



Assessment Report

Civil Society Involvement in Drug Policy in EU Member States

Colophon

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1. Background

On the European Union level, the issue of how to strengthen the civil society involvement (CSI) in drug policy has increasingly attracted attention over the last few years, starting with the presentation of the "Green Paper on the role of Civil Society in Drugs Policy in the European Union" by the European Commission (2006) and the subsequent establishment of the "Civil Society Forum on Drugs" as a platform for regular dialogue on policy development and implementation between the Commission and representatives of European civil society. How the Civil Society Forum on Drugs is to be involved in EU drugs policy is further defined in the current EU Action Plan on Drugs 2017-2020 (Council of Europe 2017). However, the current action plan does not only refer to civil society involvement on the EU level, but also calls for action on the national level to "promote and strengthen dialogue with, and involvement of, civil society and the scientific community in the formulation, implementation, monitoring and evaluation of drug policies". The successful implementation of best practice in drug demand reduction in the member states, is further hinged (among other indicators) on the "involvement of civil society in the implementation of the standards, including in planning and introduction".

This assessment report will focus on the involvement of civil society in the national drug policies of the EU member states. Its objective is to gain a better insight and create a better understanding of the nature and extent of civil society involvement in drug policy at the national level. The assessment will reflect the status of CSI as condensed in national drug policy documents, analyse the levels of CSI in different drug policy fields, identify and quantify different type of civil society stakeholders in the member states and size up the impact of civil society participation in the decision making process. Furthermore it will analyse barriers and facilitators for

CSI and give conclusions and recommendations for promoting and strengthening CSI in the member states.

This introduction will be followed by a description of the methods used to reach the above mentioned objectives. Subsequently, the limitations of these methods will be declared before the results of the assessment will be presented. Finally, the main results of the assessment will be discussed against the background of the EUs call for strengthening civil society involvement in the member states.

2. Methods

In order to meet the objectives mentioned above, the assessment includes

- an analysis of national policy documents regarding the status of CSI in the 28 EU MS,
- standardized stakeholder interviews on the practical implementation of CSI in the 28 EU MS and
- an analysis of facilitators and barriers for CSI among CSOs in EU MS

For the purpose of the assessment, civil society was defined 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” (Council of Europe 2005, European Commission 2006).

The field of drug policy was defined as “a system of laws, regulatory measures, courses of action and funding priorities concerning (illicit) psychoactive drugs and promulgated by a governmental entity or its representatives” (EMCDDA, adaptation of Kilpatrick, 2000). However, according to our operationalization of CSI in drug policy, the involvement can take place at any stage of the policy cycle, whether during the phase of agenda setting, policy formulation, decision-making, implementation, eval-

uation or possibly the re-formulation of policies (Lasswell 1956). Furthermore, civil society involvement was understood as a continuum that ranges from access to information to partnerships in working groups which may also include co-decision making responsibilities for CSOs (Council of Europe 2009) (see table 1).

Table 1: Mechanisms of civil society participation (Council of Europe 2009)

Levels of participation						
PARTNERSHIP	• Working group or committee	• Co-drafting	• Joint decision-making • Co-decision making	• Strategic partnerships	• Working groups or committee	• Working groups or committee
DIALOGUE	• Hearings and public forums • Citizens' forums and future councils • Key government contact	• Hearings and Q&A panels • Expert seminars • Multi-stakeholder committees and advisory bodies	• Open plenary or committee sessions	• Capacity-building seminars • Training seminars	• Working groups or committee	• Seminars and deliberative forums
CONSULTATION	• Petitioning • Consultation online or other techniques	• Hearings and Q&A panels • Expert seminars • Multi-stakeholder committees and advisory bodies	• Open plenary or committee sessions	• Events • Conferences • Forums • Seminars	• Feedback mechanisms	• Conferences or meetings • Online consultation
INFORMATION	• Easy and open information access • Research • Campaigning and lobbying • Website for key documents	• Open and free access to policy documents • Website for key documents • Campaigns and lobbying • Web casts • Research input	• Campaigning and lobbying	• Open access to information • Website for information access • E-mail alerts • FAQ • Public tendering • Procedures	• Open access to information • Evidence gathering • Evaluations • Research studies	• Open access to information
Steps in the political decision making process	AGENDA SETTING	DRAFTING	DECISION	IMPLEMENTATION	MONITORING	REFORMULATION

2.1 Analysis of national policy documents

The formal status of CSI was assessed on the basis of the paragraphs on national coordination mechanisms as presented in the country drug reports for 2017, as well as the current National Drug Strategies (NDS) and National Drug Action Plans (NDAP). These documents were screened for references to civil society involvement by focussing on the following two questions:

- Is civil society mentioned at all?
- If civil society involvement is mentioned, is it also mentioned regarding policy development?

For the analysis, civil society was operationalised according to the above-mentioned definition. This also means that only specific references to civil society were considered, e.g. the involvement of "non-governmental organisations" or "drug user associations". More general labels, such as "stakeholders" or "experts" were not regarded as necessarily referring to civil society due to their lack of specificity. This is clearly a conservative approach as it might well be that these terms also include civil society actors.

The descriptions of the national coordination mechanisms in the Country Drug Reports for 2017 were available in English language for all EU member states. They were retrieved from the website of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (<http://www.emcdda.europa.eu/countries>) in June 2017.

The National Drug Strategies (NDS) and National Drug Action Plans (NDAP) were retrieved from the EMCDDA website in January 2017. However, NDS and NDAP were not available for all countries: Some countries had neither a NDS nor a NDAP, some only had a NDS, some countries had combined documents, some documents were outdated and some documents were not available in English language. In the latter case native speakers from the respective countries were asked to screen these particular documents with regard to the questions

1. "Is CSI mentioned at all in either the NDS or the NDAP?" and
2. "If so, was civil society involved in the development of either NDS or NDAP according to these documents?"

The native speakers were either representatives of

1. the National Focal Points (NFPs) of the REITOX-network (the European information network on drugs and drug addiction) which are "designated national institutions or agencies responsible for data collection and reporting on drugs and drug addiction" (<http://www.emcdda.europa.eu/about/partners/reitox-network>) or
2. the member organisations of the Correlation Network, a European network of CSOs working on the topic of social inclusion and health, led by the CSIDP-project partner, De Regenboog Groep (<http://www.correlation-net.org>).

The same sources were approached in case a current NDS or NDAP was not available on the EMCDDA website.

2.2 Stakeholder interviews

While the first step of the assessment was focused on the formal status of CSI as described in national policy documents, the aim of the stakeholder interviews was to give an indication of how this formal status is reflected in the practice of the drug policy process. In order to receive multiple perspectives on the implementation of CSI, the interviews were directed at the following three actors in all 28 EU member states:

1. One civil society organization per member state
2. The REITOX National Focal Point (NFP) of the member state
3. The national drug coordinating body (NDCB) responsible for the drafting of the NDS and NDAP in the member state.

The CSO interview partners were recruited in a first step among the five CSIDP project partners, in a second step among members of the European Civil Society Forum on Drugs, in a third step among members of the Correlation Network, and in a last step, if CSOs could not be recruited from the former groups, via internet research. The contact persons at the NFPs were identified via the country specific sections of the EMCDDA website. The contact persons from the NDCB were recruited from the management board of the EMCDDA (<http://www.emcdda.europa.eu/about/mb>).

The online based questionnaire for CSOs, REITOX NFPs and administrative bodies consisted of two parts: An assessment of CSI in national drug policy in general and an assessment of CSI in the development and implementation of the current NDS and/or NDAP in particular.

The following domains were assessed in the questionnaire:

- General level of CSI in the country
- Existing mechanisms of CSI (in national drug policy and NDS/NDAP development and implementation) according to Council of Europe (2009):
 - Information
 - Consultation
 - Dialogue
 - Partnership
- Initiation of CSI in national drug policy
- CSI level in five drug policy fields (national drug policy and NDS/NDAP development and implementation):
 - Prevention
 - Treatment
 - harm reduction
 - law enforcement
 - legal framework
- Types and numbers of existing CSOs in the country (according to EMCDDA 2013) and the level of their involvement (in national drug policy and NDS/NDAP development and implementation):
 - 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
- Impact of CSI in the five drug policy fields (in NDS/NDAP development and implementation)

The questionnaire was set up with the open-source online tool "limesurvey" and was piloted in April 2017. Due to the pilot experience, minor changes to the questionnaire were made. Beginning with May 2017, the interviewees were contacted via e-mail and invited to participate in the online survey. Where necessary, up to five reminders were sent via e-mail, and in the next step the respondents were followed up via phone. In one case an official request had to be sent to the Minister of Health in order to allow the NFP/NDCB participants to take part in the survey. Due to difficulties in receiving responses, especially among NFP and NDCB representatives the survey went on until February 2018.

The collected data were stored in a data base and analysed using the SPSS 23 software.

2.3 Collection of facilitators and barriers of CSI among CSOs

In July 2018 the project partners of the CSI project and the members of the European Civil Society Forum on Drugs were asked via e-mail to answer the following four open questions:

1. What are barriers to CSI that you have experienced in you work?
2. What are general barriers to CSI in drug policy in your country?
3. What are facilitators for CSI that you have experienced in you work?
4. What are general facilitators for CSI in drug policy in your country?

These questions were answered by a total of eight participants.

In addition, data of an online survey conducted by the Civil Society Forum on Drugs were included in the analysis. The survey was carried out between July and September 2016 using existing networks of CSOs to recruit respondents from CSO active in the drug field in EU member states, the European Economic Area (EEA) and EU candidate and potential candidate countries. A total of 119 respondents participated in the survey and 60 participants answered the question "How do you think civil society engagement could be improved in your country?". These 60 responses were included in the analysis of facilitators and barriers of CSI.

3 Limitations

As described above, the formal status of CSI is almost exclusively assessed on the national level. This approach has its limitations as civil society involvement may often take place on the local level. Also it is clear that, compared with more centralised member states, national level CSI will not have the same status in decentralized member states where the national level is not the main arena for drug policy development.

Furthermore, the survey was conducted in English language which may have been a challenge for some participants or may have led to non-participation.

The selection of participants among the CSOs has also lead to limitations because a large number of participating CSOs are members of the Correlation Network. As this network focusses primarily on harm reduction, the knowledge on CSI in the harm reduction field among these CSOs can be expected to be high, whereas this will not be the case for other drug policy fields as e.g. prevention. As the country assessments are based on a maximum of three responses – one from a CSO representative and maximum two from NFP or NDCB representatives – they do not claim to be representative.

Furthermore, the definition of “civil society” presented in the beginning of chapter 2 is a negative definition and therefore quite comprehensive. It includes all individuals and associations which are not part of the market or the state, and is thus hardly measurable. For the stakeholder analysis we have therefore not included individual participation, and instead have reduced the term “civil society” to five different types of civil society organisations (see 2.2). As a consequence, the stakeholder analysis does not measure civil society as a whole, but makes civil society measurable by putting it in more concrete terms.

