



# Warriors against the ‘War on Drugs’: Lay experts in Norwegian drug policy

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## Abstract

International drug policy is undergoing change, and certain types of lay experts, those who have experienced problems with drug use, are getting a more important role. By drawing on 30 in-depth interviews with representatives from drug users’ organizations, bureaucrats and researchers, we explore the rise of lay experts in Norwegian drug policy. We show how these lay experts’ personal credibility is based on a history of serious drug problems, in particular injecting amphetamine or heroin, as well as the ensuing stigma. On an organizational level, lay experts’ roles as service users or patients generate credibility, even if the background is often the users’ experiences of pain and stigma. We document how lay experts have been included and have influenced the Norwegian drug policy process. However, a problem with representativeness remains, as some groups of drug users, for example, young persons, those who mainly use cannabis or benzodiazepines, those involved in crime and those who belong to ethnic minorities, have not been included to the same extent. Thus, the increasing role of lay experts in the Norwegian drug policy process poses some unexpected challenges in terms of the democratization of expertise. This lack of representativeness may be part of the reason why the initially successful reform movement now seems to face a setback.

## Keywords

Decriminalization, democratization of expertise, drug policy, drug use, lay experts

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## Introduction

In the Nordic welfare states, crime policy has been described as ‘penal exceptionalism’, as indicated by the low rates of imprisonment (Pratt, 2008). Drug policy has been an exception, however, with variation between countries. Hakkarainen et al. (1996) placed the Nordic countries on a continuum ‘from the pragmatic liberalism of Denmark to the extremely restrictive [drug] control policy of Norway’ (p. 15). Recently, a more repressive drug policy was also introduced in Denmark (Houborg et al., 2020). However, Norway has recently been in a process of a potential decriminalization (Ministry of Health Care Services, 2019), even if the reform movement has met challenges.

The Norwegian policy shift has been linked to the increasing importance of representatives of drug users’ organizations (DUOs) in roles as ‘lay experts’ (Grundmann, 2017; Wynne, 1996), individuals whom we would regard as knowledgeable in an area even though they lack formal education. Often, their competences are acquired through certain experiences (‘experts by experience’; see Meriluoto, 2018). Arguably, the architect behind the Norwegian reform has been the Minister of Health, Bent Høie, of the Conservative party. In 2018, he appointed a Drug Policy Reform Committee that published a report (NOU, 2019). After reviewing it, he said, ‘We will meet human beings in a new way, moving from punishment to help. The user organizations have been instrumental in achieving this result’ (Norwegian Government, 2020).

Including users of health care services is not a new feature in Norway. In the 1980s, a new policy of a more ‘user-oriented’ public administration was implemented (Direktoratet for forvaltning og IKT (Difi), 2010). Several DUOs developed in the wake of this process, and as the Drug Reform Committee argues, ‘. . . they have wielded “considerable political penetrative power” while being “providers of terms” for the new proposed policy’ (NOU, 2019: 69). Internationally as well, drug users are increasingly included in drug policy-making. The slogan ‘Nothing About Us Without Us’ has become an accepted principle (Sharma and Chatterjee, 2012). However, what does drug-user involvement or representation actually imply? It has been argued that we need to unpack these concepts, not least because they are constituted within a context of continued criminalization, meaning that issues such as power, knowledge and legitimacy may be at stake (Madden et al., 2021).

This study is motivated by this need to get more insights into sociocultural processes underlying the rise of lay expertise while focusing on how some DUO representatives are regarded as more credible than others. First, we ask: *what characterizes a credible lay expert in Norwegian drug policy?* Attention is given to the way in which credibility is built by a balancing of conflicting demands and a varied set of competences. Second, based on this analysis of establishing credibility, we ask: *to what extent does the growing role of DUO representatives in Norwegian drug policy exemplify a democratization of expertise?* In this endeavour, we rely on, but also significantly expand on, an existing scheme of ways to ‘democratize expertise’ (Maasen and Weingart, 2005).

## Lay experts in drug policy

In recent decades, medical experts have been required to be more sensitive to patients’ points of view (Prior, 2003). There are moral arguments for such involvement as people

have the right to be involved in the development of medical treatments that affect them (Gibson et al., 2012). However, there are also epistemic arguments, as those who have used health care services may possess valuable information and expertise (Fudge et al., 2008). Such changes are now being echoed in accounts from the health care system (Renedo et al., 2018). Drug users have also turned this experience into expertise (see Meriluoto, 2018).

This development has been part of a political mobilization, challenging broader belief systems (Brown et al., 2004), including conventional ideas about who possesses the authority to formulate policy measures. Seemingly, then, DUOs can be seen as an example of the movement to ‘democratize expertise’ and expand the knowledge base of governance (Maasen and Weingart, 2005). The international ‘drugs policy advocacy community’ has emerged over the past decades, with civil society organizations, non-governmental organizations (NGOs) and third sector organizations. However, the DUOs have been described as the least frequent of the organizations in this broader community in a study from Europe, typically with poor funding and a low level of organization (O’Gorman et al., 2014).

