



CSFD ADVOCACY PLAN

FOR THE PROMOTION & IMPLEMENTATION OF MINIMUM
QUALITY STANDARDS IN DRUG DEMAND REDUCTION



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1. INTRODUCTION

In September 2015, the Council of the European Union adopted **Council conclusions on the implementation of minimum quality standards in drug demand reduction in the EU**. This innovative initiative lists 16 standards that represent a minimum benchmark of quality for interventions in: prevention, risk and harm reduction, treatment, social integration and rehabilitation. Although non-binding for national governments, this document represents the political will of EU countries to address demand reduction interventions through an evidence-based perspective.

Building on the insights gained from the assessment tool and feasibility study in the previous Civil Society Forum on Drugs (CSFD) project, the CSFD has developed the **Guidelines and Recommendations for the implementation of Minimum Quality Standards in drug demand reduction in the European Union by Civil Society Organisations (CSOs)**¹. The aims of the guidelines and recommendations are to help and support CSOs working in the drug demand reduction field to: (1) assess and implement their interventions according to these standards; (2) identify potential barriers for incorporation; and (3) assess the potential need to provide training for practitioners and developers in the drug demand reduction field in line with these standards.

The focus of the new CSFD project will remain further dissemination and promotion of guidelines and recommendations across Europe, advocacy for assessment and implementation of standards in practice, and development and testing of training course for CSOs to improve the implementation of standards within civil society sector. The key question which has to be answered in relation to the advocacy plan is on **how to influence policy & decision makers at the European, national, regional & local levels to adopt & implement minimum quality standards** in the field of drug demand reduction.

One of the most important aims of the CSFD and especially its Working Group on Minimum Quality Standards in Drug Policy in the following years is to increase the quality of services in the area of drug demand reduction in the EU Member States by an active involvement of the Civil Society Organizations (CSOs). This will be achieved by promoting the implementation of minimum quality standards in EU Member States (**advocacy**) and improving knowledge and skills among CSOs on how to implement minimum quality standards on the national level (**training**).

A **comprehensive advocacy plan** is prepared to *support the promotion and implementation of the minimum quality standards in EU Member States* and more specifically the **guidelines and recommendations**, which were developed and published in the previous CSFD project (2017-2019). The advocacy plan wants to *stipulate all relevant advocacy actions and will address several key stakeholders and target groups*, including policy and decision makers at the national and European level, and service providers and CSOs at the national level.

The advocacy plan will be implemented in the period of 2020-2022 and includes **specific activities**, such as: (1) establishment of advocacy coalitions or alliances at national, regional or local level; (2) policy briefings with relevant stakeholders at EU, national, regional or local level (policy and decision makers); (3) media activities to inform different relevant stakeholders and target groups on existence and importance of minimum quality standards, assessment of implementation in reality and available training (which will be developed within this project as well); (4) promotion activities during relevant European conferences in the field of drug demand reduction (*virtually or in-person* depending on the COVID-19 situation) (e.g. European Society for Prevention Research (EUSPR) conference 2021, European Harm Reduction Conference (EHRC) 2021) through active participation and presentations; and (5) preparation of a thematic paper on minimum quality standards, focusing on the specific needs of marginalised (vulnerable) groups and gender-related issues which are not adequately addressed in the present Council Conclusions document (future considerations regarding standards).

¹ Link: <https://info.harmreduction.eu/files/88/CEHRN/27/CSFD2020guidelinesrecommendationsENFINAL.pdf>

2. KEY TOPICS AND CHALLENGES FOR THE IMPLEMENTATION OF THE MINIMUM QUALITY STANDARDS

Based on the *Guidelines and Recommendations*, there are several **key topics and challenges** regarding minimum quality standards, which are important to highlight and which we recommend using in your advocacy plans at the first place:

DISINVESTMENT FROM INEFFECTIVE AND HARMFUL INTERVENTIONS

There are still many interventions in the field of drug demand reduction, which are not being carried out in line with minimum quality standards. Governments and civil society organisations should be aware of this and consciously seek to disinvest and moving support away from ineffective services and interventions. Correspondingly, they should invest more resources towards implementation of evidence-based and effective interventions, especially in the fields of prevention and risk and harm reduction. Advocacy activities should focus on the issues of *promoting and enforcing the sustainable and long-term funding of evidence-based and effective interventions* in the field of drug demand reduction.

EDUCATION, TRAINING AND CONTINUING PROFESSIONAL DEVELOPMENT

There is a gap in quality education and training for the drug demand reduction workforce (both in relation to basic training and in respect of continuing professional development). Governments and civil society organisations should investigate the long-term value of investment in this area, and look to invest more resources into developing and maintaining quality (formal and non-formal) education and training programmes for professionals and volunteers in the field of drug demand reduction. Advocacy activities should focus on the issues of investing in *quality (formal and non-formal) education and training programmes* in the field of drug demand reduction.

