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Drug policy advocacy organisations in Europe

Abstract: This paper sets out to explore the civil society organisations that engage in drug policy advocacy in Europe. Information was gathered through an Internet search carried out in English, French and Spanish, supplemented by data provided by national agencies in the 28 EU Member States, Norway and Turkey. Only organisations that had an Internet presence were included in the analysis. Of the 218 drug policy advocacy organisations identified, 71 % were found by the English language internet search, and 48 % were located in countries where the search languages were the main language spoken. About 70 % of the organisations were active at national level, with the rest split almost equally between local or regional level and European or international level. The primary objectives of the organisations were predominantly in the area of practice development, with 26 % advocating use reduction and 39 % harm reduction approaches. Primary objectives in the field of legislative changes were pursued by the remainder, with 23 % in favour of control reduction and 12 % calling for control reinforcement.

Keywords public policy advocacy | drug policy | legislative change | practice development | drug control policy

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Summary

In recent years, the profile and importance of advocacy organisations in the drugs area has increased. This change has been driven by a range of developments, including a greater number of formal mechanisms through which policymakers can be accessed and the increased ease of communication and information dissemination made possible through the Internet and other technologies. The result has been an expansion of possibilities for civil society to engage in advocacy in the drug policy area at national, European and international levels. In this context, the EMCDDA commissioned an exploratory mapping study of such advocacy organisations in Europe, the results of which are described in this paper.

Advocacy, both in the general sense and in the area of drug policy, can be defined in a variety of ways. This report adopts the definition provided by the Vienna NGO Committee on Narcotic Drugs, which defines advocacy as: '…activities and actions with the intention of influencing decision-makers and with the aim of developing, establishing or changing policies and practices and of establishing and sustaining programmes and services'.

Three categories are used to describe the types of advocacy practiced in the drugs field. Self or peer advocacy is undertaken by individuals and peer groups speaking out for themselves, and is often associated with the rights-based agendas of disability and mental health activism. Professional advocacy is undertaken by 'helping professions' speaking on behalf of a person or an issue, often seeking the removal of structural barriers hindering their constituency's needs being met. Public policy advocacy seeks to effect change mainly through legislation and resource allocation. The underlying consensus across these forms is of a transformative strategy for achieving social justice. An additional distinction can be drawn between *case* and *cause* advocacy, with case advocacy focusing on the needs of the individual and cause advocacy addressing social reform. In practice, however, advocacy stretches from one to the other. Advocacy also intersects the realms of lobbying, interest groups and social movements, in terms of their shared aims of influencing public policy and resource allocation decisions, legislation, or both, though by different approaches.

Information about advocacy organisations in Europe was gathered through an Internet search carried out in English, French and Spanish, supplemented by data provided by the Reitox national focal points in the EU Member States, Turkey and Norway. For the purpose of the study, advocacy organisations were defined as organisations with a website-based Internet presence that contained a clearly stated aim to influence drug policy.

Overall, 218 drug policy advocacy organisations with a live website presence were identified. The organisations identified were mainly based in pre-2004 EU Member States in the north and west of Europe. This result may reflect a bias introduced by the languages that were used in the Internet searches. Almost half of the organisations, (105, 48 %), were located in countries where the search languages were the main language spoken, namely the United Kingdom (18 %), Spain (14 %), France (11 %) and Ireland (5 %). Smaller clusters were located in Germany (6 %), Sweden (6 %) and Finland (5 %), with the remainder dispersed thinly among the other EU Member States and Norway. No advocacy organisations were identified in six countries: Cyprus, Estonia, Luxembourg, Malta, Slovakia and Turkey.

The majority of advocacy organisations (69 %) operated on a national basis, less than one-fifth (17 %) had a local or regional remit and over one-tenth (14 %) had a European or international remit.

Three main types of policy advocacy organisations were identified: civil society associations (32 %); NGOs or third sector organisations (32 %); and alliances, coalitions and networks of existing organisations (26 %). Smaller proportions of advocacy organisations were classified as professional or representative bodies (6 %), among which were medical unions and associations of lawyers or law enforcement officers, and user groups (5 %).

The most common tool used by organisations to influence drug discourses and disseminate information was some form of awareness raising activity (used by 82 % of the organisations), such as participating in media debates, providing commentary, or using social media such as blogs, Facebook and Twitter. More than half (52 %) of the advocacy organisations focused on lobbying at a national or EU–UN level, using policy submissions, petitions and participation in policy forums to bring attention to their issues of concern. Lobbying was used by organisations with divergent objectives. Education and training tools, such as seminars and conferences, were used by nearly half (45 %) of the advocacy organisations to share and disseminate information on their viewpoints. Almost a third (31 %) of the organisations sought to build and disseminate an evidence base through research and publications. Activist strategies, such as demonstrations and marches, were employed by a small proportion of advocacy organisations (11 %). A further small proportion of the drug policy advocacy organisations used legal advocacy to promote a human-rights based approach to drug policy (4 %).

Half of the organisations advocated on behalf of drug users (109, 50 %), with one-fifth of these (23, 21 %) advocating for cannabis users specifically, including medicinal cannabis users. Two-fifths of the organisations advocated for the benefit of society as a whole (89, 41 %), and these were largely engaged in public policy advocacy (55, 62 %).

Overall, the main focus of the advocacy organisations identified in this study was on practice development and delivery (142, 65 %). Over one-third of the organisations (39 %) advocated for a harm reduction ethos in drug services. A further one-quarter

(26 %) advocated for use reduction and a greater emphasis on prevention, abstinence and drug-free recovery. The remainder of the organisations focused on legislative reform, with almost one-quarter (23 %) seeking a reduction in drug controls and a liberalisation of drug policies ranging from decriminalisation, to regulation of consumption and legalisation. Just over one-tenth of the organisations (12 %) advocated for more restrictive drug policies or control reinforcement.

Overall, almost half of the advocacy organisations (49 %) were involved in public policy (cause) advocacy, operating and campaigning at national or international level. One-third (35 %) were concerned with professional (case) advocacy, while the smallest grouping of advocacy organisations (17 %) conducted self or peer advocacy.

Organisations advocating for a reduction in drug controls focused on the perceived ineffectiveness of current global drug policy with regard to the crime, violence and corruption that it engendered. Harm reduction advocates were closely allied to those advocating control reduction through collaborative linkages, though the main focus of these groups was on access to services and service user involvement in decision making on their treatment from a rights-based perspective. Advocates of use reduction focused on drug education, prevention and abstinence or drug-free recovery. Organisations advocating drug control reinforcement sought a drug-free world and the eradication of drug use through education and law enforcement.

A small proportion of the public policy advocacy actors (9 %) sought to influence drug policy at a European or international level. Overall, the main advocacy orientation of these organisations, over one-third (37 %), was towards a reduction in drug controls, with about a quarter advocating for harm reduction (26 %) and a fifth for use reduction (21 %). The remaining 16 % called for the reinforcement of drug control legislation. These proportions differ from the orientation of advocacy organisations as a whole.

Organisations seeking to influence public policy at a European or international level used a similar set of advocacy tools. These tools included awareness raising, networking and knowledge exchange, lobbying, legal advocacy, education and training, and research to promote and support their cause. In terms of their constituency base, control reduction and harm reduction actors mainly advocated on behalf of people using drugs. Use reduction and control reinforcement organisations, on the other hand, mainly advocated on behalf of the wider society and, in particular, young people and families.

The organisations studied in this report are engaged in a process of targeted activities, aimed at influencing the attitudes and opinions of the public and policymakers on drug service provision, drug controls, or both. These processes were seen to be grounded in aspirations for an improvement in the well-being of the individuals, groups or societies affected by drug use.

Changes in the nature, methods and impact of advocacy in the drugs area are evolving against a backdrop of ongoing economic and financial problems in the European Union. As drug services and law enforcement agencies come under increased financial pressure, it is likely that the number and type of policy actors engaged in advocacy will grow. Equally, as communities affected by drug problems experience renewed difficulties in providing services, an increased impetus to engage in advocacy may emerge.

Introduction

The drug policy area has always been influenced by a broad range of stakeholders. Historically, those engaged in advocacy have had an impact on a wide spectrum of drug policy issues, ranging from controls on the availability of opium, to the availability of interventions to reduce the harm from injecting drug use. In recent years, the profile and importance of advocacy organisations in the drugs area has increased. This change has been driven by a range of developments, including a greater number of formal mechanisms through which policymakers can be accessed and the increased ease of communication and information dissemination made possible through the Internet and other technologies. The result has been an expansion of possibilities for engaging in advocacy in the drug policy area at national, European and international levels. A wider range of individuals and organisations are now involved in campaigning on drug-related issues. They are actively engaging with policymakers to address areas where a need for change has been identified, ranging from the scope and content of drug policies and strategies, to the availability of specific measures and services.

In this context, the EMCDDA commissioned an exploratory mapping study of such advocacy organisations in Europe, the results of which are described in this paper ([1]). The findings of this study provide the reader with an insight into drug policy advocacy organisations in Europe ([2]), and contribute to our understanding of policy actors in the drugs area.

The following sections of this paper explain the meaning of advocacy in general and in the drugs area, and describe how the organisations discussed here were identified and classified. Key findings from the study are presented in three subsequent sections. These provide an analysis of the range, location, scope and type of advocacy organisations and their policy objectives and advocacy orientations, and go on to examine those organisations that operate at European and international levels.

([1]) This report is based on the results of a study undertaken for the EMCDDA by O'Gorman and Moore, 2012, which can be accessed on the EMCDDA website.

([2]) In this paper, drug policy advocacy organisations are referred to as advocacy organisations.