One reason may be that activists often come from marginalized groups. They may get sick, become hospitalized, incarcerated or may even die, making it difficult to ensure stability in their organizations (Friedman et al., 1987). They are often met with scepticism or even suspicion (Frank et al., 2012). Moreover, they may be considered as criminals, and as such as illegitimate partners for public organizations (e.g. in health directorates) (Anker, 2007).

The inclusion of lay expertise in drug policy has taken place in parallel with a shift towards harm reduction approaches. International drug policy has, since the 1960s, been based on the criminalization of drug use, a key element in what has been dubbed the ‘war on drugs’ (Babor et al., 2018). In contrast to this punitive policy, harm reduction has gradually gained a more prominent role. Originally an approach used for Dutch heroin users, the new approach spread in the 1980s and 1990s (Des Jarlais, 1995). Opioid substitution programmes (OSP) were first initiated in the United States and subsequently in, for example, Sweden, Denmark and the Netherlands, while the Swiss allowed heroin substitution (Gowan et al., 2012). Today, harm reduction measures coexists with criminalization regimes in most European countries, in a demanding balance (Stockings et al., 2016).

Key international organizations for drug users are, for example, Harm Reduction International (HRI.global) and European Coalition for Just and Effective Drug Policies (ENCOD.org). Harm reduction practices, such as drug consumption rooms, have typically developed in collaboration between politicians, professionals and drug users themselves (Jauffret-Roustide and Cailbault, 2018). In discussion forums on the Internet, new expertise now arise, by drug users and interested professionals, shielded by the anonymity of the darknet (Bancroft, 2017).

## **The Norwegian context**

In Norway, syringe distribution was introduced in the 1980s, OSPs since the 1990s, and in 2005, an injecting room opened in the capital, Oslo (Andvig et al., 2018). Recently, the government decided to establish a heroin substitution project (Norwegian Government,

2020). However, the criminalization of drug use has remained (Jacobsen and Taslaman, 2018). Thus, the Norwegian drug policy has been resting on two pillars – health policy and crime policy – pulling in opposite directions (Skretting, 2014).

The first Norwegian DUOs emerged in the 1990s, in relation to the first methadone trials in Oslo (Bartoszko, 2021). However, most of these organizations lived only a few years (Frank et al., 2012). Around 2005, more robust organizations started to develop. Today, the two DUOs with the strongest voices are FHN (The Association for Humane Drug Policies) and RIO (Norwegian users' organization in the field of alcohol and drugs). Their two leaders are the most prominent lay experts in drug policy nationally. The leader of RIO was also a member of the Drug Policy Reform Committee. Another DUO is A-larm, often working with rehabilitation. In addition, there are a number of organizations for patients undergoing OSP, such as proLAR and Marborg.<sup>1</sup> Some organizations operate within the drug policy landscape, but without the same emphasis on user experiences. NORMAL concentrates on cannabis. FTR (The Association for Safer Drug Policies) works to reduce harm and to decriminalize drug use. ACTIS (The Norwegian Policy Network on Alcohol and Drugs) is an umbrella organization, stemming from the temperance movement, and is critical of the decriminalization process. In contrast to the DUOs, we describe these three as 'drug policy organizations' in this article.<sup>2</sup>

Traditionally, medical and public health experts, alongside legal experts, have dominated the development of policies towards drug users. Key players have included the Ministry of Justice and the Ministry and the Directorate of Health, as well as state-sponsored applied research institutes (Skretting, 2014). Accordingly, the mode of policy-making in this area has been technocratic, with little emphasis on including users and civil society, even as other parts of the health sector were opening up. Symptomatically, temporary policy advice committees on drugs and drug regulation – a key advisory mechanism in Nordic-style governance (Arter, 2008) – had no representatives from users' organizations until recently. In contrast, the Drug Policy Reform Committee, chaired by a lawyer from the office of the Director General of Public Prosecutions and with members from the health care sector, researchers and police, included two DUO representatives. The majority of the committee concluded in December 2019 that all use of illegal substances (including recreational use) should be decriminalized. Help offered to the users should be based on guidelines by health authorities. Only a limited set of sanctions should remain in the hands of the police (NOU, 2019: 271). As such, the proposed reform went further than the important Portuguese decriminalization reform of 2001 (Hughes and Stevens, 2007).