On the whole, the chosen approach does also not allow for an in-depth analysis of civil society involvement processes in the 28 EU member states, which can be considered an unrealistic aim, keeping in mind the scope of the project. Nevertheless, the chosen quantitative approach is feasible and allows for a basic comparison of the formal CSI status in the member states, as well as the practice of CSI from a CSO and, in about two thirds of the member states, a policy maker or NFP perspective in the different EU members states.

4. Results

4.1 Analysis of national policy documents

Data basis

The Country Drug Reports 2017 could be retrieved in English language for all European Union member states via the website of the EMCDDA. The current National Drug Strategy or National Drug Action Plan was available in English for 12 EU member states (Croatia, Czech Republic, France, Germany, Hungary, Ireland, Malta, Portugal, Slovakia, Slovenia, Spain, and United Kingdom). For eleven member states the analysis of the NDS or NDAPs was done by native speakers either from the Correlation Network or the REITOX National Focal Points (Bulgaria, Cyprus, Estonia, Finland, Italy, Latvia, Luxembourg, Netherlands, Poland, Romania, Sweden). For two countries (Lithuania and Denmark) no native speaker could be found who would analyse the current documents and for three countries, according to the information of local CSOs, neither a current NDS nor a current NDAP exists (Austria, Belgium, and Greece).

Country coordination mechanisms in Country Drug Reports

The Country Drug Reports are published annually and give an overview of the drug situation in all of the 28 EU member states. One chapter of the report refers to the national drug strategy and coordination of the respective country. Within this chapter, one paragraph is dedicated to the national coordination mechanisms in drug policy. This chapter was analysed as to whether civil society is mentioned at all in the chapters and if so, whether civil society is mentioned with regard to the development of national policy. **Figure 1** shows that, of all 28 Country Drug Reports for 2017, only

four mention civil society at all in the paragraph on coordination mechanisms (Czech Republic, Estonia, Italy and Latvia). The involvement of civil society in policy development was mentioned in none of the 28 Country Drug Reports.

Figure 1: Is CSI mentioned in the paragraph on national coordination mechanisms in Country Drug Report 2017?



National Drug Strategies and National Drug Action Plans

An analysis of the National Drug Strategies and National Drug Action Plans, which are more comprehensive than the paragraphs on coordination mechanisms in the Country Drug Reports, provides a more differentiated picture. Of all 25 countries for which national policy documents were included in the analysis no references to civil society were found for one country (Netherlands, **see figure 2**). For six countries the documents refer to civil society, but not in regard to involvement in policy development. However, the majority of the EU member states address the issue of involving civil society actors in the policy development process. For the reasons stated in paragraph 4.1.1, no data were available for Austria, Belgium, Greece, Lithuania and Denmark.

Figure 2: Is CSI mentioned in the current National Drug Strategy (NDS) or National Drug Action Plan (NDAP)?



4.2 Stakeholder Interviews

Data basis

From May 2017 until February 2018, a total of 109 participants were contacted via email and invited to participate in the survey. As shown in table 2, a complete questionnaire was submitted by a total of 53 participants, 28 of which were representatives of CSOs and 25 of which were representatives of either the REITOX National Focal Point (NFP) or the national drug coordination body (NDCB). While the original aim was to reach one participant from a CSO, one from the NFP, and one from the NDCB for each EU member state, this could only be achieved for the group of the CSOs. Despite considerable efforts (see chapter 2.2), it was also not possible to receive an answer from one participant from either NFP or NDCB for every country. As a result, for nine countries only the perspective of a CSO representative was included in the analysis. This is the case for Austria, Bulgaria, Denmark, France, Hungary, Italy, Luxembourg, Slovakia and United Kingdom. One participant from either NFP or NDCB could be reached in 13 EU member states (Belgium, Cyprus, Estonia, Finland, Germany, Greece, Ireland, Malta, Poland, Portugal, Romania, Spain, Sweden. In six EU member states, responses from two representatives of NFP/NCDB could be included in the analysis (Croatia, Czech Republic, Latvia, Lithuania, Netherlands, and Slovenia).

On the following pages the results of the survey will be presented for each country. For all cases in which more than one response was available for a country, the mean value of all responses is shown. In order to have a consistent approach in dealing with rounding, mean values are rounded as follows: if the mean value has a fraction of 0.5, the next value which indicates a lower level of CSI was chosen. For example, if the first respondent rated the level of CSI as "very high" (value = 1) and the second as "somewhat high" (value = 2), the presented mean value is "somewhat high" (mean value = 1.5).

If differences exist between the CSO perspective and that of the NFP/NDCB, these will also be reported. Again, here the NFP/NDCB perspective will be presented as a mean value if more than two

respondents from NFP/NDCB have answered the respective question.

Table 2: Responses by country and type of organisation

	CSO	NFP/NDCB	Total
Austria	1	0	1
Belgium	1	1	2
Bulgaria	1	0	1
Croatia	1	2	3
Cyprus	1	1	2
Czech Republic	1	2	3
Denmark	1	0	1
Estonia	1	1	2
Finland	1	1	2
France	1	0	1
Germany	1	1	2
Greece	1	1	2
Hungary	1	0	1
Ireland	1	1	2
Italy	1	0	1
Latvia	1	2	3
Lithuania	1	2	3
Luxembourg	1	0	1
Malta	1	1	2
Netherlands	1	2	3
Poland	1	1	2
Portugal	1	1	2
Romania	1	1	2
Slovakia	1	0	1
Slovenia	1	2	3
Spain	1	1	2
Sweden	1	1	2
United Kingdom	1	0	1
Total	28	25	53

General level of civil society involvement in drug policy

In the survey the respondents were asked to rate the general level of CSI in their country, regardless of specific drug policy fields and whether the involvement is local, regional or national. As **figure 3** shows, the highest levels of CSI ("very high") were reported by respondents from Czech Republic and Luxembourg. In further 10 EU member states, the level of CSI was rated as "somewhat high", this is the case for Croatia, Denmark, Germany, Ireland, Lithuania, Netherlands, Portugal, Slovenia, Sweden and United Kingdom. By rating CSI as "neither high nor low", participants from six member states reported a medium level of CSI for their countries (Austria, Cyprus, Greece, Latvia, Malta, and Spain). While there were no countries for which CSI was reported to be non-existent from the summarized country perspective, CSI was found to be "somewhat low" in a total of 10 member states, this being Belgium, Bulgaria, Estonia, Finland, France, Hungary, Italy, Poland, Romania, and Slovakia.

With only few exceptions, the level of CSI is rated lower by the CSO representatives than by the respondents from NFP/NDCB. On average, the CSOs tend to rate CSI as "neither high nor low", while the government side leans toward "somewhat high". In Poland and Estonia the CSO representatives report that no civil society involvement takes place at all, while respondents from NFP/NCDB rate it as "somewhat high" (Poland) or "neither high nor low" (Estonia).

Figure 3: Level of CSI in drug policy in general by country



Civil society involvement in national drug policy

Mechanisms of civil society involvement

The following paragraphs are dedicated to the different mechanisms of CSI which exist in the EU member states. The four mechanisms which were assessed in the survey also represent different levels of civil participation. These range from information mechanisms (first and lowest level), consultation mechanism (second level) and dialogue mechanism (third level) up to partnership mechanisms (fourth and highest level) (Pompidou Group 2016):

1. *Information: Access to information is the basis for all subsequent steps in the involvement of CSOs. This relatively low level of participation should consist of a two-way mutual process between public authorities and CSOs of providing information and access to it.*
2. *Consultation: This is a form of initiative where the public authorities ask CSOs for their opinion on a specific policy topic or development. Consultation can be initiated by public authorities informing CSOs of current policy developments and asking for comments, views and feed-back. Consultation can also be initiated by CSOs in the form of public hearings or conference to which public authorities are invited to participate.*
3. *Dialogue: The initiative for dialogue can be taken by either party and can be either broad or collaborative. A broad dialogue is a two-way communication built on mutual interests and potentially shared objectives to ensure a regular exchange of views. It ranges from open public hearings to specialised meetings or formal cooperation arrangements between CSOs and public authorities. A collaborative dialogue is built on mutual interests for a specific policy development.*
4. *Partnership: A partnership implies shared responsibilities in each step of the process*

from agenda setting, drafting, decision and implementation of activities, in its highest form it is based on co-management (Pompidou Group 2016).

According to the respondents, information mechanisms exist in the national drug policy of the vast majority of EU member states (22, **see figure 4**). When asked about the form of these mechanisms, both mechanisms for passive and active access to information are named. Passive access includes e.g. information requests made by CSOs which are answered by official bodies. Active information ranges from official websites (e.g. that of the NFP) and the publication of official reports and documents on drug policy (printed and online), information emails or newsletters sent by official bodies, to meetings and conferences where CSOs are informed by government representatives.

For five countries it was stated that no information mechanism exist; this is the case for Estonia, Greece, Hungary, Italy, Malta, and Poland. However, as mentioned before, there is no NFP/NDCP response available for Hungary and Italy. While in Greece CSOs and NFP/NDCB agree that no information mechanisms exist, this is not the case for Malta and Poland: here the respondents from NFP/NDCB insist, in contrast to the CSOs, that information mechanism exist.

CSO respondents from two countries (Estonia and Lithuania) and a NFP/NDCB respondent from one country (Belgium) have stated not to know whether information mechanisms exist.

Figure 4: Information mechanisms in national drug policy by country



Consultation mechanisms, which represent the next level of involvement, are reported from 22 countries (see **figure 5**). According to the respondents, consultation usually takes place in public hearings, in working groups or in the form of expert statements provided ad hoc by CSOs. This is often the case when a new legislation or a policy document is developed and policy makers ask for input from CSOs.

The countries, for which consultation mechanisms are missing, are almost the same as those for which an absence of information mechanism is reported. This is again the case for Estonia, Greece, Hungary, Malta, Poland, and the list is completed by Belgium. While in Estonia CSOs and NFP/NDCB agree that no information mechanisms exist, this is not the case for Belgium, Greece, Malta and Poland: here the respondents from NFP/NDCB state that, in contrast to the CSO perspective, consultation mechanisms do exist.

Figure 5: Consultation mechanisms in national drug policy by country



As shown in **Figure 6**, dialogue mechanisms are reported for a total of 19 countries. The participants report that a dialogue takes place in regular meetings, e.g. in the form of working groups, advisory bodies or the regular government council meetings. Also it is stated that dialogue mechanisms mostly come into effect in the phase of drafting policy documents.

All those member states for which the existence of dialogue mechanisms was negated (i.e. Belgium, Estonia, Greece, Hungary, Malta, Poland), have also reported not to have dialogue mechanisms. Additionally, this has been reported for Lithuania, Malta and Portugal. In these three countries and in Poland the CSO participants have reported that dialogue mechanisms are missing while NFP/NDCB from these countries maintain the contrary.

