



csidp

Good Practice Collection

Civil Society Involvement
in Drug Policy



Colophon

This Good Practice Collection is developed in the framework of the European Civil Society Involvement Project – CSIDP, with financial support of the European Union.

More information via: www.csidp.eu

Authors:

Susanna Ronconi, Lelle Casmaro, Marcus Keane, Diana Castro, Matej Košir, Anna Lyubenova, Roberto Perez Gayo

Support:

All partners of the CSFD Project – De Regenboog Groep (NL), Ana Liffey Foundation, (Ireland), Forum Drogue and LILA (Italy), APDES (Portugal), UTRIP (Slovenia) Initiative for Health (Bulgaria)

Copyright © 2018

Copyright remains with the publisher

De Regenboog Groep / Correlation Network

PO Box 10887

1001 EW Amsterdam

The Netherlands

Phone: +31 20 5707829

administration@correlation-net.org

www.correlation-net.org



This publication has been produced with the financial support of the Migration and Home Affairs Programme of the European Union (Home/2015/JDRU/AG/DRUG/8842). The contents of this publication are the sole responsibility of Correlation and can in no way be taken to reflect the views of the European Commission.



Contents

1. Bulgaria	4
1.1. An example of strategic cooperation: Setting up a working group to discuss a platform for change in drug policy in Bulgaria	4
1.2. An example of media advocacy actions: Advocacy for medical cannabis in Bulgaria	5
2. Ireland	8
2.1. An example of CSO leadership: Supporting the implementation of supervised injecting facilities in Ireland	8
2.2. An example of a coalition: CityWide and Decriminalisation in Ireland	8
2.3. An example of a CSO active on the national level: The National Family Support Network (NFSN) in Ireland	10
3. Italy	12
3.1. An example of implementing involvement mechanisms: The Regional Working Group on the Piemonte Harm Reduction Basic Levels of Care Protocol in Italy	12
3.2. An example of consultation: CS-Government Dialogue Session on the Italian position at UNGASS 2016	14
3.3. A result of strategic planning: The inclusion of Harm Reduction as a prevention pillar in the new National AIDS Plan in Italy	17
4. The Netherlands	20
4.1. An example of successful civil society involvement: The preparation of the process towards UNGASS 2016 in the Netherlands	20
4.2. An example of the importance of CSOs capacities: The organisation of shelter and social support for people experiencing homelessness and substance use disorder in Amsterdam, Netherlands	23
4.3. An example of how CSO monitoring and expertise can inform drug policy: Mainline & The Ministry of Health Welfare & Sports in the Netherlands	25
5. Portugal	28
5.1. An example of good practice of CSI in national drug policy: The decision making process in Portugal	28
5.2. An example of CSO cooperation and struggle for funding: The organisation of harm reduction services in Portugal	28
5.3. An example of how CSO knowledge and experience foster CSI: APDES and the National Forum of Civil Society (FNCS) in Portugal	29
6. Slovenia	31
6.1. An example for active participation: CS involvement in national drug policy in Slovenia	31



1. Bulgaria

1.1 An example of strategic cooperation: Setting up a working group to discuss a platform for change in drug policy in Bulgaria

Bulgaria, Sofia, 2012

Action at national level

Policy makers: Implementation of dialogue mechanisms

CSOs: Building a coalition and proposing actual changes in national drug policy legislation

Background

Drug policy decisions in Bulgaria are taken by the National Drug Council. This is an inter-ministerial body chaired by the Minister of Health and including members from ten ministries and eleven state agencies. It operates in the area of national security and social issues. The Council adopts the national strategies and programs in the drugs area, coordinates international obligations and relations and has the mandate to propose legislation changes related to drugs. In principle, the Council does not collaborate with civil society structures and has no formal mechanisms to assess civil society experiences or opinions when taking decisions, proposing legislation changes or adopting official documents. There have been few isolated cases of inviting civil society representatives to the sessions of the Council. In 2012 a group of non-governmental organizations and citizens organized themselves and agreed upon common points for change in the drug policy of the

country. They developed a Platform for change: a document with motivated suggestions for grounding reforms in the philosophy of the Bulgarian drug policy. Among these were: the revision of the drug possession penalties, revision of the cannabis policy, introduction of alternative penalties for PWUD who commit criminal offenses, reduction of imprisonment rates, strengthening of the civil society's and experts' participation in the decision-making process, improvement of funding schemes and introduction of effective evaluation mechanisms.

The platform was submitted to the National Drug Council and following that the Minister of Health established a working group to discuss the platform propositions. The working group involved government officials from the Council and civil society representatives.

Objectives and expectations

The CSOs coalition had two objectives with this act: to initiate a dialogue with policy makers and to create a forum to discuss their concerns; and to initiate a process of concrete changes in specified areas.

The working group had the objective to analyse the Platform and report back to the National Drug Council.

Achievements

The working group had several meetings and drafted a report. Consensus was achieved for two out of five points (improvement of the funding schemes for treatment and rehabilitation and introduction of effective evaluation mechanisms), although these were not followed by concrete steps. One point was partially supported (introduction of alternative penalties for PWUD who commit criminal offenses)

and it was proposed to the Council to submit a further proposal in this regard to the Ministry of Justice. Two of the points did not reach a consensus: the revision of drug possession penalties and the revision of the cannabis policy.

The main achievement of this working group was to be the first example of a formally established dialogue forum between the policy makers and CSOs. It also made possible further discussions for part of these points.

Challenges

The main challenges were related to the poor advocacy experience of CSOs at that time and their attempt to address too many basic issues at the same time. Nevertheless, the missing abilities of policy makers to conduct a dialogue with civil society and the lack of formally established procedures for such were also important difficulties in the process.

Developments and evolution

The only point which advanced was related to cannabis policy. Although there has been no change in the Bulgarian legislation in regard to cannabis, the dialogue on this topic was intensified in the next years and the Council organized additional research on the use of medical cannabis.

Drug possession and other drug-related penalties remained unchanged. Funding and evaluation mechanisms also did not improve.

Lessons learned

CSOs should be prepared to initiate policy changes with good knowledge of the decision making mechanisms and should address problems separately with a well-prepared strategy and a realistic timeframe.

Policy makers should be prepared to discuss their decisions with civil society and should have diverse mechanisms to research opinions and experiences from the ground.

1.2. An example of media advocacy actions: Advocacy for medical cannabis in Bulgaria

Bulgaria, 2012 -2015

Action on National level

Actions by CSOs: Advocacy actions - participating in decision making process.

Stakeholders and parties involved: CSO's; Promena and Restart and National Drug Council

Background

Bulgarian drug laws do not allow any type of medical cannabis treatment, nor do they distinguish between possession of medical cannabis by patients and possession for recreational use. This happens because the cannabis/THC is classified as a high risk drug without application in medicine. The classification is the responsibility of the Bulgarian Minister of health. He is the chair of the National Drug Council. In practice all drug policies depend on the Council. Its sessions are being held behind closed doors. A specific decision of the Council is needed for external people or organizations, including CSOs, to be present. Several CSOs were motivated to change the policies about medical cannabis. In May 2012 the CSO sector developed a "Policy Change Platform for Psychoactive Substances in Bulgaria". One of the

demanded changes in drug policies and laws relates to the classifications of drugs. In respect to cannabis, there was the aim to classify it as “a drug with application in medicine”. This has been introduced to the Council. At the Council’s meeting in 2012, it was decided to set up an inter-ministerial working group to discuss these proposals. During the working group sessions, the CSOs made more detailed proposals. In 2013 the working group issued a report which proposed to include cannabis/THC on the list of drugs with application in medicine.

Meanwhile, in April 2013, Marin Kalchev, a medical user with multiple sclerosis was caught with cannabis and sent to court. The CSOs supported him with a lawyer and a massive media campaign. For several months, the media produced a number of interviews and articles on the issue. In March 2014, an acquittal was issued to Marin at first instance.

As a result of this case and the media attention, the National Centre for Addictions was commissioned to draw up a single opinion covering all aspects of the medical cannabis. The same went out in 2014 and, although it describes the medical application of cannabis/THC/CBD in number of countries for different illnesses, it was extremely negative to the re-classification of cannabis.

