriately.

4.3.3.1 Balancing an Approach to Health

The principle of reducing drug demand from a health focused perspective is not explicitly evident in the Fight Against Drugs II. It can be argued, however, that the Danish proactive approach towards the youth shares some traits with how marginalised groups are mentioned in the EDS, as the aim, in this case, is to reduce drug-related and social consequences. The logic behind harm reduction measures being "pragmatic and sensible" (Regeringen 2010: 5), show an increased effort to obtain a more health related approach towards the most vulnerable groups of society. But unlike the EDS, it is not the backbone of the strategy, as the focus of these efforts instead target the youth in particular (See section 4.2.3: Proactive Approach Towards the Youth).

It has not been possible to identify the health perspective as a separate entity within the Danish strategy through the theoretical questioning, meaning that this has not been a main priority of

the strategy. Additionally, the harm reduction efforts that are addressed to the marginalised groups, are "only" seen as pragmatic. One cannot neglect that the strategy on some areas does attempt to increase the health for marginalised groups, but these arrangements have been equally instituted to minimise the harm done to the surrounding society (Regeringen 2010: 35-36). Thus, the health approach evident in the Danish strategy is not a central objective – indicating that the Danish strategy is balancing between an institutional fit and misfit.

4.3.4 Cooperation and Coordination

The final profound belief, which both EDS set out, relates to cooperation and coordination. Given the nature of drug problems, the EDS 2005-2012 states that cooperation and coordination is a necessity (European Council 2004: 5). Across all levels, coordination is an essential element in the establishment and conduct of a successful strategy against drugs (European Council 2004: 8), and cooperation is furthermore crucial to address and reach the strategy's objectives in an effective and efficient way (European Council 2004: 6). The EDS 2013-2020 expresses that cooperation and coordination mechanisms between national and EU level, inter alia, is imperative "to strengthen the understanding of the phenomenon" (European Council 2012: 10).

Furthermore, the strategy identifies that active and meaningful participation and involvement of civil society, should be promoted and encouraged: "including non-governmental organisations as well as young people, drug users and clients of drug- related services, in the development and implementation of drug policies, at national, EU and international level" (European Council 2012: 7). Countering the drug problem thus requires joint efforts and should be tackled in a comprehensive manner through cooperation and coordination with all interested parties. In other words, both EDS clearly acknowledge the principle of shared societal responsibility.

4.3.4.1 Emphasising Mutual Efforts

Compared to the EDS, the Danish strategy inhabits similar views and goals on the subject of cooperation and coordination (See section 4.2.2: Sharing Responsibility; 4.2.5: A Proactive Approach to Criminalisation and International Cooperation). This is especially evident, where

Denmark calls for national and international cooperation through the mutual efforts between the EU, UN and other international fora (Regeringen 2010: 38). Shared responsibility also relates to the professional know-how, exemplified by a "[...] wish to increase the knowledge of professionals" (Regeringen 2010: 8). Lastly, the accessibility of information and optimisation of efforts that the EDS support, is depicted through mutual efforts of "intensive cooperation in relation to exchanging of operative intelligence" (Regeringen 2010: 38). Therefore, as mechanisms of coordination and cooperation are depicted as equally important in the Danish strategy as they are laid out to be in the EDS, implies characters of both institutional and policy fits on this specific subject.

4.3.5 Fits and Misfits

To sum up, the method of questioning the documents proved insightful in identifying both fits and misfits between the Fight Against Drugs II and the EDS' policy objectives, norms, ideas and beliefs. While evidence-based policy making does apply to the three pillars of prevention, harm reduction and treatment, this does not seem to apply to the pillar of control. Furthermore, it is suggested that there is an intention of a balanced and integrated approach to a Danish context – indicating an institutional fit – but this approach is contested by the zero-tolerance policy. The EDS principle of reducing demand from a health perspective resonates to some extent with the Danish strategy, but is not its backbone, as is the case with the EDS. Meaning that the strategies on this area are balancing between an institutional fit and misfit. Finally, the principle of cooperation and coordination was evident across both the EDS and the Danish strategy in both the intentions behind the approach, and in the objectives – implying characters of both institutional and policy fits.

In sum, there are both multiple fits and misfits between the EDS and the Danish drug strategy. However, the Danish strategy's formulation and endorsement of certain principles and objectives, appears logically easier than actually implementing them into domestic practices.

4.4 Third analysis: Determining Domestic Change

The interpretation of the coded categories in the interview data will be the focus of this section of the analysis, as we examine how contemporary Danish drug policy is understood and how it works in practice through the point of view of our expert informants. This approach is applied

to delve deeper into the investigation of how certain EDS policy objectives, ideas, beliefs and norms are incorporated, and others neglected.

4.4.1 Establishing a Logic of Appropriateness

> "The control policy is the dominating part of the Danish drug policy and has always been. It is where the money is put, and it is what people think is most important" (Alex 2020, App 3: 15).

In Denmark, a drug repressive focus has been laid out, emphasising an official focus on the control pillar. Following our informants' experiences, a varied way of describing this Danish focus emerges. Alex notes, a comprehensive scrutiny of the control policy is needed to rationally document its effects as he reflects on his role in Danish drug policy making: "I have had quite a bit of influence [on Danish drug policy], but not any decisive influence on the way it has been shaped ultimately. I have never succeeded in scaling down the control policy or recognise the concept of control harm" (Alex 2020, App 3: 16). The extract shows that even though Alex has had significant influence on some aspects of the Danish drug policy, the areas regarding drug control have been outside his sphere of influence, and are placed outside the parameters that harm reduction, treatment and prevention are part of.

Paul emphasises his experiences with the repressive policy through his engagements with police. He underlines that these engagements have had the consequence of him sliding further into economic instability, and as a consequence of this, further into a figurative hole of drug abuse (Paul 2020, App 3: 40). For Alex, an unlucky alliance between police and press has resulted in a policy that values control over treatment and harm reduction, and this alliance's ability to create and manage moral panic, has reinforced the control policy's unfounded legitimacy (Alex 2020, App 3: 21, 22). And for John, control is the defining aspect that characterises Danish drug policy and influences the other pillars. Even with harm reduction as the only viable alternative to challenge control policy, its conflicting and ineffective practical implementation, means it poses no risk to the control policy's authority (John 2020, App 3: 9).

