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Graduate School of Development Studies

**SOLVING DRUG AND SUBSTANCE ABUSE PROBLEMS  
AMONG YOUTH IN KENYA: LESSONS FROM DUTCH  
DRUG POLICY**

A Research Paper presented by:

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## **Dedication**

*To my late mum and dad, Joyce Kamanthe and Kimilu Musui: All what I am today and ever dream to be in the future, I owe it to you my dear parents.*



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**Abstract**

Literature on policy learning and lesson-drawing is growing. This body of literature emphasizes that policies used in one country can be used to solve a similar problem elsewhere. However, caution is given that cross-national policy learning does not mean transplanting policies from one country to another. This paper looks at the policies dealing with drug and substance abuse in Kenya and compares with Dutch drug policy to see what lessons can be learned. The study establishes that drug policies in Kenya focus on supply reduction while Dutch drug policy focuses on harm reduction. The paper suggests that a main lesson from the principles of the Dutch drug policy is for policymakers in Kenya to handle drug abuse as a public health problem rather than as a criminal one. However, the paper does not suggest that all the principles of the Dutch drug policy are applicable in Kenya given that both countries are diverse in many aspects.





## **List of Abbreviations**

CMPS- Centre for Management and policy studies

EMCDDA- European Monitoring Centre of Drugs and Drug Addiction

EU- European Union

ILO- International Labour Organization

IMF- International Monetary Fund

KSA- Kenya Scouts Association

NACADA- National Agency for Campaign against Drug Abuse

NDM- National Drugs Monitor

NGOs- Non Governmental Organizations

PATH- Program for Appropriate Technology in Health

UK- United Kingdom

UN- United Nations

UNDCP- United Nations Drug Control Programme

UNECOSOC- United Nations Economic and Social Council

UNFPA- United Nations Population Fund

UNODC- United Nations Office on Drug and Crime

UNODCCP- United Nations Office for Drug Control and Crime Prevention

UNRISD-United Nations Research Institute for Social Development

USA- United States of America

WB- World Bank

WDR- World Drug Report

WHO- World Health Organization



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## CHAPTER ONE: INTRODUCTION

*Policy-making (and even more so the academic study of policy-making) has a lot in common with the fashion industry. No one likes to be caught wearing yesterday's ideas (Bjorkman 2005:398).*

### 1.0 Introduction

No social problem is unique to a particular country. It is becoming common that countries facing problems learn and draw lessons from the way other countries, bedeviled by the same problem, have dealt with it. According to Stone (2000:2), *Cross-national experience is having an increasingly powerful impact upon decision makers within the private, public and third sectors of nation states. In particular, 'policy transfer' and 'lesson drawing' is a dynamic whereby knowledge about policies, administrative arrangements or institutions is used across time or space in the development of policies, administrative arrangements and institutions elsewhere.* Policy learning in the contemporary world is stimulated by the fact that with technological advancements, it is easy to communicate and visit other countries and learn from their experiences, both negative and positive (Rose 2001:2).

Despite the homogeneity of the problem, it has to be realized that what works in one corner of the world does not necessarily work in another part of the world since the contexts are diverse. As Bjorkman (2005:395) observes, "For policy learning in practice is not about the transfer of ideas or techniques but about their adaptation to local circumstances. The experiences of other countries stimulate the policy imagination and nudge policymakers in particular directions".

Drug and substance abuse is a major problem in the world today that has social, economic, medical and legal implications. Kenya, like many other developing countries, has not been spared the problem of drug abuse. If anything, the problem is worsened by the fact that the country is used as a conduit or transit-point for hard drugs destined to other parts of the world. As such, some of the drugs filter into the local market. Recent studies indicate that youth are the most affected as many of them become hooked on drugs without full knowledge of the repercussions. Various policy

measures have been taken by the Government of Kenya in attempting to curb the problem. However, due to the persistence of the problem and given that other countries have been dealing with it, Kenya can benefit by looking at drug policies elsewhere in the world for drawing lessons.

Dutch drug policy is well known for its uniqueness. It differs significantly with drug policies in other countries of the world. To a certain extent, this policy has some positive results. According to the National Drugs Monitor the number of problematic users of hard drugs (between 25,000 and 29,000) is stable, the population of hard drug addicts is getting older, the mortality and the number of overdoses is declining as does the number of HIV infections (Garretsen 2001:9). The number of problem users of hard drugs in the Netherlands is among the lowest in the EU (Ministry of Health, Welfare and Sport 2002:5). See annex A.

This paper seeks to establish the lessons which policy-makers can draw from the Dutch drug policy in order to deal with the problem in Kenya. To borrow the words of Stiglitz (1999:1), this study asks whether 'Scanning globally and reinventing locally' can help solve the drug and substance abuse scourge in Kenya.

### **1.1 Statement of the Problem**

A study conducted by the Government of Kenya and UNDCP indicates that the problem of drug abuse has permeated all strata of society with youth being the most affected group (UNODCCP 1999:34).

The Government of Kenya has been concerned about the harm caused by this problem to the youth and the entire population in general. To protect its citizens against the harmful effects of drug and substance abuse, various laws have been propagated.

Other measures include the ratification of three major United Nations Conventions on Narcotic drugs and Psychotropic Substances, the adoption of the East African community's protocol on combating Drug trafficking in the East African Region and the adoption of the Organization of African Unity's Declaration and plan of Action on drug abuse and illicit trafficking control in Africa. On 27 March 2001 the Government set up the National Agency for the Campaign against Drug and Substance Abuse

(NACADA) to spearhead the war against the menace.<sup>1</sup> Despite these efforts the problem persists, as do other problems linked with drug and substance abuse such as deaths, increased crime, ill health, road accidents and HIV/AIDS. Recently when talking to the press, the National coordinator of NACADA said that the problem of drug abuse had reached alarming proportions and needed to be declared a national disaster just like famine and HIV/AIDS (*Daily Nation* 02/05/2005).

The researcher intends to examine the policies of the Government of Kenya to fight drug and substance abuse. The Dutch drug policy will be considered to see what lessons can be learned to deal with the problem in Kenya.

## 1.2 Relevance and Justification

Combating drug and substance abuse poses policy challenges globally due to the existence of a transnational underworld drug trafficking cartel (*Daily Nation* 02/05/2005). Many countries have been grappling with the problem because it has serious repercussions in society.

The main aim of the Dutch drug policy is normalization of the drug problem. It considerably differs from drug policy in most other countries as it is generally characterized as liberal and pragmatic<sup>2</sup>. Therefore the researcher felt that there may be certain lessons for policymakers in Kenya from the Dutch drug policy which can help to confront the problem. This is in line with the current thinking in developmental circles whereby increasingly the Government is seen as a learning organization. Since the problem of drug and substance abuse is common the world over despite the diversities in social, cultural and political contexts, possibly policies used in combating the problem in other countries can be used in dealing with the problem elsewhere; hence policy learning and lesson drawing were considered appropriate.

One may be tempted to ask why policy makers need to look beyond the boundaries instead of developing home grown solutions to local problems. A proverb in Kamba, one of the local dialects in Kenya goes, "*Mundu ula utaumaalukaa, esilasya nyinya*

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<sup>1</sup><http://www.togopressllc.com/gh/library/nacada/situationanalyses.html> Accessed on 07-06-2005

<sup>2</sup><http://www.drugtext.org/library/articles/912512.htm> Accessed on 20-06-2005

*nowe wisi kuua nesa*”, meaning that if you stay home and eat the food cooked by your mother all the time you tend to think that she is the only best cook! The idea is that you may learn by going out, eating other people’s food and knowing what kind of cooks they are. The case for cross-national policy learning is further justified by Rose (2005:4), who says that “...looking outwards offers policymakers fresh thoughts, whereas looking within your organization is likely to tell you what you would like to forget.”

The beneficiaries of the research include the Government since lessons learned are expected to lead to improved policies to deal with the problem. Youth and the entire citizenry will benefit since improved policies will reduce the harms associated with the menace, and also other researchers who may wish to pursue the topic in future may gain some insights from this study.

### **1.3 Research Objectives**

In the light of the background information provided, this study endeavours to;

- Examine and analyse the characteristics of Government policy relating to drug and substance abuse in Kenya
- Examine and analyse the characteristics of the Dutch drug policy
- Identify specific policy issues in Dutch drug policy which can be learned to help combat the problem in Kenya.

### **1.4 Research Questions**

The study addresses the following questions;

- What is the Government policy in Kenya on drug and substance abuse?
- What are the specific characteristics of the Dutch drug policy?
- What are the differences between the Dutch and Kenyan drug policy?
- What lessons can Kenya learn from the Dutch drug policy?

### **1.5 Proposition**

Specific characteristics of the Dutch drug policy may be learned and replicated to help in solving the problem in Kenya.



## **1.6 Research Methodology**

This study relies heavily on secondary data. In conducting a desk research the following sources of information were consulted:

- Literature on policy learning, lesson drawing and policy transfer from different authors.
- Information concerning the situation of drug and substance abuse in Kenya.
- Various laws, protocols, conventions and policies aimed at addressing the problem in Kenya.
- The Dutch drug policy and related information available in the internet.
- The Netherlands National Drugs Monitor (2004).
- World drug reports from the United Nations International Drug control programme.

The researcher consulted websites, newspapers and journals to keep abreast with new information owing to the dynamism of the subject under study. In order to grasp the finer details of Dutch drug policy, the researcher personally interviewed officials from the Ministry of Welfare, Health and Sports, which is responsible for coordinating policy preparation and implementation (See annex B). Qualitative data analysis methods are used to present the findings as well as simple quantitative analysis where applicable.

## **1.7 Limitations of the Study**

- (a) Some required data were not available on account of non-documentation.
- (b) Since the focus of the paper is Policy and Management, certain terminology regarding drugs is not given much attention.
- (c) Limitation of space does not allow detailed discussion of the problem.

## **1.8 Outline of the Paper**

The introductory part provides a roadmap of the paper. It indicates the problem, relevance and justification, objectives and questions to be addressed by the research. The research methods and limitations of the study are also provided. The second chapter deals with the theoretical framework. Literature on policy learning, lesson-drawing and policy transfer from different authors is discussed under suitable sub-topics. Chapter three explores the problem of drug and substance abuse in Kenya and

the Netherlands. The commonly abused drugs, causes and effects of the problem are examined. The fourth chapter discusses the characteristics of drug policies in both countries. Chapter five analyses the differences between the two drug policies and discusses the lessons learned. The last chapter draws conclusions and gives recommendations based on the findings of the study.

## CHAPTER TWO: THEORETICAL FRAMEWORK

*In an era in which the average household contains goods from at least three continents - America, Europe, and Asia – public policies have also become part of the international flow of goods and services (Rose 1993:4).*

### 2.0 Introduction

This chapter explores theories and concepts on policy learning and lesson drawing that are central to this study. It adopts a critical view of the literature on policy transfer and the idea of best practice. Relevant public policy concepts that shed light on this research are elucidated.

Although the subject is relatively new, much has been written on it. However, a battery of concepts seems at time to be talking about the same thing and at other times about different things. As a guiding framework I use Bjorkman's ideas on policy learning and Rose's propositions on lesson-drawing.

### 2.1 Clarifying Different Terminologies

For this study to make sense it is prudent to clarify terms which are increasingly being used like mantras by different authors in this area of social sciences. Indeed, some of the concepts have become buzzwords in development literature.