MONITORING & EVALUATION

The evaluation culture is weak in Europe in the field of drug demand reduction. There is little demand by (funding) authorities for monitoring and evaluation of programmes and other interventions (especially concerning outcome evaluation). Without evaluation there is impossible to say, which programmes and interventions are effective and has significant impact on the situation in the field of drug demand reduction. Governments and civil society organisations are advised to invest more in monitoring and evaluation, which would significantly improve the quality of interventions and motivation of professionals to continue with quality work. Advocacy activities should focus on the issues of *promoting monitoring and evaluation as a criterion for sustainable and long-term funding and support from (funding) authorities*.

SUSTAINABLE FUNDING RELATED TO THE IMPLEMENTATION OF STANDARDS

There is almost no sustainable funding for programmes and interventions in the field of drug demand reduction. States and funding bodies at all levels are advised to relate funding programmes and schemes to the implementation of minimum quality standards, but at the same time invest significantly more resources to improve the capacity of civil society organisations (technical and financial) to comply with those standards. Without sustainable funding, improved knowledge and skills of the workforce, and an improved monitoring and evaluation culture, we cannot expect significant improvements and developments in the field of drug demand reduction. Advocacy activities should focus on the issues of *sustainable and long-term funding of evidence-based and effective programmes and interventions* in the field of drug demand reduction.

3. AIMS AND OBJECTIVE

The **aim** of this advocacy plan is to **support the promotion and implementation of the minimum quality standards** in EU Member States and candidate countries and more specifically the *guidelines and recommendations*.

This aims could be achieved by **building European and national advocacy action plans**, including the *development of coalitions/alliances* and specific *advocacy activities*, addressing pre-defined challenges (see Chapter 2 for the most relevant challenges according to the assessment of the implementation of minimum quality standards in CSOs in Europe).

Strategic objectives:

1. Establishment of **European advocacy coalition /alliance**, which will include the most relevant European stakeholders for an action to promote the implementation of the minimum quality standards in EU drug policy and practice (e.g. representatives of CSFD and/or other relevant CSOs, academic and/or research networks or associations at EU level, media, policy and decision makers, and opinion leaders, such as MEPs, EC officials, national representatives in EU institutions etc.).
2. Establishment of at least **4 national (or regional or local) advocacy coalitions / alliances**, which will also mobilize the most relevant stakeholders for an action to promote the implementation of the minimum quality standards regarding national, regional or local drug policy and practice (e.g. representatives of relevant CSOs at national, regional and/or local level, academic and/or research institutions, media, policy and decision makers, and opinion leaders, such as MPs, public officials, representatives of political parties and other important interest groups etc.).
3. Preparation and organisation of the **policy briefings with relevant stakeholders** (see above – point 1. and 2.) at EU, national, regional or local level (e.g. policy and decision makers). Each CSFD project partner or CSFD member organisation (involved in the implementation of this advocacy plan) will prepare and organise *at least one meeting* with relevant stakeholders (supported by a *short policy brief*) and promote the implementation of the minimum quality standards.
4. Preparation and implementation of focused **media activities** to inform relevant stakeholders and target groups (e.g. those who are directly or indirectly involved in the implementation of minimum quality standards in drug demand reduction) on *existence and importance of minimum quality standards, assessment of implementation in reality, and available training on how to implement the minimum quality standards (which will be developed within this project as well)*.
5. Preparation and implementation of **promotion activities** during relevant European conferences in the field of drug demand reduction (e.g. European Society for Prevention Research (EUSPR) conference 2021, European Harm Reduction Conference (EHRC) 2021) through active participation and presentations (*virtually or in-person depending on the COVID-19 situation*); and
6. Preparation of a **thematic paper** on minimum quality standards, focusing on the *specific needs of marginalised (vulnerable) groups and gender-related issues* which are not adequately addressed in the present Council Conclusions document (future considerations regarding standards).

4. TARGET GROUPS

Our main target group are **decision-, opinion- and policy-makers (DOPs)**, who are the most relevant regarding the implementation of minimum quality standards in policies and practice, and (directly or indirectly) evidence-based drug demand reduction services and interventions. This group, which we refer to as »*drug demand reduction professionals*«, includes drug demand reduction coordinators at the ministries, state agencies, regional and local authorities etc., drug demand reduction specialists and policy-makers with both general and specialist roles that include responsibility for drug demand reduction programmes and their funding.

At the **European level**, our target groups could be as follows: representatives of CSFD and/or other relevant CSOs, academic and/or research networks or associations at EU level, media, policy and decision makers, and opinion leaders, such as MEPs, EC officials, national representatives in EU institutions etc.). At the **national, regional and/or local level**, our target groups could be as follows: representatives of relevant CSOs at national, regional and/or local level, academic and/or research institutions, media, policy and decision makers, and opinion leaders, such as MPs, public officials, representatives of political parties and other important interest groups etc.).

In some countries, this group may also include *senior practitioners* who are influential in decision-making and professional development. They can be located at the European, national, regional, or local level. They may be heads of civil society organisations (CSOs) engaged in delivering drug demand reduction services and interventions, drug demand reduction coordinators in a regional or local administration, civil servants who develop strategies and action plans and commission drug demand reduction interventions at the regional or local level, stakeholders or part of community coalitions or action teams/groups in the field of drug demand reduction etc. (*adapted from European Prevention Curriculum, 2019*).