Thus, Danish drug policy is incontestably repressive. The fact that Danish police has moved away from giving warnings, to focusing on fines and arrests is evident of this (Houborg & Pedersen 2013: 47-48). Additionally, these fines and arrests are targeted at drug users rather

than drug dealers[5] (EMCDDA 2019b: 6). Meaning that the objective of targeting organised drug-related crime proposed through the proactive approach to criminalisation, in fact has more consequences for the common drug user. Nonetheless, the drug policy has also seen an increased amount of harm reduction initiatives that are internationally recognised[6] (EMCDDA 2019a).

The Danish drug strategy's official stance on drugs argues that the ambiguity of having a repressive approach to drugs, coupled with harm reduction measures, is not self-contradictory. As the measures are seen as pragmatic and sensible because of their effects on "the weakest within society" (Regeringen 2010: 5). As a continuation of this statement, the strategy mentions that drug consumption rooms are taking harm reduction too far and that these facilities should not be viewed as harm reduction. Stating that it is adamant in its rejection of these facilities (Regeringen 2010: 5). Nonetheless, the government approved the first drug consumption rooms two years later (Ministeriet for Sundhed og Forebyggelse 2012). Although this happened under a new government – the official opinion did not and has not changed from a drug repressive approach.

However, the intention of creating harm reduction measures without internal friction, is much different from the informants' experiences with these measures. For example when John explains the liberties that the police's special patrols take: "[…] on street level, you might have a [de facto depenalised] free zone around the drug consumption room – nonetheless the police's special patrol may still confiscate drug users' drugs in that zone" (John 2020, App 3: 9). He further underlines this point, when discussing the inner contradictions of Danish drug policy: "We [Denmark] have some of the most advanced harm reduction in the world, with both drug consumption rooms and Opioid Substitute Treatment (OST), but at the same time users are criminalised. So, there is an inner contradiction in Danish drug policy" (John 2020, App 3: 2). Alex also underlines the contradictory point of the policy by looking at the way harm reduction is implemented into the policy: "Harm reduction has become an official part of the Danish drug

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[5] There are about five times the amount of arrests of drug users than drug dealers in Denmark.

[6] The four "big" ones pertain to Needle and Syringe Programmes, Take-home naloxone programmes, Drug consumption rooms and Opioid substitute treatment (OST). Of which Denmark posses all four together with only one other European country, Germany.

policy, but it only talks about the harm reduction that is connected with the use of drugs, not about the harm of the control policy" (Alex 2020, App 3: 17).

Danish drug consumption rooms, a supposed safe haven for criminal prosecution, still experiences intrusion from police special forces that confiscate and criminalise the users. Also, in other instances, the police have been documented to help with the harm reduction measures (Houborg et al. 2019: 107-109). An empirical example of this appears during Paul's interview, when he reflects on his experiences with local authorities during his time in prison: "When I got help the first time, it was because I was serving time for a sentence, and a guard told me that he thought I needed help" (Paul 2020, App 3: 28).

What these examples show, is that the local police and authorities work within differently established logics of appropriateness that view drug users in a certain way. And their interference with harm reduction measures, such as drug consumption rooms, are thus guided by different normative expectations to "do the right thing". For the local police and prison guards, it is helping the drug users. Whereas for the special forces operating in the same area, the logic of appropriateness seems to relate to taking the drugs away and criminalising the users.

4.4.2. Consequences of Two Logics

The inferences that can be drawn from the informants relate to Danish drug policy possessing some of the more advanced harm reduction initiatives in international society and attempting to incorporate these into an official repressive approach. Without viewing the issues holistically, the harm reduction measures' function is compromised. Our point here, is not to say that control policy and harm reduction cannot co-exist, but rather without a balanced playing field, that one may overrule the other.

This unbalance has resulted in adverse effects on the people harm reduction aims to help and can be illustrated by practical examples found within the data. These examples relate to how initiatives are ineffectively implemented, for example in relation to OST: "Methadone is still too controlled, and too dishonest with the users […] it is so restricted that there are more people that fulfil the criteria for the treatment than those that receive it" (Alex 2020, App 3: 17-18). Alex' reflection shows how the internal legal restriction of OST has limited the users' interaction with the initiative. By being "too dishonest" the treatment illustrates that its

intentions are detached from its practical implementation, resulting in users ultimately deselecting the treatment.

An elaboration of this is found in Paul's reflections on police control and how to best shape a governmental effort to combat crime: "They should offer treatment instead of fines. They [fines] have never helped anything. Not other than increasing the crimes made by those who want to pay the fines. It does not remove the problem at any rate" (Paul 2020, App 3: 29).

Paul's criticism of the control policy shows how an internal conflict is apparent in Danish drug policy, as he highlights how fines and control has precedent above the treatment procedures and harm reduction efforts. Furthering the point from Alex' example about how problem-solving in Danish drug policy overlooks the most marginalised groups.

This is further indicated when Alex describes harm reduction as a lesser Danish priority, but the quality of the harm reduction as even less so: "You could say that some treatment was harm reductive. Some forms of methadone treatment did not aim very high therapeutically, it was more about the [societal] harm reduction" (Alex 2020, App 3: 20). Even though harm reduction is and has been on the Danish agenda since the mid 80's, Alex's comment shows that its function is narrow minded in a contemporary Danish context. To further this point John additionally adds that the shift towards a zero-tolerance approach in 2004, resulted in the perception of the marginalised groups as "social deviation", and that this perception has resulted in a socially excluding policy (John 2020, App 3: 2).