Following this opinion, the National Drug Council held an extraordinary session. Nothing was decided, but at least CSOs’ experts were heard. In 2015, the Council decided to carry out an analysis of the published studies regarding the appropriateness and necessity of the use of cannabis and its derivatives for medical purposes, considering also the regulatory

practice and control in other EU countries. The CSOs were not informed, but through access to information procedure it was possible to find that two studies had been ordered: one to the Bulgarian Drug Agency ,on regulatory practices and control, and another to the National Center for Public Health and Analyses, on the medical application of cannabis. In November 2015, during a closed door session, the National Drug Council decided not to reclassify cannabis. Instead of the two reports commissioned in February, which were not discussed, well selected conservative health experts were summoned to express their opinions. The report from the National Center for Public Health and Analyses had not been adopted, and although it had been sent to the Council it was not published on the Council’s website. This was done only after the CSOs started to ask about it. The report is quite objective and balanced, and shows well-researched medical applications of cannabis/THC. Later, the report got published on paper, in collaboration with the National Center for Public Health and Analyses and some of the CSOs. The research done by the Bulgarian Drug Agency appeared after a year, and again, following CSO’s request.

Objectives and expectations

The objectives of this action were: to open the National Drug Council for public and experts' participation; to make medical cannabis discussion visible in the society; and to change the policies in order to allow medical application of cannabis. With that, our expectation was to: switch mass audience perception on the topic, due to revealed personal stories of medical users and expert opinions; change policies; and to fight the strong opposition from conservative influencers, experts and authorities.

Achievements

- Better understanding of the mass audience;
- The participation of CSOs in several sessions of the National Drug Council and the working group;
- A court decision on first instance respecting the right of medical use, although the law prohibits it;
- Published positive opinions of the working group;
- To have published the National Center for Public Health and Analyses' research on the medical application of cannabis, showing such application is strongly based on science.

Challenges

- To overcome the conservative opinions, especially if they are expressed by officials and politicians;
- To convince society that medical cannabis does not open the doors for the legal recreational use if policies are applied correctly.

Developments and evolution

After the campaign for medical cannabis the CSOs are not invited at the National Drug Council's sessions. Even the agenda and minutes are no longer published online.

Lessons learned

- Showing a personal story of a cannabis medical user was a good strategy for accessing mass media;
- Under media pressure, authorities are getting open at least for discussion with CSOs;
- It is hard to follow and influence drug policies if the National Drug Council is working behind closed doors;
- Access to information procedure is a powerful tool to get information and to put pressure on the Council.





2. Ireland

2.1. An example of CSO leadership: Supporting the implementation of supervised injecting facilities in Ireland

Ana Liffey is a CSO based in Dublin, Ireland, working primarily with people who use drugs, many of whom inject drugs. In 2012, the organisation recognised the need for supervised injecting facilities in Dublin in its strategic plan and pledged to work towards their implementation. In doing so, the organisation recognised that a significant barrier to implementation would be legal. First, the organisation set about identifying the key legal issues by conducting a detailed analysis of both domestic and international law in relation to supervised consumption. This piece of work was finished in late 2013, and concluded that legislative change would be required for supervised injecting facilities to operate on a stable legal footing in Ireland. From here, the organisation sought the support of the Voluntary Assistance Scheme of the Bar of Ireland. They agreed to support, and put together a legislative drafting committee - a group of barristers who generously gave their time pro bono to work with the organisation. The output, in early 2015, was a legal opinion from the committee along with a draft legislation which, if introduced, would establish a legal framework within which supervised injecting facilities could operate in Ireland.

This gave the organisation a powerful tool: instead of merely calling on State actors to address the issue, Ana Liffey could provide a detailed analysis which could assist politicians and civil servants in

their work on the topic. The materials were passed over to the newly appointed Minister of State with responsibility for the National Drugs Strategy, and he prioritised it during his time in office, culminating in a cabinet decision (in December 2015) to legislate for supervised injecting facilities. Over the next year, State actors carried out their work putting into action the cabinet's decision. Ana Liffey provided input to the legislative process through advocacy actions and by providing input to legislators and civil servants.

The result of this process was that the Oireachtas (Irish Parliament) passed the Misuse of Drugs (Supervised Injecting Facilities) Act 2017, which was signed into law by the President of Ireland in May 2017. Ireland now has a legal framework under which supervised injecting facilities can legally operate. A tender process is underway to identify a service provider for a pilot service. The service's establishment is also an action in the current National Drugs Strategy.

This is a good example of a CSO conducting detailed and focused work to help move a particular policy issue on. It is also a good example of state actors being open to and supportive of CSO involvement in bringing a policy issue from conception to realisation.

2.2. An example of a coalition: CityWide and Decriminalisation in Ireland

As part of their work through their networks, CityWide identified the damage that criminalisation of simple possession was having in Irish communities and facilitated discussions in their groups, raising

awareness of the issue. Through a combination of lived experience and independent evidence, these community networks have coalesced to support an approach which no longer deals with people who use drugs as criminals. This debate led to a recommendation in the 2012 Citywide Policy Document for them to participate in an open debate on decriminalisation.

In May 2013 Citywide organised a national conference - "Criminalising Addiction – is there another way?". This was done with expert speakers from the Health Research Board and from the UK, who presented an overview of the available evidence. This was the first time that all stakeholders in Irish drugs policy across statutory, community and voluntary sectors came together to discuss issues around alternatives to criminalisation for drug use. There was a good uptake and engagement from both state and CSO actors, the conference being a good setting for dialogue on this crucial drug policy issue.

Follow up work to the seminar involved two main elements: developing CityWide's own knowledge of the evidence base through international contacts and research and promoting discussion and debate on the issues through ongoing activities, including local community meetings, national family support meetings, inputs to seminars and drug awareness events. CityWide also linked their work to political processes, meeting with politicians of all parties and groupings to brief them on the issues and has continued to provide information to them on an ongoing basis. CityWide's work on this issue has been far reaching and has contributed greatly to the national debate. Some of the advocacy and

research activities undertaken comprise of lobbying and participating in fora at national level, including:

- Presenting on alternatives to criminalisation at a think-tank organised by the then Minister, Aodhán O'Riordáin, in July 2015;
- Advocating before a Joint Parliamentary Committee which ultimately "strongly recommend[ed] the introduction of a harm reducing and rehabilitative approach, whereby the possession of a small amount of illegal drugs for personal use, could be dealt with by way of civil/administrative response rather than via the criminal justice route" in July 2015;
- Presenting at a parliamentary briefing held by Senator Lynne Ruane in May 2017;
- Commissioning Red C to look at attitudes towards drug use and drug users in Ireland¹;
- Developing a dedicated web resource² concerning decriminalisation in the Irish context;
- Being a CSO representative on the Working Group tasked with developing the National Drugs Strategy 2017-2025. This group has been established under the new strategy to consider decriminalisation as a policy and to make recommendations to the Minister which are expected in late 2018 / early 2019.

The result of this activity is that Ireland has a strong and coherent CSO voice in the national conversation around decriminalisation as a policy choice. This work has contributed to the current position in Ireland, whereby a working group has been set up under the National Drugs Strategy with a view to making policy recommendations to the Minister with responsibility for the National Strategy by early 2019.

1 More info at: <http://www.citywide.ie/news/2016/12/07/half-of-population-in-favour-of-decriminalisation-citywide-red-c-poll/>

2 Available at: <https://www.citywide.ie/decriminalisation/>

2.3 An example of a CSO active on the national level: The National Family Support Network (NFSN) in Ireland

As part of their work, NFSN had long identified a significant problem with drug related intimidation among people they worked with. In essence, people who use drugs and family members can be intimidated by drug dealers to repay drug debts. Having conducted research into the phenomenon in 2009, with family support facilitators nationwide, NFSN identified that forms of intimidation can include threats, physical violence, damage to the family home / property and sexual violence. Some people try to repay these debts through cash payment or involvement in illegal activity. The experience of intimidation can be very frightening and can pose a serious risk to the individuals involved and their loved ones. There can also be a fear of contacting statutory services such as the police for help, and uncertainty over what such a process could entail.