According to Dolowitz & Marsh (2000:5), *"in recent years there has been a growing body of literature within political science and international studies that directly and indirectly uses, discusses and analyses the processes involved in lesson drawing, policy convergence, policy diffusion and policy transfer. While the terminology and focus often vary, all of these studies are concerned with the process by which knowledge about policies, administrative arrangements, institutions and ideas in one political setting (past or present) is used in the development of policies, administrative arrangements, institutions and ideas in another political setting."*

Stone (2000:13) holds that these concepts are not interchangeable even though they have certain overlaps. She views policy transfer as involving coercion as well as

lesson-drawing, the latter being a voluntary process. Learning may lead to policy transfer but it may result into other policy outcomes or yield nothing. It is evident that, whether we are referring to policy learning, lesson-drawing, policy convergence, policy diffusion or policy transfer, there is a common thread; policies used in one country can be used to solve a similar problem elsewhere.

Dolowitz & Marsh (2000:13) have developed a policy transfer continuum that distinguishes between voluntary and coercive transfer. This continuum suggests that policy transfer runs from lesson-drawing (voluntary) to the imposition of a programme (coercive). The emphasis of lesson-drawing literature is on finding the conditions under which policies operate in exporter jurisdictions and the possibilities of making them work in a similar way in importer jurisdictions (Rose 1993; cited in Page 2000:2 and Stone 2000:7). Dolowitz & Marsh (1999 quoted in Page 2000:2) say that policy transfer literature concentrates on understanding the process by which policies and practices travel or move from exporter to importer jurisdictions and the patterns by which these practices spread.

In the words of Hall (1993 in Stone 2003:5), “learning is connected with policy transfer, the emphasis being on cognition and the redefinition of interests on the basis of new knowledge which affects the fundamental beliefs and ideas behind policy approaches.” The concept of learning (which is discussed in detail in another section) has varying interpretations but Stone (2000:9) notes that learning can lead to policy innovation or termination as well as policy transfer. This essay does not pursue the concept of policy transfer as it connotes the coercive imposition of a policy or programme from one country to another. Rather, it discusses cross-national policy learning and lesson-drawing which constitute a voluntary means of national policy making.

Policy diffusion and policy divergence are other concepts that deserve brief explanation for their connection with policy learning. The diffusion literature, observes Stone (2000:4), connotes the spreading, dispersion and dissemination of ideas or practices from a common source of origin. Seen from this perspective, the implication is that there are incremental changes in policy with the increase in knowledge and awareness as well as interdependence. As Walt (2000 cited in Stone

2000:4) rightly puts it, the concept of diffusion evokes the idea of 'contagion'. Unlike policy diffusion, the term policy convergence creates an impression that transfer arises as a result of structural forces whereby countries with comparable economic, social, cultural and political patterns tend to employ similar policy approaches (Stone 2000:5).

In a nutshell policy diffusion talks of spreading policies and ideas among countries while policy convergence proposes the existence of similar policies in different countries with or without any direct association between them. Arising from the explanations, the concept of diffusion is more related to policy learning and lesson drawing since they deal with the business of gaining ideas and knowledge.

## **2.2 Policy Learning and Lesson-Drawing**

### **2.2.1 Overview**

Cross-national learning is not a new phenomenon; it can be argued that it is a trend since time immemorial. Learning can be interpreted to mean many different things depending on circumstances or the context. Whatever the case, at different times of history governments have looked at each other's experiences in areas where common problems existed or policies in operation turned out to be successful. Rose (2001:2) shows that learning has a long history:

*Lesson-drawing follows in the tradition of the pioneers of social science, who were both comparative and applied. Aristotle observed differences in the ways states governed themselves in order to arrive at conclusions that would improve the governance of Athens and Tocqueville examined democracy in America because of his dissatisfaction with developments in France.*

Bjorkman (2005:393) attaches great significance to policy learning about other countries and equates it to what breathing is to a human being. This implies that cross-national learning is an unavoidable feature of contemporary policy-making. He further says that the appetite for policy learning is whetted by the availability of diverse information about what other countries are doing. It is practically impossible for people to turn their backs against the bombardment of information about events in

other countries. In this age of digital technology a 'sea' of information is easily available for consumption. At the touch of a button, policymakers can learn much about policies, practices and programmes in far flung countries, which in the past could not have been possible without having to travel.

Similarly Rose (1993:40-41), in supporting the case for policy learning, argues that no country can stay in isolation from the rest of the world, terming such an idea a 'caricature'. Rose (2005:2) observes that by looking elsewhere, policymakers can improve their programmes; he adds that this is how Japan turned from being an importer of automobiles to being the world's largest exporter of cars.

The Centre for Management and Policy Studies, a unit attached to the British Cabinet Office, seeks to promote a lesson-drawing dynamic within the British civil service. In its rationale for the establishment of this unit, the CMPS pamphlet (2002 quoted in Stone 2003:8) states:

*The use of international comparisons is an essential element of modern, professional policy making. Looking abroad to see what other governments have done can point us towards a new understanding of shared problems; towards new solutions to those problems; or to new mechanisms for implementing policy and improving the delivery of public services. International examples can provide invaluable evidence of what works in practice, and help us avoid either re-inventing the wheel or repeating others' mistakes.<sup>3</sup>*

### **2.2.2 Forms of Policy Learning**

Learning can take place through many forms. Today a series of policy networks enhances policy learning through face to face meetings or exchanges, diffusion of information through the United Nations and international organizations, international conferences by academicians and formal meetings between policy makers within the framework of regional organizations like the EU and the African Union (Bjorkman 2005:393). These networks enable actors to operate beyond their domestic context;

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<sup>3</sup> See also <http://www.cmps.gov.uk/policyhub>

they are an avenue through which organizations project ideas into policy-thinking across states and within global fora (Stone 2000:15).

Of particular importance is the fact that governments sponsor their employees to undertake policy-related programmes in foreign countries. Additionally as observed by Stone (2000:33), the international flow of ideas and policies is achieved through arrangements of international student exchanges such as the Colombo scheme and a host of scholarships like Rhodes and Fulbright, to students from different countries. International organizations like the WB, WTO, IMF, WHO and ILO, to mention only a few, have established research departments; they also hold meetings and conferences for information sharing. Particularly the World Bank presents itself as an agent of learning and a prompt for lesson-drawing through its Global Development Network initiative, distance learning programmes, the learning and leadership centre and its training institute (Stone 2000:23).

Various authors have developed terminologies to show the channels via which learning occurs. These include Haas (1992) who talks of 'epistemic communities'<sup>4</sup> and Sabatier (1993) who sees learning as taking place within 'advocacy coalitions'<sup>5</sup>.

### **2.3 Key Issues in Policy Learning**

In his policy learning article, Bjorkman (2005:393) observes that lesson drawing is a growing industry in policy analysis. He identifies issues and questions to be addressed and that the researcher intends to use as a guiding framework. These include why there is need for learning, what is learned and from whom, and how we know when to learn. According to Rose (1993:157), the critical issues of lesson-drawing are not whether we can learn anything from what is happening elsewhere, but when, where and how we learn.

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<sup>4</sup> Haas defines an epistemic community 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.

<sup>5</sup> Sabatier defines advocacy coalitions as people who share a set of basic values, causal assumptions and problem perceptions and show a non-trivial degree of coordinated activity over time.

### **2.3.1 Why Do We Want To Learn**

Policy learning does not occur in a vacuum; there must be a stimulant for wanting to learn. As Bjorkman (2005:394) contends, given the immense costs associated with experimenting policies in a country, it is sensible to draw on the experience of others. These sentiments are echoed by Gilbert (2002:1) who does not see the need for countries to re-invent the wheel if they can borrow ideas from others.

However, there is a danger of assuming that those other countries actually know what they are doing while reality may be to the contrary. Bjorkman (2005:394-395) cautions that, before transplanting policies, it is wise to ensure that there is institutional compatibility between the giver and the taker. The crux of the matter is that policy learning is not about the transfer of ideas and practices but about their tailoring to the local settings to ensure that they are relevant to the country's needs.

Other reasons given by Bjorkman (2005:396) in favour of cross-national learning are the dissatisfaction with conditions in one's own country and the curiosity to examine the experience of other countries, which may be used in policy debate to inspire either emulation or repudiation. The same ideas have been expressed by Rose (1993:16 and 57) who holds that dissatisfaction with the status quo and the desire to learn something that they do not already know are strong stimulants for policy makers to search for lessons.

This view is expanded by Hall (1990:73 quoted in Stone 2000:10) who contends that policy learning is prompted by an understanding of policy failure providing impetus for placing new ideas on the policy table. Other reasons for drawing lessons have been given as technological developments that push a country to seek precedents and ideas, fear of lagging behind on important public issues, and the emergence of international consensus (Dolowitz & Marsh 1996:349).

As manifested by various authors, many arguments have been advanced in favour of policy learning. My central thesis is that, without proper reasons or motivation for learning, the whole endeavour would be at best an exercise in futility.



### **2.3.2 What Is Being Learned**

Deciding what is to be learned is a critical step if any meaningful lessons are to be drawn. Dolowitz & Marsh (2000:12) argue that what is to be learned depends on the issue involved. They have also identified categories of things to be transferred such as policy goals, policy contents, policy programmes, institutions, ideologies, ideas and attitudes and negative lessons.

According to Bjorkman (2005:397) the most comprehensive form of cross-national learning is the comparison of total policy systems. He however sees much policy learning as being focused on specific problems as evidenced by the case of the onset of AIDS in Britain which prompted politicians and civil servants to rush to the United States to discover what could be learned from the American experience.

Learning can be of negative as well as positive lessons (Dolowitz & Marsh 1996:351) and, as Bjorkman (2005:396) holds, negative learning, which involves avoiding the mistakes of others, is as essential as positive learning. This point is particularly important because a growing body of literature pre-occupies itself with the celebration of success stories (and the need for their adoption or copying) as if to suggest that we cannot learn from failure. Rose (2005:1) supports the idea that the failures of other governments provide lessons on what not to do at less cost rather than repeating the same blunders.

An example is given of South Africa which avoided drawing policy lessons from Chile's housing policy even when it was being touted as appropriate by the World Bank (Gilbert 2002:2). This example demonstrates that learning does not necessarily mean aping what others are doing; even avoiding it is a lesson. Perhaps Mikhail Gorbachev, speaking after the collapse of Soviet communism, knew the value of negative learning when he said: "That model has failed which was brought in our country. And I hope that this is a lesson not only for our people but for all peoples" (Lichfield 1991 quoted in Rose 1993: ix).

Bjorkman (2005:397) stresses that policy learning is about the past as well as the present. He therefore proposes that policy makers should not be obsessed with what is new, but also with other countries' past experiences. This point of view finds

expression in the words of Rose (1993:78) who sees ignorance of learning from the past as suicidal to policy making since this may mean that past mistakes will be repeated.

### **2.3.3 From Whom Do We Learn**

Bjorkman (2005:396) considers the decision of who to learn from as a main determinant of what is to be learned. The people you decide to learn from have their biases that they would want to prevail and hence influence what you end up learning.

There are many actors in cross-national policy circles who can be potential sources of policy ideas (Bjorkman 2005:397). Rose (1993:52) argues, “sources of ideas are both formal and informal ranging from communities of experts linked by common professional concerns to intergovernmental agencies consciously trying to spread “best practice” programmes around the world”. Dolowitz & Marsh (2000:12) suggest that lessons can be drawn internationally, nationally or locally.

Different actors have different world views of reality and also push different agenda. For instance the agenda of academicians, politicians, economists, managers and civil servants differ significantly (Bjorkman 2005:397). A sober decision needs to be made when deciding from whom to learn in order to ensure that balanced opinions are gathered from not only the advocates of the policy being considered but also from the critics of the same.