Advocacy

Because of the different forms it can take in practice and the variety of contexts that it takes place in, advocacy is understood in many different ways. This section of the report provides an introduction to the nature of advocacy in general and advocacy in the drug policy area specifically, which is informed by the literature review undertaken for this study.

Meaning, application and theoretical basis

Advocacy (from the Latin *advocare* to summon, or call to one's aid) is popularly understood as support for, or recommendation of, a particular cause or policy. At the core of this definition lies the notion of representation, which can take many forms. Self or peer advocacy is undertaken by individuals and peer groups speaking out for themselves, and is often associated with the rights-based agendas of disability and mental health activism. Professional advocacy is undertaken by 'helping professions' speaking on behalf of a person or an issue, often seeking the removal of structural barriers hindering their constituency's needs being met. Public policy advocacy seeks to effect change mainly through legislation and resource allocation. The underlying consensus across these forms is of a transformative strategy for achieving social justice.

An additional distinction can be drawn between *case* and *cause* advocacy, with case advocacy focusing on the needs of the individual and cause advocacy addressing social reform. In practice, however, advocacy stretches from one to the other. Advocacy also intersects the realms of lobbying, interest groups and social movements, in terms of their shared aims of influencing public policy and resource allocation decisions, legislation, or both, though by different approaches.

'Insider strategies', such as participating within official policy-making spaces by writing submissions or sitting on government committees and seeking to influence the policy-making process, are favoured in advocacy work (Carbert, 2004) over 'outsider strategies', such as demonstrations and street protests. Like social movements, advocacy groups can seek to change or maintain existing customs, norms and value systems, or, conversely, change attitudes, beliefs and laws, for example regarding drug control.

Overall, the advocacy movement is grounded in the belief that social change occurs through politics and that the state can be moved to act on behalf of people (Reid, 1999). Increasingly, this movement is seen to be grounded in a 'theory of change' paradigm, with specific strategies and interventions drawn from political science and used to effect the desired social change (Coffman et al., 2007; Stachowiak, 2007).

What is advocacy?

Advocacy, both in the general sense and in the area of drug policy, can be defined in a variety of ways. This report adopts the definition provided by the Vienna NGO Committee on Narcotic Drugs, which defines advocacy as: '…activities and actions with the intention of influencing decision-makers and with the aim of developing, establishing or changing policies and practices and of establishing and sustaining programmes and services' ([1]).

([1]) See the website of the Vienna NGO Committee on Narcotic Drugs.

Advocacy organisations have developed and grown in the expansion of 'democratic spaces' where civil society can participate in policy formation through, for example, formal mechanisms at local, national and international levels (see the box 'What is civil society?'). These spaces facilitate dialogues between civil society and EU and other transnational governance bodies, with advocacy organisations seeking to influence policy, and national, EU and transnational bodies typically aiming to develop more inclusive and grounded policies. Overall, policy advocacy organisations and coalitions are seen to have had a long history of influence over public policy values and outputs, and as sites of active citizenship (Baumgartner and Leech, 1998; McConnell, 2010; Reisman et al., 2007).

While active civil society groups are seen to address what Hindess (2002) calls the 'democratic deficit' of the representative model of democracy, they have been criticised on the issue of representation and their legitimacy to act on behalf of an individual or group of 'constituents'. However, Hammer et al. (2010) note that the advocacy community includes not only those organisations that represent others,

What is civil society?

There are many different interpretations and definitions of the term 'civil society'. In a broad sense, it can be regarded as the space between the economic marketplace and the state, where different associations operate. Consequently, advocacy organisations are part of civil society and, in general, can be referred to as 'civil society organisations'. In this report, we adopt the definition provided in the European Commission's green paper on civil society, which defines it as '…the associational life operating in the space between the state and market, including individual participation and the activities of non-governmental, voluntary and community organisations' (European Commission, 2006).

but also beneficiaries, practitioners or those that engage in advocacy on the basis of insights gained from research, as well as activists motivated by ideals of social justice.

A number of contemporary trends have influenced the growth of policy advocacy. These include the shift towards more participatory forms of service delivery and governance at the local, national and European levels, and the expansion of philanthropic funding for advocacy work. In addition, the growth of electronic advocacy and social networking sites has provided a voice for drug users and rights-based campaigns.

The historical context of drug policy advocacy

In many countries, advocacy organisations participate in drug policy discourses and the development of national drug strategies. The focus of such advocacy groups is shaped by the contexts in which they operate. These include the prevailing cultural norms on drug use, the jurisdictional control and regulation of drugs, and the type of welfare regime in operation, in terms of the policies, practices and services available for addressing drug use and drug-related harm.

Since it became a defined area of public administration, drug policy has also been influenced by a range of different stakeholders. This has included different individuals, groups and organisations advocating on behalf of various interests of a personal, public and professional nature. Historically, calls for increased controls on drugs have come from religious, temperance and anti-opium movements, with regulation directed at economic interests in different industries, which themselves have been active in lobbying and campaigning. Similarly, professional interest groups, such as doctors, lawyers and scientists have been engaged in advocacy (Bruun et al., 1975; Musto, 1999).

When the international drug control system was initially developing, under the League of Nations, non-governmental organisations (NGOs) were not afforded formal recognition in the League's covenant. This changed, however, under the United Nations after the Second World War, where NGOs were given a statutory basis under the UN charter and allowed access to the Economic and Social Council (Bruun et al., 1975). Further mechanisms at the international and EU levels for the inclusion of advocacy organisations have emerged since then. The UN established the Vienna NGO committee (VNGOC) in 1983, allowing access to the United Nations Office of Drugs and Crime and the Commission on Narcotic Drugs. Following a 2006 European Commission conference and green paper, the EU Civil Society Forum on Drugs was established in 2007, providing an arena for interaction between the Commission and civil society (Charlois, 2009; European Commission, 2006). Civil society is seen as playing an important role alongside other policy actors in informing EU drug policy and taking part in its coordination in the European Drugs Strategy 2013–20 (Council of the European Union, 2012).

The level and scope of influence that can be exercised in these mainly consultative forums is, however, subject to certain limitations. For example, demand reduction and treatment issues receive more focus than supply reduction topics. Additionally, a broad range of civil society actors, lobbying from different standpoints, actively participate. This includes those campaigning for a 'drug-free world', for abstinence and prevention, for harm reduction and for drug control reform. As a result, the marketplace of ideas regarding drug policy is highly competitive, as divergent groups seek to influence the policy process.

Identifying and categorising advocacy organisations

In order to identify and collect information on the different advocacy organisations operating in Europe, a systematic research method was developed and applied. The key steps in this approach, its limitations and the system used to classify advocacy organisations in Europe are described in this section of the report.

Monitoring advocacy

The study was carried out between December 2011 and July 2012, and consisted of a literature review, the development of a categorisation system for the advocacy organisations, the design of an Internet search method to collect the data, and the creation of a database to store the information and sort it for analysis.

The literature review was undertaken to inform the study as a whole and to develop a set of categories to differentiate between the types of advocacy organisations found. Data were collected from two main sources: the Reitox national focal points, which provided data on advocacy organisations in their countries ([3]); and a systematic Internet search for advocacy organisations (see the box 'Internet search method') that were based in any of the 28 EU Member States, Turkey or Norway.

([3]) This information was collected as part of a wider qualitative data collection process for the EMCDDA in the drugs policy area.

Internet search method

Information about advocacy organisations in Europe was mainly gathered through an Internet search. This was done by developing a search string, that is, a set of key words that yields the maximum number of relevant results when entered into a search engine. As the search was conducted in three widely spoken languages (English, French and Spanish), two variations of the search string were used. At the outset, a number of exclusion criteria were defined to help focus the search and produce the most relevant results. Advocacy organisations were defined as organisations with a website-based Internet presence that contained a clearly stated aim to influence drug policy.

The national versions of the search engine Google were used to check each country for the presence of advocacy organisations. In doing so, the results generated by the search string were 'sampled to exhaustion'. This process involved reviewing the first 100 links in the results and then continuing to assess subsequent links until 20 successive links were irrelevant (EMCDDA, 2011; Hillebrand et al., 2010; Solberg et al., 2011).

Step-by-step guidelines for the search were designed, which ensured consistency and made the technique replicable for repeat studies. After searching the Internet for relevant organisations, the 'home' and 'about us' sections of these websites were then reviewed in order to find the information needed to categorise the advocacy organisations. Additional organisations were searched for in the 'membership lists' or 'links' pages of the websites. During this process, the information was collected in a data entry form and then entered into a database.

Being an exploratory study, the research was subject to certain limitations. Advocacy organisations were defined as organisations with a clearly stated aim to influence drug policy on their website, which allowed the search to be consistent across countries. This excluded advocacy organisations without websites and those with a web presence based solely on social media sites. Organisations concerned with drug issues, but not explicitly established to influence drug policy were also excluded ([4]). Furthermore, the Internet searches were undertaken in English, French and Spanish. Additional organisations would have been located by a search using more languages.

([4]) These included political parties, research centres, scientists, government advisory bodies, Reitox national focal points, and HIV/AIDS advocacy organisations that did not specifically advocate on behalf of drug users.

Categorising advocacy organisations

A number of recurring themes were identified during the literature review to enable the development of a set of categories covering the type of advocacy, the type of organisation, and the organisations' advocacy objectives and orientations. These categories provided the basis for assessing the advocacy organisations identified though the Internet search. As a result, the organisations' key characteristics could be recorded in a meaningful way, which facilitated this exploration and analysis of drug policy advocacy.

Type of advocacy

Three categories were used to describe the type of advocacy that organisations were engaged in: peer, professional and public policy advocacy.