Finally, our target group are also other civil society organisations (CSOs) which might benefit from our case studies of advocacy action in different countries (e.g. to learn from those examples for their own actions in the future).

5. ACTION PLAN

IMPORTANT NOTE: Each national, regional or local coalition or alliance (established in the participating country, at least in Spain, Finland, Hungary and Slovenia) could choose **one of more standard(s) or topic(s) or challenge(s)** related to the minimum quality standards described in the *CSFD Guidelines and Recommendations* by itself. It depends on the expertise, preferences and experience of the coordinator (CSFD member) and its coalition / alliance in the field of drug demand reduction (prevention, risk and harm reduction, treatment, social integration and rehabilitation or recovery). The action plan is divided in two parts: the European action plan and at least 4 national, regional and/or local action plans in Hungary, Finland, Spain and Slovenia.

As mentioned, this advocacy plan will be implemented at **two levels**:

- European level (coordinated by UTRIP & in partnership with CSFD Members)
- National (or regional or local) level (coordinated by selected CSFD Members themselves in their own countries, regions or local communities)

In the following table, an initial plan is presented (a minimum set of activities per participating partner) (see *Table 1 and 2*), but coalitions / alliances are free to add more activities and outputs:

Table 1: Proposed plan of (minimum set of) activities and outputs (EU level)

Strategic objective	Description of activities (how)	Responsibility & engagement (who)	Outputs (what)	Timeline (when)
Establish EU-wide coalition / alliance	<ol style="list-style-type: none"> 1. Establish coalition / alliance using step-by-step model explained in the Chapter 6. (e.g. assessment of relevant stakeholders) 2. Organise a kick-off meeting with interested CSFD partners and CSFD Core Group calls. 3. Conduct a needs assessment and select the topic or challenge for action plan. 	UTRIP in collaboration with CSFD Core Group	<p>Coalition / alliance agreement</p> <p>Kick-off meeting (online) & CSFD Core Group calls</p> <p>Needs assessment report (3 pages)</p>	<p>By mid-January 2021</p> <p>By the end of January 2021</p> <p>February 2021</p>
Develop advocacy action plan for EU-wide advocacy campaign	<ol style="list-style-type: none"> 1. Coalition / alliance develops its own advocacy action plan (using the hints & questions in the table below). 2. Consultations within the CSFD (including Core Group calls) 3. Adopt the final version of advocacy action plan 4. Prepare a case study report 	European coalition / alliance (led by UTRIP)	<p>Draft advocacy action plan</p> <p>Consultations within CSFD (e.g. calls)</p> <p>Final advocacy action plan (adopted)</p> <p>Case study (up to 5 pages)</p>	<p>By the end of February 2021</p> <p>March 2021</p> <p>By the end of March 2021</p> <p>October 2021</p>
Prepare / organise the policy briefings with relevant stakeholders at EU (e.g. policy & decision makers)	<ol style="list-style-type: none"> 1. Coalition / alliance prepares and organises <i>at least one meeting</i> with relevant stakeholders at the EU level (supported by <i>short policy brief</i>) 2. Promote the implementation of the minimum 	UTRIP with contribution of all coalition / alliance partners	<p>1 x policy brief on selected issue</p> <p>At least 1 x meeting with stakeholders (could be organised online – depending on the situation with COVID-19)</p>	<p>April-May 2021</p> <p>May 2021</p>

	quality standards at the EU level.		Promotion activities (by sending policy brief to more key stakeholders at EU level)	May-June 2021
Prepare / implement targeted media activities	1. Coalition / alliance prepares & implements a set of media activities to inform different relevant stakeholders and target groups at the EU level on <i>existence & importance of minimum quality standards, assessment of implementation in reality etc.</i>	UTRIP in collaboration with coalition / alliance partners (could also be led by the partner who is responsible for media advocacy part of the action plan)	A set of media activities (at least 1 x press release, 1 x press conference if possible, 3 x website news and 5 x social media posts, 1 x interview with coalition / alliance member etc.) (see methods on how to use media in advocacy & hints in Chapter 7)	May-August 2021
Prepare / implement promotion activities during relevant European (or national/local) conferences in the field of drug demand reduction	1. Abstracts will be submitted to the most relevant conferences (at least 2) in the period of the project (<i>e.g. EUSPR conference 2021, European Harm Reduction Conference (EHRC) 2021</i>). 2. Active participation and presentations (plenary or parallel or poster session)	Working Group 4 leads (UTRIP & IREFREA Spain) Other CSFD members (on their own costs if they wish to present their own advocacy campaigns to larger audience)	At least 2 presentations at the conferences (incl. abstracts, ppts or posters and any other additional materials) <i>(in person or online, depending on the COVID-19 situation)</i>	Depending on the dates of conferences & submission deadlines
Prepare a thematic paper on minimum quality standards (focused on <i>specific needs of marginalised (vulnerable) groups</i>)	1. The thematic paper will be prepared by the CSFD WG 4 focusing on the <i>specific needs of marginalised (vulnerable) groups and gender-related issues</i> which are not adequately addressed in the	Working Group 4 (led by UTRIP & IREFREA Spain) All CSFD members (comments on draft)	CSFD statement on vulnerable groups (presented at the NDC meeting in October 2021 during the German EU Presidency) CSFD Thematic Paper (based on statement above)	October 2020 (CSFD statement on vulnerable groups) By September 2021

	present Council Conclusions document (future considerations regarding standards).			
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Table 2: Proposed plan of (minimum set of) activities & outputs (**national level**)