Figure 6: Dialogue mechanisms in national drug policy by country



Figure 7 shows that the existence of partnership mechanisms is reported for less than half of the member states. According to the respondents, these processes take place in regular meetings of e.g. advisory boards, working or steering groups. While the structure is therefore described similarly to that of dialogue mechanisms, the content of partnership processes is reported not only to include policy drafting, but also policy implementation. Some respondents state that the main focus of partnership processes is on the phase of implementation. Two respondents name the early warning system as an example for civil society involvement based on partnership mechanisms.

Among the 15 countries, for which respondents have stated that partnership mechanisms do not exist, there are three countries where NFP/NCDB representatives report the opposite (Finland, Malta and Portugal). In Latvia, the CSO representative reports that these mechanisms exist, while the respondent for NFP/NDCB states that they do not.

As this question could not be answered by respondents from Denmark and France, the status in these member states remains unclear.

Figure 7: Partnership mechanisms in national drug policy by country



Initiation of civil society involvement

The involvement of civil society can be initiated either by civil society actors or by policy makers. Table 3 reflects whether CSI is generally initiated by CSOs, by the national drug coordinating bodies or whether it is initiated by both actors in equal shares. For Austria and Romania the respondents state that CSI is mostly or exclusively initiated by policy makers. The opposite can be assessed for Bulgaria, Finland, Greece, Italy, Luxembourg and Slovakia. In these countries the respondents state that the main initiators of involvement are the CSOs themselves. For Denmark, Germany, Netherlands, Spain and the United Kingdom the participants state that, in general, both side initiate CSI in equal shares. For the remaining 16 countries the picture is not quite as clear. In four countries CSI is reported to be either initiated in equal shares or mostly by NDCBs (Croatia, Cyprus, Latvia, and Slovenia). In three countries, CSI is initiated either in equal shares or mostly by CSOs (Czech Republic, Ireland, and Portugal). For four countries the assessment differs strongly among the respondents. In Belgium, the NFP/NDCB respondent indicates that CSI is mostly or exclusively initiated by policy makers, while the CSO representative claims that CSI does not exist at all on the national level. For Lithuania, Malta and Sweden one can find opposing statements with one representative claiming that CSOs mainly initiate CSI and the other reporting that this is mainly done by the NDCB.

A general trend, which can also be seen in table 3, though not without some exceptions, is that representatives of CSOs tend to report that CSI is initiated more often by CSOs, while respondents from the NFP/ NDCB tend to claim that policy makers are the main initiators of CSI.

Table 3: CSI initiation in national drug policy by country and type of organisation

	CSI is initiated exclusively/ mostly by NDCB		CSI is initiated in equal shares		CSI is initiated exclusively/ mostly by CSOs		CSI does not exist at all		Total	
		NFP/ NDCB		NFP/ NDCB		NFP/ NDCB		NFP/ NDCB		NFP/ NDCB
	CSO	NDCB	CSO	NDCB	CSO	NDCB	CSO	NDCB	CSO	NDCB
Austria	1	0	0	0	0	0	0	0	1	0
Belgium	0	1	0	0	0	0	1	0	1	1
Bulgaria	0	0	0	0	1	0	0	0	1	0
Croatia	0	2	1	0	0	0	0	0	1	2
Cyprus	0	1	1	0	0	0	0	0	1	1
Czech Republic	0	0	0	2	1	0	0	0	1	2
Denmark	0	0	1	0	0	0	0	0	1	0
Estonia	0	0	0	0	0	1	0	0	0	1
Finland	0	0	0	0	1	1	0	0	1	1
France	0	0	0	0	1	0	0	0	1	0
Germany	0	0	1	1	0	0	0	0	1	1
Greece	0	0	0	0	1	1	0	0	1	1
Hungary	0	0	0	0	1	0	0	0	1	0
Ireland	0	0	0	1	1	0	0	0	1	1
Italy	0	0	0	0	1	0	0	0	1	0
Latvia	1	0	0	2	0	0	0	0	1	2
Lithuania	0	1	0	0	0	1	0	0	0	2
Luxembourg	0	0	0	0	1	0	0	0	1	0
Malta	0	1	0	0	1	0	0	0	1	1
Netherlands	0	0	1	2	0	0	0	0	1	2
Poland	0	0	0	1	0	0	0	0	0	1
Portugal	0	0	0	1	1	0	0	0	1	1
Romania	1	1	0	0	0	0	0	0	1	1
Slovakia	0	0	0	0	1	0	0	0	1	0
Slovenia	0	1	1	1	0	0	0	0	1	2
Spain	0	0	1	1	0	0	0	0	1	1
Sweden	1	0	0	0	0	1	0	0	1	1
United Kingdom	0	0	1	0	0	0	0	0	1	0
Total	4	8	8	12	12	5	1	0	25	25

Level of civil society involvement in different policy fields

The following paragraphs address the extent of CSI with regard to specific policy fields on the national level. The level of CSI in the field of prevention in the 28 member states is displayed in **figure 8**. A “very high” level of prevention is only reported for Portugal, eight countries have a “somewhat high” level of CSI in this field for nine countries it is described as “neither high nor low”, and in nine countries the level of CSI in prevention is reported to be “somewhat low”. For Slovakia the level could not be rated as no CSO active in the field of prevention was known to the respondent.

In 13 countries the CSO perspective differed from the NFP/NDCB perspective (Belgium, Cyprus, Czech Republic, Estonia, Latvia, Lithuania, Malta, Netherlands, Poland, Romania, Slovenia, Spain, and Sweden). With the exception of Latvia, the CSO respondents in these countries have rated the extent of CSI lower than the representatives of the NFP/NDCB.

Figure 8:
CSI in prevention on national level by country



Figure 9 shows that the level of CSI in the member states in the field of treatment is only slightly lower than that in the field of prevention. A “very high” level of CSI was reported for none of the countries, but for eight countries the level of CSI was described as somewhat high. In nine countries a medium level of involvement was reported for the field of treatment, whereas the CSI level was assessed as “somewhat low” in ten countries.

Compared to the CSI levels in prevention, the greatest difference can be found in the UK where the level in prevention is described as “somewhat low”, in the field of treatment however it was assessed as somewhat high. In nine countries the level of CSI in treatment was lower from the CSO perspective than in the view of NFP/NDCB (Croatia, Cyprus, Germany, Ireland, Lithuania, Malta, Poland, Portugal, and Romania). In three countries the opposite was the case (Slovenia, Latvia, and Greece).

Figure 9: CSI in treatment on national level by country



With regard to the field of harm reduction (see **figure 10**), the level of CSI is generally rated higher, not only compared to prevention and treatment, but to all drug policy fields covered in the survey. In slightly more than half of the member states, the level of involvement here was assessed as either “very high” or somewhat high, and for more than a quarter of the countries, the CSI level was described as “neither high nor low”. However, in four countries in the south and southeast of the EU the involvement was rated as “somewhat low”. For Belgium, the aggregate response resulted in the finding that no CSI exists at all in the field of harm reduction. However, in Belgium, as in eleven further countries (Croatia, Czech Republic, Finland, Germany, Ireland, Latvia, Poland, Portugal, Romania, Spain, and Sweden) lower levels of CSI were reported from CSO respondents than from NFP/NDCB participants. The opposite is true for Estonia, Malta, and Slovenia.

Figure 10: CSI in harm reduction on national level by country



While, according to the respondents, harm reduction represents the drug policy field with the highest level of CSI, the field of law enforcement is the field with the lowest involvement level across all EU member states (see figure 11). For three EU member states, involvement in this field was assessed as somewhat high, and for three countries it was rated as “neither high nor low”. In more than two thirds of the EU member states, CSI was rated as either “somewhat low” or as non-existent.

In 10 countries CSO representatives assessed the CSI level as lower than their NFP/NDCB counterparts (Belgium, Cyprus, Czech Republic, Germany, Lithuania, Malta, Poland, Slovenia, Spain, and Sweden). The opposite can be found for Croatia, Finland, and Latvia. In the latter two countries, the differences are especially notable, with NFP/NDCB representatives stating that CSI does not exist in this field, while CSO representatives rate the level of CSI in law enforcement as somewhat high.

One NFP/NDCB representative from Lithuania and one CSO representative from Slovakia stated that no CSO is active or known in this specific field in their country. As a result, no rating is available for Slovakia.

Figure 11: CSI in law enforcement on national level by country



Figure 12 shows the level of CSI regarding the legal framework of drug policy. In general, the extent of CSI is rated lower than in the prevention, treatment and harm reduction field, but higher than in the field of law enforcement. A “somewhat high” level of CSI can be found in five countries, a medium level in 10 countries. In almost the half of all member states, the level of involvement is rated either low or stated to be non-existent.

In nine countries CSO representatives assessed the CSI level as lower than their NFP/NDCB counterparts (Belgium, Czech Republic, Lithuania, Malta, Netherlands, Poland, Portugal, Romania, and Spain). The opposite was the case in Cyprus, Finland, Greece, Ireland, and Latvia.

One NFP/NDCB representative from Latvia stated that no CSOs are known or active in the field of the legal framework.

Figure 12: CSI in legal framework on national level by country



Prevalence of civil society organisation types

While the previous chapter focussed on the extent of CSI in the different areas of drug policy, the following paragraphs concentrate on those civil society actors which can be involved in the decision making process. For all EU member states the number of five different types of existing CSOs is assessed.

Alliances, coalitions, and networks were defined as “multidisciplinary networks of organisations with common goals”. The highest number of alliances, coalitions or networks is reported for Sweden (more than 25, **see figure 13**), France, Germany, and Italy follow with 11 to 25 CSOs of this type each. Lithuania, Netherlands, and Portugal are reported to have between 6 and 10 alliances, coalitions or networks, whereas in the majority of member states between one and five CSOs of this type are active. No CSOs of this type are active in Belgium, Bulgaria, and Estonia.

In seven countries the CSO respondents have reported a smaller number of alliances, coalitions and networks than the NFP/NDCB participants of the survey (Belgium, Estonia, Germany, Ireland, Malta, Netherlands, and Portugal). The opposite is true for four countries (Cyprus, Greece, Slovenia, and Spain).

Figure 13: Number of CSOs in the category „alliance, coalition, network“ by country



Civil society associations were defined as “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”.

According to the survey participants, the numbers of civil society associations working on the issue of drug policies, are the highest in France, Germany, Ireland, Italy, Portugal, and Sweden (see Figure 14), where more than 25 of these organisations exist. The existence 11 to 25 civil society associations is reported from Hungary, the Netherlands and Spain, 6 to 10 of these organisations can be found in Croatia, Czech Republic

and United Kingdom. In eight countries the reported number of civil society associations lies between one and five. For seven countries the respondents have stated that no CSOs of this type exist.

In seven cases the CSO representatives have reported lower numbers than their NFP/NDCB counterparts; in four cases the opposite was true. No answer to this question was provided for Romania.