Peer advocacy is characterised by the members of organisations sharing a common experience of drug use and associated harms, giving them a unique understanding of the issues and difficulties that can be experienced. Typically, these organisations include community-based groups, such as user-groups, family or ethnic minority support groups, alongside community activist groups focused on specific places and issues, grassroots campaigns, voluntary civil society and faith-based groups. Collectively, these organisations are characterised by a low level of formal organisation and funding, and are involved in campaigning for service provision and support resources at a local or national level.

The practice of professional advocacy corresponds with many features of the idea of case advocacy, and is commonly undertaken by 'operational' NGOs, such as service providers and professional bodies, as well as non-peer groups. As a result of their front-line service contact with drug users, families and communities, these professional actors often focus on issues linked to practice and service provision. They are involved in policy advocacy primarily on behalf of, or with, drug-users and those affected by drug-related harms out of professional interests.

Public policy advocacy organisations engage in what may be known as cause advocacy. This category includes 'campaigning' NGOs, large-scale user-groups, grassroots networks, human rights or social justice organisations, policy research think-tanks and campaigning or lobbying organisations. They typically operate at the national and transnational levels.

Type of organisation

A wide range of organisations involved in drug policy advocacy, most of which are civil society organisations, were identified in the literature review and Internet search. Although the two terms are used interchangeably in the literature, a distinction was made here between civil society associations (voluntary, self-organised) and NGOs (legally structured and funded). Coalitions of existing organisations established to influence policy were allocated to an 'alliance, coalition, network' category. Groups that described their membership as consisting of drug users were allocated to a 'user groups' category, though these were often also civil society associations and could be part of a broader alliance. A final category, 'professional or representative body', was used to classify advocacy organisations that consisted of individuals whose work brings them into contact with drug-related problems, such as doctors, solicitors and law enforcement personnel. The organisations campaign for policy change.

In categorising such organisations, a degree of overlap is inevitably found. Organisations that could be classified in more than one category were assigned to the group they most closely resembled. The categories and their definition are given in Table 1.

Primary advocacy objectives and orientations

During the study, two distinct sets of objectives were identified within the drug policy advocacy field. For some organisations, the objective was in the area of practice development, in order to improve service responses, oriented either towards harm reduction or use reduction. Alternatively, the objective was legislative change and reform, oriented either towards control reduction or control reinforcement (see Table 2).

TABLE 1
Types of organisations involved in drug policy advocacy

Type	Definition
Alliance, coalition, network	Multidisciplinary networks of organisations with common goals
Civil society association	Voluntary associations to advance common interests (parent, family support groups, community groups, grassroots), with little formal structure or funding, also including organisations which are self-funded or funded by philanthropists
NGO or third sector	Mainly not-for-profit service providers and campaigning advocacy organisations with a formal legal structure and funding
Professional or representative body	Networks of peer professionals (doctors, lawyers, law enforcement personnel etc.), often acting in a representative capacity
User group	Organisations that describe their membership as consisting of drug users

TABLE 2
Primary advocacy objectives and orientations of drug policy advocacy organisations

Objective	Orientation	Measures
Legislative change	Control reinforcement	Prohibition, increased restrictions
	Control reduction	Regulation, decriminalisation, legalisation
Practice development	Use reduction	Prevention, abstinence, drug-free recovery
	Harm reduction	Public health harm and risk reduction interventions

Along with identifying the key characteristics of the advocacy organisations, this study sought to describe their main constituency base. Seven categories were identified. Namely, all drug users, cannabis users, the families of drug users, marginalised users, medicinal cannabis users, people living with HIV/AIDS and the wider society. In addition, the different advocacy tools being used by organisations were recorded. These included activism, awareness raising, education and training, legal advocacy, lobbying governments or transnational bodies such as the European Union and the United Nations, and research and publications.

The following section of this report presents the findings of this study using the categorisation described above.

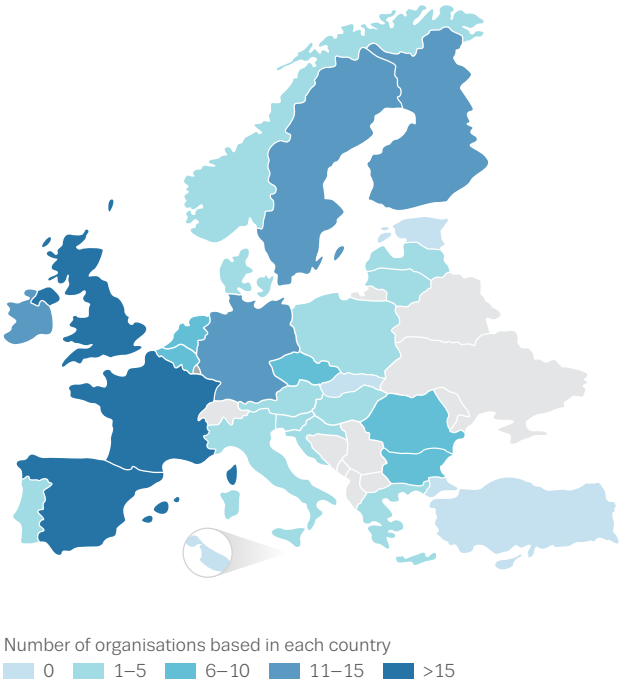
Overview of advocacy organisations in Europe

In this section, the findings on organisations engaged in drug policy advocacy are presented under the headings of location, scope of operation, type of organisation, advocacy tools, constituency base and policy objectives and orientations.

Number and location of drug policy advocacy organisations

Overall, 218 drug policy advocacy organisations with a live website presence were identified through the Internet searches in English, French and Spanish and the information provided by the Reitox national focal points (see Table A2 in the Annex). The organisations identified were mainly based in pre-2004 EU Member States in the north and west of Europe. This result may reflect a bias towards those countries whose languages were used in the Internet searches. Almost half of the organisations, (105, 48 %), were located in countries where the search languages were the main language spoken, namely

FIGURE 1:
Geographical distribution of advocacy organisations identified in the study



the United Kingdom (18 %), Spain (14 %), France (11 %) and Ireland (5 %). Smaller clusters were located in Germany (6 %), Sweden (6 %) and Finland (5 %), with the remainder dispersed thinly among the other EU Member States and Norway. No advocacy organisations were identified in six countries: Cyprus, Estonia, Luxembourg, Malta, Slovakia and Turkey (see Figure 1).

Three-quarters of the organisations' websites (77 %, 167) were found through the Internet searches; of these, more than two-thirds were identified through the English language search (71 %), with 16 % being identified through the French language search and 13 % through the Spanish language search (Table 3).

Local knowledge of the advocacy arena played an important role in this study. This is evident from the Reitox national focal points' identification of two-fifths (41 %) of the advocacy organisations that were located (Table 4). The data provided by the focal points helped compensate for the search bias introduced by the choice of languages.

TABLE 3
Advocacy organisations identified in the Internet search, by search language

	Number	Percent
English	119	71
French	27	16
Spanish	21	13
Total	**167**	**100**

TABLE 4
Source of information on advocacy organisations

	Number	Percent
Internet search only	129	59
National focal points only	51	23
Both Internet search and national focal points	38	17
Total	**218**	**100**

Scope of operation

The majority of advocacy organisations (69 %) operated on a national basis, less than one-fifth (17 %) had a local or regional remit and over one-tenth (14 %) had a European or international remit (Table 5).

Examples of the types of advocacy organisations active at a local level included Rezidenti Na Skalce proti drogam (Na Skalce Street residents against drugs) in Prague, who campaigned against the operation of a low-threshold facility in the neighbourhood. In Ireland, the Ballymun Youth Action Project campaigned for a community response to the drug problems in their area.

The majority of regional level advocacy organisations were based in Spain, reflecting the country's system of government and administration, which is organised into regional autonomous communities (*comunidad autónoma*). Among Spain's regional advocacy organisations are the supply control oriented network Fundación Galega Contra O Narcotrafico in Galicia and the Federacíon Andaluza ENLACE (Andalusian Federation of Drug Addiction and AIDS), a social justice and harm reduction support network. In Scandinavia, advocacy organisations tended to organise themselves on a regional basis across countries, such as the prohibition movement Norden Mot Narkotik (Nordic Countries Against Drugs). These organisations were also classified as being local or regional.

The category European or international was reserved for organisations specifically seeking to influence policy at these levels. Not included in this category are organisations that, although having a strong European presence, operate at a level best defined as national: an example is the Hungarian Civil Liberties Union, which focuses primarily on Hungary and Central and Eastern Europe.

TABLE 5
Scope of operation: number of advocacy organisations according to their primary level of operation

	Number	Percent
Local or regional	37	17
National	151	69
European or international	30	14
Total	**218**	**100**

Type of organisation

Three main types of policy advocacy organisations were identified: civil society associations (32 %); NGOs or third sector organisations (32 %); and alliances, coalitions and networks of existing organisations (26 %). Smaller proportions of advocacy organisations were classified as professional or representative bodies (6 %), among which were medical unions and associations of lawyers or law enforcement officers, and user groups (5 %) (Table 6).