The current Norwegian government has so far (as of summer 2021) not managed to get enough support for the proposal in parliament. Still, the political process aiming at a change in drug policy continues. Importantly, our data suggest that the inclusion of DUO representatives and the numerous meetings between the DUOs, on the one hand, and the committee, professionals in the health care sector, researchers and politicians, on the other, have contributed significantly to this unprecedented shift. Arguably, the Drug Reform Committee, where users' perspectives seem to have played a decisive role, represents a culmination of the rise of lay experts in Norwegian drug policy so far.

## Building credibility – and implications for democratization

It has been argued that the ‘democratization of expertise’ (Weingart, 2005: 53–54; see also Maasen and Weingart, 2005) can take place in different ways: (1) by taking lay knowledge into account in the production of knowledge; (2) by giving laypeople access to expert knowledge; (3) by granting laypeople access to experts; and (4) by allowing laypeople to have influence on the selection of experts. Yet there have also increasingly been demands to include lay experts on expert bodies on a par with other experts (Fischer, 2009; Krick et al., 2019). It has also been emphasized that such lay experts should have real influence on agendas and decisions, thus avoiding charges of ‘token representation’ (Krick, 2019) or mere ‘symbolic use’ (Boswell, 2018).

Yet, democratization requires not only *inclusion* and *influence* in political processes but also adequate types and levels of *representation* and adherence to norms of *equal respect* (Mansbridge et al., 2012). It is important to include lay experts and also to treat them respectfully and ensure that they represent the relevant interests involved. The idea of ‘descriptive representation’ – that the composition of representatives – here, the lay experts – should reflect and ‘mirror’ group-specific experiences and social cleavages – is controversial (Young, 1997; see also Saward, 2009). Nonetheless, as Jane Mansbridge (1999: 643) has argued, descriptive representation is justified, and even decisive, not least in contexts where ‘interests are relatively uncrystallized’, in that the issues involved ‘have not been on the political agenda long’ and representatives’ ‘political positions’ are not fully developed (see also Holst and Langvatn, 2021). Norwegian drug policy is an area where a number of stakeholder interests are in the making and ‘uncrystallised’. This makes the ways in which credibility is built and the way in which some lay experts stand out as more credible than others key, as this may contribute to constituting some subgroups’ experiences as core, while other subgroups and experiences are downplayed or even marginalized.

Accordingly, building on the analysis of establishing credibility in the main part of our article, we provide an assessment of the extent to which the rise of the DUOs in Norwegian drug policy exemplifies a democratization of expertise. We take into account the standard parameters of inclusion and influence, but focus especially on relations of representation and respect. Unconventionally, we, thus, bring together a core theme in democratic theory – descriptive representation – with discussions of the changing nature of policy expertise, which recently have highlighted the increasing democratization of expertise in several policy areas, but often without the focus we provide in this article on constructions of credibility and the resulting patterns of representation.

## Methods and data

We draw on semi-structured interviews with 30 persons, 20 men and 10 women. Of these, 13 were representatives of the five DUOs described above (RIO, FHN, A-larm, proLAR and Marborg). They embody the special kind of ‘expertise by experience’ that our study zooms in on. All interviewees described themselves as having had serious drug problems, which they later drew upon to work for drug policy changes. A further seven interviewees worked for three drug policy organizations that do not have the same focus

on drug-user experiences (NORMAL, FTR and ACTIS). Six were bureaucrats or social and health care workers, employed at ministries or directorates or working with clinical or outreach work for drug users. Four were researchers working with drug-related questions. All were recruited due to their long-term involvement in drug policy, and all of those invited accepted our request to be interviewed. A number of participants had also been members of the Drug Policy Reform Committee. Most of the participants lived in the greater Oslo area.

Interviews were conducted either at their workplaces, for example, the offices of the DUOs, or at the University of Oslo. We endeavoured to create a friendly, relaxed atmosphere, and the interviews lasted for around 2 hours. We used a semi-structured interview guide with questions about the development of drug policy in Norway, particularly about the role of the DUOs. We took particular care to pose open questions, allowing interviewees to provide rich stories with many details as they explored what they regarded as the personal qualifications of a lay expert and how such experts gained credibility within drug-user milieu, within the DUOs and with the public at large. Concerning former drug users who worked for DUOs, we asked about their own drug-using careers, their paths into the DUO and their work there.

The interviews were audio recorded, transcribed and coded using NVivo in accordance with general standards of qualitative research analysis (Silverman, 2013). Initial coding involved identifying key characteristics of the typical lay expert, including their drug-using careers, experiences with the police and court system, possible stigma, different types of competence, the role of research-based knowledge and knowledge about international drug policy. We also used detailed codes for the use of psychoactive substances, that is, alcohol, benzodiazepines and all illegal substances, as well as OSP. Moreover, we used codes for the development of Norwegian drug policy, as well as for the various DUOs, their positions regarding key issues, for example, the question of decriminalization, and potential sources of conflict within the DUOs themselves. All interviewees granted their active informed consent for participation. We use no information that could identify participants, and all names are aliases.