Figure 14: Number of CSOs in the category „civil society association“ by country



NGO or third sector organisations were defined as "organisations with a formal legal structure and funding (e.g. not-for-profit service providers and campaigning advocacy organisations)". **Figure 15** shows that NGOs or third sector organisations are the type of CSOs that are most prevalent in the EU member states. For seven member states the respondents reported that more than 25 NGOs or third sector organisations exist which are active in drug policy. 11 to 25, 6 to 10, and 1 to 5 CSOs of this type were reported for 6 countries each. Malta was the only country for which the summarized responses indicated that no NGOs or third sector organisation exist which are active in national drug policy. As no valid response was given by the participants from Austria and Denmark, the status in these countries remains unclear.

In five countries the CSO representatives reported a lower number of NGOs than the NFP/NDFB respondents, and in another five countries the opposite was the case.

Figure 15: Number of CSOs in the category „NGO or third sector organisation“ by country



Professional or representative bodies were defined as "networks of peer professionals (doctors, lawyers, law enforcement personnel etc.), often acting in a representative capacity". According to the survey participants, only France has more than 25 CSOs of this type active in the drug policy field, followed by Germany and Italy with 11 to 25 CSOs each (**see figure 16**). 6 to 10 professional or representative bodies were reported for a total of six countries 1 to 5 CSOs for eleven countries, and for six countries it was indicated that no CSO of this type exists at all.

No information was provided regarding the situation in Greece and in Sweden

In five countries, the CSO respondents reported a lower number of professional or representative bodies than the NFP/NDCB participants. In three countries it was the other way around.

Figure 16: Number of CSOs in the category „professional or representative body“ by country



User groups were defined as organisations that describe their membership as consisting of drug users. As **figure 17** shows, user groups are represented less in the member states than all other types of CSOs that were assessed in the survey. With 6 to 10 user groups each, Germany, Italy, Netherlands, and Sweden report the highest numbers of this CSO type. With 16 countries, the majority of member states were reported to have 1 to 5 user groups active on the national level, while eight countries were reported to have no active user groups at all.

Differences between the assessment of CSO and NFP/NDCB representatives could be found for six countries. In half of the cases, the number of CSOs reported by the NFP/NDCB representative was higher, in the other half the opposite was the case.

Figure 17: Number of CSOs in the category „user group“ by country



Level of involvement of civil society organisation types

The previous findings were related to the distribution of the different types of CSOs among the 28 EU member states. This distribution is of course also associated with the population size of the countries, and furthermore, it does not allow an estimation of the extent of the actual involvement of different CSO types in the decision making process regarding national drug policy. Therefore, the participants were also asked to rate the level of CSI for the five different types of CSOs.

The highest level of participation of alliances, coalitions, and networks was reported from Luxembourg (**see figure 18**). In nearly a third of the member states the level of involvement of this type of CSOs was rated as somewhat high, and in almost half of the member states as "neither high nor low". In Austria, Hungary, Italy and Sweden, the involvement was assessed as "somewhat low". However, there was no country in which alliances, coalitions or networks were active on the national level but not involved in national drug policy making at all. A rating for Bulgaria was not provided as no CSO of this type was known to be active on the national level.

In seven countries the level of involvement of alliances, coalitions, and networks was rated lower by CSO representatives than by the NFP/NDCB counterparts. In two countries the opposite was the case.

Figure 18: Level of involvement of CSOs in the category "alliance, coalition, network" on national level by country



When it comes to civil society associations, three countries were reported to have a "very high" level of involvement: Denmark, Poland, and Portugal (**see figure 19**). In Croatia, Czech Republic, Ireland, Malta, and Slovenia, the involvement of this type of CSO was assessed as somewhat high. More than a quarter of the member states were rated to have medium level of involvement of civil society associations, while their involvement in Austria, Finland, France, Hungary and Sweden was assessed as "somewhat low". For Belgium, Italy, and Slovakia the respondents reported that existing civil society associations are not being involved at all. For another four countries the level of involvement of civil society associations could not be rated as all respondents stated not to be aware of the existence of this type of CSOs on the national level (Bulgaria, Estonia, Luxembourg and Romania). In four countries the level of involvement of civil society associations was rated lower by CSO representatives than by the NFP/NDCB counterparts. In one country the opposite was the case.

Figure 19: Level of involvement of CSOs in the category "civil society association" on national level by country



As can be seen in **figure 20**, the highest level of involvement among all types of CSO assessed, was reported for NGOs or third sector organisations. According to the participants of the survey, the level of participation of NGOs is "very high" in Czech Republic, Poland, and Luxembourg, and "somewhat high" in another 13 countries. While the involvement of NGOs was assessed as at least "somewhat high" in more than half of the EU member states, a medium level of involvement was reported for more than a quarter of these countries. In Belgium, Austria, Estonia, France, and Hungary the extent to which NGOs are participating in the national decision making process is rated as "somewhat low". However, according to the assessment of respondents, there is no country in the EU where NGOs are not involved at all at the national level.

While in eight countries the level of involvement of NGOs assessed by the CSO participants was lower than that of the NFP/NDCB representatives, in three countries the latter reported a lower involvement than the CSO representatives.

Figure 20: Level of involvement of CSOs in the category "NGO or third sector organisation" on national level by country



The level of involvement of professional or representative bodies at the national level was rated "very high" in Cyprus, Czech Republic, and Netherlands (see **figure 21**). In one quarter of the EU member states their level of involvement was rated as "somewhat high" and in more than a third as "neither high nor low". A "somewhat low" level of participation of professional bodies was reported from Austria, Belgium, Estonia, Greece and Sweden. While all member states, in which professional or representative bodies exist, showed some level of involvement, no ratings were provided for Bulgaria, Luxembourg, and Slovakia, as the respondents from these countries were not aware of any CSOs of this type active on the national level. In nine countries the assessment of the CSO respondents differed from that of the NFP/NDCB participants. In five countries the respective level of involvement was rated lower by the CSO representatives and in four countries it was the NFP/NDCB respondents who provided a lower rating.

Figure 21: Level of involvement of CSOs in the category "professional or representative body" on national level by country



As **figure 22** shows, user groups are not only less prevalent in the member states than the other types of CSOs, but their level of involvement is also generally lower. In Denmark, however, the level of involvement of user groups is rated as very high and in Latvia and Poland as somewhat high. More than a quarter of the EU member states report a medium level of participation, whereas nearly a third of these countries assess it as "somewhat low". For Belgium, Italy and Cyprus, the respondents indicate that no involvement of user groups exists at all. In the case of Bulgaria, Hungary, Malta, Slovakia, and United Kingdom, the level of involvement could not be rated by the participants because the respondents from these countries were not aware of any user groups active on the national level.

In seven countries the level of involvement of user groups was rated lower by CSO representatives than by the NFP/NDCB counterparts. In two countries the opposite was the case.

Figure 22: Level of involvement of CSOs in the category "user group" on national level by country



Civil society involvement in the development and implementation of National Drug Strategies and National Drug Action Plans

So far, the presented results have referred mainly to CSI in general at the national drug policy level. The aim of this chapter is to shift the focus from this general view on CSI towards the participation in the development and implementation of specific policy documents which exist in (almost) all EU member states: the National Drug Strategy and National Drug Action Plan.

Compared to the previous chapter on CSI in national drug policy in general, the number of responses regarding CSI in the development and implementation of the above mentioned documents is lower. For Greece, both the CSO and the NFP/NDCB representative stated the currently no National Drug Strategy and Action Plan is available. Furthermore, the CSO representative from Poland reported not to know these documents for Poland and the CSO representative from Latvia has stated that currently these documents are not available for Latvia. Therefore the number of CSO respondents for the following part is 25 and that of the NFP/NDCB is 24, resulting in the fact that no responses at all are available for Greece and no responses from CSO representatives are available for Poland and Latvia.

Level of involvement of civil society organisation types

Figure 23 shows that the involvement of alliances, coalitions or networks in the development of the NDS/NDAP is rated as "very high" only in Luxembourg. In Czech Republic, Ireland, Poland, and Slovenia, the respondents have assessed the involvement of this CSO type as "somewhat high". Nearly one third of the EU member states are reported to have a medium level of involvement, and almost half of the member states are reported to either have a "somewhat low" involvement (six countries) or no involvement at all of alliances, coalitions and networks in the development of NDS/NDAP (7 countries).

In six countries the level of involvement assessed by the CSO representatives was lower than that assessed by NFP/NDCB representatives. In three countries the opposite was the case.

Figure 23: Level of involvement of alliances, coalitions or networks in the development of the most recent NDS/NDAP by country



The level of involvement of alliances, coalitions or networks in the implementation of the most recent NDS/NDAP was rated slightly higher than in the phase of development (see figure 24). It was reported to be "very high" in Luxembourg and Poland, "somewhat high" in a total of six countries, and "neither high nor low" in further seven countries. A "somewhat low" level of involvement of these organisations in the implementation phase was reported for five countries, no involvement at all for seven countries. In five countries the level of involvement was rated lower by the CSO respondents than by the representatives

of the NFP/NDCB. The opposite constellation can be found in three countries.

Compared to the development phase, the level of involvement of alliances, coalitions and networks was higher during implementation in Cyprus, France, Germany, Poland, Portugal, Slovakia, and Sweden, whereas the respondents reported a higher level of involvement in the development phase in Denmark, Hungary, and Romania.

Figure 24: Level of involvement of alliances, coalitions or networks in the implementation of the most recent NDS/NDAP by country



The level of involvement of civil society associations in the development of the most recent NDS/NDAP is presented in **figure 25**. As with alliances, coalitions, and networks, a “very high” level of involvement of civil society associations is reported only for Luxembourg. Again, a “somewhat high” level of involvement is reported for four countries, a medium level for nearly a third of all EU member states, and a “somewhat low” level of involvement (seven countries) or no involvement at all (six countries) for almost half of the member states. When the assessment of the extent of involvement differs between CSO and NFP/NDCB representatives, the first mostly give a lower rating than the latter (seven countries). The opposite is true for one country.

Figure 25: Level of involvement of civil society associations in the development of the most recent NDS/NDAP by country



The level of involvement of civil society associations in the implementation phase is again slightly higher than regarding the development phase (**see figure 26**). A “very high” level of involvement is stated only for Luxembourg, a “somewhat high” level for five countries, and a medium level for ten countries. In five countries the level of involvement was rated as “somewhat low”, in six countries civil society associations were reported not be involved in the development of the most recent NDS/NDAP at all.

In seven countries the level of involvement was rated lower by CSO representatives than by the NFP/NDCB counterparts. In two countries the opposite was the case.

While compared to the development phase, the extent of the involvement of civil society associations was rated higher in the implementation phase in France, Hungary, and Sweden, the opposite is true for Romania.

Figure 26: Level of involvement of civil society associations in the implementation of the most recent NDS/NDAP by country



As can be seen in **figure 27**, a “very high” involvement of NGOs or third sector organisations in developing the most recent NDS/NDAP was reported for Luxembourg and Poland, a “somewhat high” involvement for Czech Republic, Ireland Slovenia and the United Kingdom. A medium level of involvement of NGOs in the development phase was reported for eleven countries, a “somewhat low” level for eight countries, and no involvement at all for two countries.