The overruling effects of the zero-tolerance policy means that the harm reduction measures do not reach their full potential. A lack of understanding the drug users' needs, and a perception of the marginalised groups as "social deviants" has ultimately resulted in a problem-solving method that neglects the needs of the people it aims to help.

Danish drug policy's substantial focus on the control pillar on the other hand, has meant that the way the system manages drugs and drug users is defined from this angle in particular. Illustrated by how Alex refers to methadone as too controlled and unrelated to the drug user's needs, and how Paul, as an ex-user, refers to fines as less effective than treatment, and ignorant of the actual effect control has, and for John how the zero-tolerance policy has resulted in social exclusion of marginalised groups.

What our informants point to, substantiates a point made by the former head of Centre for Alcohol and Drug Research, Jørgen Jepsen when he concluded his research on Danish drug policy with the following remark: "the development so far has demonstrated that control is the dominant ideology and practice, infusing and dominating all other aspects of policy" (Jepsen 2008: 173). This inference shows that what was analysed as an institutional fit within the second part of the analysis (See section 4.3.2.1: Targeting Demand and Supply with Equal Vigour?), should instead be viewed as an institutional misfit. Because of the Danish drug policy's bigoted focus of control permeating the other pillars - it thus diverges from a balanced and integrated approach to drug policy.

4.4.3 Norm Entrepreneurs

The point Börzel and Risse make when they argue that epistemic communities are more influential the less policymakers understand about a certain domain's cause-and-effect relations, is logical when thinking about the argument of the goodness of fit concept. But in the case of Danish drug policy, it seems that ingrained ideological belief challenges this effect. This is exemplified when John reflects on his experiences from his latest legal hearing in the Legal Affairs Committee:

> "I was surprised how little evidence-based the discussion was, and how ideological it was. For example, how their arguments were based on the wrongness of taking drugs because it was illegal, and how people should respect the law. It was derived from these moral arguments. There was nothing about discussing costs and laying out evidence for it" (John 2020, App 3: 7).

John exemplifies that the knowledge of the epistemic community is used very little in the arguments for policymaking, when he points out that evidence-based reasoning is overruled by moral arguments. We will return to the significance of morals within Danish drug policy later in the analysis, but what John's experience of political disregard towards evidence-based material tells us, is that the epistemic community that provide and base their arguments on this material, will likewise have very little influence in political debate.

A further elaboration of evidence-based arguments lacking discourse within Danish drug policy, is exemplified by Alex when he reflects on his experiences with the different Boards of Narcotics that he was part of – before they were shut down:

"There are so many actors and a bewildering lack of coordination and cooperation of different authorities. The National Board of Social Services does one thing, the Health Authority does another and the police does a third. And after the Board of Narcotics was abolished, there is not even a mutual meeting ground for the three authorities. It is pretty catastrophic and an expression of how little drug politics weighs. It is not an area that is focused on, because if it was, it would be coordinated and spearheaded" (Alex 2020, App 3: 16).

The boards that Alex mentions were boards that coordinated the efforts of the drug policy and advised parliament on different approaches during their lifespan – the latest version was active from 1995-2002 (Stofbladet 2007: 32, 34). What can be argued from Alex' comment on a "coordinated and spearhead", and "mutual meeting ground" approach, is that the board provided an epistemic community with a direct interface to policymakers, making them more challenging in terms of providing domestic change. Also, it inhibits a point of reference for collecting and analysing knowledge scientifically, to build evidence-based drug policies upon. Alex goes on to insinuate that the boards were abolished immediately after "the board, the secretariat and members of the board started to consider and discuss the expediency of control politics" (Alex 2020, App 3: 16).

What this points underlines, is that epistemic communities' influence as a facilitating factor is correspondingly limited to their existence and ideological dissociation – making the epistemic community a highly ineffective mediator. Meaning that domestic change within Danish drug policy, must come from elsewhere.

4.4.3.1 Bottom-up Issue-networks

To provide nuance to how issue-networks have contributed to Danish drug policy development, the *bottom-up policy change* category that emerged from our interviews can be used. This category summarises how policy change emerged from other areas than politicians.

Paul underlines the point of facilitating domestic change through bottom-up actors when he implies that true change in drug perception comes from below, not from above. In the extract below, Paul comes with an example of how to best reach and facilitate change within drug perception in young people:

"Get some of the people that have lived the life and get them to captivate them [young people]. I am sure that it helps tenfold when Niarn [famous Danish rapper] gives a speech on his alcohol

problems, than if a parent told them it was a bad idea to drink. They can relate to the problem when Niarn tells them he has drunk his brain away. They can relate to it because they see it. It gives them a different input. It is not something he has to say, like a police officer has to say that taking drugs is stupid and will get you in jail" (Paul 2020, App 3: 30).

Paul emphasises that personal relation is key in penetrating and changing the understanding of drugs and drug issues. That to truly understand drugs, you must understand the drug user – in this example the "people that have lived the life" and Niarn. He extends this point when he reflects on his time in rehab where he was helped by both professionals and former addicts, where his preference clearly lie with the treatment conducted by people that can relate to his problem on a personal level "because he [professional] does not know how I feel. He may have read a book about it, but he has never experienced a bad trip himself" (Paul 2020, App 3: 31).

Paul extrapolates this idea when he refers to how the heroin centres' current effect on a practical level; that for these centres to have any meaningful effect, they must incorporate the users' needs and understanding of addiction:

> "You could get methadone for your addiction, but that only meant that you went to get the methadone, and when you got it you went into town and waited for the pushers to come with heroin. [...] More wants more. [...] If heroin is to be free, it needs to be free 24 hours a day, so you can get it as soon as you get a "downer". What happens when an addict takes drugs – when I took drugs – your inner clock starts counting down. Because I knew that in three hours, I would need more to not feel sick" (Paul 2020, App 3: 34).