International organizations like the World Bank and the International Monetary Fund have deeply rooted values and priorities that they seek to advance. They increasingly use conditionalities to coerce countries to adopt desired policies. As a result, lessons are imposed on borrowing countries but learning does not occur (Stone 2000:13).

Stone (2000:26) underscores the value of think-tanks as effective policy entrepreneurs since they carry out cross-national comparisons as a method of enhancing policy learning. The group of think-tanks may include academicians, universities, consultancies, training and research institutions as midwives of policy learning.

Among the many factors that may influence the decision of whom to learn from, Rose (1993: 96-97) identifies geographical propinquity, whereby neighbours are seen as good sources of ideas, and psychological propinquity whereby countries prefer to learn from like-minded countries. However, not in all circumstances will these propositions work since neighbours can be enemies and not friends or they can simply be ignored. Rose (1993:107) writes:

*Britain is an extreme example of policymakers ignoring geographical propinquity in favour of social psychological proximity. Ireland and France are each less than twenty five miles from Great Britain, yet policymakers in London never think of looking there for lessons in public policy. British policymakers often look across the ocean to the United States or Canada, or even farther away to Australia.*

The same trend can be explained by the fact that post-communist Eastern European countries tend to look for lessons from their Western European neighbours and conveniently ignore Russia which has different political values (Rose 1993:17).

Interdependence among countries is also considered a main determinant of where policy lessons are drawn. In some cases the interdependent countries differ immensely in their resource endowments, a factor which contributes to the weaker nations dancing to the tune of the stronger nations. This was vividly put across by Pierre Trudeau, then Canadian Prime Minister, who in explaining the Canadian policies to the National Press club in Washington said:

*Let me say that it should not be surprising if these policies in many instances either reflect or take into account the proximity of the United States. Living next to you is like sleeping with an elephant. No matter how friendly and even-tempered the beast, one is affected by every twitch and grunt (Hoberg 1991:108 quoted in Rose 1993:139).*

#### **2.3.4 How Do We Know When to Learn**

The timing dimension is a crucial aspect in cross-national learning. There is always the temptation by policy makers to rush for policy models in certain countries just

because they are new and therefore appear fashionable (Bjorkman 2005:398). Additionally he advises that policy learning should take place after the new policies have been tested and evaluated in the originating country since it is pointless to rush and possibly adopt something which may equally be discarded with the same speed by the originator. This caution is reinforced by the literature on the faddish career of quality circles, which illustrates that hot innovations can experience rapid decline in popularity (Strang and Macy 2001:149-151).

It pays dividends to compare the pros and cons of the policy across several countries overtime unless, of course, there is an emergency being addressed (Bjorkman 2005:398). Stone (2000:13) agrees with this cautious approach, saying there is need for consensus on the desirability of introducing policy lessons in order to guard against certain actors who may wish to adopt lessons for symbolic purposes or for gaining political mileage. These ideas are also advanced by Rose (2005:81) who says that even if a lesson appears attractive, for it to be applied there must be space for its introduction and availability of resources for its implementation.

#### **2.4 Possibilities of Learning from the South**

Most literature on policy learning and transfer is primarily western and ignores the experiences and lessons to be drawn from developing countries (Nedley 1999:1). Nedley adds that even when it is obvious that a policy or idea thrives in a Southern country, the tendency has been not to acknowledge it. Stone (2003:20) observes that most writing has been transatlantic comparing the USA and UK or having a strong European focus. Nedley (1999:1) sees such a scenario as dogmatic and hence 'inhibits the opportunity for genuine global dialogue' which is restrictive to policy learning.

Rose (2005:53) thinks that lesson-drawing is about policies rather than national muscle. Therefore it is injudicious to depict a single country as the master to which policymakers should go for lessons about public policy. Nedley (1999:33) thinks that a country like Britain is politically reluctant to learn from less developed countries, due to its former position as an empire. However, with regard to health policies, Thunhurst and Ruck (1991:25 quoted in Nedley 1999:34) advises:

*“Many of the issues that we in the UK, are only beginning to tackle, have been well tested before- if only we have the humility to appreciate it...the recognition that [intersectoral collaboration and the appropriateness of health technology] have already been done in Asia, Africa and Latin America is rarely there.”*

Gilbert (2002:3) suggests that it may not be appropriate for countries to adopt policies from other countries, especially when there are reservations about the ethical basis of what is being transferred. He adds that most developing countries feel that learning is merely another form of the age-old dependency relationship that exists between the rich and the poor. This could be linked to the current trend in international development circles whereby practices in some Western countries are being hyped as best practices or success stories to be emulated by other countries. Rose (2005:23) observes that lesson-drawing avoids the “one-size-fits-all” prescriptions advocated for by international management consultants and foreign aid advisors who recommend the same programme as the best without regard to national circumstances. Rose (1993:38) writes:

*More than two millennia ago, Heraclitus argued that one cannot step into the same river twice. Even if the banks and the river-bed are the same, the water that flows through is different.*

The implication is that countries may have similarities in certain aspects but the circumstances cannot be totally identical. Therefore a policy that works in one country may not work in another country.

Stiglitz (1999:12-15) shows why the theory of “downloading the best practice fails” by arguing that the so-called best practices need to be localized if they are to make any sense. Furthermore, he reiterates that social learning and effective change cannot be imposed from outside since doing so without considering the local learning environment is tantamount to short-circuiting the local policy makers. Unpleasant and even inappropriate policies have been pushed down the throats of developing countries, even though in other countries they have been accepted willingly.

This paper argues that policy lessons can be drawn from any country in any part of the world, whether the lessons are positive or negative. Indeed there are many policy lessons which developed countries can learn from the developing world and vice versa. This line of reasoning is cemented by an example whereby, as a result of power blackouts in the United States in the summer of 2003, policymakers turned to India to learn lessons from its successful programme of dealing with power blackouts which are common there (Luce 2003, quoted in Rose 2005:53). Stone (1999:54-57 quoted in Nedley 1999:34) claims that the advent of AIDS crisis prompted health experts, NGOs and officials to look for lessons on safe sex in countries like Uganda and South Africa which have been leading in fighting the scourge.

## **2.5 Factors inhibiting learning**

Policy learning is not successful in all circumstances. Dolowitz and Marsh (2000:17) identify factors that contribute to failure in policy transfer. These include uninformed transfer where the borrowing country may have insufficient information about the policy and how it operates in the country where it is being drawn; incomplete transfer where crucial elements of what made the policy a success in the originating country may not be transferred and third, inappropriate transfer whereby insufficient attention may be paid to the differences between the economic, social, political and ideological contexts in the transferring and borrowing country.

## **2.6 Summary of Main Ideas.**

This chapter has endeavoured to capture the critical issues on policy learning. First it shows that cross-national learning does not occur for the sake of it; many factors come into play. Second, making a decision on what is to be learned, whether negative or positive, is very important for fruitful policy learning. Third, the question of who to learn from has been addressed and it is recognized that policymakers can explore many sources of policy ideas. Fourth, the element of timing has been identified as crucial in learning in order to avoid a situation whereby policies are adopted just because they are new and therefore fashionable. Fifth, the study argues that lessons can be drawn from any country, whether developed or underdeveloped; the traffic of policy ideas does not have to follow one particular pattern. Finally, the factors that inhibit policy learning are explained.

## CHAPTER THREE: DRUG ABUSE IN KENYA AND THE NETHERLANDS

*Globalisation offers the human race unprecedented opportunities. Unfortunately, it also enables many anti-social activities to become 'problems without passports.' Among them are drug abuse, which brings misery to millions of families around the world every year, and drug trafficking which cynically promotes and exploits that misery for commercial gain (Kofi Annan, UN Secretary General; World Drug Report 2000).*

### 3.0 Introduction

This chapter examines the problem of drug and substance abuse in Kenya and the Netherlands. It identifies the different drugs and substances commonly abused, the factors contributing to this state of affairs and highlights the impacts of the problem.

### 3.1 Definitions

#### Drug

According to the WHO (WDR 1997:10), drug refers to all psychoactive substances, i.e., "any substance that, when taken into a living organism, may modify its perception, mood, cognition behaviour or motor function." The report adds that this definition includes alcohol, tobacco and solvents and excludes medicinal, non-psychoactive substances.

#### Drug abuse

Drug abuse is defined as "... a pattern of psychoactive substance use that is causing damage to health ... physical or mental" (WDR 1997:11).

PATH/KSA<sup>6</sup> (2003:6) defines drug abuse as a continuous and irresistible desire to use drugs that can be harmful to health. It is the repeated use of potentially addictive chemical and organic substances in excess of normally prescribed dosage and frequency as well as routes that intensify or speed drug reaction.

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<sup>6</sup> The Kenya Scouts Association and PATH organized a drug demand reduction programme that was funded by UNDCP and UNFPA. The trainer's reference manual is available at [http://www.path.org/files/CP\\_kenya\\_drug\\_demand\\_reduction.pdf](http://www.path.org/files/CP_kenya_drug_demand_reduction.pdf) accessed on 22-08-2005.

The definitions can be confusing since what constitutes an abuse problem in one country will vary between countries as a result of differing attitudinal, social and cultural perspectives.

### **Drug dependence/ addiction**

WHO defines drug dependence as “A cluster of physiological, behavioural and cognitive phenomena of variable intensity, in which the use of a psychoactive drug (or drugs) takes on a high priority. The necessary descriptive characteristics are, preoccupation with a desire to obtain and take the drug, and persistent drug-seeking behaviour...” (WDR 1997:11).

### **3.2 Drug and Substance Abuse Situation in Kenya**

Most societies in Kenya had cultural rules and values that strictly stipulated the conditions under which drugs and intoxicants could be acquired, used and consumed (Mwenesi 1996<sup>7</sup> and PATH/KSA 2003:7).

However, this strong cultural and traditional censure of the abuse of drugs and other substances has eroded over time with the process of urbanization and modernization. As a result the persistent use of drugs and substances has evolved a culture where drug abuse is tolerated and accepted as a normal lifestyle unlike in the pre-colonial times when their use was culturally stigmatized (Mwenesi 1996; PATH/KSA 2003:7).

The commonly abused drugs in Kenya are classified into social and hard drugs. Social drugs are traditional intoxicants that are socially and culturally accepted by large segments of the population. Examples include alcohol, tobacco and miraa (khat)<sup>8</sup>. The hard drugs are illicit and the commonly available ones include cannabis, heroin, cocaine and mandrax. Their possession, use and sale are illegal in Kenya (NACADA 2002).

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<sup>7</sup> [http://www.unodc.org/unodc/bulletin/bulletin\\_1996-01-01\\_1\\_page006.html?print=yes](http://www.unodc.org/unodc/bulletin/bulletin_1996-01-01_1_page006.html?print=yes) Accessed 07-05-05

<sup>8</sup> Khat (which is not a controlled substance) is grown in the Kenyan highlands of Meru and it is a major foreign exchange earner to the country.



According to UNODCCP (1999:20) solvent abuse, particularly the inhalation of petrol, methylated spirits, glue and other industrial solvent products, is common in Kenya and is done openly by street children in Nairobi<sup>9</sup> and other large towns.

### **3.3 Drug Abuse Situation in the Netherlands**

Osseman (2003)<sup>10</sup> says that even though the Netherlands is often depicted as a liberal country where drugs are easily available, and can be consumed freely, actual statistics indicate that the levels of consumption are in the mid-ranges of what is usual in Europe and often much lower than in US.