While in seven countries the CSO representatives assessed the extent of the involvement of NGOs lower than their NFP/NDCB counterparts, the opposite constellation was found in two countries.

Figure 27: Level of involvement of NGOs in the development of the most recent NDS/NDAP by country



As already found for the other types of organisations, **figure 28** shows that the extent to which NGOs were involved in the implementation of the most recent NDS/NDAP is slightly higher than in the development phase. It was assessed as “very high” for Luxembourg and Poland, as “somewhat high” for a total of six countries, and as “neither high nor low” for nine countries. For more than one third of all EU member states the level of involvement was reported to be either “somewhat low” (eight countries) or there was no involvement at all (two countries).

In Cyprus, France, Germany, and Portugal the level of involvement of NGOs was rated higher in the implementation phase than during the development of the documents. The opposite was true for Denmark, Ireland, and Romania.

In eight countries the level of involvement was rated lower by the CSO respondents than by the NFP/NDCB representatives. However, the opposite situation could be found in four countries.

Figure 28: Level of involvement of NGOs in the implementation of the most recent NDS/NDAP by country



Figure 29 shows that the highest levels of involvement of professional or representative bodies in the development of the NDS/NDAP were reported for Czech Republic and Luxembourg, followed by Estonia, Germany, the Netherlands, Spain and Sweden. In a total of 12 countries a medium level of involvement of professional or representative bodies was assessed, in Austria, France, Hungary, Italy, and Slovenia the involvement was rated as "somewhat low", and in Belgium, Bulgaria, and Slovakia no involvement took place at all according to the respondents. In four countries the level of involvement of professional or representative bodies in the development of the documents was rated lower by CSO representatives compared to NFP/NDCB respondents. In three countries the level of involvement was rated lower from the NFP/NDCB perspective.

Figure 29: Level of involvement of professional or representative bodies in the development of the most recent NDS/NDAP by country



Figure 30 shows that, in contrast to the type of organisations referred to above, professional and representative bodies are involved to a slightly lesser extent in the implementation phase than in the development phase. A "very high" level of involvement was reported for Germany and Luxembourg, a "somewhat high" level for a total of seven countries and a medium level ("neither high nor low") for nine countries. The respondents from Austria, Denmark, Hungary, Italy, Romania, and Slovenia, however, indicated a "somewhat low" level of involvement of this kind of organisations in their country. For Belgium, Slovakia, and Bulgaria it was reported that professional bodies were not involved at all in the implementation of the NDS/NDAP.

While for France, Germany, and Portugal, the reported level of involvement was higher during the implementation phase, it was reported to be higher in the development phase in Czech Republic, Denmark, and Romania.

Furthermore, the CSO representatives of five countries indicated a lower level of involvement during implementation than their counterparts from the NFP/NDCB. The opposite constellation was found for Croatia and Lithuania.

Figure 30: Level of involvement of professional or representative bodies in the implementation of the most recent NDS/NDAP by country



Of all types of CSOs covered in the survey, the user groups are those reported to have the lowest level of involvement in the development of the NDS/NDAP (see figure 31). The highest level of involvement was “neither high nor low” and was reported from Croatia, Ireland, Malta, and Spain. In more than half of the member states user groups are involved on a “somewhat low” level and in more than a quarter of the member states, user groups are not involved at all in the development phase.

In five countries the reported level of involvement was lower according to the CSO perspective than according to the responses of the NFP/NDCB. In three countries, the opposite was the case.

Figure 31: Level of involvement of user groups in the development of the most recent NDS/NDAP by country



The overall level of involvement of user groups in the implementation of the NDS/NDAP is slightly lower than in the phase of development (see figure 32). While “very high” or somewhat high” levels of involvement do not exist in any of the EU member states, a medium level of involvement is reported from Croatia, Ireland, Malta, and Spain. In nearly half of the member states, the level of involvement is either described as “somewhat low” (13 countries), in more than a third no involvement of user groups in the implementation phase exists at all according to the respondents (eight countries).

While in Czech Republic the level of involvement is slightly higher in the implementation phase than during the development, the opposite can be found for Denmark, Ireland, and Romania.

When CSO and NFP/NDCB perspective are compared, the CSO respondents tend to describe a lower level of involvement of user groups in the implementation phase than their NFP/NDCB counterparts. This is the case in five countries, while the opposite situation was found in one country.

Figure 32: Level of involvement of user groups in the implementation of the most recent NDS/NDAP by country



Mechanisms of civil society involvement in different policy fields

While the previous paragraphs have dealt with the level of involvement of different CSO types in the development and the implementation phase of the NDS/NDAP, the focus of the report is now on the different drug policy fields covered in the NDS/NDAP and on the participation mechanisms used to involve civil society in the development and the implementation of the those sections of the document which refer to prevention, treatment, harm reduction, law enforcement, and the legal framework. As described in chapter 4.2.3.1 the mechanisms of involvement assessed in the survey ranged from partnership (the most participative mechanism) via dialogue and consultation to information (the least participative mechanism) or to no involvement at all.

Figure 33 shows that partnership mechanisms have been used in Luxembourg and Portugal to develop the prevention sections of the NDS/NDAP. Dialogue mechanisms came into effect for this purpose in Finland, Lithuania, Poland, and Spain, while consultation mechanisms were used in eleven EU member states, and information mechanisms were used in nine countries. For Slovakia it was reported that no involvement took place at all with regard to the development of the prevention field in the NDS/NDAP. In a total of seven countries the CSO perspective differed from that of the NFP/NDCB. In five countries the CSO respondents assessed the development process as less participative than the NFP/NDCB counterparts. In two countries it was the other way around.

Figure 33: Participative mechanism regarding the topic of prevention in the development of the most recent NDS/NDAP by country



As can be seen in **figure 34**, the implementation process of the prevention strategy as laid out in the NDS/NDAP was generally more participative than the phase in which it was developed. For Germany, Luxembourg, Malta, and Portugal, the respondents indicated that the prevent strategy was implemented in form of a partnership between civil society and policy makers. A dialogue process was reported for a total of eleven countries and consultation regarding the implementation took place in three countries. In about a fifth of all EU member states, CSI in the implementation of the prevention strategy was limited to either active or passive information of civil society actors. No involvement in this area was reported from Slovakia. Furthermore,

besides Greece, no assessments of this question were available from Bulgaria and Hungary.

In a total of eight countries, the involvement process during the implementation of the prevention strategy was assessed as more participative than the development phase. However, the opposite was the case in France.

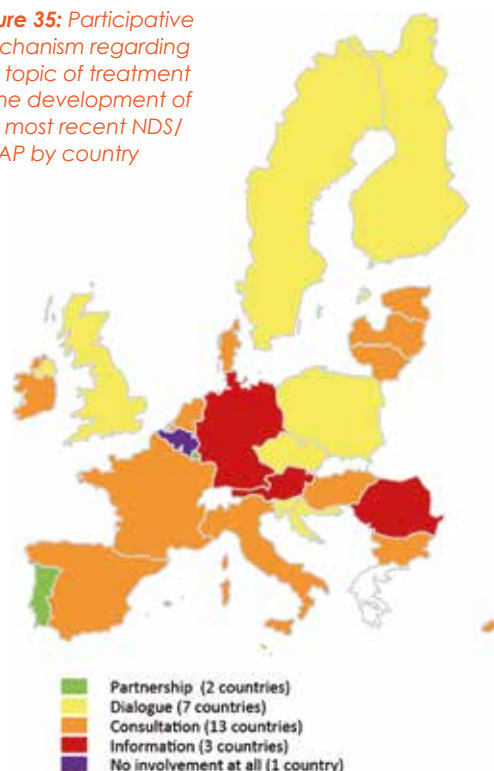
In four countries, the involvement process was regarded as less participative by the CSO respondents than the NFP/NDCB representatives. The opposite was the case in one country.

Figure 34: Participative mechanism regarding the topic of prevention in the implementation of the most recent NDS/NDAP by country



When it comes to the topic of treatment in the development of the NDS/NDAP, partnership mechanisms were again used in Luxembourg and Portugal (see figure 35). In a quarter of all EU member states, dialogue mechanisms came into effect, in nearly half the countries ad hoc consultations were the means of choice to involve civil society in the development of the NDS/NDAP regarding the topic of prevention, and in Austria, Bulgaria, and Germany civil society actors were informed in the development process. Furthermore, no involvement at all regarding the development of this topic was reported from Belgium, and besides Greece no assessment was possible for Slovakia. While in five countries, the CSO respondents reported lower forms of involvement; in seven countries it was the NFP/NDCB representatives who indicated that the used mechanisms of involvement were less participative.

Figure 35: Participative mechanism regarding the topic of treatment in the development of the most recent NDS/NDAP by country

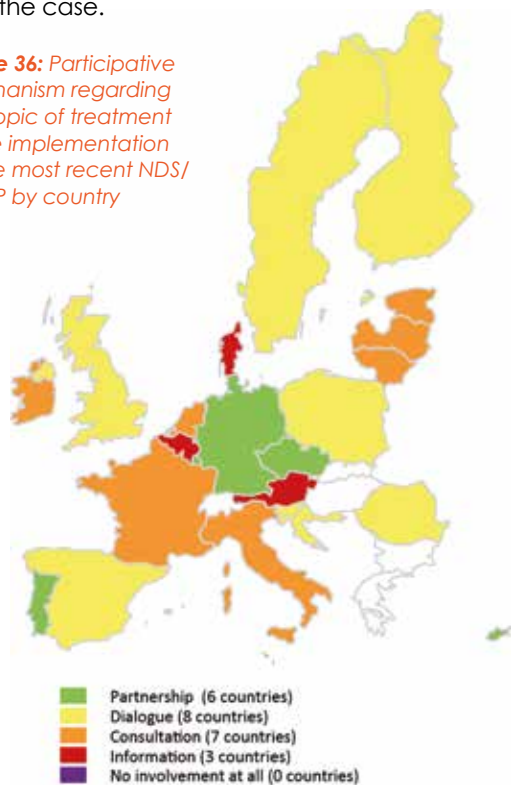


According to the respondents, the involvement in the implementation of the treatment topic of the NDS/NDAP was generally more participative than in the development phase (see figure 36). Partnership mechanisms (in six countries) or dialogue mechanisms (in eight countries) were applied in half of all EU member states. Consultation mechanisms were reported from a quarter of the member states, CSI in the form of passive or active information took place in Austria, Belgium, and Denmark. While there are no countries for which there is no involvement at all in this field, the respondents from Bulgaria, Hungary and Slovakia did not give an assessment of the situation in their countries.

In Belgium, Cyprus, Czech Republic, Germany, Malta, Romania, and Spain the involvement in the implementation of the prevention topic of the NDS/NDAP was more participative than during the development. Only in Denmark it was the other way around.