In a general sense, all of the advocacy organisations fit under the rubric of civil society. However, within this domain lies a diverse collection of non-state, non-private, not-for-profit, third sector organisations that have different institutional capacities, structures and focuses. As outlined in the previous section, in order to assist the analysis, a distinction was made between these types of organisations. Advocacy organisations were designated as civil society associations if they were primarily voluntary in nature. Examples of such organisations include parent and family support groups (Parents Contre La Drogue, France), faith-based groups (Jesuit Centre for Faith and Justice, Ireland) and a range of cannabis activist groups such as the Hanfparade in Germany. Some overlap between cannabis activist groups and the 'user groups' category was unavoidable. In this study, only those advocacy organisations that explicitly declared their membership to be composed of 'users' were categorised as user groups; an example is the Austrian Verein 'Starke Süchtige' — Association of 'Strong Addicts'. It is possible, however, that the prevailing conditions in some countries may have discouraged organisations composed of users from revealing their use of drugs, and these would have been categorised as civil society organisations.

NGOs or third sector organisations were typically larger than other advocacy organisations, and were legally constituted organisations with formal rules of operation and paid employees. These included operational NGOs with a service provision remit (La Huertecica, Spain), campaigning NGOs (Project Konoplja.org, Slovenia), development or human-rights advocates (the Drug Equality Alliance, United Kingdom), opinion shapers (the UK Drug Policy Commission, UKDPC), and NGOs with an international focus (Mainline, Netherlands).

In this study, alliances and coalitions were defined as multidisciplinary networks of existing organisations with common goals. For example, the Rome Consensus for a Humanitarian Drug Policy is a network of national Red Cross and Red Crescent societies which promotes a humanitarian drug policy. Actis, a Norwegian policy network on alcohol and drugs, is an umbrella organisation for voluntary organisations working in prevention, treatment and rehabilitation.

Professional or representative bodies that promote the interests of their sectors or their clients included the Svenska

TABLE 6

Advocacy organisations classified by type of organisation

	Number	Percent
Alliance, coalition or network	57	26
Civil society association	69	31
NGO or third sector	69	32
Professional or representative body	12	6
User group	11	5
Total	**218**	**100**

Narkotika Polisföreningens Hemsidd (Swedish Narcotics Officers Association), made up of former and current law enforcement officers concerned with addressing drug-related crime. In Denmark, the Gadejuristen (Street lawyers) organisation provided legal aid to marginalised drug users. The Polska Sieć Polityki Narkotykowej (Polish Network on Drug Policy) is a network of professionals working in the drugs field, which aims to protect the rights of drug users to treatment and promotes drug policy debate.

Advocacy tools and constituency base

In the Internet searches, the main advocacy tools (to a maximum of three) used by each organisation were recorded (Table 7). The most common tool used by organisations to influence drug discourses and disseminate information was some form of awareness raising activity (used by 82 % of the organisations), such as participating in media debates, providing commentary, or using social media such as blogs, Facebook and Twitter.

More than half (52 %) of the advocacy organisations focused on lobbying at a national or EU–UN level, using policy submissions, petitions and participation in policy forums to bring attention to their issues of concern. Lobbying was used by organisations with divergent objectives, for example, the Associazione per la Cannabis Terapeutica (in Italy), which lobbied for the medicinal use of cannabis, and the Associação para um Portugal Livre de Drogas, which promoted opinions critical of harm reduction approaches and the decriminalisation of drugs in Portugal.

TABLE 7

Main advocacy tools used by advocacy organisations: number and percentage of the organisations found to use each tool

	Number	Percent
Activism	22	11
Awareness raising	179	82
Education and training	99	45
Legal advocacy	9	4
Lobbying government or EU and UN	114	52
Research and publications	68	31

Education and training tools, such as seminars and conferences, were used by nearly half (45 %) of the advocacy organisations to share and disseminate information on their viewpoints. Among the organisations using this approach is Jeunesse Sans Drogue, a prevention oriented organisation working in schools and colleges in France.

Almost a third (31 %) of the organisations sought to build and disseminate an evidence base through research and publications. Among the organisations adopting this approach were two in the United Kingdom: the Independent Scientific Committee on Drugs, founded to investigate and review the scientific evidence relating to drugs, and the Addiction Recovery Foundation, conducting research on drug-free recovery.

Activist strategies, such as demonstrations and marches, were employed by a small proportion of advocacy organisations (11 %). These advocacy organisations were more akin to social movements, such as the different national groups organising annual global cannabis marches (for example, the Marcha Global da Marijuana Lisboa, KANABA in Poland and the Marche Mondiale du Cannabis, France). A further small proportion of the drug policy advocacy organisations used legal advocacy to promote a human-rights based approach to drug policy (4 %); an example is the International Centre on Human Rights and Drug Policy in the United Kingdom.

Half of the organisations advocated on behalf of drug users (109, 50 %), with one-fifth of these (23, 21 %) advocating for cannabis users specifically, including medicinal cannabis users. Two-fifths of the organisations advocated for the benefit of society as a whole (89, 41 %), and these were largely engaged in public policy advocacy (56, 62 %) (Table 8).

TABLE 8

Main constituency base of advocacy organisations

	Number	Percent
All drug users	76	35
Cannabis users	21	10
Families of drug users	15	7
Marginalised users	10	5
Medicinal cannabis users	2	1
People living with HIV/AIDS	5	2
Wider society	89	41
Total	**218**	**100**

Policy advocacy objectives and orientations

Overall, the main focus of the advocacy organisations identified in this study was on practice development and delivery (142, 65 %). Over one-third of the organisations (39 %), the largest proportion, advocated for a harm reduction ethos in drug services. A further one-quarter (26 %) advocated for use reduction and a greater emphasis on prevention, abstinence and drug-free recovery. The remainder of the organisations focused on legislative reform, with almost one-quarter (23 %) seeking a reduction in drug controls and a liberalisation of drug policies ranging from decriminalisation, to regulation of consumption and legalisation. Just over one-tenth of the organisations (12 %) advocated for more restrictive drug policies or control reinforcement (Table 9).

TABLE 9

Primary objectives and orientations of drug policy advocacy organisations

Objective	Orientation	Number	Percent
Legislative change	Control reinforcement (prohibition, increased restrictions)	26	12
	Control reduction (regulation, decriminalisation, legalisation)	50	23
Practice development	Use reduction (prevention, abstinence, drug-free recovery)	57	26
	Harm reduction (public health, harm and risk reduction)	85	39
Total		**218**	**100**

The levels of activity and orientations of drug policy advocacy organisations in Europe reflect a number of factors. These include the diversity of public attitudes and opinion towards drug use both within and between Member States, as well as the diversity of treatment practice and service provision available in the context of different models of welfare provision across Europe. In addition, they also reflect the level of drug control and enforcement policies in operation, particularly regarding cannabis consumption. For example, the largest proportion of organisations advocating reductions in drug controls were based in the United Kingdom (30 %), as were the largest proportion of organisations advocating harm reduction (24 %). The largest proportion of organisations advocating control reinforcement were based in Sweden (31 %), while no organisations advocating control reduction were identified there. Among those advocating use reduction, the largest proportion was located in Spain (28 %), although in that country there was a more mixed range of organisations, with some advocating for control reduction, control reinforcement or harm reduction. Even allowing for some bias in this study due to the small number of languages used in the Internet search, these findings indicate a geographical divide on drug policy positions across Europe (Table 10). The following section of this report explores the types of advocacy that organisations were engaged in and the characteristics of these advocacy types.

TABLE 10

Geographical distribution and policy orientation of advocacy organisations located in Europe

Country	Control reduction		Control reinforcement		Harm reduction		Use reduction	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Austria	1	2			2	2		
Belgium	3	2			2	2	3	5
Bulgaria			2	8	2	2	2	4
Croatia					1	1		
Czech Republic	4	8	3	12				
Denmark					4	5		
Finland	2	4			2	2	7	12
France	5	10			5	6	10	18
Germany	6	12			4	5	3	5
Greece					1	1	1	2
Hungary	3	6			2	2		
Ireland					11	13		
Italy	1	2	1	4	1	1		2
Latvia					1	1		
Lithuania					3	4	2	4
Netherlands	4	8			2	2	1	2
Norway			2	8	1	1	1	2
Poland	1	2			2	2	1	2
Portugal	1	2	1	4	2	2		
Romania			1	4	4	5	1	2
Slovenia					2	2	1	2
Spain	4	8	3	12	8	9	16	28
Sweden			8	31	2	2	2	4
United Kingdom	15	30	1	4	20	24	4	7
Non country specific			1	4	1	1	1	2

Exploring the forms of advocacy organisations in Europe

The data collected about advocacy organisations for this study revealed a range of targeted activities undertaken with a view to influencing the attitudes and opinions of the public and policymakers. Such action is aimed at changing or maintaining the ethos and availability of service provision, national and international drug controls, or both. These advocacy processes are rooted in the aspiration that the desired outcome would improve the well-being of individuals, groups or societies affected by drug use. This section explores the different forms of advocacy engaged in by the organisations observed in this study (see also Table A1 in the Annex).

The nature of drug policy advocacy

Advocacy has emerged within civil society as a mechanism for 'having voice', particularly by, and on behalf of, marginalised and excluded groups or causes. However, rather than being a generic phenomenon, the literature review for this study revealed a distinction between different types of advocacy based on the social relationship and social distance between the advocate and the person or cause they are advocating for. This distinction, characterised by peer, professional and public policy advocacy provides the framework for analysis of advocacy organisations and their activities presented here.

Overall, almost half of the advocacy organisations (49 %) were involved in public policy (cause) advocacy, operating and campaigning at national or international level. One-third (35 %) were concerned with professional (case) advocacy, while the smallest grouping of advocacy organisations (17 %) conducted self or peer advocacy (Table 11).