Recognising that the issue required a tailored response, the NSFN worked with An Garda Síochána and other stakeholders to develop the Drug Related Intimidation Reporting Programme. This was a good example of a statutory agency (An Garda Síochána) and a CSO (NFSN) working in partnership to develop a response to a cross-cutting policy challenge. Under this project, there is a nominated officer at management level in the force in each station who is tasked with drug related intimidation. People suffering from drug related intimidation can contact that person in confidence, including meeting them at a location outside the police

station and with the officer not in uniform, if needed. At an initial meeting, the police will:

- Provide practical safety information;
- Provide advice in relation to particular threats or instances of intimidation;
- Provide information on appropriate drug support services for the individual in the family who is accruing drug debts;
- Outline how to make a formal complaint, what is involved, what happens after and possible outcomes. To further support the person experiencing intimidation, a training was given to support workers in a variety of organisations to enable them to:
 - Listen to a person's experience of intimidation;
 - Support them to think through their decision in relation to payment, non-payment and/or seeking help from the police;
 - Provide information on the Drug Related Intimidation Reporting Programme;
 - Help to arrange a meeting with the nominated police officer for the area.

In addition, NFSN developed a policy to accompany the programme and allow services to embed the knowledge and use of the programme into the internal protocols and procedures of the individual project. This allowed to build capacity and to raise awareness among other CSOs and community actors.

The project has been operational since 2013, and is now embedded as a policy approach in Ireland. The current national drugs strategy 'Reducing Harm, Supporting Recovery (2017-2025)' mandates activity to strengthen its effectiveness by conducting an evaluation of the programme and taking steps to raise awareness of its use. It also notes the importance of the partnership approach between

state and CSO in developing this policy initiative: “Recognising the harm caused by drug-related debt intimidation, An Garda Síochána will carry out an evaluation of the Drug-Related Intimidation Reporting Programme to strengthen its effectiveness and to identify further opportunities to build on that work through Community Safety Fora and the creation of linkages with community policing and the asset profiling programme. The National Family Support Network, who have worked with An Garda Síochána to build support for this programme, will also carry out their own evaluation from the perspective of their network. These reviews will further inform development of the reporting programme by An Garda Síochána and the National Family Support Network. The depth of experience and knowledge built up by the community sector in responding to this situation will be an immensely valuable resource to this strategy.”³



³ National Drugs Strategy, p.65



3. Italy

3.1 An example of implementing involvement mechanisms: The Regional Working Group on the Piemonte Harm Reduction Basic Levels of Care Protocol in Italy

Italy, Piemonte Region, 2017
Action at regional level

Policy makers: Implementation of partnership mechanisms

CSOs: participating in a decision making process dealing with regional drug services system and PWUD rights to health and social welfare

Background

In Italy, drug treatments and services are guaranteed by Regional Public Health Systems (Law n.309/1990); services can be provided both by the public sector directly and by non-profit organizations, which are financed by the public health budget. The central Government establishes the annual national health budget to be split among the Regions on the basis of a number of criteria. This is a yearly political negotiation between the State and Regions and the LEA –Livelli Essenziali di Assistenza – on the basic levels of care which the Regions must comply with. In the field of drug services, treatments such as Opiate Substitution Treatment, Anti-Retroviral Treatment, and psychosocial assistance) are included in the LEA. They are free of charge, open to all (including illegal migrants), and implemented in all Regions. Until 2016, harm reduction services not

directly related to treatment, such as Needle and Syringe Exchange Programs, Take Home naloxone, outreach interventions, and drop-in centres were excluded from the LEA, due to abstinence-oriented and prohibitionist national drug policies. This meant that it was not mandatory to implement them. As a result, harm reduction interventions are carried-out in 12 Regions out of 20, but only in 6 regions this happens in a stable way. Six Regions have no harm reduction interventions at all and 2 never provided information. Among the “harm reduction virtuous” Regions, there are no homogeneous harm reduction guidelines/standards, nor common monitoring systems. PWUDs right to health is not ensured. Since 2017, also thanks to advocacy actions by CSOs and professionals, harm reduction was included in the LEA by the Health Ministry. Regions have now the task to write a detailed description of services to be delivered, guidelines and minimum standards. Piemonte is one of the “harm reduction virtuous regions”, where these services have been provided since mid- 90s. It was the first Region to write its harm reduction LEA Protocol, thanks to a Regional Working Group established by the Health Department, including public and private sector professionals, CSO experts involved in harm reduction, and PWUD organizations.

Previous experiences

CSO participation has been possible thanks to a number of reasons that characterize the Piemonte context:

- Long term experiences, since early 90s, of collaboration and synergy between professionals of public and Third sectors;
- A high number of professionals of all sectors who assumed a “political responsibility” and an advocacy perspective;

- A long term collaboration with one of the most significant PWUD organization in Italy, involved in the planning and implementation of the harm reduction system (Isola di Arran);
- The involvement, since 1999, of an independent network of professionals, peer educators, researchers and activists involved in harm reduction and low threshold services (COBS);
- The previous, successful experience of a Regional Working Group established by the Health Department in 2007-2008 with the task of writing a Regional harm reduction Plan and other duties, including CSOs, professionals and a PWUD organization.

Objectives and expectations

The Regional working group on harm reduction LEA Protocol had the task to:

- Decide which HR services should be included in the LEA on the basis of the local context (patterns of use, PWUD needs, public health goals), scientific evidence, assessment of previous experiences, human rights and right to health perspective;
- Identify supporting references and evidences;
- Establish minimum standards of the services.

The harm reduction LEA document will be discussed by the Health Department and by the Directors of Public Drug Departments. Once approved, eventually after a negotiation, the protocol will be cogent throughout the Region, also in those areas where harm reduction has not been implemented until now. This is, of course, the first positive expected change.

Achievements

LEA, in general, is a political-technical issue in the Italian national and regional health system. It is the concrete way to make the Right to Health enforceable, because they guarantee access to care. To implement harm reduction LEA means to guarantee for all PWUD in the Region the right to protect their lives and to promote their health and wellbeing. This is more than "some new services" only: it is a different perspective and a different drug policy.

Harm reduction LEA is also a scientific and operational matter, as it leads to changes in the organization of the drug service system. CSOs contributed their competence in providing, monitoring, evaluating HR services and in carrying research activities. The working group is an excellent context to share knowledge and an opportunity to improve and "validate" the role of CSOs in drug policy at regional level.

Challenges

This process will encounter three challenges:

- Upholding the principles of both evidence and human rights in the decision making process on drug policies, beyond ideological approaches; they will have to be supported, defended and negotiated;
- A financial challenge is that even if harm reuction LEA must be delivered and guaranteed, the regional budget might not be sufficient to cover all expenses. CSOs will need to monitor harm reduction investments;
- Implementing drug checking within the frame of outreach interventions in natural settings of use, even if they are still experimental in Italy, and delivering harm reduction services in prisons

(today no Syringe Exchange, nor condom and Naloxone delivery are authorized). Their introduction might lead to conflict.

Developments and evolution

The Regional working group has concluded its activities in January 2018. Being the first one at national level, the harm reduction LEA Protocol by Regione Piemonte is going to become a reference point for other Regions, also thanks to the working group advocacy initiative.

All participants have agreed on the proposal to make the working group a stable body, with the task of monitoring, evaluating and innovating harm reduction regional policy. The group might promote an experimental protocol aimed at opening a Drug consumption room in Torino. Italy has no drug consumption rooms yet. These facilities are mentioned in the working group document, but it has not been possible to include them as LEA. In a note, the Group recommended an experimental protocol at regional level, based on the evidence of 30 years of experience in Europe.

Lessons learned

CSOs role in drug policy processes can be more effective and be improved if:

- Professionals of public and Third Sector are committed in drug policy and not just to a “technical role” ;
- Independent networking is a strong point, bringing different stakeholders to share the respective competences and objectives and to build alliances, facilitating exchanges, transparency and open debate;
- PWUD are involved and recognized by all the stakeholders and by the public sector;

- At the basis of each drug policy process there is a strong link between evidence (scientific discourse) and civil / human / citizen rights (political discourse), and the coherence and balance between these two discourses is an integral part of the process goals.