## **Results: gaining credibility**

Although drug users usually downplay and normalize their drug use (Copes, 2016), we will show how the opposite was true of the lay experts, who emphasized the destructiveness of their drug-using careers. However, they also attempted to transcend the private character of these experiences. On an organizational level, we witnessed a similar ambiguity: officially, the legitimacy of the DUOs is based on members' experiences as patients or service users. At the same time, however, the stories our interviewees recounted were full of pain and stigma, not least due to the current policy of criminalization. Yet the DUOs also faced criticism: a number of interviewees with backgrounds from other drug policy organizations, as well as some bureaucrats and outreach workers, argued that the DUOs reflected the experiences of a small proportion of heavy drug users, usually with an ethnic majority background.

### *Personal credibility: when good is bad*

The basic competence of the lay experts is no doubt their ‘expertise by experience’ (see Meriluoto, 2018). A credible lay expert has personal experience of drug problems, and these problems should be serious to ‘qualify’ as an expert. Emilie (lay expert, mid-50s, enrolled in OSP) offered a typical narrative. She had been a heavy drug user and had been involved in prostitution and crime for more than 20 years, starting when she was just 15 years old:

Then I had a baby. I was sent to prison and then straight back on it big time. After 20 years on heroin and amphetamines, I was at rock bottom, no teeth, a total disaster. Done time for burglary, robbery and drug dealing, in and out of prison.

Emilie’s life had been ‘a total disaster’. However, she had managed to turn her life around. For Emilie and other lay experts, their work at the DUOs was based on their problems and pain as well as on their embodied subcultural knowledge, usually from open drug scenes and the heavy-end of street culture (Sandberg, 2008). A ‘serious’ drug problem here involves crime, prison, sometimes prostitution and the destructive use of amphetamines or heroin, substances usually dubbed ‘hard drugs’ (Melberg et al., 2010).

Generally, involvement in drug use is classified in a hierarchy, where some types of drugs and some types of use are ‘worse’ and more stigmatized than others. Simon (lay expert, late 20s) hinted at such a mechanism at work in heavy-end drug-using milieux too:

Amphetamine users often take some pride in never having used heroin. Heroin users may say they never inject. People have this attitude, looking down on others, usually the more vulnerable groups.

Simon’s description echoes perceptions found in drug-using cultures. Amphetamines are bad, but heroin is worse, and injecting is worse than snorting (Furst and Evans, 2015). However, rather than downplaying their drug use, the lay experts emphasized the seriousness of their problems. Neutralization theory suggests that offenders are aware of conventional societal values; they therefore try to mitigate the shame associated with violating such norms (Maruna and Copes, 2005). However, hardcore criminal milieux espousing a ‘code of the street’ may reject such conventional values. ‘Being good may be bad’ in such contexts (Topalli, 2005). In a similar vein, the lay experts in our study usually presented a ‘bad boy’ or ‘bad girl’ image.

Among researchers, alcohol is rated as a highly harmful substance (Nutt et al., 2010), although such perceptions are not as common in the general population. Among the lay experts we interviewed, too, heavy alcohol use and alcoholism did not count as a real ‘qualification’; only problems with illegal substances did. Emil (early 30s) was a well-known lay expert, and a number of other interviewees described him condescendingly as ‘an alcoholic who has also used some pills’. He ‘admitted’ that his problems had been related to alcohol, saying, ‘It’s just the fucking worst for the hardcore alcoholics just stuck in some bed. Just lying there pissing or shitting themselves’. Nonetheless, he was

well aware of the rumours about him and that his alcoholism did not really count as a 'qualification'.

Other lay experts mainly had problems with cannabis or benzodiazepines and they often seemed to 'upscale' their problems with these substances. William (lay expert, late 20s) was also a key DUO representative. However, several interviewees questioned his substance problems. As one said, 'He had a couple of years doing some drugs in his late teens'. When asked about these rumours in the interview, William said, 'Well, I started drinking when I was ten; hash when I was 15 and then everything else, even some heroin use'. However, he also 'admitted' that his main problem had been linked to benzodiazepines. We asked, 'So, did you develop a *real* benzo problem?' He replied, 'Absolutely! My dealer was caught. Woke up in a security cell. The withdrawals were worse than with opioids'. William compared his dependence on benzodiazepines to dependence on opioids, stating that it was worse. Thus, problems with alcohol, cannabis and benzodiazepines were not hallmarks of 'serious enough' drug problems for a majority of the lay experts.

Heavy drug users often avoid labels, and resist stigma, by distancing themselves from stereotypical addicts (e.g. 'junkies', 'dope fiends'). They normalize their drug use (Copes, 2016) by creating social identities based on preferred types of users (e.g. functional vs dysfunctional) to avoid stigma. However, in our data, the opposite was true. Normalization of their earlier drug use was difficult to combine with their claim that they were in possession of the rough, street-based knowledge necessary to become a credible lay expert.