TABLE 11

Advocacy organisations classified by type of advocacy

	Number	Percent
Peer	36	16
Professional (case)	76	35
Public policy (cause)	106	49
Total	**218**	**100**

Peer drug advocacy organisations

Self or peer advocacy is characterised by people speaking out for, representing the interests of, or defending the rights of themselves or their peers. In the drugs field, this was the least common type of advocacy work identified (17 %). However, these groups may not necessarily use a public 'shop-front' such as a website to promote their views, and may be under-represented in this study. Nonetheless, within this group, certain trends may be observed.

Over half (58 %) of the peer advocacy organisations were civil society associations, that is, mainly voluntary and self-help groups with a shared experience of drug use and drug-related harms. In France, for example, this included Keep-Smiling, a voluntary organisation providing risk reduction information at music festivals. One-fifth (19 %) of the peer advocacy organisations were user groups, such as the Danish Bruger Foreninger (Drug Users Union). A slightly smaller number (14 %) were alliances, such as the Citywide Drug Crisis Campaign in Ireland, a network of community-based organisations.

The majority of the peer advocates (two-thirds, 67 %) were organised on a national level, while a substantial proportion operated on a local or regional basis (25 %). Only a small number, such as the International Network of People who Use Drugs (INPUD), had the capacity to operate at a European or international level.

Peer advocacy organisations were mainly involved in awareness raising activities (92 %), lobbying (44 %) and education and training (44 %). Although the level of activism was low among advocacy organisations in general, peer advocates were more likely to use activist tools than were professional or public policy advocacy groups. For example, Act Up-Paris, an organisation for people living with HIV/AIDS, tries to garner support for drug consumption rooms, harm reduction and legalisation of cannabis by using public demonstrations and campaigns.

Seventy percent of the peer advocacy organisations represented the interests of either drug users (39 %) or the families of drug users (31 %). The largest proportion of peer organisations advocated for harm reduction services (44 %). Sizeable proportions were concerned with prevention, abstinence and drug-free recovery services (25 %) and the liberalisation of controls on drug use (22 %). Few peer advocacy organisations sought increased controls on drug use (8 %), and these were predominantly family support groups — such as Plovdiv (Mothers Against Drugs Association) in Bulgaria.

Professional drug advocacy organisations

Professional or 'case' advocacy is characterised by organisations speaking on behalf of specific persons or groups, often ones not in a position to do so independently. In the drugs field, the illicit nature of drug use and the stigma often attached to it would suggest that professional advocacy is a common practice to ensure that needs are met and entitlements to services are secured. Consequently, these professional-actors tend to have front-line service contact with drug-users, families and communities, and focus more on treatment practice and service provision. One-third (34 %) of the advocacy organisations identified in this study undertook such professional advocacy work.

More than half (57 %) of these advocacy organisations were operational NGOs that were independent of the state, although often in receipt of public funding, and involved in service provision. These included, for example, Proyecto Hombre, an influential therapeutic community in Spain and Turning Point, a nationwide public health and social care provider in the United Kingdom. Over a quarter (29 %) were alliances or networks, such as the RFHL (National Association for Aid to Drug Abusers) in Sweden, a federation of associations and citizens critical of current Swedish drug policy and campaigning for a public health approach to addiction. Only 1 % of professional advocates were user groups, such as the Methadone Alliance in the United Kingdom, a user-led harm reduction organisation providing advocacy, training and helpline services. Almost half of the professional advocates represented drug users (47 %), while over one-third (37 %) of them acted on behalf of the wider society. None of these organisations advocated specifically on behalf of cannabis (including medicinal cannabis) users.

Professional advocacy organisations were mainly focused on influencing national policies (71 %). An example is APDES in Spain, which seeks to reduce the risks associated with drug use and sex work. These organisations used an almost equal mix of awareness raising (66 %), education and training (61 %) and lobbying (57 %) to try to influence policies. A sizeable proportion (40 %) also used research evidence to substantiate their claims, such as the Scottish Drugs Forum in the United Kingdom and EUROPAD (European Opiate Addiction Treatment Association) in Italy.

These advocacy organisations were mainly oriented towards service and practice development, rather than drug controls. The majority (63 %) advocated for a harm reduction approach; an example is DIA+LOGS in Latvia, a resource centre campaigning for the development and operation of a low-threshold centre for people living with HIV/AIDS and at-risk drug users. A smaller number advocated for a prevention or drug-free recovery approach (36 %); an example of these organisations is the European Federation of Therapeutic Communities, which is

based in Belgium and operates at the European and international levels. However, the distinction between harm reduction and prevention or abstinence approaches was less marked in some counties. In Spain, for example, organisations advocating harm reduction generally also championed prevention and drug-free recovery, as in the case of the Fundación Atenea Grupo GID organisation, which works on prevention and social reintegration programmes as well as providing an opioid substitution service.

Public policy drug advocacy organisations

Public policy or 'cause' advocacy represents the interests of, or defends the rights of, a group of people or the general public. These advocacy organisations are mainly concerned with establishing rights or entitlements, promoting or resisting legislative or policy change, and are strongly influenced by ideals of social justice.

In the drugs area, public policy advocacy is largely undertaken by civil society associations (45 %), such as the Asociación Cannabica Valenciana in Spain, which campaigns for the normalisation of cannabis use. It is also undertaken by NGOs (22 %), like Project Konoplja, a pro-harm reduction organisation in Slovenia, which aims to inform people about cannabis. Coalitions, networks and alliances are also involved in this type of advocacy (28 %), such as the Nordic Alcohol and Drug Policy Network (NORDAN), in Finland, which campaigns for a restrictive drugs and alcohol policy. Although these organisations have a predominantly national focus (70 %), a higher proportion of them operate at an international or European level (18 % in total) compared to peer and professional advocates.

Public policy advocates mainly carry out awareness-raising activities (91 %), in different media forms, to promote debate and discussion on their cause; an example is Huumeboikotti, a prevention oriented civil society association in Finland. Just over half (52 %) use lobbying tactics at a national and international level (see next section). Education and training tools and research evidence are used by similar proportions (35 % each). Over half (52 %) of the public policy advocates act on behalf of society at large, while a further substantial proportion represent the cause of drug users (25 %), and cannabis users specifically (18 %).

The largest proportion of public policy advocates — two-fifths (40 %) — campaign for a reduction in drug controls. This ranges from decriminalisation and regulation, as in the case of the UK-based Release, to legalisation, as promoted by Legalizace.cz, a cannabis campaigning organisation in the Czech Republic. Similar proportions (one-fifth each) of these organisations advocate for a prevention or abstinence approach, drug control reinforcement and harm reduction.

Advocacy organisations operating at the European or international level

The public policy drug advocacy organisations that operate at the European and international levels tend to have a greater degree of visibility than those campaigning at the national level. Looking at the specific patterns and trends present in this group of organisations further informs our overall understanding of drug policy advocacy. It is important to note that a number of drug public policy advocacy organisations with a presence and a voice in Europe and internationally do not fall within the scope of this study as they are not based in Europe ([5]). This section of the report explores the variety and scope of the different advocacy organisations operating at the European or international level.

Just a small proportion of the public policy advocacy actors (9 %) sought to influence drug policy at a European or international level (Table 12). This small group of organisations is, nonetheless, influential in placing issues on the drug policy agenda.

TABLE 12

European and international public policy advocacy organisations, classified by advocacy orientation

Advocacy orientation (number of organisations and percentage)	Organisation
Control reduction (7, 37 %)	Beckley Foundation
	ENCOD (European Coalition for Just and Effective Drug Policies)
	European Drug Policy Initiative (EDPI)
	International Centre on Human Rights and Drug Policy
	International Drug Policy Consortium (IDPC)
	Transform Drug Policy Foundation
	Transnational Institute (Drugs and Democracy)
Harm reduction (5, 26 %)	Correlation Network
	Diogenis (Drug Policy Dialogue in South East Europe)
	Eurasian Harm Reduction Network (EHRN)
	Euro HRN (European Harm Reduction Network)
	Harm Reduction International (HRI)
Use reduction (4, 21 %)	Dianova International
	EURAD (Europe Against Drugs)
	FAD (Fundación de Ayuda contra la Drogadicción)
	FDFE (Foundation for a Drug-Free Europe)
Control reinforcement (3, 16 %)	European Cities Against Drugs (ECAD)
	IOGT International
	World Federation Against Drugs (WFAD)
Total 19	

([5]) Examples include: the Global Commission on Drugs Policy, in Brazil; the Drug Policy Alliance and the Drug Free America Foundation, Inc, both in the US.

These advocacy organisations operate from different spaces along a continuum of advocacy orientation. At one end of this range are organisations calling for a reduction in drug controls and the decriminalisation and regulation of drug use (mainly cannabis), such as Transform Drug Policy Foundation. On the other end are control reinforcement advocates seeking a drug-free world, like European Cities Against Drugs.

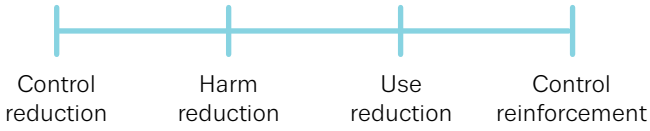
Overall, the main advocacy orientation of these organisations, over one-third (37 %), was towards a reduction in drug controls, with about a quarter advocating for harm reduction (26 %) and a fifth for use reduction (21 %). The remaining 16 % called for the reinforcement of drug control legislation. These proportions differ from the orientation of advocacy organisations as a whole, where the primary concern was with harm reduction (39 %), followed by use reduction (26 %), control reduction (23 %) and control reinforcement (12 %). This reflects the focus of public policy advocacy in general and the current focus of discourses on drug control reform at both European and international levels.

These policy actors, though advocating for different objectives, share a number of similarities in terms of their advocacy practice, tools and constituency base. For example, all of these organisations used a similar set of advocacy tools, though to different effect. These consisted of awareness raising, networking and knowledge exchange, lobbying, legal advocacy, education and training, and research to promote and support their cause.