The extract points out how methadone treatment, does not consider the needs of drug users "inner clock", meaning that the policy is not shaped after the people they aim to help. A point that John elaborates on when he considers the reasoning behind the implementation of methadone treatment, and its rigid medicinal investigation:

> "It was very medicinal. Randomised and controlled investigation and such. They [Centre for Alcohol and Drug Research] were very critical of this, because perhaps you cannot make randomised and controlled investigations with drug users where you compare heroin and methadone, because they [drug users] can tell the difference" (John 2020, App 3: 13).

Showing that even though the epistemic community was critical of the approach of ignoring the users' perspectives, this was obviously not taken into account in the development of methadone treatment.

On the other hand, the notion of actually understanding the drug user's needs becomes evident when Alex reflects on the motives of local residents, when they advocated for drug consumption rooms in Copenhagen: "When they got drug consumption rooms, the local residents and drug users on Vesterbro had different motives. It may be that the residents felt sorry for the drug users, but first and foremost they wanted a calmer area" (Alex 2020, App 3: 23). One of the local residents which the quote refers to, is a famous comedian and actor who was the spokesman for drug consumption rooms in Copenhagen (Lodborg 2011), and according to Alex, was instrumental in obtaining drug consumption rooms: "On Vesterbro for example, Frank Hvam was crucial in acquiring drug consumption rooms – that is pretty well done" (Alex 2020, App 3: 23). Showing that multiple norm entrepreneurs mobilise on a local level to create domestic change, and that these act on multiple beliefs and rationalities.

The main legal supporter for the case of drug consumption rooms, comes from a professional competence issue-network, Gadejuristen (Street Lawyers) (Ministeriet for Sundhed og Forebyggelse 2012).

During our interviews, the private organisation, the Street Lawyers, was mentioned several times as an actor that fought for the rights of drug users on a practical level (John 2020, App 3: 10, 12; Alex 2020, App 3: 15, 16, 23). The Street Lawyers act as a principled issue-network as they move within an ideological arena, protecting the rights of socially marginalised people by "lifting issues to a principle level to develop the offers proposed to the marginalised" (Gadejuristen 2020a, translated by authors). Additionally, the statutes of the Street Lawyers go onto illustrate that they base their foundational logic on the marginalised groups' rights and respect of choice (Gadejuristen 2018: 1).

The Street Lawyers envelop their views on this user-centric drug policy within a strong approach towards harm reduction: "Harm reduction is something that you can have an opinion towards, or something that you can recommend. It is not something you can be involved with per se. The only ones that do that is the Street Lawyers" (Alex 2020, App 3: 16). The focus of the extract shows that the Street Lawyers' main focus of harm reduction distances them from the Danish approach where the overall pillar, as argued earlier, is control.

The Street Lawyers' actions are manifold and span wide in terms of issues, regionality, political debate and policy implementation (Gadejuristen 2020b; Folketinget 2013, 2018, 2019). Alex accentuates an example of how the Street Lawyers, in league with local actors and drug users,

contributed to harm reduction measures in Danish society through the implementation processes of OST and drug consumption rooms:

> "If you take OST and drug consumption rooms, then the civic association have indeed been an engine in it, in cooperation with the Street Lawyers and local groups. It has always been an initiative that has come from below. Either from the users themselves or from other interest groups that in some way represent the users. […] So you might say that the good politics have come from below" (Alex 2020, App 3: 23).

In this extract, Alex combines the user centric focus and general health approach that the Street Lawyers inhabit as "the good politics". Tying the points made about "meeting the user where they are" from the beginning of the section into how the Street Lawyers' actually change domestic drug policy.

Thus, the adaptational pressure of domestic change does not come from epistemic communities, but from issue-network actors that champion a certain cause and try to create domestic change filtered through ethical and empathetic beliefs about just and unjust treatment of the drug users.

4.4.4 Drugs as an unconditional evil

The category that appeared most during the coding was that of *moral views on drugs* and can be summarised as how morals or moralistic views influence Danish drug policy. The reason this category appears more than others, is because our informants consistently highlight how the Danish drug policy's control pillar is coupled to a strong moral sense. John highlights this perspective when he reflects on the division of foci within the Danish drug policy:

> "If you look at how the government and the Minister of Justice argued for criminalisation of the user, it was something on the lines of "we will not stand for it!" and that "in Denmark we do not accept people who use illegal substances and place themselves outside of society". If you on the other hand look at harm reduction or treatment, it can easily be evidence-based. It depends on where we look" (John 2020, App 3: 10).

John ties the control policy to a less evidence-based arena by means of acceptance and opinions, whereas initiatives based on harm reduction and treatment are often connected to evidence-based processes. Meaning that the scientifically founded harm reduction and treatment measures that are incorporated into Danish society, relish from a greater scientific triangulation

and interpretation. Alex underlines the point of harm reduction and treatment being scientifically sounder than the rest of the policy area, when he considers international influence on Danish drug policy, and which areas it has influenced: "We do not make methadone treatment out of thin air. […] Treatment and harm reduction are inspired by foreign experiences and listens to them" (Alex 2020, App 3: 22).

On the other side of the policy, relating to control, Alex on the other hand emphasises that: "[Danish drug control policy] is not up for discussion because it is considered an unconditional good. And the adverse impact is not bothered with at all – in many cases it is not even recognised that there are any" (Alex 2020, App 3: 20). This example highlights that the control policy is viewed as a morally situated "unconditional good". He furthers this point by mentioning that "[...] they [adverse effects] are not seen, because they are looked at with a blind eye. And if any adverse effects are seen, they are argued to be the necessary cost of good politics – that it is collateral damage" (Alex 2020, App 3: 20). Additionally, in response to how evidence is politically utilised within the control policy, John remarks that "there I miss that research and evidence is looked at more – or at least considered" (John 2020, App 3: 13).

Not only are the adverse effects of Danish control policy ignored because of the moral understanding of drug control policy, the adverse effects that drug control brings with it, are placed on a moral high ground. Therefore, from this perspective, the drug control policy enjoys an unscrutinised place in Danish drug policy, allowing it to continue unchanged and unevaluated. A point emphasised when Alex later remarks: "Narcotics are by and large an unconditional evil. There is no one that sees it as a positive stimulant, except the users themselves of course" (Alex 2020, App 3: 20). Placing not only control policy as a morally situated unconditional good, but in opposition to a moral view of drugs as an unconditional evil.