3.2 An example of consultation: CS-Government Dialogue Session on the Italian position at UNGASS 2016

Italy, 2015-2016

Action at national level

Policy makers: Implementation of dialogue mechanisms

CSOs initiative: Implementation of dialogue mechanisms; Public awareness raising

Background

From 2006 to 2011, the Italian right-wing government has been radically oriented towards a war on drugs -. This had hard consequences not only for the national drug policy, with the reform of the drug law in an hyper-prohibitionist perspective and the ban of harm reduction, but also at international level. From 2005 onwards, the European Union (EU) and the Horizontal Drugs Group began to prepare for the 10th anniversary of the Political Declaration adopted during the UNGASS in 1998, in view of the CND High Level Meeting in 2009. The EU called on the CND to have an evaluation of the achievement of the 1998 UNGASS objectives, insisting that an open debate on the assessment was necessary before

any new political declaration could be negotiated. The negotiation went well initially, but then Italy and Sweden opposed to the concept of harm reduction, and to using the term in official documents. The Italian government went furthest and ultimately broke the EU consensus, cutting out the negotiation strategy that had endured for several months. As a result, the High Level Meeting ended with an implosion of EU cooperation. Berlusconi's minister responsible for drugs, Mr. Giovanardi, gave a statement entirely at odds with the European position⁴.

Previous experiences

From 2006 to 2011, Italian harm reduction and drug policy reform NGOs organized many campaigns against Berlusconi's government drug policy, focused on both drug law reform and on harm reduction development and support. Some of these were successful. The repressive law n. 49/06, for instance, was abrogated in 2014 by the High Court and harm reduction interventions became Basic levels of assistance in 2016. In 2010, Italian NGOs sent a letter to the Horizontal Drugs Group to declare the opposition of the majority of CSOs to the government position, and to condemn the ideological and repressive Italian drug policy. After 2011, the following centre left-wing governments have showed very little regard for drug issues in general. The network for drug policy reform Cartello di Genova put the UNGASS 2016 process in its political agenda at its national Conferences in 2014 and 2015. In 2015, in view of the general Assembly, an Open letter⁵ to the Prime minister Renzi was signed by the majority of CSOs. Among others, the letter asked for: a clear discontinuity with the 2009 anti-EU position; the support of a common European position in New York assembly; the evaluation of global drug policy outcomes through an independent expert advisory group; and a specific focus on harm

reduction and human rights. An intensive exchange and collaboration with international networks (such as IDPC, UNGASS Asks, Budapest Groups Recommendations, and CSFD Recommendations) made it possible to Italian NGOs to develop their proposals in a more effective way (.).

Objectives and expectations

In March 4th 2016, the Cartello di Genova, thanks to the leading action of Forum Droghe and Associazione Luca Coscioni, organized a Dialogue Session with the Italian government. The dialogue counted with the Ministries Council, in particular with the Justice Minister, delegate to represent Italy at UNGASS in New York. The Dialogue has been facilitated by the National Drug Agency⁶. Thanks to CSOs advocacy action, a Parliamentary questioning was made a few days after the Dialogue session – to have a clear and public feedback by the government on the Italian position in the New York assembly. The objectives of this Dialogue session were:

- To inform and sensitize the government on Italian NGOs and international CS networks position and proposals about UNGASS process and expected outcomes;
- To put pressure on the government to support a common EU position based on an "open and honest" debate, focused on harm reduction, human rights and decriminalization perspective, and promoting an evaluation of the 1998 Political Declaration and Action Plan.
- To create a new opportunity of Dialogue between SC and Policy makers, in order to give a voice to SC organizations;
- To develop a new collaboration strategy of dialogue with the (renewed) National Drug Agency over the breakup of 2009.

⁴ The full statement can be accessed here: [http://www.ijdp.org/article/S0955-3959\(14\)00085-1/fulltext](http://www.ijdp.org/article/S0955-3959(14)00085-1/fulltext)

⁵ The Open Letter can be seen here: <https://ungass2016.fuoriluogo.it/2015/09/15/ungass-2016-avviare-il-confronto-in-italia/>

⁶ More information on the dialogue can be found here: <https://ungass2016.fuoriluogo.it/2016/02/24/ungass-confronto-col-governo-italiano/>.

Achievements

The Dialogue Session was successful, counting with the participation of Ministries, institutional bodies' delegates, and NGOs members. Italy has been one of the few countries in Europe where such a dialogue happened before the New York assembly. A discontinuity with the position oriented towards the war on drugs from 2009 was expressed, and the Minister of Justice clearly declared that the Italian position was aligned with the statement of the European Union. The Minister affirmed that: "Since the entry into force of the drug conventions and the adoption of the Political Declaration in 2009, we have gained experience and new challenges have emerged. We thus need to adjust our domestic and international policies, strengthening projects that have proved to be effective and modifying those that have not, also in light of the Sustainable Development Goals". Moreover he stressed Conventions' flexibility as "to implement them in a more balanced, humane and effective way, assuring that our drug policies fully respect human rights and are truly health-oriented⁷". A first step in a turnaround perspective has happened.

Challenges

The fruitful experience of this Dialogue session may be a digression or, on the contrary, the first step towards a permanent process of dialogue CS-government. Vienna 2019 will be the first test. Three variables are important here:

- Governmental drug policy: political elections will be held in March 2018;
- National Drug Agency's role: the current Direction is less willing than the 2016 one in playing such a political role;

- CSOs and their capacity of advocacy action and networking on international issues: global drug policy seems not to be the first concern of Italian CS organizations, and so, it is necessary to raise their awareness.

Developments and evolution

Vienna 2019 CND High Level Meeting is crucial to continue the open debate started in New York, as there is the risk of stepping back. It is crucial that the EU has a common and open position and that Italy plays a positive role in this direction. In view of CND session in March 2018, Italian NGOs in favour of this perspective are going to send to the government a set of Recommendations based on the Civil Society Forum on Drugs statement⁸. Once the new Government is established in March/April 2018, a new initiative will be planned according to the new context.

Lessons learned

- National CSOs networking is a strong point. The 2016 UNGASS action was facilitated by Cartello di Genova advocacy actions in 2014 and 2015 and its capacity of building collaboration with the National Drugs Agency;
- International CSOs networking is a strong point too. Recommendations and positions shared at international level are as effective as exchanging information and advocacy competencies;
- It is necessary that CSOs are open minded towards international issues and are willing to come out of a certain "small-town" self-referential mentality; the international scenario actually concerns local and national scenarios.

⁷ More information to be found here: <https://ungass2016.fuoriluogo.it/2016/04/21/ungass-2016-intervento-orlando-879/>

⁸ The statement can be found here: <https://ungass2016.fuoriluogo.it/2017/12/12/vienna-2019-le-raccomandazioni-della-societa-civile/>

3.3 A result of strategic planning: The inclusion of Harm Reduction as a prevention pillar in the new National AIDS Plan in Italy

Italy, 2016-2017

Action at national level

Policy makers: Implementation of consultation and dialogue mechanisms

CSOs initiative: Implementation of dialogue mechanisms; advocacy actions

Background and previous experiences

The Department of Antidrug Policies of the Italian Premier's office was created in 2008 by an ad-hoc decree as a "structure of support for the promotion, coordination and tuning of the government's action in the area of anti-drug policies". Since the beginning, being an integral part of the Premier's office, it operated under the direction of the under-secretaries who, in the first years and under right wing governments, contributed to the harshening of previous prohibitionist laws and the cancelation of progressive approaches in drug policies in favour of very conservative legislation and directives. Given such a prohibitionist approach, harm reduction strategies were banned for many years. The wording itself was eliminated by official documents: harm reduction strategies were redefined as "PPC, Prevenzione delle Patologie Correlate" –Prevention of Related Diseases strategies. The documents and recommendations of the Department of Antidrug Policies, which

should be exclusively technical, were very often guided by ideological considerations. For the past ten years, interventions were limited to traditional harm reduction services (basically, needle exchange programs) and did not take into consideration the introduction of innovative approaches which had already proved to be effective in many other more progressive countries (such as drug consumption rooms, and drug checking, for instance). Harm reduction traditional services were reduced due to the changes in drug consumption modes, but new drug consumption habits were not given the necessary attention; no additional prevention measures were introduced to limit the new harms to the health of people using drugs.