In four countries the CSO respondents reported less participative mechanisms than the NFP/NDCB counterparts, and in another four countries the opposite was the case.

Figure 36: Participative mechanism regarding the topic of treatment in the implementation of the most recent NDS/NDAP by country



In Croatia, Luxembourg, Poland, and Slovenia, the involvement of civil society in the development of the NDS/NDAP section on harm reduction was characterised as on a partnership basis (see figure 37). In eight countries a regular dialogue took place on this issue, and in ten countries civil society actors were consulted ad hoc regarding this topic. Information mechanisms were applied in Austria, Estonia, and Romania, while no involvement at all on this issue in this phase was reported from Belgium and Italy.

While in four countries the CSO respondents described this process as less participative than their counterparts from the NFP/NDCB, the opposite was true for a total of seven countries.

Figure 37: Participative mechanism regarding the topic of harm reduction in the development of the most recent NDS/NDAP by country



When it comes to the implementation of the harm reduction strategy within the NDS/NDAP, about half of all EU member states apply either partnership (seven countries) or dialogue mechanisms (eight countries), while in four countries civil society actors were consulted during the implementation and in further five countries civil society was informed about the process (**see figure 38**). Again, the reported status from Italy was that no involvement took place at all on this topic during this phase.

Compared to the development process, the implementation phase was generally more participative. On the country level this can be reported for Belgium, Czech Republic, Germany, Latvia, Malta, Romania, and Spain. In Denmark and Slovakia, the opposite was the case.

Furthermore, in five countries the involvement was characterised as less participative by the CSO respondents, while in four countries the NFP/NDCB respondents reported less participative mechanisms from their countries.

Figure 38: Participative mechanism regarding the topic of harm reduction in the implementation of the most recent NDS/NDAP by country

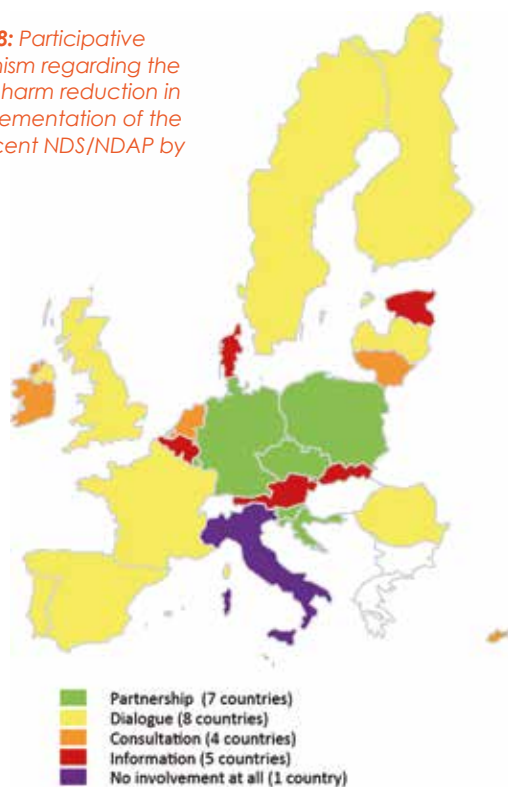


Figure 39 shows that about one fifth of all EU member states involved civil society actors on a regular basis in the development of the law enforcement strategy of the most recent NDS/NDAP by applying either partnership (Luxembourg and Malta) or dialogue mechanisms (Croatia, Germany, Ireland, and Slovenia). In nearly one third of the countries, consultation mechanisms were used, in five countries civil society was informed about the process (Austria, Cyprus, Lithuania, Romania, and United Kingdom), and in another six countries civil society was not involved in the process at all (Belgium, Estonia, France, Italy, Latvia and Slovakia). Besides Greece, no information was available from Denmark.

In five countries the CSO respondents described a less participative development process in this field than the NFP/NDCB respondents did. However, in one country it was the other way around.

Figure 39: Participative mechanism regarding the topic of law enforcement in the development of the most recent NDS/NDAP by country



The involvement of civil society in the implementation of law enforcement measures which are components of the NDS/NDAP took place on a partnership basis in two countries: Luxembourg and Malta (see figure 40). In four countries the implementation process was accompanied by a dialogue between policy makers and civil society actors (Croatia, Germany, Ireland, and Slovenia), while in nine countries CSI assumed the form of consultation, and in five countries that of information (Austria, Belgium, Germany, Latvia, and United Kingdom). For Estonia, France, Italy, Lithuania, and Slovakia it was reported that no involvement took place at all during this process. It has to be noted that, besides Greece, no information was available from Bulgaria, Denmark, Hungary, Romania, and Sweden. While in Belgium, Cyprus, Czech Republic and Latvia, the applied mechanisms of CSI were characterized as more participative in the implementation phase of the law enforcement measures, for Germany and Lithuania it was reported that the development phase was more participative.

For four countries the CSO respondents reported less participative mechanisms than their NFP/NDCB counterparts, for one country the opposite was true.

Figure 40: Participative mechanism regarding the topic of law enforcement in the implementation of the most recent NDS/NDAP by country

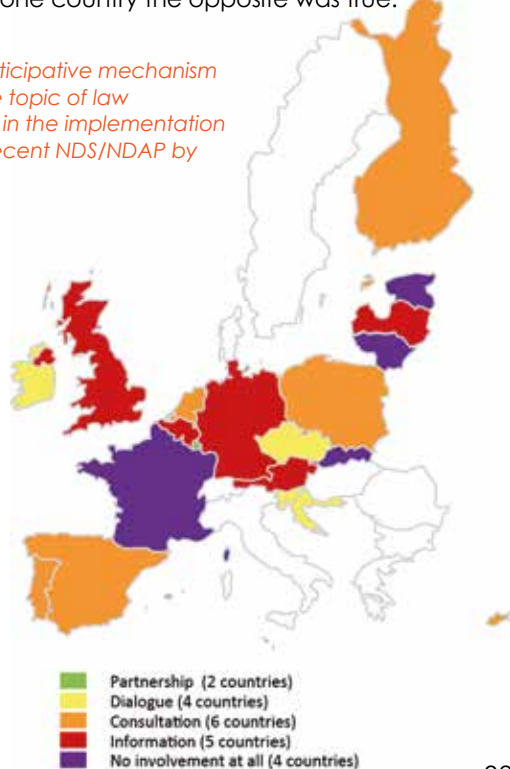


Figure 41 shows which involvement mechanisms were applied in the EU member states during the development of strategies regarding the legal framework within the most recent NDS/NDAP. Again, partnership mechanisms were reported from Malta and Luxembourg, while dialogue mechanisms were reported from Croatia, Czech Republic, Ireland, Poland, and Slovenia. Again, ad hoc consultations were the means used by the largest number of EU member states to involve civil society actors (nine countries). Information mechanisms were applied in a total of six countries and in four countries no involvement at all took place during this phase (Belgium, Estonia, Italy, and Slovakia). Besides Greece, no assessment was possible in France.

If differences occurred between the description of CSO respondents and that of NFP/NDCB respondents, mostly the CSO respondents described the process as less participative. This was the case in four countries, the opposite was found in two countries.

Figure 41: Participative mechanism regarding the topic of the legal framework in the development of the most recent NDS/NDAP by country



As can be seen in **figure 42** the involvement of civil society implementation of those parts of the NDS/NDAP which referred to the legal framework was regarded as a partnership-based process in Luxembourg and Malta. In Croatia; Czech Republic, Germany, Poland, and Slovenia, this process was described as a dialogue, while in Cyprus, Finland, Ireland, the Netherlands, Spain, and Sweden ad hoc consultations were the means of choice. The most common form of involvement in the process of implementing this strategy was information. This involvement mechanism was applied in a total of nine countries. According to the survey participants the civil societies of Italy, Latvia and Slovakia were not involved at all when it comes to the implementation of the strategy regarding the legal framework in the NDS/NDAP. Besides Greece, no information on this topic was available from Bulgaria and Hungary. No big differences could be found between the involvement mechanisms used in the development and the implementation phase of the section on legal framework in the most recent NDS/NDAP. While in two countries the development phase was more participative than the implementation phase, the opposite was true in another two countries. In four countries the CSO respondents described this process as less participative than the NFP/NDCB respondents. In two countries it was the other way around.

Figure 42: Participative mechanism regarding the topic of the legal framework in the implementation of the most recent NDS/NDAP by country



Impact of civil society involvement in different policy fields

So far the focus of this chapter was on the level of CSI and the different mechanisms of CSI. But even though high levels of involvement or highly participative mechanisms may increase the chance of CSOs being heard and actually influencing the decision making process, it does not automatically mean that CSI has an impact on the policy outcome. Therefore, the respondents were also asked to rate the impact of CSI on the development and the implementation of different drug policy topics in the most recent NDS/NDAP.

Figure 43 shows the impact which CSI has had in the development of the prevention strategy as laid out in the member states' most recent NDS/NDAPs. While a "very high" impact was reported from none of the countries, the impact was stated to be "somewhat high" in five countries: Croatia, Netherlands, Luxembourg, Poland, and Portugal. For one quarter of all EU members it was reported that the impact in the development phase was "neither high nor low" and for more than half of the countries it was stated to be either "somewhat low" (eleven countries) or non-existent as there was no involvement at all (four countries).

A discrepancy between CSO and NFP/NDCB perspective was found in eight countries: In seven countries the CSO respondents indicated a lower impact than the NFP/NDCB respondents and in one country the opposite was true.

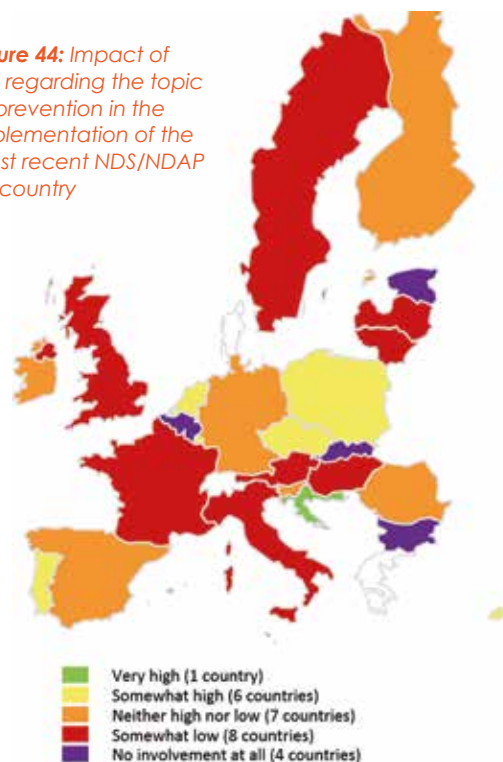
Figure 43: Impact of CSI regarding the topic of prevention in the development of the most recent NDS/NDAP by country



As can be seen in **figure 44**, in five countries the impact of CSI was slightly higher during the implementation than the development of the prevention strategy in the NDS/NDAP (Croatia, Cyprus, Czech Republic, Germany, and Malta). In one quarter of the countries the impact of CSI was rated as either "very high" (one country) or "somewhat high" (six countries), in another quarter it is rated as "neither high nor low" and in slightly more than a quarter it is rated as "somewhat low". As in the development phase, no involvement at all took place also during the implementation of the prevention strategy in Belgium, Bulgaria, Estonia, and Slovakia. Besides Greece, no information was available from Denmark.