This highlights an issue of how control policy has been placed outside of evidence-based scrutiny and instead placed inside moral views of right and wrong. Showing that evaluation is not an integral part of the pillar of control.

4.4.4.1 Moral Panic and Reactive Political Solutions

The effects of morals on Danish drug policy can be further nuanced through the coded category of *reactive political solutions*; relating to how the Danish drug area's political problem-solving only occurs when it needs to, as opposed to being proactive. This is

exemplified by Alex when he reflects on Danish politicians' reactions to drug issues and these issues' connection to moral panics:

> "They have never been proactive in this area [politicians on drug policy]. […] They are not decidedly reactive, it is never them that go out and create the [moral] panic, but they feel like they have to react the moment it is there – then it becomes a political matter. And then they have to show capability" (Alex 2020, App 3: 22).

Instead of thinking politically proactively about drug issues, what Alex depicts is how the effects of moral panics result in politicians reacting to drug policy issues only when they present themselves. And as such, nuancing the image of how Danish drug policy inhabits an aspect of moral panic that is directly connected to Danish politicians' reactive solutions to drug issues.

According to Lau Storgaard, Danish drug policy's design can be understood to encompass moral panic, but as a certain Danish variant that harmonises with Danish political culture, the dominant politico-legal discourse and the "normal" majority's reaction to diverging behaviour (Storgaard 2000: 418-419). In short, Danish drug politics should be understood as the majority's effort to punish reprobates. As such, the actual drug user's assimilation into society is irrelevant as the function of punishing drug users is to constitute the identity of the majority (Storgaard 2000: 419). Defining a moral panic as a panic generated by a threat on society's understanding of itself (Storgaard 2000: 27-32).

It should be noted that moral panic is theoretically not very well founded. It seems difficult to determine when there is talk about actual moral panic, how much is needed to induce panic and what types of phenomenon are apparent (McRobbie & Thornton 1995: 572). One thing to address in connection to the moral panic definition extracted from Storgaard, is that moral panic has the ability to strengthen the position of the elite (Kolind 2011: 45-46). Alex confirms this point when he reflects on drug users' role in society as "scapegoats":

> "They [drug users] are good enough if they go into treatment and get treated for their addiction, otherwise they are not liked. And they are good at being scapegoats. It is obviously because they differ on a wide array of areas that make it possible to say that you are not like them" (Alex 2020, App 3: 24).

Alex' point of drug users as moral scapegoats highlights the separation of drug users and "others" clearly establishing that there is a right and a wrong way to be. A point that is

underlined by Paul when he reflects on how drug addiction starts, and its effects on the users identity: "If you learn to handle your emotions you do not need to escape into something else. It is my belief that a lot of drug addicts start here. In the feeling of "being wrong" (Paul 2020, App 3: 30).

As such, there is a clear discrepancy in how the Danish drug strategy portrays drug users and how Alex experiences their position in society. In the strategy, drug users are viewed as the weakest in society and must be taken care of, both in terms of mitigating harm to themselves, but more importantly, for mitigating further harm to society in general (Regeringen 2010: 5). Instead, moral panic results in widening the gap of how drug users are perceived versus the rest of society.

Alex notions that moral panics about drugs are typically started by certain actors, and the combined efforts of these actors have the ability to generate disproportionate moral panics:

> "There exists an unfortunate alliance between the press, the police and the politicians about certain types of drugs. [...] The campaign that Ekstrabladet [national tabloid], the police and the politicians promoted, generated a massive efforts to limit what they called "ecstasy abuse", and it was completely blown out of proportion. That was because of a moral panic" (Alex 2020, App 3: 21-22).

This quote shows that disproportionate moral panics have the ability to – with support from norm entrepreneurs such as police, politicians and media – not only generate massive worries about certain groups of people, but influence society's perception of "right" and "wrong". As such, a moral panic helps shape not only the view of drug users and other marginalised groups, but the rationale behind further drug control, as society tries to avoid becoming "like them" – completely void of evidence-based warrant, and instead based on moral legitimacy.

What this section has shown, is that Danish drug policy harbours a distinct character of moral panic facilitated through certain actors, and that this moral panic induces a character of reactive political solutions, as these solutions appear in the wake of moral panics. Moral panic gives the power to the police and media to control what is "right" and "wrong", and what the correct course of action towards certain drug-related issues are. This gives them the power to determine that a path of increased control is preferred.

4.5 Summing up Danish Drug Policy

Looking at the informants' experience with Danish drug policy, a significantly different understanding appears compared to how The Fight Against Drugs II portrays its goals.

The divide between different perceptions of the drug users, facilitate issues related to how certain actors apply separate logics of appropriateness to justify the treatment of drugs and drug users. Furthermore, the control pillar is seen as the dominant aspect of the Danish drug policy, permeating the other pillars.

The analysis shows a difference between the two types of norm entrepreneurs apparent in the Danish drug policy arena. Epistemic communities are disregarded and discounted, whereas the domestic changes in harm reduction and treatment have come from principled issue-networks that work through an ideological filter.

The control policy is linked to a moral understanding of "right and "wrong", favouring moralistic control over harm reduction, and resulting in an impregnable moral ward able to avoid evidence-based scrutiny. Additionally, moral panics in the drug field make it possible for select actors to control not only the perception of drugs and addicts, but the perception of what is "normal" and "divergent" within society.

Ultimately, the analysis of the interviews have provided a deeper understanding of how Danish drug policy is implemented, which enables us to discuss its position in relation to the EDS' approach to drugs.

Chapter 5: Discussion

Through our analysis of the Danish drug policy and the EDS, we have shown that there exists certain fits and misfits between them. The qualitative content analysis has provided an outline of the most important norms, ideas and beliefs within the strategies, and the informants have been useful in illustrating the inner conflict and complications that the Danish policy contains. These conflicts relate to opposing logics of appropriateness, how problem-solving is conducted and how morals shape the perception of drugs within the strongest pillar of Danish drug policy, control.