Objectives and expectations

The working group set up in 2015 for the preparation of the new National AIDS Plan represented for civil society organizations an excellent opportunity to bring back harm reduction principles and approaches, as well as to introduce innovative approaches in the Italian drug policy agenda. The advisory bodies of the Ministry of Health on HIV/AIDS issues (Health Technical Committee – Sections L and M) included a large representation of CS organizations, which provided institutional colleagues from hospitals and scientific agencies with international guidelines and project reports which showed evidence for the effectiveness of harm reduction interventions. LILA Milano representatives, partners in this project, are members of the Health Technical Committee. As a result of the long process and the discussions within the working group, the text of the new National AIDS Plan finally gives the right attention to harm reduction strategies.

The document reports the following considerations: ...“Programs aimed at preventing HIV transmission are finalised to protect the individuals and their communities and are mainly focused on behavioural risk-reduction interventions. Given the complex nature of the epidemic, it is necessary to implement combination prevention programs that take into consideration specific factors for each context and include modules dedicated to reducing stigma and discrimination and to the defence of human rights. The relevance and full involvement of civil society and representatives of the most affected populations in all aspects are largely recognized by European and international Health Authorities.

- Harm Reduction and Risk Reduction interventions targeted to key populations: through the implementation of programs for free of charge needle distribution and exchange, distribution of male and female condoms; free of charge HIV testing services, opioid substitution therapy, interventions targeted to people affected by other STIs.
- Pharmacological interventions: prevention strategies based on the use of HIV antiretroviral therapies (PrEP, PEP, TasP, therapies for the prevention of mother-to-child transmission).
- Structural interventions: aimed to reduce vulnerability to HIV associated to conditions such as poverty, gender inequalities, social discrimination and marginalization - with special reference to homo-transphobia and legal issues concerning sex work, drug use and illegal migration on the national territory.

The above described interventions shall be integrated into public health programs with the purpose to revert the trend...”

Challenges

The first of the many challenges of the innovative National AIDS Plan has been overcome in late 2017, with its approval and adoption by part of the Conference of Regions. The main challenges now refer to getting the necessary commitment from the Regions in order to dedicate sufficient financial resources for the enforcement of the Plan, plus adequate human resources and other resources for its implementation.

Developments and evolution

In the future months, the opening of a joint working group with the Regions, with the participation of civil society representatives, could contemplate the following regarding the measures described in the National AIDS Plan with reference to harm reduction:

- Reintroduction of harm reduction terminology in all Regions, since some are still maintaining the old ban;
- Funding and homogeneous implementation of harm reduction programs in all Italian Regions;
- Increase the offer of HIV and hepatitis tests to people using drugs;
- Introduction of new strategies that so far were not considered/allowed (Drug Checking, Drug consumption rooms);
- Adoption of homogeneous harm reduction LEAs in all Regions.

Lessons learned

- National CSOs' presence and collaboration in the working group for the definition of the new National AIDS Plan was extremely professional and effective, and succeeded in bypassing the deadlock in the relations with Italian institutions on the issue of drug policies;
- The institutional representatives at the Ministry of Health demonstrated to be more prepared to take into consideration the evidence coming from European and International drug agencies and supported civil society instances for the reintroduction of harm reduction strategies in an official document. The new National AIDS Plan and its clear references to harm reduction interventions cannot be ignored by the Department of Antidrug Policies in the future definition of Italian drug policies;
- Links with European CSOs contributed to the success of the process.



4. Netherlands

4.1 An example of successful civil society involvement: The preparation of the process towards UNGASS 2016 in the Netherlands

Background

From the 19th to the 21st of December 2016, the General Assembly (GA) of the United Nations (UN) covered a Special Session aiming at reviewing the current drug policies of the moment, the development of the 2009 'Political Declaration and Plan of Action' and considering alternative approaches.

Parallel to the international development of this event, three contextual factors are crucial for understanding the preparation process of The Netherlands and the role that CSO's played out in it:

- In the years previous to UNGASS 2016, the international discussion around drugs was shifting from a punitive approach towards a harm reduction framework which advocated for human rights and the decriminalization of drug use. Given this turn, The Netherlands considered what influence and expertise it could bring into the discussion, as harm reduction strategies have been a central feature of its drug policy already for decades.
- Despite the fact that the European Union has no vote in the GA and that drug policy is a national competence of the state members, there's a desire from its Member States for 'speaking with one voice' at the Special Session through the development of a common and coherent position. The Netherlands plaid an essential role in this process since UNGASS 2016 took place during its EU Presidency. This coordinating function offered The Netherlands the opportunity to set

points in the collective discussion agenda, the capacity to resolve compromises between conflicting points of view from the Member States and the possibility to coordinate the dialogue with the other global stakeholders.

- On a national level, The Netherlands doesn't have up until this point a systematic mechanism for engagement and consultation with CSOs concerning drug policy.

Previous Experiences

Prior to the official preparation process towards UNGASS 2016, international CSOs advocating for Harm Reduction strategies began their preparatory processes within the context of events such as the 8th Civil Society Forum on Drugs 2013 (Brussels), the International Drug Policy Reform Conference (Denver) and the 11th International Congress on AIDS in Asia and Pacific (Bangkok).

Contextualized within the shifts mentioned above in international discussions, these fora offered the participating CSOs a possibility to start analyzing and concretizing what opportunities for a change of direction in drug control policy would exist. In this way, CSOs reflected on how to raise the profile of their specific concerns and priorities efficiently and examined in which way the Harm Reduction and drug policy reform sector could be united further.

As a means towards engaging in these international discussions, and aware of the potential impact that UNGASS 2016 opens up, CSOs working in the Harm Reduction field in The Netherlands activated their partnerships with entities such a Harm Reduction International and International Drug Policy Consortium.

Expectations

The Dutch government regards UNGASS as an opportunity to present its experiences and to try-and-test interventions on an international context. From this perspective, the Netherlands set for itself the goal of drawing attention to the importance of decriminalizing drug use, the need of guaranteeing access to medicine and the impact of approaching drug policy from a public health perspective. Collaborating with CSO's, in this case, implies a double folded set of expectations:

- To define and articulate the Netherlands position. Working with CSO's allows the Netherlands not only to collect the necessary evidence of the effectiveness of harm reduction strategy, but also provides it with the information required to generate a framework from which to present it;
- To find strategies which effectively articulate this position during UNGASS 2016 and to ensure that the Netherlands point of view on these substantive issues is incorporated into the EU common framework.

Development

Considering the global scale of the event, the Ministry of Foreign Affairs and the Ministry of Health, Welfare and Sports set up an informal consultation network of international organizations and national organization with a global scope. Critical issues relating to harm reduction and human rights are elaborated with CSO's such as the Transnational Institute (TNI), De Regenboog Groep/Correlation Network, the TRIMBOS Institute, Aids Foundation East West (AFEW) and Mainline, to name a few.

Next to this consultation procedure, for its participation at the 58th Session of the CND, the Netherlands incorporates CSO's in its delegation

in Vienna. With this gesture, CSO's are granted not only the possibility to contribute to the position of the delegation during the Session and on its final statement, but also to have access to those spaces, discussions and information to which otherwise CSO's would not have access to.

Another channel through which the Netherlands collaborated with CSO's was the informal policy dialogues facilitated by organizations such as TNI. Hold under the Chatham House Rule system, these conversations allow its participants to have their institutional positions while at the same time are able to explore what other positions they could align themselves with at UNGASS 2016, to find support from other stakeholders and to engage in a cross-fertilisation process of experiences and best practices in drug law reform.