According to NDM (2004:7) drug use increased between 1997 and 2001, at least in the population above age 15. A series of national school surveys among pupils between 12 and 18 years show that drug use increased between 1988 and 1996 and overall stabilized in 1999 and 2003. Drug use is more common among young people in recreational settings with ecstasy being the main illicit drug (after cannabis) in the night life scene (Ibid: 7). Drug use is more common in Amsterdam than anywhere else and drug users are more in the poorest neighbourhoods (Kaal 2001:2).

Cannabis is the most widely abused drug of all. A national prevalence survey held in 2001 shows that 17% of the respondents had tried cannabis at least once in their lifetime, 5% in the previous year and 3% during the last month (Ministry of Health, Welfare and Sport; 2002 :7). The NDM (2004:7) adds that the percentage of pupils using other drugs such as ecstasy, cocaine, amphetamines and mushrooms peaked in 1996 and has decreased since then.

### **3.4 The Youth and Drug Abuse**

#### **3.4.1 Introduction**

The term youth is defined by the UN as reflecting the age groups 15-24 years. The WHO considers adolescence the period between 10-19 years and the term “young

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<sup>9</sup> An NGO working with street children estimates that Nairobi has over 10,000 street children; there are known to be large and increasing communities building up in other towns also.

<sup>10</sup> Available at [http://www.aklinnika.fi/transdrug/resources/nl\\_overview\\_article.html](http://www.aklinnika.fi/transdrug/resources/nl_overview_article.html) Accessed on 20-10-2005

people” refers to the composite age groups 10-24. However, the notion of youth may vary considerably across countries in accordance to the socio-economic-cultural context. The draft 2002 Kenya National Youth Policy defines a youth as one aged between 15-30 years.

UNECOSOC (1999) observes that the worst aspects of the drug problem are that it affects primarily those who are most vulnerable such as youth. A survey conducted by NACADA in 2002 shows that 92% of youth in Kenya experiment with both licit and illicit substances during the growing up process. An analysis of Dutch National Drug Prevalence reveals that drug users tend to be young people, they start using drugs at a relatively young age, but most seem to stop when they are relatively young (Kaal 2001:1).

### **3.4.2 Reasons for Drug Abuse by Youth**

UNECOSOC (1999), UNODCCP (1999), NACADA (2002) and PATH/KSA (2003) give the following reasons for drug abuse among the youth.

The transition from adolescence to young adulthood is a crucial period in which drugs have a strong appeal to young people who perceive them as thrilling. Due to curiosity and thirst for new experiences, peer pressures, resistance to authority, low self esteem and problems in establishing positive interpersonal relationships, young people are particularly susceptible to the allure of drugs.

Marginalized youth like street children in urban areas are involved in drug abuse and trafficking. The problem is escalated by rural urban migration, and its concomitants such as living in slums, single parenthood, the availability of drugs, lack of adequate controls, and the multinational firms that produce alcohol and tobacco. Drug abuse emerges as a strategy to cope with problems and daily pressures of life, such as a result of poverty, unemployment, neglect, violence and sexual abuse. In a 1994, country-wide needs assessment undertaken by the Government of Kenya and the UNDCP; Mwenesi (1996) records a graphic explanation of why drugs are abused by street children:

*“We abuse drugs to be able to cope with street life. Hunger and cold are especially bad. And all of us on the streets use drugs .If you refuse, you will starve. There is no mother to go to. Our money is for food and drugs.”*

Youth are increasingly being exposed to a popular youth culture and mass media messages that glorify and are tolerant towards the use of certain illicit drugs. This creates the wrong impression that the recreational use of those drugs is acceptable and glamorous. In the absence of factual information and proper guidance and counseling from adults, children adopt behaviour projected by the characters they read about or see in the media.

Foreign cultural values, such as those of the Rastafarian movement, that extols the virtues of cannabis, are blamed for corrupting youth and enticing them into drugs. A respondent of the rapid assessment study conducted by the Government of Kenya and UNDCP lamented:

*“...this people with their uncombed hair should be banned from this country. They tell the youth that their God allows the smoking of bhang and probably other drugs. They give them examples of popular well-to-do members of this movement as role models. Each time you see them they are in their drunken state.”<sup>11</sup>*

A research conducted by UNRISD (1994:1) summarizes the reasons for drug abuse all over the world: “people may choose to take drugs to rebel, to escape, to cope, to survive, to belong or to register resignation and defeat. The current global increase in the consumption of illicit drugs may be related to changes in society, including reduced family and community cohesiveness, increased unemployment and greater feeling of alienation.”

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<sup>11</sup> <http://www.togopressllc.com/gh/library/raodaikanresponsesministry.html> Accessed 17-06-2005

### **3.5 Factors Contributing to Increase in Drug Abuse**

Findings from a rapid assessment study of drug abuse in Kenya carried out by the UNDCP and the Government of Kenya in 1994 indicates that Kenya falls squarely under the category of “endangered countries”. These are countries where the number of seizures of illegal drugs, the amount of seized drugs as well as reports from health workers, social workers, prisons and other statistics indicate an increasing trend of drug abuse (PATH/KSA 2003:7).

UNODCCP (1999:30) reports that Kenya has become a significant transit point for heroine and hashish destined for Europe or North America and for the methaqualone originating from India and re-exported to South African countries. The rise in trafficking is easy considering both the geographical location and the importance of the country as a commercial and transportation hub. As well as being a transit country and a sales market, the Netherlands is also a manufacturer of synthetic drugs (Ministry of Health, Welfare and Sports 2002:37).

Many social, economic and political factors contribute to the global spread of drugs. The growth of transportation, tourism and communications in the 20<sup>th</sup> century has made it possible to transport goods and people quickly to any part of the world. Given the economic rewards of producing and transporting drugs it is not surprising that they are available almost all over the world (WHO 2000:5).

### **3.6 Consequences of Drug Abuse**

WDR (2004:1) says that illicit drugs have profound effects on individuals and societies worldwide. For individuals, drugs jeopardize health, livelihood and security. At the national level, their osmotic relationship with crime can make them both cause and consequence of conflict, weak governance and underdevelopment. According to this report, poor countries are particularly vulnerable and need help as they lack the resources to break out the vicious circle. WDR (1997:11) states that the problematic consequences of drug dependence may be biological, psychological or social, and usually interact. For example chronic ecstasy use is associated with long lasting impairment of cognitive functions (NDM 2004:9).

Drug and substance abuse has been linked to many problems facing societies today. NACADA (2002) categorizes the effects of drugs and substance abuse as covering the individual, the family, the community, the nation and the community of nations. To the individual, drugs affect vital body organs like the liver, heart, kidney and lungs and may eventually lead to death. Second, since some of the drugs are not acceptable to society, drug users are detested by society and become social misfits. Third, drug abuse is not cheap to sustain; when the money to obtain them is not available, the abuser may engage in theft and other criminal activities, which leads to insecurity.

The problem of drug and substance abuse may lead to the spread of communicable diseases like HIV/AIDS (especially through sharing needles and careless sex motivated by drugs) and Hepatitis B. According to NACADA (2002), drugs and substance abuse create social economic hardships by breeding misery that increases crime, violence and a drain on human material resources. The problem also poses a danger for public health, the quality of life and the political, economic and social stability of the country. The same report holds that this problem has become a major disaster in Kenya which claims many lives every year as evidenced by the high rate of fatal road accidents, upsurge in the crime rate, violent disturbances and uprisings in schools.

UNRISD (1994:6) stresses that drug abuse has a range of adverse effects to the individual. These include effects on an individual's health, financial position, productivity and social relations. The results of the research also indicate that drug use can cause birth defects, poor parent-child relations and neurological collapse from overdose with attendant hospital costs. A woman, whose two sons have succumbed to drug abuse, summed up the quagmire facing many parents in Kenya today:

*“Drug addiction is like a curse. It changes your child from what you used to know to a devil that torments you through out your life... Their drug addiction has condemned them to a life of misery and crime. It has turned them into liabilities... I have to constantly keep watch on them because of their*

*unbecoming behaviour of stealing a variety of household goods to go and buy drugs.”<sup>12</sup>*

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### **3.7 Summary**

Information on drug and substance abuse may not be well documented in Kenya as in the Netherlands. However, it is clear that drug and substance abuse is a major problem which cannot be wished away. It has serious social, political, economic, medical and legal ramifications. Ignoring it is like sitting on a time bomb as it mostly affects youth who are referred to as leaders of tomorrow in the country. The clarion of the Government of Kenya is “A Working Nation” but this will remain a pipe dream for as long as the youth are “working on drugs”. Against this backdrop it is imperative that strategic policy options be considered. Cross-national learning needs to be high on the menu.

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<sup>12</sup> Turning the tide on drug abuse:

<http://www.nationmedia.com/dailynation/printpage.asp?newsid=48117> accessed on 02-05-2005

## CHAPTER FOUR: DRUG POLICIES IN KENYA AND THE NETHERLANDS

*State parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties and to prevent the use of children in the illicit production and trafficking of such substances* (UN Convention on the Rights of the Child: article 33).

### 4.0 Introduction

Governments cannot sit and watch as people are ravaged by the effects of drug and substance abuse. Policy measures have to be taken in order to deal with the situation. This chapter attempts to explore the policies adopted by both Kenya and the Netherlands to deal with the problem.

### 4.1 Drug Policy in Kenya

#### 4.1.1 Historical Perspectives

In addressing the adverse effects of drug and substance abuse, attempts have been made to control through legislation the cultivation, trafficking and abuse of legal and illegal drugs in Kenya (NACADA 2002).<sup>13</sup>

The earliest ordinance providing for suppression of the abuse of opium and certain opiates was issued in 1913. More were issued to control intoxicating liquors, liquor licensing, prohibiting the sale, cultivation, use and possession of miraa in certain areas. Efforts towards combating the problem of drug and substance abuse were intensified throughout the 1980s'. These encompassed education, motivation of the public, legislation and enforcement by the government machinery.<sup>14</sup>

#### 4.1.2 Supply Reduction Strategies

These policies are evident in laws and other measures aimed at curtailing the availability of drugs and other substances of abuse.

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<sup>13</sup> See <http://www.togopressllc.com/gh/library/nacada/basicinfo.html> accessed 07-06-2005

<sup>14</sup> Ibid

#### **4.1.2.1 Legal Aspects of Alcohol**

Alcohol has been and still is among the substances mainly abused in Kenya.

According to Lumumba (2001)<sup>15</sup>, the law proceeds on the premise that alcohol consumption is not illegal. The manufacture, sale and consumption of alcohol are specifically governed by three statutes:

(a) The Chang'aa Prohibition Act, Chapter 70 of 1980, prohibits the manufacture, sale, consumption and possession of Chang'aa.<sup>16</sup>

(b) The Liquor Licensing Act, Chapter 121 of 1986, prescribes the procedures for licensing courts, issuance of licenses and penalties arising from the contravention of the Act. Basically controlling the sale and supply of liquor, this statute prohibits employment of persons less than 18 years of age to sell, control or supervise the sale of liquor or to have custody of liquor or licensed premises.

(c) The Traditional Liquor Licensing Act, Chapter 122 of 1991; which in tandem with the Liquor Licensing Act in substance, provides for the control of the manufacture and sale of intoxicating liquor other than spirits of traditional types; for the control of premises upon which such liquor is manufactured or sold; and the imposition of a tax upon the manufacture of such liquor.