Looking at the findings of the analysis, this section will discuss how the ideas norms and beliefs that the EDS highlights, have been ignored, absorbed, accommodated or transformed into a Danish approach to drugs.

5.1 Discussing Implementation and Issue-networks

In 2010, the Danish government clearly stated that drug consumption rooms were beyond what it conceptualised as harm reduction. In spite of this, there is a clear indication of change within this conception as the rooms were indeed incorporated into Danish policy, and society, in 2012. As the EDS has made harm reduction a salient issue, this change is a clear indication of how Danish drug policy moves closer to an EDS approach to drugs, with a more nuanced approach to harm reduction as part of their conceptualisation. On a policy level, a definite decrease in the gap between the two strategies thus presents itself.

The implementation of drug consumption rooms characterises a modest degree of domestic change within Danish drug policy, signifying an accommodation of the EDS' principle of reducing demand from a health perspective. However, as the analysis of the informants has shown, different actors are guided by different normative expectations to "do the right thing", meaning that the underlying collective understandings have not been substantially modified to fit the implanted policies. The reason this change is seen as accommodation rather than absorption, is because our analysis has illustrated that the way drug consumption rooms are implemented, shows indications of institutional inertia. Meaning that beliefs, ideas and norms about the initiatives have remained unchanged. Empirically, this is shown by how the drug consumption rooms are directed towards helping drug users but are designed without the understanding of the users in mind.

The analysis of how the overruling zero-tolerance policy has undermined an understanding of the drug users' needs, shows that Danish drug policy neglects the users' opinion. By putting the addicts into the hands of police, rather than doctors, Denmark assigns a lower priority to other appropriate alternatives of coercive sanctions. And moves further away from the EDS' understanding of constructing drug policy that centralises the needs of the recipients.

The main legal supporters of drug consumption rooms are the Street Lawyers, who identify as 'Hardcore Harm Reducers'[7]. They are one of the most active issue-network that seek to induce domestic change within the Danish drug policy. As sketched out in the analysis, the Street Lawyers split from the Danish understanding of drugs and drugs users, when they put marginalised groups, such as drug users, and health in the center of their understanding of how drug policy should be constructed. The Street Lawyers' approach, contrary to the Danish drug policy, is more reminiscent of the EDS' approach. Exemplified through how the user and general health is implemented into their self-understanding through the objective of "imparting the marginalised group with knowledge of their rights and promote harm reduction and health competencies, to advance one's ability to take care of oneself and others" (Gadejuristen 2018: 1 – translated by authors). Implying that centralising the user and health within drug policy, as in the EDS, becomes the overall perspective that imbues other actions. However, it is difficult to establish if the EDS has a direct influence on the Street Lawyers' thinking, but nonetheless, there are distinct overlaps of thinking within the two.

5.2 Discussing Evidence and Morals

Danish drug policy's focus on control policy and split from integrating evidence as a part of this policy area, results in a model that goes against the EDS' evidence-based, integrated and balanced approach. Accentuating a further belief-oriented division between the strategies, and thus the institutional misfit between them.

The epistemic communities analysed, have shown much less of an impact on domestic change than the Street Lawyers' successful contribution to the implementation of OST and drug consumption rooms. They are either discounted or repressed – with the abolishment of the Boards on Narcotics as a telling example. The neglect of epistemic communities accentuates a

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[7] This is how they refer to themselves on their website.

drug policy implementation that contradicts, not only the Danish drug strategy's own goals, but the EDS' goals of increasing the knowledge of professionals and optimising the measures that the drug policy implements.

Therefore, one of the reasons why Danish drug policy may not have undertaken the EDS' idea of evidence-based policymaking within the pillar of control, may boil down to the fact that the mediating processes between the Danish policymakers and epistemic communities, have been severely limited. The advisory boards and mutual meeting grounds provided them with a direct opportunity to persuade and familiarise the policymakers with the reasoning processes, by which decisions are made elsewhere. Including that of the EU's.

Looking at the reasons why epistemic community's contribution has been so limited, furthers the discussion towards the role morals play within Danish drug policy. The informants illustrate how the drug control policy is the dominant component within the Danish drug policy, not only in regard to the field that it covers, but how it influences the function of the other pillars. This focus further breaks from the EDS' approach to drugs, by emphasising a Danish drug policy that focuses on one pillar rather than a holistic, integrated and balanced approach. Not only has the analysis shown that morals are valued higher than evidence-based arguments, moral panics have been used by norm entrepreneurs, such as the police and media, to shape the understanding of drugs and drug users in general. This shows a further neglect of the EDS approach to designing drug policy on behalf of the user, as police and media are in control of what is "right" and "wrong". This highlights an issue of how control policy has been placed outside of evidence-based scrutiny and instead placed inside moral views of good and bad.

The Fight Against Drugs from 2003 includes an emphasises on the necessity of a 'realistic narcotics politic' that is evidence-based, but that this must be "put into perspective". Because "drug policy cannot be exclusively based on expert defined evidence" and that there must be included priorities of a political nature (Regeringen 2003: 6 - translated by authors). In connection to this, one can ask oneself, if it is immoral that Danish drug policy is based on ideology and moral instead of being an evidence-based policy?

On one hand, there is nothing irregular in trying to eliminate unwanted phenomenon through moral provision. This is seen in various policy areas (Ehrenreich 2020). As such, some things in life are indisputably unacceptable, and consideration of the law must be prioritised to a

degree. But when morals are not contributory to reducing the phenomenon then perhaps the drug policy should rather look towards evidential than moral justification. The point being, that if neither local residents, activists or drug users are satisfied with an effort aimed at their benefit, then perhaps it is time to try something new.