Further, direct and informal approaches initiated by both CSOs and the Ministries of Foreign Affairs and Health, and articulated via emails and phone calls, ensued at several points during the preparatory process.

Achievements

In both national and European contributions to UNGASS 2016, CSO's found several of their recommendations translated into the official statements, despite the fact that harm reduction as such is not included in the General Outcome document of the UN GA.

In the Statement submitted by Dutch Delegation on the occasion of the UNGASS Segment of the 58th CND, presented as well at the UNGASS 2016 Special Session, CSO's saw materialised three main priorities:

- An evidence-based drug policy that focuses first on the public health aspect in which harm reduction is one of its key principles;

- Guaranteeing access to medicine beyond and overly strict interpretation of the UN Conventions;
- The advocacy of the decriminalisation of drug use.

In the Statement submitted by the EU to the Special Session of UNGASS 2016, CSO's human rights approach, condemnation of death penalty, access to medicine and harm reduction programs are featured. However, the decriminalization of drug use was not collected.

Next to this, the decision of including CSO's in the Netherlands CND delegation became a significant gesture to other countries that invite to embrace a more profound commitment to inclusive and open processes. It presented itself as a model for meaningful collaboration with CSO's and rendered urgent the contributions put forward by these organizations.

Challenges

During the preparatory process of UNGASS 2016, CSO's that collaborated with the Dutch government experienced limitations on the specific topics to discuss. As a result, the negotiation or agreements in content or employed language were conditioned. This fact became relevant considering the broader goal of achieving a common EU ground and how this orientation affected in return the national negotiations. The relationship of the Dutch government with the representing delegation at CDN in Vienna also experienced such limitations.

Several CSO's have remarked that the consultation platform set by the Netherlands lacked a deep level of commitment. This condition was rendered visible in how consultations started quite late

in the process, resulting in a lower capacity to dialogue and influence the Dutch position. Next to this, it is important to mention a lack of follow-up meetings in which to assess the development of this specific process: the implementation of the recommendations and future roadmaps for collaboration on drug policy.

Lessons Learned

The inclusion of CSOs in the preparatory process and the government delegations had significant benefits. Through a systemic advisory and collaborative mechanism and a better understanding of CSO's activities, positions and evidence, the international debates gained in specificity and alignment with the realities on the ground.

There is still a strong need for more open, transparent and inclusive drug policy-making processes. Strengthening and empowering a sustained civil society participation through cooperative initiatives with governments and institutions is vital to achieve this goal.

Global drug policies processes still lack mechanisms of accountability to evaluate and respond to its inconsistencies. UNGASS 2016 was called to be a 'wide-ranging and open debate that considers all options', in which both the preparations and the Special Session would take into consideration in an open-ended manner the perspectives of all stakeholders, members states, UN agencies, academia and CSO's. However, both in the process and in the Outcome Document, the UNGASS process failed to recognize a multiplicity of these views. CSO's can play a crucial role in monitoring, reporting and demanding accountability.

4.2 An example of the importance of CSOs capacities: The organisation of shelter and social support for people experiencing homelessness and substance use disorder in Amsterdam, Netherlands

Background

As of the 1st of January 2015, the municipal administrations in the Netherlands have become responsible for the organization of the social support for its citizens and for the quality and continuity of the services.

As a result of these decentralization processes, new regulations and structures have been developed to implement this new legislation. The tasks and processes that were previously divided between agencies in different levels have now become the legal responsibility of the municipalities. An integrated service for social support in which public health, prevention, care, welfare, housing, and work is now the main goal to be attained.

Fostering cooperation and accessibility are important values in the development of such a system. The municipality of Amsterdam and a wide range of stakeholders, service providers and CSO's have been examining together the strategies through which to implement these changes in policies, as well as how to improve the already existing structures and care programs.

An example of this cooperation and a result of this process is the Housing Program for Vulnerable Groups started by the municipality of Amsterdam in December 2015. This program is a reform process in which housing corporations, health providers, the

municipality and CSO's are working together to improve the housing situation of vulnerable groups in the city.

Previous Experiences

Shelter and social support for people experiencing homelessness and substance disorder in Amsterdam find an antecedent in the local social support work plan from 2005. One of the main activities was the identification of the groups at risk and the development of specific and individual care plans. Already in this early example, the importance of a complete picture of the targeted users of the service opened the door for a close collaboration with CSO's.

With the entry into force of the Social Support Act of 2007, a new requirement was set to foster active participation in the Dutch society through an increased responsibility among citizens, institutions and CSO's. From that moment on, the municipalities and different stakeholders were expected to perform a more extensive supporting role and to remove the boundaries that complicate the participation of citizens into social life.

One articulation of this framework is the Working Plan for support in shelters. Between 2006 and 2014, Amsterdam worked together with the Ministry of Health, Welfare and Sport, and the municipalities of Eindhoven, Rotterdam and Utrecht.

Building up in the previous multidisciplinary work experience, this project emphasized further the need for collaboration between all different stakeholders and the necessity of focusing on individual trajectories for people experiencing complex and severe social and health problems. A diversity of innovative instruments and policy measures are available to achieve these ambitions. An example of this is the Self-Reliability Matrix,

which proved to be a valuable tool towards a comprehensive assessment of the level of self-reliance of clients and a framework from which to coordinate multidisciplinary cooperation.

Despite the successes of this plan, several pitfalls were identified:

- An extensive and overly prolonged consultation processes;
- Lack of practical decision making actions;
- Insufficient compliance with the agreements;
- Unclear structures of collaboration between the different stakeholders;
- Mutually exclusive differences in the multiplicity of regulations and processes.

Objectives & Expectations

The Housing Program for Vulnerable Groups specific goal is to offer, within three months, a suitable accommodation to those Amsterdam citizens who find themselves in an urgent housing need.

The program relies on three objectives:

- To emphasize individual trajectories over general target groups quotas;
- As much as possible have as a starting point the independence and self-sufficient of the service's user. Housing and social support are rendered transitional towards an independent housing situation;
- To look at service user as members of their communities. For this, services are strategically articulated within the municipality districts.

Development

The Housing Program for Vulnerable Groups has been set to run from 2016 until 2018 and its development and implementation is carried through an integrated approach. Consultation and collaboration with all stakeholders (municipality departments, public health services, housing corporations, care providers, police, CSO's and

regional institutions) is central.

During the first two years, the program has invested into forming four lines of action:

- Developing and improving monitoring and control systems;
- Increasing the existing living space available;
- Developing appropriate service arrangements;
- Improving and renewing the current work processes.

During 2017, an increment in the available housing space has been targeted. Next to this, a new draft for an integral approach towards public nuisance has been developed and the cooperation agreements between all of these agents has been further researched and put into practice. The aim is to have a completed cooperation agreement by 2018.

Achievements

After the Social Support Act of 2015 came into force, a transitional period opened that resulted in the integration of these policies into the municipal realm. The accomplishment of this general goal, and in particular of the Housing Program for Vulnerable Groups, has been articulated through the creation of a decision making, management and workgroup structure in which all stakeholders are involved.

Aiming at continuous improvement, regular research is carried out. The main bottlenecks have been identified and the improvement processes have already started. Emphasis has been made in the structures by which the intake and re-integration flows occur, promoting agility in the services. Following the Housing First framework, the goal is to provide people with suitable housing and guidance next to support into participating into society to the best of their possibilities.

Challenges

Taking into consideration how integral and ambitious this project is, the large number of stakeholders involved and its different nature (public, private, CSO's), up to date there has been found three critical challenges:

- Coordination of the process between all of the stakeholders and the distribution of responsibilities and roles;
- Cooperation related to the difficulty of reconciling organizational self-interests with a broader general framework;
- The large and slow decision processes have slowed down the general development of the processes involved.