Many also drew on a broader repertoire of subcultural references. As Mathias (lay expert, late 40s) said, 'My whole life, I've only ever worked for about six months. Otherwise [I've been a] professional crook, or on the run or in prison'. He had been a heavy user of amphetamines, had led large-scale smuggling operations and served long sentences in prison. At the time of the interview, he was leading a rehabilitation programme (with male clients only) organized by one of the DUOs. His drug use and involvement in crime were just what enabled him to understand what was 'going on' with these clients, he claimed:

There are some subcultural rules of the game that are difficult to define. However, I've got this whole set of rules inside me. They all [the clients in his programme] know for example that I've never snitched. That creates respect.

Mathias had a traditional masculine style. He said he was able to understand the subcultural rules of the game and that he had never snitched, referring to another code, described as universal among criminals (Rosenfeld et al., 2003). He had also done his time in prison without complaint, another skill valued in such subcultures (Crawley, 2013). The clients (who were all men) thus respected him, he claimed. Moreover, Mathias was in possession of a rich narrative repertoire from street cultures (Sandberg and Fleetwood, 2017), even though he had quit drugs and had been 'clean' for more than a decade, he said.

Henrik (lay expert, early 40s, enrolled in OSP) also emphasized the importance of his embodied knowledge of a previous life on the streets and his familiarity with subcultural



codes. He criticized one key member of a DUO, saying that this particular individual was not a credible lay expert seen from the perspective of all those enrolled in OSP:

He has trouble with his reputation. He has a normal education and now leads a very normal life. It's hard for someone on a drug substitution programme, who may well have been on the streets for twenty years, to recognize themselves in him.

According to Henrik, this DUO representative did not possess the relevant experience from streets. His minor drug problems dated had been rather inconsequential. It was impossible for OSP participants to identify with him.

Hence, personal experiences of serious drug problems pave the way to credibility as a lay expert. However, such experiences had to be described skilfully, opening up for discourses that were more political. As Simon said, 'I've struggled with drug problems and I've personally felt how the policy of criminalization hit me'. He thus linked his personal drug problems to costs of criminalization. Peter also emphasized the fine line between possessing credibility due to personal experiences and representing broader groups of people:

Your own experiences lie subtly behind. People know that you have them. But if you go too deep into them, you'll be dissed as a lay expert. If you link it too closely to your own experiences, people will not take you seriously.

There is a paradox here: lay experts are supposed to put on display their personal experiences of serious drug use. This is key to their credibility. However, they should do so carefully, without letting such experiences cast a shadow over the broader political issues at stake. The most successful lay experts were able to link their own experiences to 'generic' narratives of the costs of the current Norwegian drug policy.

Although few of the DUO representatives had any formal higher education, they were often able to draw on research-based knowledge. Several had taken part at international conferences where political leaders, bureaucrats and researchers were also present, for example, the meetings of the Commission of Narcotic Drugs in Vienna. Thus, they had manoeuvred in a complex landscape, while drawing on their personal history, to gain credibility. However, they were aware that they had to transcend the private and singular nature of these experiences.

### *Organizational legitimacy: representing service users*

We have established that serious drug problems are a precondition for gaining credibility as a lay expert. At the same time, such experiences should form the basis of more generic arguments about the costs of the current drug policy. Furthermore, Peter emphasized the impact of yet another dimension, pertaining to DUO members' roles as users of the health care system: 'We are patient organizations. That is why we get financial means and channels to influence the health care system'.

Several of our participants argued that the lay experts' drug histories were not relevant to the health authorities *per se*. The reason lay experts were given a role was that they

represented some generalized needs of a patient or service user group, they said, and the key factor behind the DUOs' new influence was the recent classification of drug addiction as a disease and thus the drug users' status as patients (based on an Act from 2004, see NOU, 2019: 62–63). This implies that people with diagnosed drug problems should be listened to in clinical contexts and in research projects (see also Neale et al., 2017).

Oskar (mid-30s, staff at a drug policy organization) argued in a similar vein that a 'user' does not connote 'a drug user' but a 'service user':

You use a service. So you have the right to take part in shaping it. You also have legitimacy thanks to your personal experience. You can advocate political points of view.

Patients with drug diagnoses have, like other patients, a legitimate role to play in developing their own services (Fudge et al., 2008). However, note that Oskar, then, argued that drug users could then use the platform they had established to advocate 'policy'.