5.3 Critiques of Theory

The favoured strand of Europeanisation theory has enabled this thesis to conduct systematic empirical research and indeed done what we have asked of it, that is, to provide a framework for understanding the conditions for domestic change. However, there are several shortcomings in this approach, such as which actors are affecting who? And can we be sure that the EDS is the only source of influence?

In relation to answering the first question of which actors are affecting who, the thesis had several options to overcome this obstacle, however, all of these options were dismissed as too resource intensive and limited by the deadline and spatial limitation of the thesis. Sticking to the top-down perspective that we explore, the thesis may have benefitted from additionally exploring a broader period and extended the research to span from 1990 until today. This would have included the EU's first action plan on drugs and would have therefore provided a "start-to-finish" aspect, to how the EDS' norms and approaches have developed alongside the domestic changes seen in the Danish drug strategy. However, this would have meant a need to investigate several more strategies across the two levels and a deeper submersion into many more strategies, increasing the intensity of the resources needed to research.

Another addition to expand the thesis' understanding of the EDS influence on Danish drug policy, is a bottom-up perspective to influence. As the literature on the area suggests that Europeanisation often takes place as a complex 'multi-directional process' in which top-down and bottom-up processes occur simultaneously (Bandov & Kolman 2018: 142). Including a bottom-up perspective would allow for a better understanding of the influence patterns and feedback processes between the EU and Denmark. Within this thesis' limit of a top-down perspective, we cannot tell if the identified policy fit is due to the downloading of EDS norms and objectives or uploading of Danish drug policy preferences (Howell 2005: 380).

However, the approach would need to include process tracing to suggest if it is one or the other. In that sense, a multi-directional approach may benefit from socialisation theory or norm

diffusion concepts, as these mechanisms connect things, and typically, operate at an analytical level below that of a more encompassing theory, increasing the credibility by rendering more fine-grained explanations (Strang & Meyer 1993; Checkel 2001; Checkel 2005: 808; Börzel & Risse 2012). The benefits to including process tracing and a bottom-up perspective thus relate to the fact that the decision-making competence primarily resides at the EU MS (European Council 2012: 1; Elvins 2017: 14). This point is often discussed in relation to Europeanisation research, as the theory is regularly criticised for not explicitly being able to suggest if changes relate to the influence of EU, as the EU usually is not the only source of influence (Bulmer & Burch 2005: 864). This is also the case in this thesis, as the changes in Danish drug policy in the chosen period cannot be directly nor indirectly correlated to influence from the EDS. However, there is a significant overlap of beliefs between the most notable issue-network, the Street Lawyers, and the EDS.

In this thesis, this has not developed into an analytical problem, as we are able to identify several differences between the EDS and the Danish drug policy. And can thus conclude that there is no significant influence from the EDS on the design and understanding of Danish drug policy in the chosen time period. If we on the other hand had discovered many similarities between the two, we would have had difficulties drawing conclusions about, if the observed convergence of the policies is a result of the EDS' direct or indirect influence. Especially without an inclusion of a bottom-up perspective and supplemented theoretical concepts, such as norm diffusion or socialisation theory.

5.4 Discussing Methodology

EMCDDA has requested the information of how resources under the control pillar of Danish drug strategy is distributed from Danish police but has never gotten an answer (Møller 2012: 379). Something that is also indicated by the concluding sentence of the reports delivered to the EMCDDA from the Danish Health Authority: "it has not been possible to outline an exact amount for the dedicated efforts of the control effort within the field of narcotics" (Sundhedsstyrelsen 2013: 13; Sundhedsstyrelsen 2014: 13 – both translated by the authors). This is despite multiple politicians' appeal to the sitting Ministers of Justice about the amount

of man hours spent on police patrols in Christiania[8]. The answer to this question has always referred to the fact that no Danish police officer works exclusively with drug issues (Justitsministeriet 2007).

However, a journalist, Philip Sune Dam, has through access to records been able to determine how resources have been distributed in the period of 2014-2019, showing that the numbers do indeed exist (Dam 2020). Meaning that it may be a question of how the priorities within the control pillar section lie, rather than a question of obtaining the data. Even though the example concentrates on the police patrols on Christiania, it is still an example of the ability to obtain the information. What this means, is that the information that the EDS is built on, however scientifically objectively analysed and discussed, still draws from EU MS data, and that this information is controlled by the individual MS. Meaning that in a very Platonian way, the reports are fashioned from shadows of knowledge shone upon a cave wall.

Our inclusion of informants has been an attempt to circumvent this problem of "biased" data. We aim to nuance the understanding of Danish drug policy, and thus not rely entirely on statistical data about drug users and the intentions of drug policies. This has been successful insofar that it has given us a deeper understanding of how the implementations that the drug policy has initiated, have been conducted in practice. However, several issues relate to the use of the informants. One is that it has been impossible to utilise the points of the informants equally, which is why a certain pattern arose during the analysis, relating to the informants' expertise within the field.

The informants John and Alex rely much more on an expert approach to the subject that relates to their work and research. On the other hand, the informant Paul relies on his first-hand experiences with the drug milieu. This is a natural delimitation, as the aforementioned informants have been involved with the policy on a more scientific and advisory level. Whereas Paul's epistemic knowledge is based on his personal experiences with the drug policy on a "user" level. This has however meant that the interviews diverge slightly. Instead of brushing aside this point, Paul has instead been utilised to nuance the more policy heavy aspects of the

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[8] One of the most well-known places for buying cannabis in Copenhagen, and Northern Europe's largest open drug market. (Asmussen 2007: 14-15).

thesis with real-life experience, and has provided the thesis with a wider understanding of how drugs and drug users are understood in reality in Danish society.

It should be said that more informants with other expertise areas within Danish drug policy, would naturally result in a deeper understanding of the field. For example, informants that relate directly to EU drug policy would have perhaps provided deeper insights into how receptive the EU experiences Denmark towards the EDS, and which actors it focuses on – if any.