Strategic objective	Description of activities (how)	Responsibility & engagement (who)	Outputs (what)	Timeline (when)
Establish your own national, regional, or local coalition / alliance	<ol style="list-style-type: none"> 1. Establish coalition / alliance using step-by-step model explained in the Chapter 6. 2. Organise a kick-off meeting with interested partners. 3. Conduct a needs assessment and select the topic or challenge for action plan. 	<p>Coordinator (CSFD Member)</p> <p>Coalitions / alliances should be established in at least 4 countries (Slovenia, Spain, Finland and Hungary) by CSFD Members in those countries (but not limited to those countries only)</p>	<p>Coalition / alliance agreement</p> <p>Kick-off meeting (in-person / online)</p>	<p>By mid-January 2021</p> <p>By the end of January 2021</p> <p>February 2021</p>
Develop advocacy action plan for your advocacy campaign	<ol style="list-style-type: none"> 1. Coalition / alliance develops its own advocacy action plan (using the hints & questions in the table below). 2. Consultations with UTRIP (WP leader) 3. Adopt the final version of advocacy action plan 4. Prepare case study reports 	Coalition / alliance (led by CSFD Member)	<p>Draft advocacy action plan</p> <p>Consultations within UTRIP (e.g. online call)</p> <p>Final advocacy action plan (adopted)</p> <p>4 x case study (up to 5 pages)</p>	<p>By the end of February 2021</p> <p>March 2021</p> <p>By the end of March 2021</p> <p>October 2021</p>
Prepare / organise the policy briefings with relevant stakeholders at national, regional or local (e.g. policy & decision makers)	<ol style="list-style-type: none"> 1. Coalition / alliance prepares and organises <i>at least one meeting</i> with relevant stakeholders at the national, regional or local level (supported by <i>short policy brief</i>) 2. Promote the implementation of the minimum 	CSFD Member with contribution of all coalition / alliance partners	<p>1 x policy brief on selected issue</p> <p>At least 1 x meeting with stakeholders (could be organised online – depending of the situation with COVID-19)</p>	<p>April-May 2021</p> <p>May 2021</p>

	quality standards at the national, regional or local level.		Promotion activities (by sending policy brief to more key stakeholders at national, regional or local level)	May-June 2021
Prepare / implement targeted media activities	1. Coalition / alliance prepares & implements a set of media activities to inform different relevant stakeholders and target groups at the national, regional or local level on <i>existence & importance of minimum quality standards, assessment of implementation in reality</i> etc.	CSFD Member in collaboration with coalition / alliance partners (could also be led by the partner who is responsible for media advocacy part of the action plan) All CSFD Members could also send the prepared media materials to their national, regional or local media (translated & adapted to their context)	A set of media activities (at least 1 x press release, 1 x press conference if possible, 3 x website news and 5 x social media posts, 1 x interview with coalition / alliance member etc.) (see methods on how to use media in advocacy & hints in Chapter 7)	May-August 2021

Each partner (coalition / alliance) in this CSFD initiative shall prepare its own advocacy (action) plan and follow the steps or answer the questions explained in the table below (see *Table 3*):

Table 3: Preparation of advocacy (action) plan (hints and questions)

Steps	Hints	Questions to be answered
1. Aims and objective(s)	It is recommended that you choose very specific objective (not too wide / general), which is more feasible to be achieved in very short time of action.	<i>What do you want to achieve with advocacy plan?</i>
2. Create coalition / alliance	Do not create too large coalition or alliance (e.g. up to 10 members), otherwise you could have problems with managing the group and tasks.	<i>Who do you want to involve in coalition / alliance & why? Distribute the tasks!</i>
3. Target group(s) (public audience)	It is highly recommended that your audience is not too large (do not choose too many target groups). It's better to decrease the ambition sometimes to achieve goals step-by-step.	<i>Who is (are) your target group(s) or audience, which you want to reach & influence?</i>

4. Message(s)	It is more likely that you will get attention from target group(s) or media if you create a bit provocative message. If possible, focus on positive messages and avoid criticism or negativism.	<i>What is your message? Do you have one message for more target groups or more messages for more target groups or more messages for one target group?</i>
5. Products & materials	Do not produce too long materials (e.g. alongside the press release), especially for policy and decision makers (up to 5 pages would be enough if you want that your audience will read them).	<i>What kind of (media) products & materials are you going to produce to place your message(s) in the easiest way?</i>
6. Channels	Do a good assessment of the target group(s) and find out which communication (media) channels are more often used by them. And use them too in your actions.	<i>How (through which channels) are you going to promote & disseminate your message(s) and (media) products?</i>
7. Responses (feedback)	Follow and monitor (e.g. document) all responses and feedback from target group(s) and media and try to find out if you were successful with the media coverage and creating adequate political or media attention.	<i>Will your media action influence target group(s)? How are you going to evaluate if you were successful with (media) action?</i>