Again a discrepancy between CSO and NFP/NDCB perspective was found in eight countries: In seven countries the CSO respondents indicated a lower impact than the NFP/NDCB respondents and in one country the opposite was the case.

Figure 44: Impact of CSI regarding the topic of prevention in the implementation of the most recent NDS/NDAP by country



The impact of CSI in the development of the treatment strategy in the NDS/NDAP was rated as either “very high” (Luxembourg) or “somewhat high” (Croatia, Czech Republic, Latvia, Netherlands, Portugal, and Slovenia) in one quarter of the EU member (see figure 45). Slightly more than a quarter described the impact as “neither high nor low” (eight countries) and in nearly a third of the EU member states it was rated as “somewhat low”. No involvement at all in this process was reported from Belgium, Bulgaria, and Slovakia. In seven countries the CSO perspective differed from the NFP/NDCB perspective. With the exception of one country, the CSO respondents in these countries have rated the impact of CSI lower than the representatives of the NFP/NDCB.

Figure 45: Impact of CSI regarding the topic of treatment in the development of the most recent NDS/NDAP by country



Figure 46 shows that, in comparison to the development phase, the impact of CSI was higher in the implementation of the treatment strategy in five countries (Cyprus, Germany, Malta, Romania, and Spain). In Czech Republic and Latvia, however, the impact was rated lower during the implementation phase. In more than a third of the EU member states, the impact of CSI during implementation was described as either “very high” (one country) or “somewhat high” (nine countries). In one quarter of the countries the impact was rated as “neither high nor low”, and in more than one third the impact was either rated as “somewhat low” (six countries) or no CSI took place (Belgium, Bulgaria, Denmark, and Slovakia).

In four countries the CSO respondents reported impact of CSI in the implementation of treatment strategy than the NFP/NDCB respondents.

Figure 46: Impact of CSI regarding the topic of treatment in the implementation of the most recent NDS/NDAP by country



Figure 47 shows that the impact of CSI in the development phase of the harm reduction strategy in the NDS/NDAP is assessed as high in more than a quarter of the EU member states with one country featuring an impact which is "very high" and seven countries where it is "somewhat high". In nearly one third of the countries the impact was rated as "neither high nor low" and in slightly more than a third of the member states, the impact was reported to be either "somewhat low" (four countries) or there was no involvement of civil society in this process at all (six countries).

In four countries the impact of CSI in the development of harm reduction section of the NDS/NDAP was lower from the CSO perspective than in the eyes of the NFP/NDCB. In one country the opposite was the case.

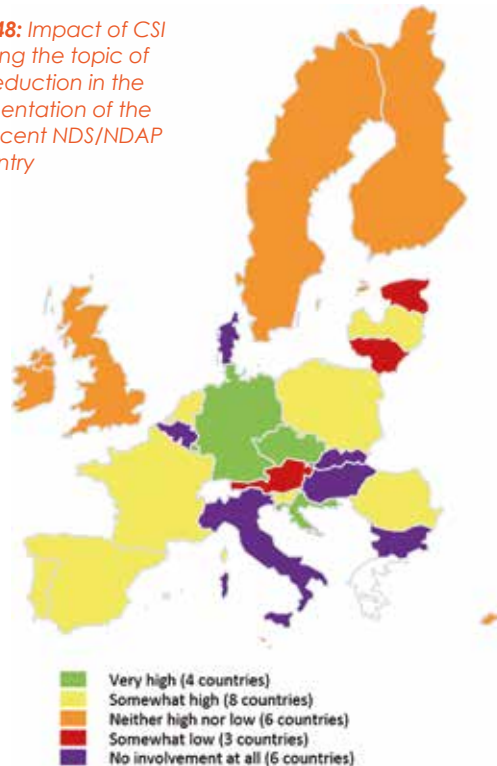
Figure 47: Impact of CSI regarding the topic of harm reduction in the development of the most recent NDS/NDAP by country



As can be seen in **figure 48**, the impact of CSI during the implementation of the harm reduction strategy as put down in the NDS/NDAP is generally higher than during the development phase. On the country level this is true for Croatia, Czech Republic, Germany, Latvia, Portugal, Romania, Spain and Sweden. For About four out of ten member states the impact of CSI in the implementation phase was rated as high, with a "very high" impact reported from Croatia, Czech Republic, Germany and Luxembourg and a "somewhat high" impact from a total of eight countries. In two out of ten countries the impact was rated as "neither high nor low" and in one out of ten as "somewhat low". However, according to the respondents no involvement took place at all in this process in two out of ten EU member states. This was the case in the same six countries which saw no CSI at all during the development of the harm reduction strategy: Bulgaria, Belgium, Denmark, Hungary, Italy, and Slovakia.

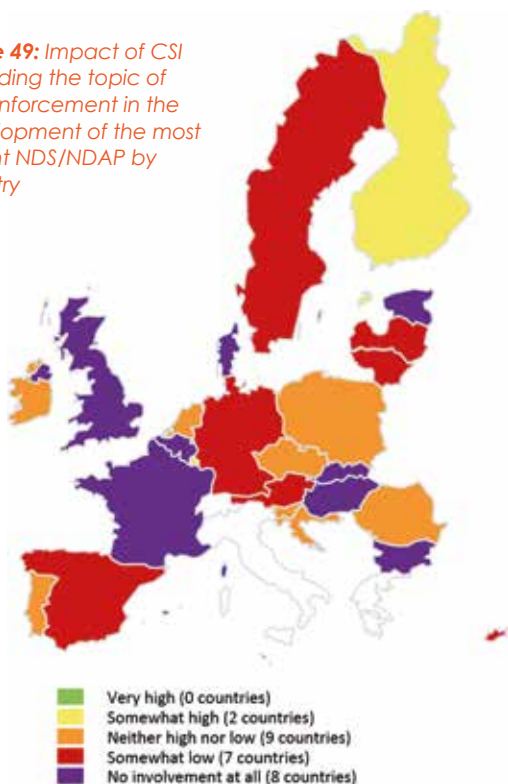
While in four countries the impact of CSI assessed by the CSO participants was lower than that reported by the NFP/NDCB representatives, in two countries the latter reported a lower impact than the CSO representatives.

Figure 48: Impact of CSI regarding the topic of harm reduction in the implementation of the most recent NDS/NDAP by country



As mentioned in chapter 4.2.3.3., law enforcement is the drug policy field for which the lowest levels of CSI have been reported. **Figure 49** also shows that the impact of CSI in the development of the law enforcement strategy in the NDS/NDAP is assessed as low compared to the policy fields of prevention, treatment and harm reduction. While there were no reports of a “very high” impact of CSI in the development of the law enforcement strategy, the impact was rated as “somewhat high” in two countries: Finland and Luxembourg. For nearly a third of all EU member states, the impact was assessed as “neither high nor low” and in more than half of the countries, the respondents either described the impact as “somewhat low” (seven countries) or stated that civil society was not involved in the process to begin with (nine countries). In four countries the CSO respondents assessed the impact of CSI in this process as lower than the NFP/ NDCB respondents. In three countries it was the other way around.

Figure 49: Impact of CSI regarding the topic of law enforcement in the development of the most recent NDS/NDAP by country



The situation is very similar when looking at the impact of CSI during the implementation of the law enforcement strategy as it is published in the NDS/NDAP. **Figure 50** shows that the number of countries in which no involvement took place at all in this process, grows by two countries (Germany and Lithuania) compared with the situation during the development phase. Furthermore, the number of member states for which no information is available grows by one (Romania). While in four countries the CSO respondents rated the impact as lower than their NFP/ NDCB counterparts, the opposite could be found in three countries.

Figure 50: Impact of CSI regarding the topic of law enforcement in the implementation of the most recent NDS/NDAP by country



As **figure 51** shows the impact of CSI on the development strategy regarding the legal framework of drug policy is also comparably low. Again, a "very high" impact of CSI was reported from none of the EU member state and in two countries the impact was rated as "somewhat high" (Croatia and Finland). For than a quarter of all EU member states, the impact was assessed as "neither high nor low" and again, in more than half of the countries, the respondents either assessed the impact as "somewhat low" (seven countries) or reported that civil society was not involved in the process at all (eight countries). Besides Greece, no information was available on the status in Denmark. Again, in four countries the CSO respondents described the impact of CSI in this process as lower than the NFP/NDCB respondents. In three countries the opposite was the case.

Figure 51: Impact of CSI regarding the topic of the legal framework in the development of the most recent NDS/NDAP by country



Compared with the situation in the development phase, the impact of CSI is slightly higher when it comes to the implementation of the strategy for the legal framework (**see figure 52**). On the country level this was the case in Czech Republic and Germany, while in Romania by contrast the impact was lower during the implementation. In about one out of ten countries the impact was rated as "somewhat high", in nearly three out of ten member states it was assessed as "neither high nor low", while in more than half of all countries, either the impact was reported to be "somewhat low" (seven countries) or the participants responded that there was no CSI at all during this process (eight countries). Again no information was available from Greece and Denmark.

In five countries CSO representatives assessed the impact of CSI as lower than their NFP/NDCB counterparts. The opposite was the case in four countries.

Figure 52: Impact of CSI regarding the topic of the legal framework in the implementation of the most recent NDS/NDAP by country



4.3 Collection of facilitators and barriers of CSI among CSOs

In the following paragraphs the results of a short email survey among CISP project partners and CSFD members as well as the results of an online survey conducted by the CSFD will be summarized and presented.

Structures

When asked about facilitators for CSI in their countries, the respondents often pointed out that permanent and formalized structures which ensure a dialogue between civil society and government representatives on development are beneficial for civil society involvement. These structures should allow for cooperation on a regular basis between civil society and government actors and oversee both the formulation of policy and its implementation. The respondents have added that these structures could have the form of e.g. an "advisory board", of an "expert committee for communication and coordination with civil-society groups" or of a "National CS Forum on Drugs", but there could be a mandatory "CSOs membership in the Government Council for drug policy".

On the other it has been described as a barrier that this kind of formal structure does not exist in a country or that former structures of involvement have been abolished within the last years. When formal structures are absent it has been reported as a barrier that "initiatives for exchange and dialogue with CS need to be taken by CSOs". It has also been reported that "government departments and agencies effectively by-pass the Committees in terms of their own planning and decision-making processes". Hence, in some countries with formal structures of CSI "collaboration is not always meaningful (as the consults might be conducted once the decision is more or less decided, the working groups are not active, etc.)". In some countries formal structures exist, but they are considered to be very strict and to offer no opportunity to CSOs for further engagement. On the other hand, some countries do

not have have formal structures and yet it is easy to contact authorities: "Communication with officials can be made relatively easy through email and phone."