Lessons Learned

- The importance of building upon successful practice. CSO's produce a body of knowledge based on practical experience upon which successful and efficient services can be created. CSO's are instrumental in feeding these insights into the administrative agencies, allowing the work processes and policies to align themselves with the reality of the services needed;
- CSO's have been vital in helping vocalizing interests, contexts and needs of people in vulnerable positions. Acknowledging that no partial perspective is conclusive or exclusive results in a genuinely integral, client-oriented practice;
- An improvement in monitoring the implementation of the processes helps greatly to create more accurate images of the services. CSO's have proven to be an asset in monitoring, assessing and analysing the services coordinated by the municipal bodies;
- Social support is not task exclusively related

to the public domain or public nuisances. CSO's have proven that social support is a methodology of work with people at risk or in a vulnerable situation. From this position, CSO's deliver valuable technical and analytical expertise.

4.3 An example of how CSO monitoring and expertise can inform drug policy: Mainline & The Ministry of Health Welfare & Sports in the Netherlands

Background

Established in 1991, Mainline is a harm reduction organization that operates on a national and international level. Mainline's mission is to promote health and fulfil the human rights of PWUD without a primary focus on the reduction of drug use and with respect for the individual user's freedom of choices and capabilities.

Within its national team, Mainline works on three different lines of action:

- Providing information through its magazine and the development of informational material for PWUD and professionals in the field or people in the network of the user;
- Reaching the groups who are not access by regular health care or are still not known to drug services;
- Capacity building via trainings, workshops and individual instruction and coaching.

In the Netherlands, the Ministry of Health, Welfare and Sport coordinates drug policy and works closely

with the Ministry of Security and Justice and Foreign Affairs. The Ministry of Health has responsibility for drug policy in the field of public health, addiction prevention and care.

The Dutch national policy fosters participation of PWUD in treatment to prevent their individual and/or social situation from worsening. However, whenever this is not feasible, support is given to PWUD to reduce the harmful consequences of drug use. For decades, harm reduction has been a central feature of Dutch drug policy, aimed at lowering drug-induced deaths, drug-related infectious diseases, preventing drug-related emergencies as well as reducing public nuisances.

In the Netherlands, harm reduction activities are implemented through outreach work such as the one performed by Mainline in low-threshold facilities such as Drop-In Centers, drug consumption rooms, and centres for 'social addiction care.'

Based on its responsibility, the Ministry of Health ensures the availability of reliable information and stimulates innovation in the field of information, prevention and care. It also stimulates research and monitoring both for national and international purposes.

Within this context, the Ministry of Health funds several of the national projects and activities carried out by Mainline aimed at harm reduction interventions and strategies, outreach work and the monitoring of the field with an emphasis in singling the development of new drug trends and new patterns of consumption.

Previous Experiences

The Ministry of Health has the National Drug Monitor as its core system. Its annual publication gives an overview of drug use in adults and school-age children, addiction treatment demand, drug markets and crime. Next to this, it also maintains regular contact with Mainline over current development.

Until last year, Mainline articulated its monitoring function and findings in extensive reports submitted twice per year. The information generated during its outreach work and the outcomes resulting from its multiple projects form the core of the data received by the Ministry. For its reports, Mainline uses an evidence-based approach when possible, addressing the context and PWUD involved, the urgency and reach of the phenomenon and, when possible, quantitative information.

Starting from 2017 Mainline and the Ministry of Health have changed the presentation format into an interactive model. The reason for this new approach was to ensure that the information presented is sufficiently related to the policy developments of the Ministry as well as to provide a more precise and immediate access to the information, so to better translate it to actual or drafted policies.

Objectives & Goals

Next to the development, implementation and advocacy of harm reduction strategies, the relationship of the Ministry with Mainline aims at the consolidation of high-quality information for national and international purposes. Aware that drug prevention, treatment and care can only be effective if responding to the relevant developments in the field, the Ministry of Health relies upon organizations and institutions which are categorized under the label of "trend watchers".

Achievements

Mainline field work and peer involvement strategies have proven to be a crucial strategy in streamlining harm reduction activities and in making social and health care accessible to PWUD who cannot (or decided not to) seek other institutionalized health services.

The support to the harm reductions field and its strategies by the Ministry of Health has resulted in identifying and addressing new drugs and drug consumption patterns such as ChemSex, crystal meth, Ghb or New Psychoactive Substances (NPS). Fruit of the collaboration between Mainline and the Ministry of Health, information regarding potential health risks has been identified and made accessible to other stakeholders.

Mainline's relationship with the Ministry is up to date the longest and more regular CSO's collaboration in drug policy in the Netherlands. In general terms, CSO's involvement in drug policy have been ad hoc, lacking transparency and has never crystallized in a recurrent format.

Challenges

The frameworks of Mainline and the Ministry of Health are not always in alignment. As an activist and harm reduction organization, Mainline approaches potentially differ from some strategies deployed by the Ministry, such as prevention and treatment. Considering the project-based nature of the funding provided by the government, reconciling these agendas when it comes to sensitive phenomena may potentially condition the way the organization has to structure its activities to ensure stability. This becomes particularly relevant with NPS and other new drugs or patterns when

compared with a much more commonly agreed harm reduction approach towards opiates. Taking into consideration the quick evolution of new drugs, drug consumption patterns and means of distribution, providing quantitative and evidence-based information it is not always possible. Finding a common framework through which to examine the urgency and scope of some phenomenon it still an unresolved task. Next to this, bridging the different speeds, contexts and logics in which drug conceptions and institutional work evolves it is not always effective as desired.

Lessons Learned

- The implementation of a sustained, systemic and transparent collaboration between government bodies CSO's can have a strong impact in the production of knowledge about drugs and drugs consumption. In return, this affects the scope and specificity of drug policies positively;
- CSO's collaboration with government bodies ensures access to social and health care; inclusion of PWUD and services via research, and the implementation of innovative strategies;
- The need to generate more inclusive and comprehensive frameworks to incorporate the diversity of agendas and positions from CSOs and governmental bodies as a means towards more effective health and care systems.

5. Portugal

5.1 An example of good practice of CSI in national drug policy: The decision making process in Portugal

The emergency of the Portuguese Model on Drug Policy, in 2000, became possible due to the conjugation of several factors that contributed to a particular political and social context of that period:

- The HIV epidemic;
- The equation Drug=Madness=Death;
- The media dissemination of the phenomenon;
- The public disturb and the social fear;
- The prisons overcrowded (more 75% of inmates were condemned for drug related crimes);
- The drug theme as the 1st priority of the government.

The Commission for the National Strategy to Fight Against Drugs was established in 1998, constituted by a pool of experts from different backgrounds and fields of intervention (Academics, stakeholders from the health and education, researchers, jurists, etc.). At the time, the National Strategy integrated in a very participatory way the contributions of several representatives of the community, namely PWUD, their families, school professionals, the health structures, the courts, and the neighbourhoods. The National Strategy report was brought out in the same year and devolved to the Parliament. *"(...) people working in the Commission were very competent in their areas, but also very human. They were people very concerned with the relations between society and its elements. (...) By the conversations I had in the world of the visits that we have done, I was very touched about the need to*

change the way of looking at and dealing with the issue (Quintanilha, 2014).

In April 1999 the National Strategy was approved, stating in the law some fundamental principles, among which we highlight three of them:

- The humanist principle;
- The principle of pragmatism, which underlines the need for evidence-based innovation;
- The principle of participation, referring the participation of community in the definition of drug policies and in its further involvement on intervention strategies.

5.2 An example of CSO cooperation and struggle for funding: The organisation of harm reduction services in Portugal

As mentioned before, the Portuguese Drug Policy Model was partially a product of the dialogue established between the State and Civil Society. Although in different terms and between different actors, that dialogue continued until these days. Under that framework, some care services (mostly harm reduction responses but also some prevention, treatment and reinsertion interventions), are provided in local settings by NGOs based on an agreement between the State (represented by SICAD, the official organism responsible for the national action on addictive behaviours and dependences) and NGOs. While the state regulates, funds and monitors the services, NGOs design and implemented them.

Interventions put in place by those means have been a product of cooperative relations between the State and civil society. For example, in harm reduction this has been quite visible along the years through the following features:

- Diagnostics and calls for attribution of funding are defined by SICAD based on a participative needs assessment which sometimes involves local civil society members;
- Every project dialogues regularly with a local interlocutor, who represents SICAD, and with whom the communication and cooperation process is regularly established;
- Instruments to collect evaluation data are designed by SICAD with the contribution of harm reduction teams invited to discuss it in open meetings;
- Intervention guidelines and manuals edited by SICAD are also made with the participation of those teams;
- Very frequently, the action of outreach teams is put in place with close collaboration of the State treatment teams, for example, with nurses and medical doctors who go periodically to the field.