6. IMPLEMENTATION OF THE ADVOCACY PLAN AND COVID-19

Due to COVID-19 situation and limitations to organise meetings and conferences in person, CSFD Members involved in the implementation of this advocacy plan are advised and should have a plan to organise virtual meetings (e.g. coalition kick-off meeting, CSFD Core Group calls and other meetings) and conferences (e.g. with key stakeholders in the field) when and where necessary (by using virtual platforms such as Zoom, MS Teams, GoToMeeting, Skype etc.). The activities and outputs of this advocacy plan regarding the promotion of the implementation of minimum quality standards could also be conducted online, by submitting abstracts and presenting the results at the international or national conferences which will be organised on virtual platforms.

Annex 1: Advocacy Guide

INTRODUCTION

Advocacy skills are essential for the public health scientists, researchers, and practitioners to potentially influence policy- and decision-making processes for better health-related policies and practice. Those skills are important especially in those public health areas where so-called »unhealthy« industries are influential and/or (at least) want to be important stakeholders in the field (such as alcohol, tobacco, and cannabis industry). They are also important to advocate for evidence-based substance use policy (e.g. alcohol, tobacco, or illicit drug policy) and implementation of evidence-based interventions in the field of drug demand reduction which should be fully in line with minimum quality standards.

Advocacy may include **activities and actions** by individual or group with the intention of influencing policy- and decision-making processes and resource allocation decisions and with the aim of developing, establishing or changing policies and practices and of establishing and sustaining evidence-based programmes and services and their funding. Advocacy can include many activities including *media campaigns, public speaking, commissioning, and publishing research or polls or the filing of amicus briefs, additional arguments, amendments and complaints, lobbying, social marketing* etc.

People often mix advocacy, lobbying and social marketing. Educating the legislature on a particular issue is generally considered **advocacy**, while pushing a particular vote on a particular law is generally considered **lobbying**. **Social marketing** seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good.

Investing in **knowledge and skills** in advocacy is particularly important, especially for the civil society organisations (CSOs). That may (potentially) increase competence on: (1) forging stronger relationships with policy and decision makers and other important key stakeholders in the field of drug demand reduction; (2) advocating for the use of research to inform policy and decision makers about evidence-based substance use (e.g. drug) policies and practices, and research funding priorities; (3) providing expert testimony (e.g. in the parliament); (4) writing position papers, press releases and social media posts, organising press conferences etc.; (5) increasing the visibility and recognition of evidence-based substance use (e.g. drug) policies and practices; and (6) committing to ongoing advocacy (as a regular part of our daily work).

BUILDING EFFECTIVE COALITIONS/PARTNERSHIPS FOR ACTION

One of the most important steps in advocacy planning is to **build effective coalition or alliance** (partnership for action at European, national, regional and/or local level). Coalition is usually informal (ad hoc, focused on one single problems or challenge etc.) and alliance is usually formal (e.g. established entity with staff, office(s), decision-making structure, focused on ongoing advocacy etc.).

What is an advocacy coalition or alliance? It is a group of people, countries or stakeholders that join for a **common purpose**. When building a coalition/alliance, these groups agree on behaving and working cooperatively towards a set of joint actions defined within the group (APYN, 2014²).

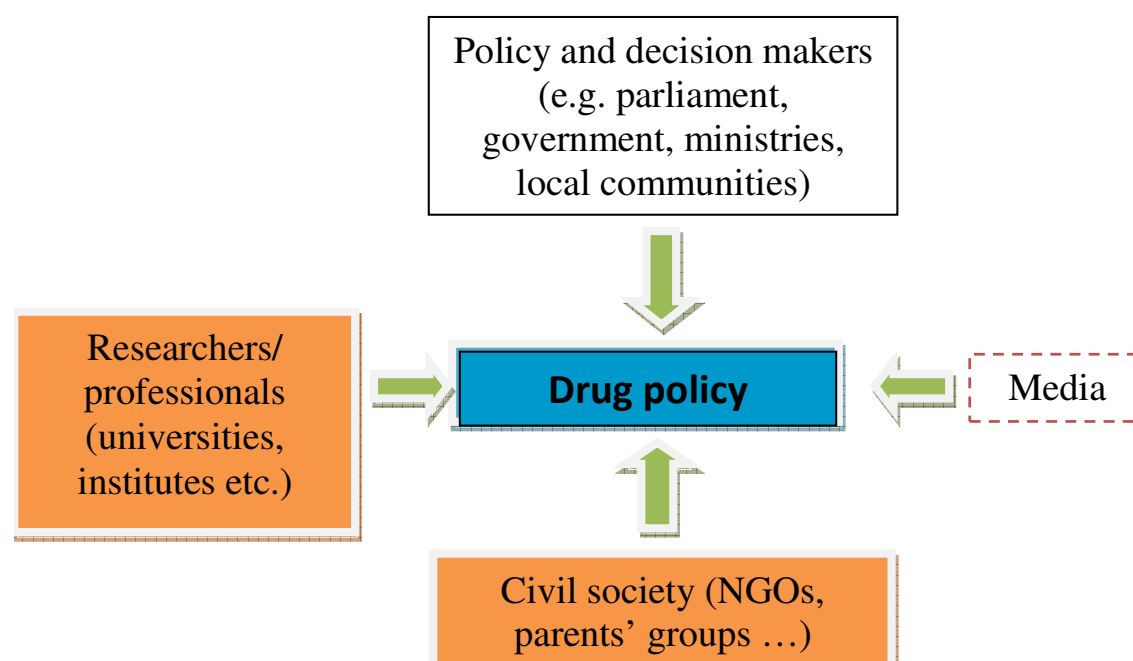
Building a successful coalition implies a **series of steps**, namely: (1) setting common and compatible goals; (2) mutual benefits of co-working and (3) assuring that the benefits are surpassing the costs. **Benefits** of coalitions/alliances are especially increasing the potential of success, empowering the