The measures prescribed by these statutes are punitive in nature. Their enforcement has been problematic because the officials responsible for the enforcement have converted the industry into a cash cow where they just collect money from the brewers and let them off scot-free.

#### **4.1.2.2 The Anti-Narcotics Unit**

Established in 1983, this unit is charged with curbing production and trafficking of illicit drugs and psychotropic substances. The unit's team operates mainly at airports, vulnerable border points and towns with high incidences of hard drug related incidences. Other Government departments, especially customs and immigration, are expected to cooperate with the unit in the fight against drugs. In addition, the unit is

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<sup>15</sup> The legal and ethical aspects of alcohol- a paper presented at a workshop on Alcohol policy at the Hilton Hotel Nairobi, between 1-2 March 2001

<sup>16</sup> This act defines Chang'aa as any spirits distilled otherwise than in accordance with a license issued under part ix of the customs and excise Act, by whatever name called, and includes spirits commonly called "enguli", "kali", "kang'ari", "kill-me-quick", "Kisumu whisky", "kivia", "maai-matheru", "machozi ya simba", "machwara", "njeti" and "waragi".



involved in creating public awareness on the dangers of drug abuse through lectures to colleges, schools and church groups.

#### **4.1.2.3 The Narcotic Drugs and Psychotropic Substances (Control) Act 1994**

This is the latest and perhaps the most important legislation against drugs and substance abuse in Kenya. It incorporates various provisions of international conventions on narcotics and psychotropic substances. The main provisions include:

- (a) Drug trafficking is punishable with life imprisonment
- (b) Fines up to one million Kenya shillings or three times the value of seized drugs, whichever is greater
- (c) Forfeiture of property and proceeds of drug trafficking
- (d) Penalty for money laundering offences
- (e) Treatment and rehabilitation of drug addicts
- (f) International mutual assistance in drug investigations and proceedings
- (g) The formation of an advisory council or rehabilitation activities.

The Government has been hailed for enacting this law. However, its implementation has faced obstacles in respect to court interpretation and determination of bail, sentence and nature of offences. Also the law focuses on hard drugs while other social drugs, which are equally ravaging society, are excluded. According to UNODCCP (1999:86), even though money collected from convicts under this Act is supposed to be diverted to the establishment of treatment and rehabilitation services, the money which has been accumulated by courts has never been reallocated for that purpose by the treasury.

As an offshoot of this Act, the Government in 1995 created the Inter-ministerial Drug coordination committee to define, harmonize, coordinate, monitor and evaluate all drug control measures against drug and substance abuse at the national level. The Committee formulated a Drug Control Master Plan in 1999, which was approved by the cabinet in April 2001. The Master Plan summarizes policies, defines priorities and assigns responsibilities for drug control to various agencies. It provides for strengthening and expansion of the resources and scope of the Inter-ministerial Drug Coordinating Committee in order to coordinate drug control measures in the country effectively (NACADA 2002).

Surveys by international agencies show that the capacity of the Government and non-governmental organizations in dealing with hard drugs is low. This is due to inadequate finances, ill-trained manpower and poor knowledge of the problem. The surveys further revealed lack of collaboration among government departments that deal with hard drugs<sup>17</sup>.

#### **4.1.3 Demand Reduction Strategies**

This encompasses measures taken by the Government in order to sensitize and enlighten the public on the dangers of drug and substance abuse. For this purpose, the National Agency for the Campaign against Drug Abuse (NACADA) was established on 27 March 2001 through the Kenya Gazette Notice number 2841. The terms of reference of this body are to coordinate the activities of individuals and organizations in the campaign against drug abuse and, for that purpose, to initiate public education campaigns against drug and substance abuse in the country, to develop an action plan aimed at curbing drug abuse by youth in schools and other institutions of learning, to sensitize parents about the abuse of drugs and its attendant problems as well as their functions as role models and to initiate rehabilitation programmes for drug-dependent persons.<sup>18</sup>

NACADA focuses on prevention as a method of countering drug and substance abuse. The key components of this strategy are geared towards changing people's perceptions, beliefs, expectations and interventions with the vision of enhancing the capacity of youth to make informed decisions and choices on issues of drugs. The campaign seeks to raise public awareness on the benefits of demand and supply reduction of substance abuse. In carrying out its mandate, NACADA faces many hurdles which include shortage of financial and human resources, lack of harmony among Government departments dealing with drug abuse, denial of existence of the problem and cover-up by society, ineffective coordination locally and internationally and lack of appropriate and harmonized strategies in fighting the problem (NACADA 2002). UNODCCP (1999:86) says that there are problems with demand reduction

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<sup>17</sup> Available at <http://www.nationmedia.com/dailynation/printpage.asp?newsid=48126> accessed 02-05-2005

<sup>18</sup> <http://www.togopressllc.com/gh/library/nacadamandatnotice.html> accessed 17-06-2005

programmes since, for example, drug awareness education is included within the primary school syllabus but few teachers have the knowledge or training necessary to implement such a programme properly.

#### **4.1.4 Treatment and Rehabilitation**

Section 52 of the 1994 Narcotic drugs and psychotropic substances (control) Act provides for the establishment of treatment and rehabilitation centres for persons addicted to drugs and psychotropic substances. The department of mental health in its plan of action has recommended the establishment of drug and substance addiction centres in every district. This has not yet been done.

In Kenya assistance for drug abuse victims is sought very late when the victim starts showing signs and symptoms of mental disorders. Most of these cases end up in psychiatric hospitals where they are detoxified. The psychiatric cases are handled at Mathari mental hospital<sup>19</sup> where rehabilitation is not the priority although some form of rehabilitation is done by the occupational therapy department. The Government's Drug Control Master Plan (2000) recommended the establishment of a national drug abuse rehabilitation unit within Mathari hospital but it has not been established.<sup>20</sup>

The rapid assessment study conducted by UNDCP and the Government of Kenya in 1994 shows that treatment and rehabilitation are hampered by lack of rehabilitation and drug control centres, lack of material including drugs and equipment, and lack of awareness about the problem (UNODCCP 1999:87).

#### **4.2 International Dimensions**

Kenya has ratified major UN conventions and protocols on narcotic drugs and psychotropic substances. These include;

##### **The single convention on Narcotics (1961)**

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<sup>19</sup> The name of this hospital was changed in 2004 to Muthaiga hospital in order to change the perceptions people have towards the hospital. It is associated with people who are mad.

<sup>20</sup> <http://www.togopressllc.com/gh/library/nacada/basicinfo.html> accessed 07-06-2005

This convention aims to combat drug abuse by coordinated international action. First, it seeks to limit the possession, use, distribution, export, import, manufacture and production of drugs exclusively to medical and scientific purposes. Second, it combats drug trafficking through international cooperation to deter and discourage drug traffickers.<sup>21</sup>

#### **The convention on psychotropic substances (1971)**

This convention establishes an international control system for psychotropic substances. It responded to the diversification and expansion of the spectrum of drugs of abuse and introduced controls over a number of synthetic drugs according to their abuse potential on the one hand and their therapeutic value on the other.<sup>22</sup>

#### **The convention against illicit trafficking on narcotic drugs and psychotropic substances (1988)**

This convention provides comprehensive measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals. It provides for international cooperation through, for example, extradition of drug traffickers, controlled deliveries and transfer of proceedings.<sup>23</sup>

Kenya also subscribes to the political declaration by the UN General assembly on guiding principles of drug demand reduction and measures to enhance international cooperation to counter the world drug problem. Kenya maintains close liaison with other international organizations like, WHO and the UNDCP involved in combating the drug problem.

As a member of the African Union, Kenya prescribes to the Yaoundé declaration and plan of action on drug abuse and illicit trafficking control in Africa adopted by the Heads of States and Government in 1996. As a member of the East African

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<sup>21</sup> See UN Drug Control and related Resolutions; Available at [http://www.unodc/en/drug\\_crime\\_conventions.html](http://www.unodc/en/drug_crime_conventions.html) accessed on 22-08-2005

<sup>22</sup> Ibid

<sup>23</sup> Ibid

community, the country is bound by the organization's protocol on combating drug trafficking in the East African region.<sup>24</sup>

### **4.3 Drug Policy in the Netherlands**

#### **4.3.1 Origins of the Policy**

From the mid 19<sup>th</sup> century, a balance in Dutch politics existed whereby Protestants, Catholics and Secular liberals each represented roughly the same proportions in population making it impossible for any social or religious group to impose its policy on others (Uitermark 2004:2). This meant that disputes frustrated formation of policies. Increasing labour extremism in the early 20<sup>th</sup> century forced representatives of the subcultures into negotiations and as a result each party accepted to accommodate each others demands. From this moment it became common for representatives of the respective cultural pillars to establish compromises nationally and to allow sub cultural groups to manage their affairs without much interference from the central state (Ibid: 3). The Dutch society values free and open discussion of religious and moral matters. It also prioritizes the well-being of society as witnessed by the extensive social security system and the fact that everyone has access to health and education (Ministry of Health, Welfare and Sport 1997:1). This explains the tolerant nature and public health orientation of Dutch drug policy.

Dutch drug policy aims to reduce both the demand for and supply of drugs, and to minimize any harm to drug users, their immediate surroundings and society. The policy assumes that it is impossible to ban drug use totally through firm government policy. Government policy discourages drug use but nevertheless, for those who choose to use them, there are many programmes designed to manage potential social and health problems related to drug use. The justice department and the police deal with the supply side of the problem (Ministry of Health, Welfare and Sports 2003:5&7).

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<sup>24</sup> See <http://www.togopressllc.com/gh/library/pocdtitearegion.html> accessed 17-06-2005

### **4.3.2 The Legal Framework**

In the 1960s and 1970s drug consumption (cannabis products, opiates and synthetic drugs) increased sharply in Western Europe and North America which sparked fears of explosive public health problems in many quarters. As a result new national and international policy frameworks were established during this period to combat drug abuse (Ministry of Health, Welfare and Sports, Ministry of Justice, and Ministry of the Interior 1995:2).

The Netherlands has enacted various laws to combat illegal drugs. The primary one is the Opium Act (the law concerning narcotics) which went into force in 1919 as a result of international conventions to combat the opium trade. It was revised in 1928 and 1976 and mainly states that the possession of, trade in and production of narcotic drugs is a punishable offence. The Minister for Health, Welfare and Sports, who is responsible for the enforcement of this Act, may make exemptions for medical, scientific and educational purposes (Ibid: 9).

### **4.3.3 Basic Principles of Dutch Drug Policy**

#### **4.3.3.1 Separation of Markets**

The Dutch drug policy takes a different approach to cannabis than it does to hard drugs. Cannabis (in the form of marijuana and hashish) is considered as causing substantially fewer health problems than hard drugs such as heroine, cocaine and synthetic drugs. The risk to health from hard drugs is therefore considered unacceptable. Accordingly, it would be unwise if the government's reaction to the use of cannabis should result to stigmatization and social marginalization of users. For this reason the aim is to keep the social environment of young people who use cannabis separate from those where the use of or trade in hard drugs occurs (Ministry of Health, Welfare and Sports 2003:8-9). The reasoning is that some people will use cannabis at all costs, and that it is better to have this happen in a relatively open setting rather than underground in criminal environments (Boekhout van Solinge 1999:5).

Therefore a significant aspect of Dutch drug policy is the sale of cannabis in 'coffee shops'. According to the Public Prosecutor's guideline of 01-01-2001, exemptions from prosecution for the sale of cannabis in coffee shops only applies if the owners meet the following criteria: no selling more than 5 grams per person per visit, no selling hard drugs, no advertising drugs, no nuisance to surrounding businesses or residents, and no selling soft drugs to minors (under age 18) or admit minors to the premises. The sale of cannabis therefore remains a punishable offence. If owners and operators break the above rules, they face administrative procedures (closing of the coffee shops), criminal prosecution or both (Ibid: 19).