Awareness raising tools were used to influence the attitudes and beliefs of both the public and policymakers, as well as to develop drug policy discourses in line with the standpoint of the organisation. A number of different forms of awareness raising were employed. These included participating in media debates, monitoring and providing commentary on drug-related news (as favoured by the World Federation Against Drugs) and using social media like blogs, Facebook and Twitter to influence drug discourses and disseminate information. The European Drug Policy Initiative (EDPI), a project established by the Hungarian Civil Liberties Union (HCLU), for example, used innovative videos to promote debate and influence public opinion.

In addition to seeking to secure support for their cause, public policy advocates placed a great deal of emphasis on networking, on working collaboratively and exchanging knowledge with like-minded groups. As a result, a complex web of connections was found between the policy actors grouped at similar ends of the advocacy orientation continuum (see Figure 2). For example, at the control reinforcement and use reduction end of the continuum, IOGT International and the Foundation for a Drug-Free Europe (FDFE) were members of the World Federation Against Drugs (WFAD). At the control reduction end, the International

FIGURE 2
The continuum of policy advocacy orientation



Drug Policy Consortium (IDPC) had originated at a meeting established by the Beckley Foundation. The IDPC's members included the Beckley Foundation, Transform Drug Policy Foundation, Transnational Institute, Eurasian Harm Reduction Network (EHRN), Correlation Network and Diogenis, with the latter also working collaboratively with the Transnational Institute. In the harm reduction field, EHRN and Euro HRN are effectively regional branches of Harm Reduction International (HRI). Both organisations were established at international harm reduction conferences to bring together advocates in their respective areas. In addition, the directors of HRI had founded the International Centre on Human Rights and Drug Policy.

Alongside these networks, there were many funding linkages between these organisations. For example, several had connections to the philanthropic Open Society Institute, which funds groups advancing public health and human rights among marginalised communities. This is evident in the work of Eurasian HRN, EDPI, IDPC and the Transnational Institute.

Policy actors along the advocacy continuum targeted and forged organisational relationships with a broad range of stakeholders. These included EU and UN institutions, policymakers, civil and public servants, social partners, public commentators and other relevant actors, in order to promote dialogue and connect policy, practice and research.

All of the organisations operating at European or international level focused on using 'insider strategies' (Carbert, 2004) to lobby and influence service provision and legislation. This was done by participating in, and/or making submissions to, the institutional mechanisms which facilitate civil society involvement in drug policy formation, albeit at a consultative level. At EU level, this involved the EU Civil Society Forum on Drugs, which included participants from Correlation, Diogenis, ENCOD, Eurasian HRN and EURAD. Consultative status with the Economic and Social Council (ECOSOC) of the United Nations was held by Dianova International, Diogenis, Eurasian HRN, FAD, HRI, IOGT International and Transform Drug Policy Foundation. The following were members of the Vienna NGO Committee on Narcotic Drugs: the Beckley Foundation, IDPC, ENCOD, Transform Drug Policy Foundation, Transnational Institute, Dianova International, EURAD, Foundation for a Drug-Free Europe (FDFE), European Cities Against Drugs (ECAD), IOGT International, World Federation Against Drugs (WFAD).

At the public policy advocacy level, research and building an evidence base were identified as central components of the work of almost all of the organisations. In this respect, the Beckley Foundation, the International Drug Policy Consortium and the Transnational Institute were particularly prolific in undertaking, commissioning and publishing original research, and in providing 'rational' and 'objective' evidence to inform effective drug policies. In contrast, advocacy actors at the 'control reinforcement' and use reduction end of the continuum focused on collating and disseminating research that illustrated the dangers of drugs to individuals, families and society. These latter actors also placed considerable emphasis on information-based prevention with young people and in schools; an example is FAD (Fundación de Ayuda contra la Drogadicción, Foundation Against Drug Addiction) in Spain.

Legal advocacy and a concern with human rights were recurring themes among the policy actors. However, differences existed between them. For example, some harm reduction organisations took a human-rights based approach to their work, and cited the rights of drug users to health and medical care enshrined in the UN Charter. In contrast, IOGT International argued that drugs constituted a threat to the dignity and freedom of people — rights also enshrined in the UN Charter — while the World Federation Against Drugs cited a moral, rather than legal, right of people to live in a drug-free world.

Legal advocacy tools were used in a proactive way by several organisations. The International Centre on Human Rights and Drug Policy sought to make a case for reconciling the international narcotics control conventions with international human rights law. Through its Global Initiative for Drug Policy, the Beckley Foundation used legal advocacy to demonstrate how the UN drug control conventions could be rewritten to allow needs-based domestic drug policies. Actors concerned with maintaining the status quo of drug control legislation, such as European Cities Against Drugs (ECAD) and Europe Against Drugs (EURAD), focused on monitoring trends in national and European legislation to highlight and oppose loopholes that facilitated the sale and use of 'legal highs' and the operation of 'head shops', 'coffee shops' and drug consumption rooms.

In terms of their constituency base, control reduction and harm reduction actors mainly advocated on behalf of people using drugs. Use reduction and control reinforcement organisations, on the other hand, mainly advocated on behalf of the wider society and, in particular, young people and families.

Taken together, the analysis of these advocacy organisations highlights several themes. Organisations advocating for a reduction in drug controls focused on the perceived ineffectiveness of current global drug policy with regard to the crime, violence and corruption that it engendered; and the human rights derogations that have occurred as a result. They espouse a worldview in which most drug-related harm is caused by prohibition, rather than drug use, and they seek to evolve policy options ranging from the decriminalisation of possession offences to the regulation of drugs such as cannabis (for example, the Beckley Foundation) and the establishment of cannabis and cocoa leaf social clubs ([6]) (such as ENCOD). Harm reduction advocates were closely allied to those advocating control reduction through collaborative linkages, as described above, though the main focus of these groups was on service reform. Stemming from public health concerns with HIV/AIDS in the 1980s and 1990s, these organisations focused mainly on access to services and service user involvement in decision making on their treatment from a rights-based perspective.

Advocates of use reduction focused on drug education, prevention and abstinence or drug-free recovery. As observed earlier, in countries such as Spain, harm and use reduction actors operate side by side in service delivery and development. However, in other countries and at the European or international policy level, a dichotomy and a tension could be observed between both positions.

Those advocating drug control reinforcement sought a drug-free world and the eradication of drug use through education and law enforcement. Organisations promoting this position, such as the World Federation Against Drugs, emphasised the protective aspects of prohibition with regard to preserving traditional value systems and family life. The key themes emerging from this policy constellation were that drugs destroy lives, and that children, adolescents and families should be protected.

Conclusions

As the landscape of drug policy has changed and expanded from its historical origins, so too has the nature of advocacy in this policy area. New forums and media have emerged for representing and communicating the positions of advocacy groups seeking to shape drug policy. There are more channels available for making a direct input into the policy process through, for example, participation in consultative forums, as well as the submission of policy proposals, at the national, EU and international levels. In addition, the advancement of electronic communication methods has facilitated the publication of reports and policy briefings, the maintenance of an online presence through websites and social media, and an engagement with print, radio and television. All of these have contributed to a more rapid, organised and impact-oriented form of drug policy advocacy.

([6]) Cannabis social clubs are non-commercial organisations that organise the cultivation of limited amounts of cannabis for the personal needs of club members. Clubs are currently active in Germany, the Netherlands and Spain.

At one level, advocacy organisations can be classified as belonging to civil society. Yet, a variety of non-state, not-for-profit, third sector organisations with different institutional capacities, structures and focus operate within this space for collective action between the state and the market. Advocacy communities consist of a range of individuals and groups including those driven by personal, family and community experiences of drugs, those that act on the basis of insights gained from research and activists motivated by ideals of social justice. In addition, several contexts influence the positions adopted by these organisations. These include the prevailing local norms regarding drug use, drug control and regulation, local levels of law enforcement, and the models of welfare provision that shape the availability and practice of services addressing drug use and drug-related harms.

Through exploring the website-based presence of over two hundred drug policy advocacy organisations, this study provides an insight into the policy actors which were identified as operating within this contemporary advocacy sphere. These organisations are engaged in a process of targeted activities, which are undertaken with a view to influencing the attitudes and opinions of the public and policymakers about changing or maintaining the ethos and availability of drug service provision, and/or changing or maintaining national and international drug controls. These processes were seen to be grounded in aspirations for an improvement in the well-being of the individuals, groups or societies affected by drug use.

The majority of the 218 advocacy organisations identified in this study operate at the national level (69 %), with about one-tenth (14 %) having a European or international sphere of activity. Among these, three main types of organisations were found: civil society associations (32 %); NGOs or third sector organisations (32 %); and alliances, coalitions or networks of existing organisations (26 %). Their objectives and orientations were either in the area of service and practice development (both harm reduction (39 %) and use reduction (26 %)), or of drug control legislation (both control reduction (23 %) and control reinforcement (12 %)).

Overall, almost half of the advocacy organisations (48 %) were involved in public policy 'cause' advocacy. One-third (34 %) were concerned with professional 'case' advocacy, while the smallest grouping of advocacy organisations (16 %) conducted 'self' or 'peer' advocacy.

Advocacy organisations used a set of tools and strategies to communicate their positions and to influence policy and practice. Among the most common methods used were participation in media debates and social media sites (such as blogs, Facebook, Twitter) to raise awareness, influence dialogue and disseminate information. Lobbying at the national, EU or UN levels through policy submissions, petitions and policy forums plays an important role, as does information dissemination though participation in education, training, seminars and conferences. Traditional activist strategies, such as demonstrations and marches, were used by a small proportion of organisations. This may reflect, in part, the increased scope for engagement with policymakers and for communicating policy positions through modern technology.