Finally, we would like to address the two sections "A Proactive Approach to Criminalisation and International Cooperation" and "A Proactive Approach Towards the Youth". The astute reader may have noticed that the principles evident in these sections have not been touched much upon in the foregoing analysis. This relates to the limitations of our informants' knowledge about the subjects, and our candour towards inductive insights. This naturally also relates to the fit between the strategies' approach to the subjects, and as mentioned in the theory; fits do not give occasion to investigate domestic change.

5.5 Future Research

Our informants' experiences with police, hearings and consultancy work, all suggest deep roots into how Danish drug policy is structured according to power. For example, how power is able to shape the perception of drug users; to manage a policy that disregards the needs of the people it tries to help; the power to determine the perception of drug addicts through moral panic. Furthermore, how the power of moralistic views is able to deter evidence-based thinking. As such, several power structures clearly emerge when analysing domestic changes in drug policies. The analysis would therefore have benefited from a theoretical inclusion related to the perspective of power. The point of this comment is not to undermine the validity of this thesis' goal of exploring the EDS' influence on domestic change within Danish drug policy, as the chosen theory has provided a baseline for this. Rather it is an attempt to nuance the further research that can be made on the subject.

There have been pursuits of this character by scientists such as Esben Houborg, Thomas Friis Søgaard and Sif Anna Ingibergdottir Mogensen, when they investigate how the societal perception of drug users is shaped by the Danish repenelisation of drugs in 2004, utilising the concept of governmentality (Houborg et al. 2020). But the conclusions of this thesis' analysis,

begs a further analysis of how norm entrepreneurs, such as The Street Lawyers, police and media, shape the field of study. For example, how these norm entrepreneurs define their understanding of drugs, drug users and drug policy after the introduction of the EDS.

The reason for specifically looking at norm entrepreneurs, relates to the crucial facilitation of the norms that define understandings (Börzel & Risse 2012: 8). The results of this thesis furthermore emphasise that in a Danish context, at least for the time being, the most prominent type of norm entrepreneurs to examine are issue-networks. This pertains to our informants' perspectives of how evidence-based research is easily swept under the table as morals dominate the progress of Danish drug policy, and that issue-networks rely on their ideas of "right and wrong" to induce change – placing them in the same moralistic arena that in many ways characterises Danish drug policy.

Another aspect of further research would also benefit from a different approach to data. Again, our analysis has benefitted extensively from the qualitative content analysis we have applied to this thesis. Through our categories, we have been able to highlight the most important aspects of Danish drug policy, and critically investigate them, to establish a full-bodied picture of Danish drug policy. But what has appeared from this approach, is that there exists a need to delve deeper into the understanding of drug users from a political, official, police-related and endemic perspective. For this reason, a future examination of the understanding of drugs and drug users could provide useful insights into how domestic change is facilitated through norms, if placed within a discourse analytical research design. Focussing this design onto relevant norm entrepreneurs could supply knowledge into where specific positions to drugs and drug users lie. It would therefore show where moralistic views are accentuated, where evidence-based approaches arise and where they meet resistance and where moral panics are situated and exploited.

Chapter 6: Conclusion

Denmark has historically been susceptible to influence from the European Union. Despite having unique reservations to certain EU aspects, Denmark has on multiple areas been strongly aligned with an EU outlook.

Danish drug policy has an interesting character of indetermination. It has hopped between stances of softer approaches to drugs and total drug repression. Currently its approach to drugs is a combination of these, with a zero-tolerance policy that includes some of the most advanced harm reduction measures and treatments in the EU. This combination of Denmark being susceptible to EU influence, and proprietor of an interchangeable and elusive approach to drugs, poses a puzzle of how the European drug strategy has influenced Danish drug policy.

This thesis thus set out to investigate and answer the following research question: *How has the European Drug Strategies, implemented between 2005-2020, affected the current Danish drug policy?*

The relationship between Danish drug policy and the influence of the EDS has never been investigated academically. Therefore, we provide a comprehensive methodological and theoretical framework to establish scientific credibility and confirmability. To accomplish this goal, we employ a qualitative case study research design, to provide the thesis with a foundation to understand the subject holistically. We approach the case inductively with the aim of exploring the field and going beyond statistical results to understand the field as it presents itself. To do this, we draw upon interviews with three expert informants, and have coded the interviews according to Philipp Mayring's method of qualitative content analysis, creating categories to help us systematically understand the intricacies within Danish drug policy. After the categories from the interviews are established, we utilise these categories to analyse the Danish drug strategy and the European drug strategy in combination with the analytical approach of theoretical questioning.

To account for how the EDS has influenced Danish drug policy, we employ the theoretical framework of Europeanisation as laid out by Tanja A. Börzel and Thomas Risse. This framework includes an examination of how the European integration processes relate to how

policy and institutional misfits, further the domestic change within EU member states, through certain actors that possess the ability to facilitate change.

The interplay between the methodological framework and theoretical application, has enabled the analysis to conclude how Danish drug policy inhabits several principles that conflict with its actual implementation. The discussion of the analytical findings shows that several areas that were first assumed to be fits between the strategies, turn out to be misfits. These insights show that where Danish drug policy aligns with the European Drug Strategy on paper, there in fact exists a deeper divide between the two, than can be found through an exclusively comparative analysis of the strategies. However, a more comprehensive analysis of how norm entrepreneurs gather their information, would provide a stronger baseline for understanding the EU's competences for influencing Danish drug policy.

This thesis thus provides a deeper insight into how the Danish drug policy is shaped, both on paper and reality. Furthermore, it shows that Danish drug policy has several internal conflicts that align to make it less effective than it is ambitious. It is apparent that certain European Drug Strategy ideas and beliefs do influence the Danish drug arena in a very specific way, for example how certain European Drug Strategy ideas are clearly present in select actors. Thus, there exists certain overlaps between select Danish actors and the European Drug Strategy's approach to drugs.

It can thus be concluded that while Denmark has implemented several initiatives that relate strongly to the European Drug Strategy, the direct influence on the underlying official understanding of drugs and drug users is severely limited.

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