Coffee shops are not established freely since within the framework of the Public Prosecutors guideline, the three party consultative bodies can decide whether a municipality may have one or more coffee shops<sup>25</sup>. Accordingly, 80% of Dutch municipalities do not have such coffee shops. In consultation, coffee shops could be required to carry smaller maximum stocks of soft drugs. The mayor has the authority to close unwanted coffee shops if local drug policy requires (Ministry of Health, Welfare and Sports 2003:20, Ministry of Foreign Affairs 2003:10).

An inconsistency in Dutch cannabis policy concerns the 'backdoor problem' whereby coffee shops are free to sell small quantities of cannabis to consumers who come through the 'front door' while the authorities actively combat 'backdoor' activities needed to supply and assure trading stocks (Ministry of Health, Welfare and Sports 2003:20&21).

#### **4.3.3.2 Treatment and Social Rehabilitation**

In the Netherlands, authorities view addiction as a health problem rather than a criminal offence. Dutch policy towards drug users is designed to prevent addiction from resulting in increased health problems, degeneration, the spread of diseases, including via used needles, nuisance for the social environment and criminality. The policy also aims to prevent and combat drug addiction and to prevent addicts from ending up in the criminal underworld (Ibid: 27).

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<sup>25</sup> The three parties are the mayor, the field officer (public prosecutor) and the chief of police. They determine the coffee-shop policy within the framework of the Public Prosecutor's office.

The Netherlands has an extensive, differentiated network of medical and social facilities geared towards prevention and treatment of problematic abuse of alcohol, drugs and other psychoactive substances. This specialized addict care is part of mental health care and its functions include prevention, consultation, emergency medical and social assistance, counseling, treatment and after-care. A major aim of drug and addict care is to reach a drugs-clean life and to improve physical and social functioning of the addicts, without necessarily ending addiction (Ibid: 28). This means that the inability to give up drugs use is accepted as inevitable in the short run.

Addict care involves clinical and ambulatory care. Clinical care involves brief detoxification periods and longer admissions for intensive treatment programmes. Ambulatory care is offered by CADS (Consultation offices for alcohol and drugs) which concentrates on addicts who have run into trouble with police and judicial authorities. The first contact usually takes place at police stations, in order to create a drug or addict care relationship (Ibid: 29).

Another option is the distribution of methadone to opiate (heroin) addicts free of charge. Distribution takes place on the basis of phased withdrawal and replenishment. The primary aim of the replenishment programme is to prevent deterioration in the health of those involved and to promote stabilization of their addiction. Other aspects of assistance offered by this type of care are geared towards improving social functioning and reducing criminal activities (Ibid: 30).

Prevention of HIV infection and AIDS constitute a separate aspect of drug care. The infection occurs via the use of injection needles among other things. Since the mid 1980s there have been programmes for distribution and exchange of needles. With low-threshold care, personal counseling and public information the re-use of needles by heroin addicts has declined sharply in recent years. As a result the number of drug users or addicts infected with HIV is relatively low (Ibid: 31).

Recently, authorities have used legal pressure to get addicts undergo treatment in hope that society could try to reduce the nuisance they cause. Cooperation between the police and judicial authorities and care agencies is a typical feature of Dutch drug



policy. When the police detain hard drug addicts for possession of drugs or for criminal activities they contact aid workers. Addicts who regularly get in trouble with the police and judicial authorities can choose between punishment and treatment (Ministry of Health, Welfare and Sports 2003:31).

In a nutshell, with regard to medical care and rehabilitation, Dutch drug policy focuses on normalizing the drug problem and therefore integrating drug users in society. Its low threshold treatment means that few or no barriers are placed in the way of persons wishing to enter treatment. The harm reduction strategy promotes a public health rather than a criminal justice perspective about drug users and the drug problem generally.

#### **4.3.3.3 Drug Education and Prevention Policy**

Liberalization of drug policies and even the decriminalization of previously illicit drugs do not necessarily imply societal approval of drug abuse. The Dutch government continues to discourage recreational drug use by other means (like showing the risks of addictive substances) rather than arrest and prosecution (Ibid: 8).

The Netherlands has a well organized dissemination of information system concerning the use of drugs, the scope of user groups and the statistics on use-related illness and death. The National Drugs Monitor set up in 1999, with offices at Trimbos Institute,<sup>26</sup> collects data for the government, about which it reports annually. The data provided focus on five key indicators: the use of drugs by the general public, estimates of the number of problematic drug users, demand for treatment, death due to drug use and the prevalence of contagious diseases as a consequence of drug use (Ibid:13&14).

Prevention programmes are geared towards pupils, young people in places of entertainment or other risk groups. Public information takes place locally and nationally through the mass media. The Dutch government attempts to create the conditions for development, implementation and assessment of prevention and public information activities. Implementation is handled by specialized institutions or

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<sup>26</sup> For more information on this institute visit <http://www.trimbos.nl>

organizations that maintain close contacts with the target groups. At the Trimbos Institute, there is a National Prevention Centre for Addiction and Drug Use that coordinates the activities of prevention workers (Ibid: 34&35).

Various public information programmes with regard to drugs use are offered in the Netherlands. The Trimbos Institute conducts the 'clean school and stimulants' programme which focuses on pupils in various age categories and involves both teachers and parents. It devotes attention to the risks of drugs, alcohol, tobacco and gambling. At this institute, the Drugs Information Office endeavours to improve public information and activities relating to drugs. It maintains a data bank with an overview of current public information materials (Ibid: 35&36).

However, the Dutch government maintains that the significance of information as a means of preventing drug and alcohol abuse should not be overestimated. Various studies have shown that publicity is ineffective in preventing the problem of drug abuse, particularly where it seeks to emphasize the dangers by presenting warning, deterring or sensational facts. The Government holds that publicity of this kind is likely to be one-sided and counter-productive and therefore unacceptable (Ministry of Welfare, Health and Cultural Affairs 1989:5). WDR (1997:194) supports this view by holding that sensationalizing harmfulness of widely used drugs makes young people feel misled and no longer believe in the anti-drug messages directed at them.

#### **4.3.3.4 Justice Department Policy**

##### **4.3.3.4.1 Principle of Discretionary Powers**

The public prosecutor is responsible for enforcing the prohibitions in the Opium Act and sets guidelines for investigation and prosecution of punishable offences relating to drugs. The setting of priorities by the public prosecutor has its legal basis in the principle of discretionary powers, which is a general principle of Dutch criminal law. If it serves public interest, the public prosecutor has the authority to waive legal proceedings of punishable offences (Ministry of Health, Welfare and Sports 2003:16, Ministry of Foreign Affairs 2003:6).

#### **4.3.3.4.2 Possession and Sale of Drugs**

Possession of more than 0.5 grams of hard drugs is a crime punishable by law, which receives high police priority. Possession of fewer than 0.5grams of hard drugs for own use is also a criminal offence, but has a low priority in criminal investigations. On the other hand, possession of less than 30grams of cannabis for personal consumption is a misdemeanour with a low investigative priority. Possession of more cannabis than a small amount for personal use is a punishable offence. The sale of both hard drugs and cannabis is a punishable offence in the Netherlands. The public prosecutor's guideline is more stringent concerning the sale than it is with the possession of small quantities. In particular, the police and judicial authorities place high priority on the investigation and of large scale trade in either soft or hard drugs.

#### **4.3.3.4.3 Criminal Prosecution**

Even though the Dutch government emphasizes public health in its drug policy, it pursues a strong prosecution policy towards the production of and trade in hard drugs. In line with the international prevention model, as guided by the single convention on narcotic drugs (1961), the Dutch criminal investigations department gives priority to the dismantling of criminal organizations that trade in cannabis and hard drugs (Ministry of Health, Welfare and Sports 2003:9). The government conducts active investigative and prosecution policies concerning drug-related crime. However, the guiding principle is that criminal law interventions should not result in additional harm to drug users (Ibid: 17).

In order to counter the laundering of money received through illegal trade the Dutch penal code provides for the taking away of any benefits received by convicted persons of drugs or related offences. The public prosecutor has established guidelines for circumstances that carry more severe penalties, such as the sale of drugs to vulnerable groups or trade in the vicinity of schools or psychiatric institutes. The Dutch government has formed special teams for combating the cross-border, illegal trade in drugs, which are responsible for investigating drugs at seaports and airports (Ibid: 18).

#### **4.3.3.4.4 Drugs Tourism**

This is the phenomenon of foreigners coming to the Netherlands to use or purchase drugs. The Dutch government pursues stringent deportation measures with respect to hard drug addicts who are in the Netherlands illegally and who commit punishable offences. Nuisance caused by drug tourists is especially evident in Dutch border cities and in large cities. Cannabis tourists (mainly from neighbouring countries like Belgium and Germany) create nuisances at coffee shops; hard drug tourism often goes hand in hand with aggressive recruitment methods (drug runners).<sup>27</sup> In cooperation with customs, the military police and other services, the police regularly monitor drug tourism (Ministry of Health, Welfare and Sports 2003:22, Ministry of Foreign Affairs 2003:8).

#### **4.4 International Cooperation**

Illegal trafficking in drugs is an international phenomenon. Not only are countries of production and consumption spread all over the world; those involved in trafficking are also constantly looking for new markets (Ministry of Health, Welfare and Sports, Ministry of Justice, and Ministry of the Interior 1995:39). There is great need for international cooperation in the war against the drug trade. Dutch drug legislation conforms to international conventions of which the government is affiliated. These include the UN treaties of 1961, 1971 and 1988 and multilateral treaties relating to drug policy along with treaties within the framework of the EU (Ministry of Health, Welfare and Sports 2003:10, Ministry of Foreign Affairs 2003:15).

Through public information, the Netherlands endeavours to clarify its drug policy. In multilateral and bilateral relations, the government draws attention to the basic assumptions of its drug policy. There is a running debate about tensions between cannabis policy in practice and international treaty obligations. In this context, the government has organized two major conferences in collaboration with Belgium, Germany, France and Switzerland with the aim of nurturing international cooperation (Ministry of Health, Welfare and Sports 2003:13, Ministry of Foreign Affairs 2003:15).

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<sup>27</sup> Young people who are paid by drug dealers to tout customers.

The Netherlands has projects and collaborative ties with the EU, the Council of Europe (Pompidou Group) and various UN bodies with activities related to drug abuse. Other forms of cooperation and exchange include the assigning of liaison officers in foreign countries for investigation and operational matters and the stationing of police officers from other countries in their embassies in Netherlands to control drug tourism. The Dutch government subsidizes cross-border projects leading to addict care, and in various border regions there are collaborative ties between prisons, aid organizations and social workers on the street (Ministry of Health, Welfare and Sports 2003:11-13, Ministry of Foreign Affairs 2003:15).

#### **4.5 Criticisms of the Dutch Approach**

In recent years Dutch drug policies have increasingly been castigated nationally and internationally. Locally there have been complaints about the effects of the Government's liberal policies on drug use. A proportion of hard drug addicts cause a considerable nuisance to their fellow citizens and commit property offences in order to obtain money to buy drugs. Drug addicts' anti-social behaviour, such as throwing away used needles in public places, is an annoyance to residents in poor neighbourhoods in the big cities. The residents of some municipalities have complained about the nuisance caused by the presence of coffee shops, such as attraction of large numbers of noisy visitors (including some from abroad) indulging in anti-social behaviour (Ministry of Health, Welfare and Sports, Ministry of Justice, and Ministry of the Interior 1995:7). Another argument advanced locally is that the liberal drug policies have contributed to the rise of criminal organizations involved in the supply and sale of drugs (Ministry of Health, Welfare and Sports 2003:8).