On the other hand, R3 (the National Harm Reduction Network, which includes most of the existing projects) has a history of cooperation with SICAD. The collaboration happens by inviting R3 representatives to several scientific/technical events and working meetings and by establishing a regular pattern of negotiation to improve the performance in the field, but also by establishing the working and funding conditions. In some moments, this was a very productive interaction. This was the case, for example, when annual funding was replaced by the biennial. In some moments, however, the collaboration was not so fruitful. This is due to the

fact that SICAD does not have, for instance, a Nation Forum for Civil Society organization working on drugs field as advisory body. Having that in mind, in the present moment, 100% funding (instead of 80%) is being discussed in a very informal but optimistic atmosphere.

5.3 An example of how CSO knowledge and experience foster CSI: APDES and the National Forum of Civil Society (FNCS) in Portugal

In 2010, APDES joined the National Forum of Civil Society (FNCS), which is an advisory structure of the National Coordination for HIV / AIDS, and since 2017 (Decree n.º 538-A/2017), also for Tuberculosis and Hepatitis. Based on the work that the entities do, the FNCS is recognized as a dialogue forum capable of giving voice to those affected by and people living with HIV / AIDS, promoting the critical participation of those involved in all aspects of the response to the epidemic. This includes doctors and other experts, as well as civil society organizations working with children, drug users, sex workers, migrants. The objectives of the forum are to ensure the contribution to the development, implementation and monitoring and evaluation of HIV / AIDS policies, as well as to stimulate the networking of SC organizations and state structures such as the National Program for HIV, TB and Hepatitis.

In 2011, APDES, in partnership with the Ser + association, assumed the secretariat of this organization. In 2012, APDES was re-elected for

another mandate, this time in partnership with the Family Support Group (GAF). In 2013 and 2014, APDES continued to assume the functions of secretariat, together with GAF. It should be noted that this network has been implicated in a series of political actions, given the need to show the cost-effectiveness of prevention and harm reduction interventions among publics of greater vulnerability, taking into account the current socioeconomic situation of the country. The FNCS is also a privileged space for advocating for certain themes, such as: early diagnosis and the possibility of using HIV rapid tests in a community setting; opening new funding for HIV / AIDS prevention in Portugal; harm reduction funding and Needle Exchange Programs; and the change of public health policies in general, concerning the rights of people living with HIV, TB and Hepatitis, among others.

As a representative of FNCS, APDES has also a seat in the Monitoring Commission of the Needle Exchange Program. On September 20, 2016, the III National Meeting of the National Civil Society Forum for HIV / AIDS was held, at which Guarda Prisional Prevention project, based on peer education for health promotion, was presented.

The Needle Exchange Program "Say No to a Second Hand Syringe" provides the free supply of injection material for consumption, avoiding the sharing of needles, syringes and other materials among users and allowing the collection of used syringes. The Program covers the 18 districts of the national territory and the autonomous regions of the Azores and Madeira. Since 2012, the Needle Exchange Program is monitored by the National HIV / AIDS, TB and Hepatitis Program, assisted by this Monitoring Committee. Currently, the program is provided through the national network of community pharmacies, harm reduction teams and primary health care units, mobile clinic and a few state structures identifying lack of materials and monitoring all types of services delivery of the needle exchange Kits. APDES also collaborates in the distribution of the Kits through the outreach teams Giru Gaia, GiruBarcelos and GiruSetúbal.





6 Slovenia

6.1. An example for active participation: CS involvement in national drug policy in Slovenia

Year(s) of implementation: 2018

Level of the action: National

Actions by policy makers: implementation of dialogue mechanism

Actions by CSOs: building coalitions, (media) advocacy actions

Stakeholders and parties involved: Commission on Drugs of the Government of Slovenia, Ministry of Health, CNVOS (national NGO umbrella network), CSOs in the field of prevention among others.

Background

In 2000, the Commission on Drugs of the Government of Slovenia was established by law, with the task of being responsible for drug policy at the inter-ministerial level. The Commission consists of representatives of nine responsible ministries: health, internal affairs, labour, family and social affairs, education, interior, justice, finance, agriculture, defence and foreign affairs, and additionally of two representatives of CSOs. Due to very limited possibilities for CSOs in the field of prevention to be involved in the work of the Commission, an extension was proposed by a group/network of CSOs in the field of prevention. Some of the proponents were, for instance, the Prevention Platform, Red Cross Slovenia, Slovenian Coalition for Health, Environment

and Tobacco Control, Network 25x25 and Youth Association No Excuse Slovenia. The action is still ongoing.

The Commission on Drugs of the Government of Slovenia (Commission) is an inter-ministerial body in charge of coordinating the policies, measures, and programmes adopted by the Government of the Republic of Slovenia. As regards the Resolution on the National Programme in the Field of Illicit Drugs 2014-2020, the Commission monitors the implementation of the strategy and action plans and coordinates policies between individual ministries. The Commission promotes and coordinates the government policy, measures, and programmes for reducing the supply and demand for illicit drugs, reducing the harm from illicit drug use, treatment, and social rehabilitation. It is composed of representatives of all ministries that are indirectly or directly associated with the drug problem. Two members of the Commission are representatives of non-governmental organizations, but none of them is from the prevention field, something the national action wishes to change.

Ministries and other public authorities implement measures coordinated at the inter-ministerial level in their respective areas, provide funds for its operation, and coordinate their activities with other ministries through the Commission. Each ministry assumes responsibility for the implementation of their part of the Resolution on the National Programme in the Field of Illicit Drugs 2014-2020. The ministries responsible for the implementation of the National Programme are the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Ministry of the Interior, the Ministry

of Agriculture, the Ministry of Education, Science and Sport, the Ministry of Justice, the Ministry of Defence, the Ministry of Foreign Affairs, and the Ministry of Finance.

The Ministry of Health is responsible for coordination in the field of drugs and monitoring the issue of reducing the supply and demand for illicit drugs, reducing the harm from illicit drug use, and the issue of treating and addressing social issues associated with illicit drug use. That is why the national action addresses the Ministry of Health, although this Ministry is reluctant to change the regulation and composition of the Commission. More efforts are needed to discuss this issue and some other levels could be used to overcome the problem with the Ministry of Health. This could be done, for instance, by addressing the issue with the Government as a whole and the Parliament and with political parties in the parliament.

Additionally, an inter-ministerial working group has been established for the operational monitoring of the implementation of the Resolution on the National Programme in the Illicit Field of Drugs. The members of this working group are representatives of the ministries and the information unit, as well as of researchers, NGOs, and local action groups. Here, however, there is a similar problem as the one with the Commission: no representative of CSOs in the field of prevention is involved in the work of this inter-ministerial working group.

With the help of several CSOs in the field of prevention, the national action plan will continue to better involve prevention CSOs in policy- and decision-making processes. The intention is to involve people who use drugs as well, as they are also misrepresented in the above mentioned drug

policy bodies in Slovenia. The final aim is to reframe the whole system of civil society involvement, for instance, the national drug strategy, national action plans, working groups, and commissions. The core set of activities will be implemented in the spring of 2018 and, since Slovenia is preparing for parliamentary elections in June 2018, we hope for improvement.

Main objectives and expectations

To extend the membership of the Commission to representatives of CSOs in the field of prevention, since, at the moment, they are excluded from policy- and decision-making processes (including information, consultation, policy dialog and partnership)

Achievements /positive changes

This is still an ongoing process)

Challenges

Negative position of the Ministry of Health: don't want to change the regulation and allow the extension of the Commission.
Still an ongoing process.

Lessons learned

Advocating for change at higher levels, such as government and parliament, political parties and important individuals in politics, is needed but not always sustainable. It is very likely that we have to wait for the new elections in June 2018 and repeat advocacy action w