² Link: https://www.apyn.org/data-si/file/APYN_Triangle.pdf

weaker member to have more influence on the matter and concentrating expertise and resources to deal with complex issues and attracting media attention. However, there are also some **disadvantages** of coalitions/alliances, such as overworking, different levels of resources and interests, and different levels of credit. When choosing the members of a coalition or building a coalition, attention should be drawn to the organisation's goals and interests, otherwise we could experience many problems like in any other relationship with people or organisations with different goals and interests.

Each participating partner shall establish / build its **own coalition or alliance to carry out the advocacy activities** regarding the implementation of minimum quality standards in their own country, region, or local community. Based on the chosen topics or challenges, partners invite coalition members to join the coalition. In addition, a **European coalition or alliance** will be established to promote the implementation of minimum quality standards at the European level (led by UTRIP in collaboration of CSFD Core Group). There are several potential partners or members of coalition / alliance which they have to take into consideration (see *Figure 1*).

Figure 1: Potential coalition/alliance partners or members



Choosing the members of a coalition / alliance or building a coalition / alliance should focus on the organizations' goals and interests. Therefore, partnering up with different parties needs time and commitment that can lead to big successes or bitter endings. The **main stakeholders** in drug (or wider substance use) policy with whom you should or shouldn't partner up to achieve your advocacy goals includes:

- Civil society organisations (e.g. in the field of drug demand reduction)
- Researchers / scientists (e.g. universities, research institutes)
- Health, social and other drug-related services (especially at local level)
- Policy- and decision-makers (e.g. representatives of the EU institutions, ministries and state agencies in the field of health, interior, justice etc., members of the committees or commissions in the parliament or local councils, local / city mayors and representatives of the municipality or city authorities, representatives of relevant European institutions etc.)
- Media representatives (e.g. journalists or editors who can help us with media advocacy, contacts with other journalists, preparation of press materials, such as press releases, organisation of the press conference etc.).

Each project partner is recommended to use the following **step by step approach** in the process of building/sustaining a national, regional or local coalition or alliance (adapted from APYN):

- **STEP 1: SELF-ASSESSMENT**

- Identify your own goal (see the *Guidelines & Recommendations*³)

It is important that your main aim and specific objectives regarding the promotion and implementation of minimum quality standards in drug demand reduction are measurable and realistic. In order to reach them, put a figure, value or percentage to each aim or objective. For instance, if you want to increase the funding for evidence-based interventions, you should define the exact percentage of how much it should increase.

- Make a decision of the need to form a coalition / alliance

The establishment of a coalition / alliance should be well thought out. Maybe you have enough resources and expertise to reach your goals on your own or maybe you are lacking something. Nevertheless, you should never forget that in many cases, coalitions / alliances are significantly more successful than a single organization or individual.

- **STEP 2: IDENTIFY THE POSSIBLE PARTNERS / COALITION MEMBERS**

- Make a list of possibilities

Firstly, consider organizations, institutions, media and even individuals (e.g. experts) who share the same or similar interests as you do and support your goals regarding the implementation of minimum quality standards. Also, you should think of different possible allies, because a group of organizations and institutions from a diverse background is more likely to succeed.

- Know all about them

Once you have identified organizations, institutions, media and individuals with similar goals, analyse them. Get to know the projects the organizations and institutions are working on, the projects they previously worked on, and how the organization or institutions may fit within your advocacy campaign.

- Remember to avoid conflict of interest

Always remember the coalition's or alliance's interests, do not create a coalition or alliance for an individual purpose. You should also deeply analyse your partners and know their personal interests to make sure they are not against or significantly differ from the main aim and objectives of a coalition / alliance and its goals in the campaign regarding minimum quality standards.

- **STEP 3: TAKE THE FIRST STEP**

Run a meeting or event for everyone (could be online due to COVID-19 situation) who has enlisted in a coalition / alliance to meet each other. Allow each and every organization, institution or individual to talk about their projects or campaigns and discuss which could be the added value of being part of the coalition / alliance.