Emma (lay expert, late 30s) convincingly combined the same two dimensions emphasized by Oskar. She first described her personal history of heavy drug use, before saying, 'The relevance [to the DUO] also has to do with the police, how they hounded us. The stigmatization it led to'. She thus established a highly personal position, through a narrative about her own serious problems; she then seamlessly switched to her position as a representative of the DUO, focusing on the costs of criminalization of drug use.

There are two layers of argument here: the first relates to the patients' needs for treatment. However, and similar to the duality of lay expertise found in other areas where 'the personal' is considered 'political' (see Hoard, 2015, on 'gender experts'), this type of knowledge was intertwined with personal experiences of pain and stigma, often framed as a result of the criminalization regime. This latter dimension was then linked to more general arguments about the need for a new drug policy, and in particular decriminalization. The latter was often perceived as a 'more political' type of argument. Peter framed the ambiguity thus:

Drug addiction is now defined as a disease. So we can become advisors to the health authorities. That's what we live off. However, to most people, we're probably mainly an advocacy organization that fights.

The DUOs are useful tools for the authorities in terms of their knowledge of patient needs, he argued; at the same time, the DUOs are 'advocacy organizations' that 'fight' for their members' broader interests. The decriminalization of drug use was an element in this broader 'political interest', well beyond their roles as patients.

### *Criticism: skewed representation*

Our interviewees agreed that the DUOs had been *included* in political processes and had been able to *influence* the drug policy. At the same time, they emphasized the way in which this type of organizational legitimacy rested on representatives' personal credibility, related to experiences of stigma and pain. Importantly, our interviewees also talked

about one another, and approached the lay experts and their role, in what could be described as *respectful* terms. We heard no stigmatizing descriptions or jargon rooted in a diagnostic culture that have been previously described when investigating barriers between drug patients and professionals in Norway (Larsen and Sagvaag, 2018).

Nonetheless, a number of interviewees who were not part of the DUOs argued that these organizations had gained *too* much political influence based on a rather narrow base of experiences and interests; accordingly, there was a problem with *representativeness*. As Hannah (staff at a drug policy organization) said,

I do not like the concept of ‘lay expert’. What does it mean? A drug user with problems? A user of health care services? Many of our participants do not feel that they need treatment for their drug use and we do not primarily work with drug problems.

Note that Hannah used a different definition of ‘user’ than Peter did (see above). To her, ‘a user organization’ could also be one for *drug users* not in treatment, and not only for *service* users. Many of the members of her organization used illegal drugs recreationally, but they did not identify with the patient role. Members of drug policy organizations other than the DUOs did not usually have histories of drug problems and they did not necessarily identify with the heavy drug users typically involved in the DUOs. Several interviewees argued that their own members nonetheless did represent important voices in the development of a new drug policy, even though they were not in need of treatment.

In a similar vein, Isak (late 20s, staff, drug policy organization) argued that his organization represented a much broader group of drug users than the traditional DUOs did:

You might say that the DUOs have taken over drug policy. Especially heroin users or users who shoot up amphetamines. It’s the heavy, heavy ones. Cannabis or LSD users don’t even get a look in in the debate.

Isak has a point in that the group of recreational users of cannabis, for example, is much larger than the group of heavy users of amphetamines and heroin, who are often the representatives of the DUOs. Moreover, many cannabis users also pay a price for the policy of drug criminalization. There is also increasing use of psychedelics in Norway, and these users are rarely heard in the debate (Pedersen et al., 2021). Aurora (mid-30s, staff, drug policy organization), who was active in the same drug policy organization as Isak, argued that the hegemony of the DUOs was now being challenged:

Not only sufferers of heavy drug problems are now involved [in the policy process]. We have all kinds of members -lawyers, physicians. However, we needed another type of legitimacy [than that of the DUOs, resting on the credibility of those with serious drug problems]. Thus, we established a committee of professionals, of experts, to back us up.

Above, Aurora is expressing the same strategy that is most typical in the drug policy advocacy community in Europe, where the majority of organizations have been influenced by values and ideals shaped by ‘insights gained from research’ (O’Gorman et al.,

2014: 1005). Hannah, Isak and Aurora, all three representing different drug policy organizations, questioned the DUOs' limited base of experiences.

A similar line of reasoning was observed among health care workers, bureaucrats and researchers. They argued that the DUOs did not reflect the total population of drug users, but a small proportion of visible, ethnically Norwegian former heavy drug users. As Max (late 20s, outreach social worker) said,

It's easier to identify with an ethnically white addict than with a young addict from a Somalian background who speaks broken Norwegian. Many people think he must be a criminal, fighting and stabbing people.

Max argued that one of the reasons for the DUOs' success was that it was easy for politicians and the public at large to identify with their public representatives. In a similar vein, Alexander (early 20s, outreach worker, ethnic minority background) characterized the DUO representatives as 'patients' and 'victims', whereas young lads from ethnic minority backgrounds hanging out in the centre of Oslo, using drugs and dealing, would be described as 'gangsters'. This latter group was regarded as 'dangerous, they should be put in jail. People don't see all the pain behind the gangster image', he argued.