The fiercest criticisms of Dutch drug policy in the international arena have been by the USA, France and Sweden (Boekhout van Solinge 1999:6). The problem of drug tourists caused a diplomatic stir between Germany and the Netherlands in the 1980s. Germany blamed Netherlands by alleging that the liberal policies had caused a steady stream of Germans to travel to Amsterdam to buy cheap heroin. However, it is argued that the Netherlands is not the problem but rather the repressive climate for drug users in Germany (Ibid: 6).

New diplomatic problems erupted between Netherlands and France in 1995 whereby France accused Netherlands of being the chief supplier of drugs to the French market. The coffee shops policy was strongly criticized and singled out as a particular source of annoyance. The argument is that in a few hours' drive, French people could openly buy cannabis in Holland and bring it home with them (Ibid: 7). Governments of other neighbouring countries are concerned about the cross-border effects of Dutch drug policy. They assert that it is cheap to obtain certain hard drugs and export soft drugs bought in coffee shops in the Netherlands to other nearby countries (Ministry of Health, Welfare and Sports, Ministry of Justice, and Ministry of the Interior 1995:9).

Criticisms to Dutch policies continued in 1995 with the entry of Sweden into the European Union. Sweden frequently condemns the Dutch attitude on moral grounds, arguing that liberalizing drugs is, in essence, giving up on the problem. Another bone of contention is that the Dutch approach undermines the credibility of the Swedish anti-drug campaign, which emphasizes the dangers of cannabis and the possibility of having a drug-free society (Boekhout van Solinge 1999:7).

Dutch cannabis policy generates much international criticism. In terms of social acceptance, current policy is regularly a subject of discussion, especially concerning the subject of nuisance. There is criticism from EU countries that think that Dutch policy deviates too much from that of other EU member states. Unsurprisingly the issue of potential harmonization of drug legislation is high on the agenda of recent EU discussions (Ministry of Health, Welfare and Sports 2003: 13&20).

The criticism of the Dutch drug policy by foreign governments is in part due to an inadequate understanding of what the policy is all about. Boekhout van Solinge (1999:10) offers a clue to what he thinks contributes to frequent misunderstanding of Dutch drug policy:

*People living in countries with paradigms very different from the Dutch normalization approach may have difficulty comprehending the principles of the Dutch approach, let alone believing that it is successful.*

This implies that the background to and objectives and actual effects of the Dutch policy on drugs must be communicated more effectively to an international audience (Ministry of Health, Welfare and Sports, Ministry of Justice, and Ministry of the Interior 1995:8). To facilitate learning of Dutch drug policy internationally, the Ministry of Foreign Affairs has published a guide which addresses the commonly asked questions regarding the policy.

#### **4.6 Summary**

In both countries the Governments have adopted policies to combat drug abuse. Generally the policies are geared towards demand, supply and harm reduction. Demand reduction strategies are propagated through provision of information, education and sensitization programmes. Supply reduction strategies are evidenced by the enactment of laws locally and ratification of international drug conventions that prohibit the trade in, production and consumption of some drugs. However, the strategy of harm reduction, which focuses on the health of the drug users, is more pronounced in the Netherlands than in Kenya.





## **CHAPTER FIVE: ANALYSIS OF POLICY LEARNING**

*Ideas are elements in policy warfare whose take-up is determined not by their intrinsic validity but by the local setting – its present moods, circumstances and structure (Marmor and Plowden 1991 quoted in Bjorkman 2005: 396).*

### **5.0 Introduction**

Countries adopt different policies and strategies to deal with similar problems. From these different approaches lessons can be learned on how to better handle the policy issue in question. Although it may not be possible to analyse policy learning and lesson-drawing systematically the key issues are considered in the context of drug and substance abuse in Kenya. The striking differences between drug policies in both countries are discussed and specific positive and negative lessons which can be learned are highlighted.

### **5.1 An Analysis of Policy Learning**

#### **5.1.1 Why Learn**

The literature discussed in chapter 3 indicates that drug and substance abuse has reached alarming levels in Kenya. Specifically it has penetrated schools and training institutions, and youth are most vulnerable. This is the scenario despite various government efforts to combat the problem. Many problems facing Kenyan society today like HIV/AIDS, criminal activities and school riots are linked to drug and substance abuse. There have been outbursts of dissatisfaction on the way the government has been approaching the problem. According to Bjorkman (2005:396) this is major motivator for learning.

The world is changing very fast due to technological advancements and governments have changed their strategies of fighting drug abuse. A look at how the drug issue is handled in the Netherlands reveals that information technology is increasingly playing a pivotal role. Policy learning can be an attempt by a country to avoid lagging behind on important public issues. Furthermore technological developments have made communication across the borders very easy. Hence cross-national policy learning is

possible. The World Wide Web is awash with information from all the corners of the world but getting information about the drug situation and policies in Kenya is not that easy despite this age of technology. To help in solving the problem, it is imperative that lessons be drawn from countries which are technologically advanced.

The Dutch drug paradigm is quite different from other approaches throughout the world. According to Bjorkman (2005:396) and Rose (1993:16), the desire to learn something new motivates policymakers to search for lessons. Kenyan policymakers are no exception. They would certainly be curious to learn new ideas from the uniqueness of the Dutch drug policy.

There may be no one best way to deal with the problem of drug abuse. However, there is consensus on certain matters like combating international drug trafficking. The existence of international consensus noted by Dolowitz and Marsh (1996:349) could be a motive for policymakers in Kenya to draw lessons from abroad. This consensus is pushed by international bodies like the UNODC with which Kenya works closely.

### **5.1.2 What Is Being Learned**

Many things can be learned in the Netherlands to help in fighting drug abuse in Kenya. The drug policies in the Netherlands and Kenya have their strengths and weaknesses and, as Bjorkman (2005:397) observes, positive as well as negative lessons can be learned. As already discussed the Dutch drug policy has been vilified nationally and internationally but this does not mean that nothing can be learned from it.

Cross-national policy learning does not mean transferring programmes or transplanting them from one country to another but rather the gaining of ideas from practices of other countries which may inspire policymakers to act in a certain way (Ibid:395). The negative aspects of Dutch drug policy can be avoided but the experiences in dealing with the problem and the attitude towards the drug users are invaluable sources of policy ideas. Specific lessons are discussed in a separate section.

### **5.1.3 From Whom Do We Learn**

Generally speaking there are many sources of policy ideas that can contribute to dealing with the problem of drug abuse. It is easy to draw lessons from abroad because much information about overseas experience is available (Bjorkman 2005:393). Geographical and psychological propinquity as suggested by Rose (1993:96-97) are not determinants of why Kenya needs to learn from the Netherlands. Rather Kenya has a connection with the Netherlands in areas such as trade and education. Kenya exports a great deal of flowers to Netherlands and Kenyan students (including policymakers) get scholarships from the Dutch Government to study in the Netherlands. It follows that Kenyan policymakers can draw lessons on how to deal with drug abuse from Netherlands given that both countries interact in various fields.

The source of policy ideas, as Bjorkman (2005:396) holds, determines what is to be learned. In this case sources of ideas include experts in the various ministries dealing with matters related to drugs. The Ministry of Health, Welfare and Sports deals with policy coordination and implementation, the Ministry of Justice deals with law enforcement and the Ministry of Interior and Kingdom Relations which oversees matters relating to local authorities and the police (Ministry of Health, Welfare and Sports 2003:10). Other sources of ideas include government agencies and institutions that provide relevant information to the Dutch government and members of the public, as well as medical and rehabilitation centers where social workers and drug addicts can be contacted.

The Dutch government holds international conferences where it explains the principles of its policy and these are a source of learning. Academicians in various Dutch institutions like ISS teaching public policy contribute to policy learning by explaining how the Dutch drug approach and many other policies work. Bjorkman (2005:397) cautions, though, that it is important to be wary of the bias inherent in the sources of information. That is why it is important to look at the criticisms leveled against the Dutch drug policy in order to gain ideas that may not be given by policymakers in the Netherlands.

#### **5.1.4 How Do We Know When to Learn**

Bjorkman (2005:397-398) argues that timing is very crucial in policy learning and policymakers must be careful before adopting a lesson. He says that policy learning should take place after a careful testing and evaluation of a policy in the country of origin. Information regarding Dutch drug policy shows that it has been used for the last 25 years and therefore it cannot be said that policymakers in Kenya are rushing to draw lessons since its advantages and disadvantages are known. As evidenced by information on drug abuse in Kenya, there is no doubt that it is a major problem which requires attention. However, as Bjorkman (2005: 398) and Stone (2000:13) caution, there is need for agreement among stakeholders on the desirability of cross-national policy learning to avoid adopting lessons for the sake of it.

#### **5.1.5 Lessons From the South**

Most literature on policy learning focuses on what can be learned from the developed world and side-steps experiences that can be learned from the developing nations. However this study finds that learning is an open process and lessons can be drawn from any part of the world. Many developing countries have been dealing with the problem of drug abuse and Kenyan policymakers can benefit by looking at how they have been managing it. Even if countries from the South have not had success stories as regards solving drug abuse problems, policymakers can learn to avoid the mistakes they have been making. Therefore in addition to Kenyan policymakers learning from the Netherlands on how to deal with drug abuse, they can also look closer home. Policy lessons need to be tailored to the local environment to avoid policy failure.

### **5.2 Differences between the Policies and Lessons Learned**

#### **5.2.1 Supply Reduction Strategies**

Supply reduction policies are evidenced by the enactment, ratification and enforcement of laws aimed at curtailing the availability of illicit drugs and substances. The main law dealing with the problem in Kenya is the Narcotic Drug and Psychotropic Substances (Control) Act 1994. This and other laws prohibit and criminalize the cultivation, possession, trade in and consumption of illicit drugs. The guiding principle of the Government of Kenya is that by enforcing the laws it would be possible to deal with drug abuse. Therefore the drug laws in Kenya are stringent and punitive in nature.

The Opium Act is the cornerstone of the Dutch drug policy. Its approach to drug abuse differs significantly from the drug laws in Kenya. It distinguishes between soft and hard drugs. The harm caused by the use of soft drugs is considered minimal and hence acceptable while the harm to the user caused by hard drugs is greater and therefore unacceptable. As such the possession and sale of a small quantity of cannabis (30grams) for personal consumption is tolerated but penalized in the cases of large quantities (500grams) for commercial purposes. This principle of separation of markets is the basis for the coffee shops policy that allows the sale of cannabis under strict conditions. The Opium Act gives the public prosecutor the opportunity to make use of the expediency principle that gives discriminatory powers to waive legal proceedings for public interest. The Dutch approach operates on the basis that the enforcement of firm Government policy does not necessarily lead to a decrease in drug use; it may actually intensify the problem. It is accepted that criminal law should be used as little as possible to solve the problem of drug abuse. The guiding idea is that people will use drugs anyway; and therefore the application of the laws need not cause more suffering to the drug users than the drugs. As such the Dutch drug laws are liberal and not punitive since drug users are seen as patients rather than criminals.