³ Link: <https://info.harmreduction.eu/files/88/CEHRN/27/CSFD2020guidelinesrecommendationsENFINAL.pdf>

- **STEP 4: IDENTIFY A COMMON AIM AND COMPATIBLE INTERESTS**

Recognise compatible interests once you have identified an issue. In order to work together, agree on a common goal regarding the implementation of minimum quality standards (see the *Guidelines and Recommendations*) and make the aim or objective clear for all the members of the coalition / alliance. It is also possible that within the coalition / alliance some organizations also have other parallel interests. In order to make the coalition / alliance work, focus the work on the common ones!

- **STEP 5: NEEDS ASSESSMENT**

It is of great importance to assess the needs of the coalition / alliance in order to accomplish the goals previously defined by all the partners. Analyse which measures the coalition / alliance should take and what resources are necessary to take the outlined steps.

- **STEP 6: DEFINE ROLES OF EACH COALITION PARTNER**

Ensure that each partner is motivated to contribute, being not only aware of what his role would be, but also comfortable with it and willing to do a good job. Each coalition partner should recognize the roles of all partners within the coalition / alliance and understand how this engagement is productive for the coalition / alliance. Nevertheless, it might be more effective to have a partner whose role is also to coordinate the work of the coalition / alliance (e.g. in our case this is meant to be a role of the CSFD Core Group, CSFD members or project partners), especially if there are many partners involved.

- **STEP 7: DEFINE THE RULES ON COMMUNICATION AND RESPONSIBILITIES**

For the partners to execute their roles adequately, the coalition / alliance must define rules of functioning/communication and the responsibilities that each partner must accomplish.

Define exactly what the work plan is (topics, (virtual) meeting plans, deadlines, reports, etc.) and who is taking responsibility for each part of it. As with the roles, if each other's roles and responsibilities are clear for the whole coalition / alliance, the partners are able to ensure that each member follows what was decided by all of them and the coalition will work more efficiently.

Remember to recruit the right people within each partner organizations or institution bearing in mind what the ideal profile would be.

- **STEP 8: STRATEGIC AND OPERATIONAL PLANNING**

Defining the strategic and operational planning is a task that needs to be done by the whole coalition / alliance, as all the partners need to identify their participation in the coalition / alliance in these orientation documents. As a group, the coalition / alliance needs to define how the goals will be achieved through a defined action plan.

Evaluate the resources each partner has (human, financial, time, material etc.) and which resources each of them need, in order to fulfil their responsibilities. Solutions for each other's needs can, sometimes, be found within the coalition / alliance.

Define specific objectives and what the expected results are matching the goals. Also, what are the activities designed to accomplish each of the goals defined. This data must be measurable and have indicators that will measure if the goals were accomplished or not.

- **ONGOING: MONITORING AND EVALUATION**

Monitor and evaluate the implementation of your operational planning and reflect on how it matches this strategic advocacy plan. Adapt the plan if needed.

Provide regular meetings for the partners to communicate **in person or via remote communication platforms** (e.g. Zoom, GoToMeeting, MS Teams etc.) if the situation with COVID-19 does not allow meetings in person, but assure that the work that is being done is reported to the coalition / alliance by all partners, using the communication rules defined.

Create clear deadlines and emphasize the need to follow them as well as to commit with the steps taken and do the necessary preparations.

Even though the coalition / alliance might have a leader responsible for coordinating the work, it is all partners' responsibility to actively be involved in the entire action plan.

To reinforce this, consider rewarding the included partners and the individuals representing the organizations or institutions. Depending on the formality of the coalition / alliance, it can be useful to provide a teambuilding programme, developing bonds within the coalition / alliance and self-accomplishment for being part of it.

KEY MESSAGES (MAKING THE CASE WITH MEDIA ADVOCACY)

Media coverage is one of the best and most effective ways to draw attention amongst decision-, opinion- and policy-makers etc. With good message is rather easy to draw media attention and coverage.

Before action we need good media plan (as a part of comprehensive advocacy plan) and proper message. Some key questions we have to answer in this process of key messages development: (1) What is a problem and what are possible solutions?; (2) Who could put those solutions into effect?; and (3) What should we do or say to draw attention of those who could put solutions into effect?

In addition, we need to prepare a list and contact information on media, journalists, editors etc. which are important for our action. Before we establish contacts with them, we have to prepare a good message or more messages (if we target more audiences), distribute the roles and tasks within the coalition / alliance, select the speaker(s) and/or reporter(s) and prepare all relevant materials, list of sources and information in advance.