A small number of public policy advocacy organisations operated at the EU or international level (19). These organisations are influential in shaping drug policy discourses. Over one-third of these (36 %) advocated for a reduction in drug controls, one-quarter (26 %) supported harm reduction, one-fifth (21 %) promoted use reduction, and the remaining 15 % called for the reinforcement of drug control legislation. Their primary advocacy focus on legislative change and the reduction of drug controls differed from the orientation of advocacy organisations as a whole, whose primary concern was with practice development and harm reduction. These positions reflect the focus of public policy advocacy in general (as distinct from professional and peer advocacy) and the current discourses on drug control reform at both European and international levels.

Changes in the nature, methods and impact of advocacy in the drugs area are evolving against a backdrop of ongoing economic and financial problems in the European Union. As drug services and law enforcement agencies come under increased financial pressure, it is likely that the number and type of policy actors engaged in advocacy will grow. Equally, as communities affected by drug problems experience renewed difficulties in providing services, an increased impetus to engage in advocacy may emerge. One way in which this may affect the practice of advocacy, is to shift more organisations towards the use of free social media tools to engage in dialogue and disseminate information. These easily accessible and rapid media tools offer a level of 'voice' that was previously difficult and resource-heavy to acquire and sustain. It will remain to be seen if information technology-based advocacy, as opposed to more traditional methods, such as insider advocacy strategies targeted at the institutional spaces where drug policy is discussed, will provide the means for shaping policy and service provision in the future.

Annex

TABLE A1

Summary of characteristics of advocacy organisations by advocacy type

	Advocacy type (number and percentage of organisations)		
	Peer (36, 17 %)	**Professional (76, 35 %)**	**Public policy (106, 49 %)**
Organisation type	Civil society association (58 %)	NGO or third sector (57 %)	Civil society association (45 %)
	User group (19 %)	Alliance, coalition, network (29 %)	Alliance, coalition, network (28 %)
	Alliance, coalition, network (14 %)	Professional or representative body (13 %)	NGO or third sector (22 %)
	NGO or third sector (9 %)	User group (1 %)	User group (3 %)
			Professional or representative body (2 %)
Scope	National (67 %)	National (71 %)	National (70 %)
	Local or regional (25 %)	Local or regional (19 %)	European or international (18 %)
	European or international (8 %)	European or international (11 %)	Local or regional (12 %)
Constituency	All drug users (39 %)	All drug users (47 %)	Wider society (52 %)
	Families of drug users (31 %)	Wider society (37 %)	All drug users (25 %)
	Wider society (17 %)	Marginalised users (11 %)	Cannabis users (18 %)
	People living with HIV/AIDS (8 %)	Families of drug users (4 %)	Marginalised users (2 %)
	Cannabis users (6 %)	People living with HIV/AIDS (1 %)	Medicinal cannabis users (2 %)
			Families of drug users (1 %)
			People living with HIV/AIDS (1 %)
Main advocacy tools	Awareness raising (92 %)	Awareness raising (66 %)	Awareness raising (91 %)
	Lobbying (44 %)	Education and training (61 %)	Lobbying (52 %)
	Education and training (44 %)	Lobbying (57 %)	Education and training (35 %)
	Activism (17 %)	Research and publications (40 %)	Research and publications (35 %)
	Legal advocacy (6 %)	Legal advocacy (4 %)	Activism (13 %)
	Research and publications (3 %)	Activism (3 %)	Legal advocacy (4 %)
Advocacy orientation	Harm reduction (44 %)	Harm reduction (63 %)	Control reduction (40 %)
	Use reduction (25 %)	Use reduction (36 %)	Use reduction (21 %)
	Control reduction (22 %)	Control reinforcement (1 %)	Control reinforcement (20 %)
	Control reinforcement (8 %)		Harm reduction (20 %)

TABLE A2

Drug policy advocacy organisations by country of location

Country (number of organisations)	Name of organisation
Austria (3)	Elternkreis Wien (Verein zur Förderung der Selbsthilfe für Angehörige von Suchtkranken)
	ÖVDF (Österreichischer Verein für Drogenfachleute)
	Verein 'Starke Süchtige' (Association of 'Strong Addicts')
Belgium (8)	ENCOD (European Coalition for Just and Effective Drug Policies)
	EURAD (Europe Against Drugs)
	European Federation of Therapeutic Communities
	European Public Health Alliance
	FDFE (Foundation for a Drug-Free Europe)
	Fédération des Étudiants Libéraux
	Modus Vivendi
	Trekt uw plant vzw (Cannabis Social Club)
Bulgaria (6)	Adaptation Association
	Better Mental Health Foundation
	Index Foundation
	Initiative for Health Foundation
	Plovdiv (Mothers Against Drugs)
	Varna (Association of Parents 'Stop Drugs')
Croatia (1)	TERRA
Czech Republic (7)	Konopí je lék, Edukativní Konopí Klinika (Cannabis is a cure, Educational cannabis clinic)
	Legalizace.cz
	Občanské Sdružení Konopa (Civic Association Hemp)
	Občanské Sdružení Vlastenecká Fronta (Civic Association Patriotic Front)
	Občanské Sdružení Změňpolitiku.cz (Civic Association Change the Policy)
	Rezidenti Na Skalce proti drogám (Residents on Na Skalce Street against drugs)
	Vlastenecký Klub (Civil Association Patriotic Club)
Denmark (4)	Danish Society for Addictive Medicine
	Bruger Foreninger (Drug Users Union)
	Gadejuristen (Streetlawyers)
	National Association of Families to Drug Users
Finland (11)	A-Klinikkasäätiö (A-Clinic Foundation)
	Ehkäisevä Päihdekyö EHYT RY
	Elämäntapaliitto ry (Association for Healthy Lifestyles)
	Finnish Cannabis Association (FCA)
	Huumeboikotti
	Irti Huumeista Ry (Free From Drugs)
	Nordic Alcohol and Drug Policy Network (NORDAN)
	SOSTE (Suomen sosiaali ja terveys ry, Finnish Society for Social and Health)
	Stop Huumeille RY
	Turun Seudun Kannabisyhdistys (Turku Cannabis Association)
	YAD (Youth Against Drugs RY)

Continues on next page

TABLE A2 (CONTINUED)

Country (number of organisations)	Name of organisation
France (23)	18 Joint
	Act Up-Paris
	AFR (Association française de réduction des risques, French harm reduction association)
	AIDES
	Association Vigilance
	ASUD
	CAAT (Conseils Aide et Action contre la Toxicomanie)
	C'est quoi la drogue
	CNID (Comité National d'Information sur la Drogue)
	Drogue Danger Débat
	Enfance Sans Drogue
	Fédération Addiction
	FNAPT (La Fédération Nationale des Associations de Prévention Toxicomanie)
	Free Cannabis
	Jeunesse Sans Drogue
	KS Keep-Smiling
	L'ANPAA (L'Association Nationale de Prévention en Alcoologie et Addictologie)
	L'Association Nationale EDVO (l'espoir du Val d'Oise)
	Le Phare
	Marche Mondiale du Cannabis
	Parents Contre La Drogue
	Réseau Français de Réduction des Risques (RDR)
	Stop à la drogue
Germany (13)	akzept e.V.
	Bundesverband der Eltern und Angehörigen für akzeptierende Drogenarbeit e.V. (Accepting Parents)
	Cannabislegal.de
	DHS (German Centre for Addiction Issues)
	DHV (Deutscher Hanf Verband)
	DJV (Deutscher Jugendschutz-Verband)
	FVS (Fachverband Sucht e.V., German Council on Alcohol and Addiction)
	German Society of Addiction Medicine
	Hanfparade
	INDRO e.V.
	JES bundesverband (Junkies, Ehemalige, Substituierte)
	Schildower Kreis
	Verein für Drogenpolitik e.V.
Greece (2)	Diogenis (Drug Policy Dialogue in South East Europe)
	Pyxida
Hungary (5)	European Drug Policy Initiative (EDPI)
	Hungarian Civil Liberties Union (HCLU)
	Kendermag Egyesület (Hemp Seed Association)
	MADÁSZSZ (Magyar Drogprevenciós és Artalomcsökkentö Szervezetek Szövetsége, Association of Hungarian Organisations for Drug Prevention and Harm Reduction)
	MAT (Magyar Addiktológiai Társaság, Hungarian Association of Addictology)

Continues on next page

TABLE A2 (CONTINUED)