Patrick (mid-40s, bureaucrat) was also critical of the DUOs' representatives. He argued that the DUOs do 'not reflect the ethnic diversity of our drug-using population at all'. Moreover, 'very young drug users' were not included, and better contact with 'all cannabis users' was needed, he claimed. Accordingly, although the DUOs were valued, many of our interviewees claimed that they did not reflect ethnic minorities, cannabis users, young drug users and other groups not easily linked with the role of patient. Such voices had thus been excluded from the political discourse.

To sum up: The DUOs have gained legitimacy due to their role as representatives of a group of patients diagnosed with serious drug problems, helping shape a better treatment system. At the same time, the lay experts' personal experiences of a repressive drug policy help in qualifying this knowledge morally. However, the DUOs' role in this respect was also challenged – by drug policy organizations, bureaucrats and researchers – where several argued that the DUOs had highly selected representatives. This implies that large groups had effectively been excluded from the drug policy process.

## Democratization of expertise?

The controversies concerning the representativeness of the lay experts who have gained credibility and legitimacy in Norwegian drug policy shed light on more general complexities involved in the democratization of expertise. Seemingly, the increasingly important role of the DUOs over recent decades in this policy area, leading to their considerable influence over the agenda and the recommendations of the Drug Policy Reform Committee, exemplifies a clear-cut instance of democratization. In this case, experts due to their own experiences were not only *included* in lower level service planning and provision within the health sector, but also on a national level, not least on the committee that has led to a proposed reshaping of drug policy. Moreover, the participation of the DUOs on this important committee was not a one-off occurrence but builds

on the gradual incorporation of users and their experiences in policy formulation and implementation. In addition, this is hardly an example of ‘token representation’ (Krick, 2019), as the DUOs have also managed to *influence* the policy. Our findings also suggest that lay experts have been treated with *respect* by other groups in this process. At the same time, it is worrying that to qualify as credible lay experts, drug users need to accentuate and almost cultivate their pain and stigma, making themselves vulnerable by publicly displaying difficult and traumatic personal experiences.

Moreover, as argued by Madden et al. (2021) as well, our findings suggest that drug-using identities emerge as heterogeneous, multiple and complex, and to a large degree they seem to be developed throughout the political processes (see also Bartoszko, 2021; Fraser et al., 2018), as you would expect in a policy area where interests are not crystallized and consolidated at the outset (Holst and Langvatn, 2021). In our study, some lay experts were regarded as more credible than others and, accordingly, were more likely to be successful in pursuing their approach and views. Thus, a challenge concerning *representation* has occurred. Formerly heavy drug users, middle-aged and from an ethnic majority background, with problems related to amphetamines or heroin, seem to be the ‘experts by experience’ favoured in this policy area and not problem users of, for example, cannabis or benzodiazepines. Similarly, those with experiences from open drug scenes and street cultures seem preferred over less visible off-street users, and patients and service users seem to have an advantage over users outside of the treatment and health care systems. In addition, the successful lay experts are typically able to translate their personal experiences into a general narrative that brings to the fore the harmful effects of the criminalization regime in Norway. It goes without saying that only a minority of those with serious drug problems are able to do that.

Consequently, although the increasing user involvement implies a democratization of expertise in this policy area, not all types of users are given an equal voice. Some experiences and competences help establish credibility, while others are marginalized. Importantly, and as suggested by our interviewees, these features relate, though in complex ways, to broader social and cultural patterns. Whereas functional drug users do not stick out and so are accepted more easily in society at large than those who struggle with deep dependence and social marginality (Copes, 2016), the opposite seems to be true of ‘experts by experience’ in the drug use area. Those with a recreational pattern of drug use and those who have primarily used alcohol, cannabis or benzodiazepines may struggle to gain acceptance. Moreover, ethnic minorities are rarely seen here, nor are young drug users.

This is a challenge because political equality and an equal voice across groups are intrinsically valuable democratic norms and also because bringing in lay perspectives and expertise by experience is justified as improving the knowledge base and quality of policy. Correspondingly, when democratization is restricted by skewed representation, this may have adverse effects on outcomes. Importantly, this did not play out too much in the recent committee report where the situation of both functional users and minorities was included as key issues. However, many cannabis users, including young users with minority backgrounds, do suffer, possibly disproportionately, from current drug policies. Depending on the DUOs’ future motivation and ability to pursue inclusive agendas, to

recruit new groups and give voice to new types of experiences, persistent biases in representation may impede policy quality over time.