There are several **effective methods** of using media in advocacy, which you can plan in the preparation of a set of media activities and use in the campaign:

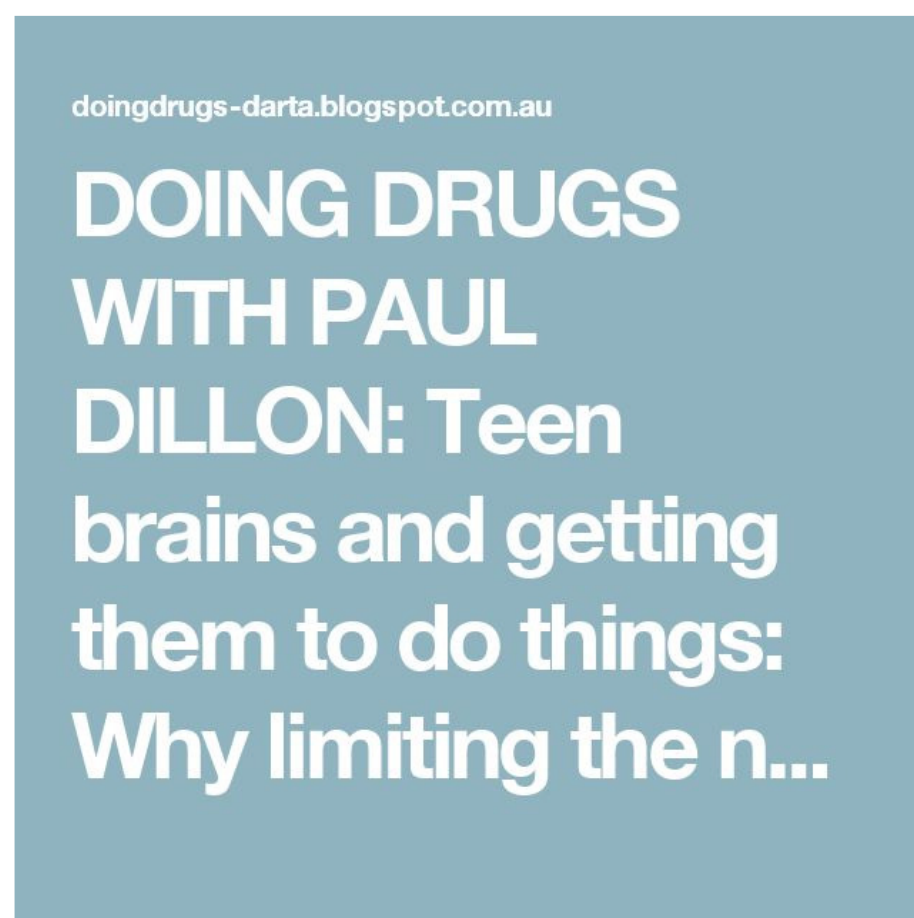
A good press release usually includes: name of organisation, contact information, date of release, title (important, could be provocative) and main content (who, what, where, when, and why). Regarding the main content, the most important information should be on the top. First paragraph is the most important. Use short paragraphs / sentences and simple language. Use of citations / quotations are highly recommended (e.g. prepare quotations from your advocacy campaign partners in advance and include them already in the press release).

[illegible]

- **CORRESPONDENCE COLUMNS / BLOGS**

In recent years, blogs are becoming popular way of communicating with general public. Correspondence columns are also still popular in traditional newspapers and lots of readers actually read them if the topic is of their interest. We use those methods particularly in polemics, pro et contra discussions and we can cover more media with them at the same time. Shorter notes or columns are more effective (e.g. 250-300 words). You should be aware on criteria and rules for publication, limits, special editorial rules etc. If possible, attach your note, column or letter to other previously published related articles and stories. It is also important that you introduce yourself (name, contact information), so readers or journalists can refer particular topic or content to you and your organisation, institution, or coalition / alliance.

Figure 3: Example of very popular web blogs in Australia



- **INTERVIEWS, TV AND RADIO DISCUSSIONS**

Many drug policy professionals, advocates and activists are already rather experienced in using TV and radio in their own advocacy campaigns. If you are not sure that you are capable to do it (e.g. no experience yet), you can always recruit somebody else in the coalition / alliance with more experience with media. If you are not invited to speak on the TV or radio, try to »invite« yourself (especially if you know that some interesting debates are going to happen on TV or radio regarding drug policy etc.). Inform yourself on concept and host of the talk show, names of other guests (and their arguments and positions), programme and characteristics of discussion etc. Prepare yourself for interviews and discussions in advance. During interviews and discussions speak clearly, plainly, avoid slang, abbreviations, expose key message first, be short, concise etc.

- **PRESS CONFERENCE(S)**

Press conferences could be formal or informal. They enable direct contact and communication with journalists. Organise it only for larger events, milestones, publication releases (e.g. case study report) etc. Some hints: be aware of the location (e.g. parking and close to the most important media houses), timing (e.g. up to one hour at the most), informing media in advance (e.g. sending invitation a day or two before the press conference), preparing press release and other materials in advance (so you can deliver them at the press conference and send to other media after it), preparation activities (e.g. communication with press conference facility staff, technical support etc.), interviews after the event (e.g. make sure there is enough time for interviews and space for cameras etc.), contact details for additional questions etc.

- **SOCIAL MEDIA POSTS**

Social media are more and more important in advocacy. Unhealthy industries use them all the time, so we have to use them as well. If we have resources, it is a good idea to use Facebook or Twitter Ads promotion (payable, but cheap). Especially Twitter is growing fast as a communication channel (especially among policy and decision makers), so we recommend you to learn how to use it in the most effective way. Important: if you are not in (social) media, you do not exist.

Figure 4: There are many options to communicate in social media