Country (number of organisations)	Name of organisation
Ireland (11)	Ana Liffey Drug Project
	Ballymun Youth Action Project
	Citywide Drugs Crisis Campaign
	Family Support Network
	ICON (Inner City Organisations Network)
	INEF (Irish Needle Exchange Forum)
	Irish Penal Reform Trust
	Jesuit Centre for Faith and Justice
	Merchants Quay Ireland (MQI)
	SAOL
	UISCE (Union for Improved Services, Communication and Education)
Italy (4)	Associazione Osservatorio Droga
	Associazione per la Cannabis Terapeutica (ACT)
	EUROPAD (European Opiate Addiction Treatment Association)
	San Patrignano
Latvia (1)	DIA+LOGS
Lithuania (5)	DEMETRA (Association of HIV affected women and the family)
	Eurasian Harm Reduction Network (EHRN)
	Galiu Gyventi
	Labdaros ir paramos fondas Krizių prevencijų centras
	Mentor Lietuva (Mentor Lithuania)
Netherlands (7)	De Regenboog Groep
	Landelijke Stichting Ouders en Verwanten van Drugsverslaafden (Foundation of parents and relatives of drug addicts)
	Mainline
	Stichting Drugs Beleid (Netherlands Drug Policy Foundation)
	Stichting Legalize! (Legalise Foundation)
	Transnational Institute (Drugs and Democracy)
	Verbond Voor Opheffing van het Cannabisverbod (Association for the Abolition of Cannabis Prohibition)
Norway (4)	Actis (Norwegian Policy Network on Alcohol and Drugs)
	Fagrådet (Council on Alcohol and Drug Problems in Norway)
	Forbundet Mot Rusgift (FMR, League against intoxicants — LIA)
	LMS (Landsforbundet Mot Stoffmisbruk)
Poland (4)	MONAR
	Polska Sieć Polityki Narkotkyowej (PSPN, Polish Network on Drug Policy)
	Powrót Z U (Association of Parents of Addicts)
	Stowarzyszenie na Rzecz Racjonalnej i Efektywnej Polityki Narkotykowej KANABA (Association on Rational and Effective Drug Policy KANABA)
Portugal (4)	APDES (Agência Piaget para o Desenvolvimento)
	Associação para um Portugal Livre de Drogas
	GAT (Grupo Português de Activistas Sobre Tratamentos de VIH/SIDA)
	Marcha Global da Marijuana Lisboa (MGM Lisboa)
Romania (6)	ALIAT (Alliance for fighting against Alcoholism and Drug Addiction)
	FIC (Foundation for Community Care Services)
	Integration
	Romanian Harm Reduction Network
	ROSAAC (Romanian Substance Abuse and Addiction Coalition)
	Stichting Romanian Children's Humanitarian Foundation

Continues on next page

TABLE A2 (CONTINUED)

Country (number of organisations)	Name of organisation
Slovenia (3)	DrogArt
	Project Konoplja.org
	Zveza društer na področju drog v Sloveniji
Spain (31)	ABD (Asociación Bienestar y Desarrollo)
	ACP (Asociación Civica para la Prevención)
	ADAFAD
	ALUCOD (La Asociación de Lucha Contra las Drogas)
	Apriacyl
	Asociación Andaluza de Profesionales en Drogodependencias (APRODA)
	Asociación Cannabica Valenciana
	Asociación contra la droga Clara Maria
	Asociación de Entidades de Centros de Día de Dependencias (ASECEDI)
	Asociación de Deportistas contra la droga (ADCD)
	Asociación Vieriro
	Cañamo
	Dianova International
	EDEX
	FAD (Foundation Against Drug Addiction)
	Federación Andaluza ENLACE
	Federación de Asociaciones Cannabicas (FAC)
	Fundación Atenea Grupo GID
	Fundación Galega Contra O Narcotráfico
	Fundación Salud y Communidad
	Fundación Vivir Sin Drogas
	Hegoak
	IREFREA (European Institute of Studies on Prevention)
	JIRA (la juventud independentista revolucionaria andaluza)
	La Huertecica
	Niños y Padres Contra la Droga (NYPACOLD)
	Plataformavecinal
	Políticas de drogas y sostenibilidad
	Proyecto Hombre
	Socidrogalcohol
	UNAD (Unión de Asociaciones y Entidades de Atención al Drogodependiente)
Sweden (12)	European Cities Against Drugs (ECAD)
	Föräldraföreningen Mot Narkotika (FMN, Parents Association Against Drugs)
	IOG-NTO
	IOGT International
	KSAN (WOCAD, Women's Organisation Committee on Alcohol and Drug Issues)
	RFHL (National Association for Aid to Drug Abusers)
	RNS (Riksförbundet Narkotikatritt samhäile, Swedish National Association for a Drug-Free Society)
	SLAN (Sveriges Landsräd för alkohol och- narkotikafrögor, The Swedish Youth Council on Alcohol and Drugs)
	SIMON (Svenskar och Invandrare mot Narkotika, Swedes and Immigrants against Narcotics)
	SNPF (Svenska Narkotika Polisföreningens Hemsidd, Swedish Narcotics Officers Association)
	Svenska Brukarföreningen (Swedish Drug Users Union)
	World Federation Against Drugs

Continues on next page

TABLE A2 (CONTINUED)

Country (number of organisations)	Name of organisation
United Kingdom (40)	Action on Addiction
	Addaction
	Addiction Recovery Foundation (ARF)
	Adfam (Families, drugs and alcohol)
	Beckley Foundation
	Clear: Cannabis Law Reform
	Correlation Network
	Drug Education Forum
	Drug Equality Alliance (DEA)
	Drugscope
	EAta
	Euro HRN (European Harm Reduction Network)
	Free Casey
	Harm Reduction International
	Independent Scientific Committee on Drugs
	International Centre on Human Rights and Drug Policy
	International Doctors for Healthy Drug Policies
	International Drug Policy Consortium
	International Network of People who Use Drugs (INPUD)
	Know Drugs
	London Drug and Alcohol Network (LDAN)
	Methadone Alliance
	National Needle Exchange Forum UK
	Parents Against Lethal Addictive Drugs (PALAD)
	Positive Prevention Plus (formerly National Drug Prevention Alliance)
	Re:vision Drug Policy Network
	Release
	Re-Solv
	Scottish Drugs Forum
	Scottish Families Affected by Drugs
	Society for the Study of Addiction (SSA)
	Students for Sensible Drug Policy UK
	The Hempire
	The UK Cannabis Internet Activist (UK CIA)
	Transform Drug Policy Foundation
	Turning Point
	UK Drug Policy Commission (UKDPC)
	UK Harm Reduction Alliance (UKHRA)
	Women's Harm Reduction International Network (WHRIN)
	Youth RISE (Resource Information Support Education)
No country specified (3)	Euronet (European Network for Practical Approaches in Addiction Prevention)
	Norden Mot Narkotik (NMN, Nordic Countries Against Drugs)
	Rome Consensus for a Humanitarian Drug Policy

References

- Baumgartner, F. R. and Leech, B. L. (1998), *Basic interests: The importance of groups in politics and political science*, Princeton University Press, Princeton.
- Bruun, K., Pan, L. and Rexed, I. (1975), *The gentlemen's club: International control of drugs and alcohol*, University of Chicago Press, Chicago.
- Carbert, A. (2004), 'Learning from experience: Activist reflections on 'insider-outsider' strategies', *Spotlight* 4, Association for Women's Rights in Development.
- Charlois, T. (2009), *The EU civil society forum on drugs*, European Drug Policies Consulting (http://thierry-charlois.typepad.com/files/thierry-charlois---civil-society-forum-on-drugs.pdf).
- Coffman, J., Hendricks, A., Kaye, J., Kelly, T. and Masters, B. (2007), *The advocacy and policy change composite logic model to guide evaluation decisions*, Harvard Family Research Project, Harvard.
- Council of the European Union (2012), *EU drugs strategy (2013–2020)*, CORDROGUE 101, doc. 17547/12.
- European Commission (2006), *Green paper on the role of civil society in drugs policy in the European Union*, COM (2006) 316 final.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2011), *Online sales of new sychoactive substances/'legal highs': summary of results from the 2011 multilingual snapshots*, Publications Office of the European Union, Luxembourg.
- Hammer, M., Rooney, C. and Warren, S. (2010), *Addressing accountability in NGO advocacy: Practice, principles and prospects of self-regulation* (Briefing paper No. 125). One World Trust (http://idl-bnc.idrc.ca/dspace/bitstream/10625/49891/1/IDL-49891.pdf).
- Hillebrand, J., Olszewski, D. and Sedefov, R. (2010), 'Legal highs on the internet', *Substance Use & Misuse* 45 (3), pp. 330–340.
- Hindess, B. (2002), 'Deficit by design', Australian Journal of Public Administration 61(1), pp. 30–38.
- McConnell, A. (2010), *Understanding policy success: Rethinking public policy,* Palgrave, London.
- Musto, D. F. (1999), *The American disease: Origins of narcotics control*, 3rd edition, Oxford University Press, Oxford.
- O'Gorman, A. and Moore, M. (2012), *Mapping study of drug policy advocacy organisations in Europe* (final report), EMCDDA, Lisbon (www.emcdda.europa.eu/publications/advocacy/mapping-study).
- Reid, E. (1999), 'Nonprofit advocacy and political participation', in Boris, E. T. and Steuerle, C. E. (editors) *Nonprofits and government: Collaboration and conflict*, Urban Institute Press, Washington, D.C.
- Reisman, J., Gienap, A. and Stachowiak, S. (2007), *A guide to measuring advocacy and policy*, Annie E. Casey Foundation, Baltimore, Maryland.
- Solberg, U., Sedefov, R. and Griffiths, P. (2011), 'Developing a sound methodology to monitor the online availability of new drugs/''legal highs'', in Fountain, J., Frank, V. A. and Korf, D. J. (editors), *Markets, methods and messages: Dynamics in European drug research*, Pabst Science Publishers, Lengerich.
- Stachowiak, S. (2007), *Pathways for change: 6 theories about how policy change happens*, Organizational Research Services, Seattle.

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The European Monitoring Centre for Drugs and Drug Addiction is the hub of drug-related information in Europe. Its mission is to provide the European Union and its Member States with 'factual, objective, reliable and comparable information' on drugs and drug addiction and their consequences. Established in 1993, it opened its doors in Lisbon in 1995, and is one of the European Union's decentralised agencies. The Centre offers policymakers the evidence base they need for drawing up drug laws and strategies. It also helps professionals and researchers pinpoint best practice and new areas for analysis.

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