The lessons learned in this case are that drug laws play an important role in curbing drug abuse. However, they do not have to be punitive or cause more harm to the user than the drug itself. Flexibility in the laws can be allowed for those who intend to use less harmful drugs to do so in an environment that does not lead them to the criminal underworld and possibly try hard drugs. Cooperation between all Ministries and government agencies dealing with drug abuse is paramount. Criminalizing drug use and the stringent application of laws do not mean that the problem of drugs will disappear.

However, a negative lesson for Kenyan policymakers can be drawn from the coffee shops policy. As explained in chapter 4, coffee shops have been blamed for causing nuisance in residential areas and for contributing to the problem of drug tourism which causes tension with countries neighbouring the Netherlands. Additionally there is a contradiction in the policy whereby the purchase of small quantities from the coffee shops is allowed while there is a crack down on suppliers. This means that the

legalization of the consumption and sale of small quantities for personal consumption may be a risky affair for Kenya.

### **5.2.2 Demand Reduction Strategies**

The provision of information and education is a strong weapon in the prevention policies that explain the risks of drug use. In Kenya the campaign is led by NACADA which was created by the government in 2001 to spearhead the campaign against drug and substance abuse through creating public awareness. The body has not been able to achieve much due to lack of proper legislation to support its operations, lack of skilled manpower and shortage of finances to conduct country-wide campaigns effectively. Additionally, drug education has not been properly incorporated in the school curriculum. The public awareness programmes are aimed at showing the dangers associated with drug and substance abuse with the hope that people will get scared or threatened and stop or never start the habit.

The Netherlands has a well established system of providing public information on drug use. The Trimbos Institute and government agencies provide relevant facts and statistics pertaining to drug use. Various education programmes for young people are incorporated in the school syllabus. However, the Dutch government does not encourage the sensationalisation of information concerning the dangers of commonly used drugs abuse in order to avoid making the youth lose confidence in the anti-drug messages. The Dutch government invests heavily on research related to drugs in order to ensure that correct information regarding drug use and adverse effects is provided to members of the public.

The lessons learned from Netherlands are that appropriate systems of information dissemination are crucial to create public awareness. Drug education needs to be incorporated in all levels of education and people trained to teach aspects on drugs use and their effects. Institutions dealing with drug demand prevention information in Kenya need to research and invest in information technology for their information to be reliable rather than just evangelizing about the adverse effects of drugs without hard facts.

### **5.2.3 Harm Reduction Strategies**

The problem of drugs is viewed with different lenses in the two countries. In Kenya, drug use is considered a crime, socially unacceptable and therefore not tolerated. Drug addicts are considered as law breakers who are stigmatized and supposed to face the wrath of the law. In such circumstances, the welfare of the drug users in terms of care and treatment is not given prominence. It becomes an issue when the user has a mental problem in which case he or she is taken to Mathari mental hospital. The latter, however, lacks adequate facilities for treatment, care and rehabilitation of addicts. Although the laws provide for the establishment of drug rehabilitation centers throughout the country, this has not happened and no specialized care and treatment centers are available for drug addicts.

Harm reduction is the distinctive characteristic of Dutch drug policy. The approach views drug abuse as a normal social problem and a fact of life that does not need to attract stigmatization of the users. Therefore drug abuse is viewed as a public health problem whereby users need to be assisted rather than as criminals who need to be crucified. The principle of separation of markets aims at protecting young people who may want to experiment with drugs. They may do so with soft drugs that have less harm and in a hygienic environment.

The policy provides for low threshold programmes whereby the process of getting assistance for those who wish to get treatment is made easy. Distributed Methadone is on the basis of gradual withdrawal and replenishment to prevent health deterioration and to reduce addiction to heroine. This is also aimed at reducing the nuisance caused by addicts to the society. Needle exchange programmes are operated to reduce the chances of people contracting AIDS through sharing drug injection needles. Additionally there are many treatment and rehabilitation services offered in order to protect the drug addicts from health deterioration and to integrate them as productive members of the society. Furthermore there is the use of legal pressure whereby addicts who have problems with the authorities can have their sentence suspended and be given the opportunity to reform and undergo treatment.

This approach offers many ideas that can be useful for Kenyan policymakers. The Dutch government operates on the premise that it is not possible to have a drug-free

society. Therefore drug use is viewed as a normal social problem and drug users are human beings who need treatment and care. A country needs to have adequate medical and addict care facilities in order to take care of the health of drug addicts. Many other programmes can be operated to reduce addiction gradually and to integrate drug addicts into society. This may include low threshold programmes and establishing contact with addicts in their social environments for purposes of counseling. Another important lesson concerns the attitude that society has towards drug users. There is need to have a positive attitude towards drug addicts, which is possible if the problem is seen as a normal one where people can be helped rather than marginalized.

### **5.3 Summary**

The analysis of literature shows that dissatisfaction with the status quo and curiosity are reasons for policymakers in Kenya to want to learn from Dutch drug policy. There are many sources of policy ideas that can provide lessons, especially the Ministries dealing with matters regarding to drugs, institutions providing drug information and addict care centers. The lessons to be learned, whether positive or negative, depend on the issue under consideration. The study finds that before policymakers draw lessons they have to fully understand the policy under study, know its merits and demerits and compare it with policies in other countries overtime. It also emerges that countries can learn from each other to solve common problems irrespective of whether they are developed or not. Arising from the differences between the drug policies of the two countries, specific policy lessons have been explained including the liberalization of drug laws, provision of accurate information, focusing more on the health of drug users and normalization of the drug problem. The coffee shops policy is singled out as a negative lesson.



## **CHAPTER SIX: CONCLUSION AND POLICY LEARNING RECOMMENDATIONS**

*An army invasion can be resisted but not an idea whose time has come*  
(Victor Hugo, French novelist; 1802-1885)

### **6.0 Introduction**

The literature on policy learning and lesson-drawing from different authors indicates that it is not possible to ignore information from various parts of the world or to insist that nothing can be learned from the experiences of other countries. The drug policies in Kenya and Netherlands differ, yet this forms a basis for policy learning. The guiding proposition of this research that specific characteristics of Dutch drug policy may be learned to help in dealing with drug abuse in Kenya is proved correct. Based on the analysis provided, this chapter draws conclusions and provides policy learning recommendations that can be useful for further research or implementation.

### **6.1 Conclusion**

This study shows that cross-national policy learning is increasingly an integral element of policymaking in the world today. When faced with problems policymakers may make sense of the situation by looking across the boundaries to understand how other countries have dealt with the problem and gain ideas. The reasons for policy learning have been given as dissatisfaction with the status quo, curiosity to learn something new, technological advancements and the existence of international consensus.

Cross-national policy learning does not mean imitating what others are doing, which may not be possible because what works well in one country does not automatically work in a different country. Policy ideas can be gathered from many sources.

However, those looking for lessons have to guard against the prejudices of the sources of ideas chosen. If policy learning has to be fruitful, then policymakers should not rush to adopt ideas just because they are new or fashionable. There has to be careful analysis of the policy overtime and consensus-building among various stakeholders. The advantages and disadvantages of a policy have to be fully understood before being adopted.

Most national drug policies revolve around supply suppression, demand reduction and harm reduction to users. However, the principles guiding the policies differ among the countries. The Kenyan policy focuses more on the strict prohibition model that uses law enforcement as a way of reducing drug and substance abuse. Stringent measures are adopted to counter the supply, possession and consumption of drugs. Dutch drug policy is based on harm reduction and views drug abuse as a public health problem. Contravention of the drug laws is prosecuted but the laws are liberalized to ensure that the health of the drug user takes precedence over the criminal implications of drug use. There is a widespread network of medical treatment and rehabilitation services offered throughout the country for this purpose.

Policy lessons can be drawn based on the different principles of both drug policies. First, drug laws are important in solving drug abuse problems. However, they should not be rigidly applied since this may be counter-productive and encourage deviant behaviour. The laws have to be applied in such a way as not to punish the user but to reduce the harm caused by the drugs. Second, the spreading of information to create fear among drug users is not a good strategy to solve drug abuse since this will make youth start doubting the honesty of government, especially with regard to commonly used drugs that they see people using. Third, stigmatizing drug use does not help since this is a normal problem. It is not possible to have a drug-free society. In short, the main lesson that Kenyan policymakers can learn from the Dutch approach is that, instead of emphasizing the strict prohibition model, the harm reduction approach can be used based on the fact that drug abuse is a fact of life. However, this does not mean that drug use is legal or condoned in all circumstances.

## **6.2 Policy Learning Recommendations**

Policy learning can be used for various reasons. If it has to be fruitful policymakers need to be conscious of their motives in order to avoid drawing lessons for the sake of it. Policymakers should ask themselves why they are looking for lessons and this will affect the approach in the learning process.

Policy learning can occur in many forms. Policymakers need to understand for what purpose the information they intend to collect will be used for as this will determine what is to be learned. For complete learning policymakers have to compare total policy systems. Policymakers have to understand that positive and negative lessons are equally important.

There are many sources of policy ideas and therefore policymakers have to make a careful decision about whom to ask for information on the policy concerned. It is important to gather information from a wide range of relevant sources as possible in order to gain a balanced and encompassing picture of the policy being learned.

Policy learning does not mean aping what other countries are doing. Policymakers should not rush to adopt policies in foreign countries simply because they are new. It is advisable to draw lessons from a policy after understanding its advantages and disadvantages. Additionally policymakers need not be obsessed with what is new but also should look at the past experiences of a country where they want to learn to avoid repeating past blunders.

There is no one country which can be said to be the master of policy lessons. Cross-national policy learning is an open process and therefore Kenyan policymakers should not only look for lessons on handling drug abuse from the developed world but also from the developing countries. Policymakers should ensure that lessons drawn are tailored to the country's local conditions in order to avoid policy failure.



## Annexes

### Annex (A) International Comparative prevalence figures on hard drug addicts for some European countries

Country	Number of addicts	Inhabitants (millions)	Per 1000 of population
Netherlands	25,000	15.1	1.6
Germany	100,000/120,000	79.8	1.3/1.5
Belgium	17,500	10.0	1.8
Luxembourg	2,000	0.4	5.0
France	135,000/150,000	57.0	2.4/2.6
UK	150,000	57.6	2.6
Denmark	10,000	5.1	2.0
Sweden	13,500	8.6	1.6
Norway	4,500	4.3	1.0
Switzerland	26,500/45,000	6.7	4.0/6.7
Austria	10,000	7.8	1.3
Italy	175,000	57.8	3.0
Spain	120,000	39.4	3.0
Greece	35,000	10.1	3.5
Portugal	45,000	10.0	4.5
Ireland	2,000	3.5	0.6

Source: Ministry of Health, Welfare and Sport, Ministry of Justice and Ministry of Interior (1995:64-65).

### Annex (B) Personal interview conducted with Victor Everhardt, Policy advisor, Ministry of Health, Welfare and Sport on 18-08-2005

#### Interview guide

What are the main distinguishing features of the Dutch drug policy?

Have drugs been legalized in Netherlands?

What is the difference between hard and soft drugs?

Doesn't the policy on soft drugs lead to the use of hard drugs?

What are the main features of the Dutch policy on law enforcement?

What are coffee shops? How do they operate and how are they regulated?

What measures are taken to prevent the use of drugs?

What is the relationship between Dutch law and international agreements?

What problems are experienced in dealing with the problem of drugs in Netherlands?

What lessons do you think the Dutch approach can offer to developing countries in fighting drug abuse?



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1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice G. D. C. O'Connell, Chief Justice of the High Court of Justice, Ireland" and "The Hon. Mr. Justice G. D. C. O'Connell, Chief Justice of the High Court of Justice, Ireland".