In the current political process, the skewed representation and discourse focused on the heavy drug users indeed have become important: In the hearings on the report from the Drug Policy Reform Committee (NOU, 2019), there was uniform agreement that heavy drug users should get help and treatment and not be sentenced. However, many – in particular from the police and the justice sector – were hesitant regarding decriminalization for adolescents and recreational users of drugs, arguing that these groups may need harder sanctions. During the current discussions of the committee proposal in the Norwegian parliament, the Centre Party, the third biggest party and an ally with the Labour party, recently presented an alternative proposal, supporting decriminalization for those with substance problems only. The Labour party, the largest opposition party, then presented a similar position. Currently, there seems to be a fragile majority agreement in parliament that decriminalization should only apply to marginalized and heavy drug users.

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### Notes

1. We have interviewed members of all these five drug users' organizations (DUOs). Details about them may be found here: FHN, [www.fhn.no/](http://www.fhn.no/); RIO, [www.rio.no/om-oss/](http://www.rio.no/om-oss/); A-larm, [www.a-larm.no/](http://www.a-larm.no/); proLAR, <https://prolar.no/>; MARBORG, [www.marborg.no/](http://www.marborg.no/).
2. For these three drug policy organizations, more information may be found here: NORMAL, [www.normalnorge.no/](http://www.normalnorge.no/); FTR, [www.rusreform.no/](http://www.rusreform.no/); ACTIS, [www.actis.no/](http://www.actis.no/).

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## Resumen

La política internacional sobre drogas está experimentando cambios, y un cierto tipo de expertos no profesionales, aquellos que han experimentado problemas con el consumo de drogas, están adquiriendo un papel más importante. A partir de 30 entrevistas en profundidad con representantes de organizaciones de usuarios de drogas, funcionarios e investigadores, se explora la emergencia de expertos no profesionales en las políticas noruegas sobre drogas. Se muestra cómo la credibilidad personal de estos expertos no profesionales se basa en un historial de problemas graves con las drogas, en particular la inyección de anfetamina o heroína, así como en el estigma resultante. A nivel organizacional, el papel de los expertos no profesionales como usuarios de servicios o como pacientes genera credibilidad, incluso si su conocimiento se basa a menudo en experiencias dolorosas de los usuarios. Se documenta cómo los expertos

no profesionales han sido incluidos y han influido en la aplicación de las políticas sobre drogas de Noruega. Sin embargo, sigue existiendo un problema de representatividad, ya que algunos grupos de consumidores de drogas, por ejemplo, los jóvenes, los que consumen principalmente cannabis o benzodiazepinas, los implicados en delitos y los que pertenecen a minorías étnicas, no han sido incluidos en la misma medida. Por lo tanto, el papel cada vez más importante de los expertos no profesionales en la aplicación de las políticas sobre drogas en Noruega plantea algunos desafíos inesperados en términos de democratización de la experticia. Esta falta de representatividad puede ser parte de la razón por la que el movimiento de reforma inicialmente exitoso ahora parece enfrentarse a un revés.

**Palabras clave**

Democratización de la experticia, despenalización, expertos no profesionales, política sobre drogas, uso de drogas

**Résumé**

La politique internationale en matière de drogues est en train d'évoluer, et un certain type d'experts non professionnels, des personnes qui ont connu des problèmes de consommation de drogues, jouent un rôle plus important. À partir de 30 entretiens approfondis avec des représentants d'organisations de consommateurs de drogues, des fonctionnaires et des chercheurs, nous étudions la montée en puissance des experts non professionnels dans la politique norvégienne en matière de drogues. Nous montrons comment la crédibilité personnelle de ces experts non professionnels repose sur une histoire de graves problèmes de drogue, en particulier l'injection d'amphétamine ou d'héroïne, ainsi que sur la stigmatisation qui en découle. Au niveau organisationnel, le rôle des experts non professionnels en tant qu'utilisateurs de services ou que patients génère de la crédibilité, même si leurs éléments d'appréciation sont souvent tirés de leur expérience douloureuse de consommateurs. Nous décrivons comment des experts non professionnels ont été inclus et ont influencé la politique norvégienne en matière de drogues. Cependant, un problème de représentativité demeure, car certains groupes de consommateurs de drogues, par exemple les jeunes, ceux qui consomment principalement du cannabis ou des benzodiazépines, ceux qui ont été mêlés à des délits et ceux qui appartiennent à des minorités ethniques, n'ont pas été inclus dans la même mesure. Ainsi, le rôle croissant des experts non professionnels dans la politique norvégienne en matière de drogues soulève certains problèmes inattendus en termes de démocratisation de l'expertise. Ce manque de représentativité peut expliquer en partie pourquoi le mouvement de réforme, initialement couronné de succès, semble aujourd'hui subir un revers.

**Mots-clés**

Consommation de drogue, démocratisation de l'expertise, dépénalisation, experts non professionnels, politique en matière de drogues