On the international level, "establishing regular communication among international organizations, national governments, and civil society groups" was described as an important facilitator. In this context it was recommended by one respondent to enhance CSI by "including NGO representatives into country delegations to the international events, such as CND sessions".

Besides the necessity of structures for active participation of civil society, some respondents pointed out that formal structures for informing civil society about the decision making process are needed to facilitate CSI. According to one respondent, this should also have the form of an "official information flow (website /newsletter) from policy level to CSO level".

Networking

Networking and cooperation of CSOs has been mentioned as a facilitator of CSI by many respondents. The function of network organisations is described by one respondent to be "a channel of information [...] on developments at national level and to bring people together as often as is possible. This networking activity supports CSOs in making connections between their day-to-day work and national policy work." Another respondent pointed out that it is helpful if "coalitions with other CSOs can be made to address certain topics". Other respondents went further and described it as useful to also include non-CSO partners such as PWUD or the media. One respondent recommended to implement a "more co-ordinated action as a larger movement and include cross cutting sectors for example, sexual health and mental health". Furthermore, international networks were mentioned as a means to improve CSI, e.g. by initiating a "connection with western civil society actors", as one respondent put it.

By contrast, the respondents describe a “fragmented nature of CSO activity” as a barrier for CSI. The same is true if “CSOs are not united in coalitions, networks, etc.”. But even if networks of CSOs exist in a country, a “lack of transparency in CSOs networks” may constitute a barrier for CSI as one respondent remarks.

Relationship to policy makers

However, not only the quality of the relationship to other CSOs working in the drug field was reported as a possible facilitator or barrier for CSI, also the relationship of CSO representatives to policy makers was mentioned as an important factor influencing the level of CSI. Of course a good relationship to policy makers is beneficial for the involvement of CSOs. According to some respondents, advocacy actions at the local or regional level are often more promising, as the relationship to policy makers is closer than at the national level. It is also reported that in less hierarchically organised countries, “communication with officials can be made relatively easy” which also facilitates the building of relationships.

On the other hand it was found to be barrier to CSI if there is a “mutual distrust between CSOs and the government” or if “they [the Ministry of Health] fear criticism or do not like to be pushed into a situation which they cannot control”. One respondent claimed that CSOs “should be considered as partners and not enemies of the country”.

Some respondents have also stated that they feel as if they are not taken serious by policy makers, e.g. one respondent states that “policy makers in the state sector often treat civil society organization representatives as well-meaning amateurs”, that they are being forgotten or overlooked and “not taken into consideration by institutional and political bodies”. In order to enhance CSI it would instead need a “culture of respect for the work that civil society [does]”. For example, one CSO representative mentioned as a facilitator for their advocacy actions that their CSO has been “named in

the NDS document as the formal representative of the community sector”. This kind of formal recognition of the work and expertise of CSOs can therefore improve the involvement of certain CSOs.

Capacities

The responses have shown that a positive attitude towards CSOs and recognition of their work by policy makers are viewed as facilitators for CSI. However, many respondents also mentioned that certain capacities are prerequisite for CSOs in order to engage successfully in the decision making process. These include, as often mentioned, “competencies and expertise in drug fields (research, intervention, close relationships with PWUDs)”, but also organisational and strategic skills for successful networking and the development of advocacy strategies. One respondent puts it this way: “greater coordination, networking and knowledge exchange and identification of concrete ways to move forward”. The same respondent adds for consideration that “civil society capacity is often weak at the national level, in contrast to relatively stronger capacities at the international and local level”. This is underlined by another respondent who indicates that “practical achievements within the communities and grass-root expertise [...] are recognised by authorities”.

In this context some respondents are quite self-critical as they detect e.g. “a big lack of knowledge regarding developing policy and strategies”, “limits in advocacy actions (strategies, continuity and resources)” or report “difficulties in measuring concrete results” of their work. One respondent even goes further and also detects a lack of political will among CSOs: “The organisations could and should do a better job than what we are doing at the moment. Nothing is really stopping us.”

The aforementioned barriers and facilitators all refer to capacities of CSOs, but state capacities, e.g. those of the national drug coordination bodies have also been stated to be potential barriers or facilitators. A “stable drug policy” was reported to be a facilitator of CSI,

while it was perceived as a barrier that long-standing relationships with governmental representatives do not exist, which also means that the expertise and knowledge of these officers is lost. Therefore there is a "lack of knowledge and experience in the ministry (high turn-over of officers)", also the "ministry has no institutional memory, and many officers don't know the field very well".

The new officers are no longer experts in the field, but experts on processes and procedures.

Furthermore, the role of EU institutions in promoting CSI among national governments was emphasized by a number of respondents. One respondent states that a transfer of knowledge of drug policy making on the EU level towards national policy makers could facilitate CSI on the national level. The same respondent further remarks that also "other agencies such as the Pompidou Group or the EMCDDA can have a decisive role in including civil society organisations in the policy-making process. They can play a role at the international and national level."

Funding

The above mentioned issue of building and strengthening CSOs capacities for them to become more involved in the decision making process is closely linked to the question of funding. According to many respondents, sustainable and adequate funding of CSOs is a facilitator for CSI. This funding should also comprise advocacy work, networking and research.

On the other hand, the absence of sustainable funding was found to be a major barrier for CSI. One respondent stated e.g. that "CSOs have experienced significant cuts in budgets over a number of years and, as a result, have had to focus on maintaining their core service activities. This has meant less time for networking and for engaging in policy and campaigning work." Another respondent has described it as a barrier that

"CSO are not sustainable and are strongly dependent on international support and short-term projects".

Lack funding or lack of adequate funding was also reported to have a negative effect on the relationship between different CSOs: "Perceived competition for resources has also led to less solidarity amongst groups and this has impacted negatively on networking. Having time, support and resources to participate in networking activities is crucial to meaningful CSI involvement."

Some respondents also indicate that not only CSOs require funding in order to improve CSI, but also the existing and yet to be established platforms for interaction of CSOs. One respondent reported a case where "third sector platforms need to be dissolved given that there is no financial means for them to continue operating".

Competing goals and concepts

Some respondents characterize the political debate on drug policy as a competition of different goals and concepts where the dividing line runs between CSOs on one side and policy makers on the other. For example, one respondent describes this situation as "policy makers' ideological/instrumental attitude vs evidence and human rights based discussion" and assesses this as a barrier for CSI. In this situation the "dissemination of scientific evidence" is named as a facilitator. Besides ideology, also moral concepts are viewed as a barrier to CSI. One respondent characterizes drug policy as a "sensitive topic in the country because of misunderstanding and high stigma also high politicization and moralization of dependency". In order to facilitate CSI, another respondent recommends that "politicians should stick to experts' opinions and long term experiences and developments and not to short term personal political goals."

The respondents did not report any possible ideological conflicts between CSOs. Instead one respondent remarked that “there are no ideological fights between CSOs”.

Access to CSI structures

It has been mentioned that the existence of formal structures for CSI can facilitate the participation of civil society actors in the decision making process. However, some respondents point out that it constitutes a barrier to CSI if the access to these structures is very limited and “only a few, strong CS stakeholders receive recognition by decision makers”. The same is said for a situation where “exchange with CSOs takes place, if they receive direct funding from the Min. of Health (small group)”. This should be overcome, according to one respondent, by “simplifying & diversifying access” which may also include “the involvement of the target population, for example, organizations of people who use drugs, and there will be a monetary incentive for users to provide input”, as another respondent puts it.

On the international level, some respondents have reported limited access to international CSI structures as a barrier. One respondent pointed out “problems with the access to intergovernmental international events, such as UNGASS 2016 in New York, where NGOs had to face last minute changes, lack of information and problems with the entry to the United Nations facility.”

Public relations

The media are mainly seen as a facilitator for CSI, as they are “generally receptive to reporting drug policy issues” as one respondent reports. The same is true for “social communication on the topic” which is also seen as a facilitating factor for CSI.

5 Conclusions

- The fact that only four countries mention CSI in the paragraph on national coordination mechanisms in the Country Drug Reports should not be overemphasized as the paragraph is indeed quite short. However, this does show that in the remaining 22 member states CSI is at least not a top priority on the national level.
- The unwillingness of some NFP/NDCB representatives to participate in the survey seems to underline the feeling of indifference towards CSOs that has been expressed in the collection of facilitators and barriers
- The quality of relationships between CSOs and policy makers described by the respondents in chapter 4.3.3 underline the need for regular communication and exchange between these actors as a kind of trust-building measure. Also the diverging assessments of the status of CSI in some countries indicate a need for more communication between CSO and government representatives.
- In the majority of member states there seems to be a lack of formal structures that allow for a regular – and not just ad hoc – involvement of CSI in the development and implementation of drug policy. Even with regard to harm reduction, which was assessed to be the drug policy field where the CSI mechanisms are the most participative, only about half the EU member states feature regular involvement mechanisms such as dialogue and partnership, as opposed to mere ad hoc consultations, simple information mechanisms or no involvement at all. Nevertheless, CSI structures need to be flexible enough to allow both civil society actors and policy makers to arrange ad-hoc meetings when needed, e.g. in order to react to current developments.
- Information mechanisms as a very basic form of involvement should be available in all European member states. CSOs should be informed via email or newsletters about upcoming policy development processes in order to set the basis for further steps of CSI. However, this information flow is needed in both directions and therefore requires as well a more coordinated action from the CS sector to inform policy makers about their work.
- According to the respondents, the level of involvement was generally higher during the implementation phase than during the policy development phase. Using more CSI expertise during development can lead to more ownership among implementing CSOs and an overall smoother implementation.
- With regard to the specific drug policy fields, the assessment indicates a considerably lower level of involvement, the application of less participative mechanisms and also a lower impact of CSI for the fields of law enforcement and the legal framework. This is hardly reasonable, as these fields strongly affect civil society and, also larger parts of civil society than e.g. treatment and harm reduction.

- The low levels of involvement of PWUD may be due to the lower degree of organisation. However, approaches should be developed to support the organisation of PWUD and to make the access to CSI easier for the actual target group of drug policy.
- The analysis of facilitators and barriers also shows a need among both, policy makers and CSOs, to develop organisational and technical capacities for enhancing CSI. Within the framework of the CSIDP project, a Road Map for Civil Society Involvement in Drug Policy has been developed on the basis of the assessment results in order to give these stakeholders guidance on the way to enhancing CSI within their organisations.
- In general, the current objective of CSI as presented in the European Union Action Plan on Drugs 2017-2020 (Council of Europe 2017) needs further substantiation in order to make achievements measurable: Who shall be involved (see chapter 3) in which activities and what kind of drug policy fields, and how shall they be involved, i.e. by applying what kind of participative mechanisms? The absence of a clear concept of CSI makes it impossible to measure outcomes, which cannot be the intention of the action plan. This report, however, gives an example what such an analytical framework for the measurement of CSI could look like.

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