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Civil Society Involvement
in Drug Policy
– A Road Map

Colophon

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More information via: www.csidp.eu

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Glossary

A brief explanantion of some key terms and abbreviations that appear in the text.

Civil society: can be thought of as the associational life operating in the space between the state and the market – that is, not the public sector and not the private sector. Typically, it is understood to include the activities of non-governmental, voluntary and community organisations, but can also include individual participation.

CND: Commission on Narcotic Drugs

CSFD: Civil Society Forum on Drugs

CSOs: Civil society organisations; those organisations operating in civil society.

CSI: Civil society invovement; the process or practice of including civil society in policy development, setting and implementation.

CSIDP: Civil Society Involvement in Drug Policy

EMCDDA: European Monitoring Centre for Drugs and Drug Addiction

EU: European Union

HIV / AIDS: Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome

Policy makers: The people who decide the state's course of action in

any given jurisdiction or policy arena. Typically, the group includes elected representatives, particularly those with responsibility for certain portfolios, but can also include civil and public servants when aspects of policy delivery are devolved fromthe political.

PWUD: People who use drugs

UNGASS: United Nations General Assembly Special Session

UNAIDS: Joint United Nations Programme on HIV/AIDS

WHO: World Health Organisation

Introduction

The inclusion of civil society in the development and implementation of drug policies is widely recognised as being critically important. Civil society input can provide added context to policy considerations, giving policy makers access to a greater range of insights and information, and can support the popular legitimacy of policy actions. In short, a structured and formal civil society involvement (CSI) in policy arenas can better equip states to plan, implement and measure policy initiatives, thus directly contributing to national and EU drugs strategy objectives. However, states and civil society organisations (CSOs) do not always have ready access to good quality information on how this can be best achieved.

This is the challenge that this document is directed at assisting with. This is a 'Road Map' for civil society involvement in drug policy. It is directed at both policy makers and CSOs, and its main objective is to provide guidance through the different steps of developing and implementing effective and sustainable civil society structures in the field of drug policy on the local, regional and national level, as informed by the best available evidence. It is hoped that CSOs and policy makers will find it useful in planning and developing CSI in their countries.

Following this brief introduction, and a brief note on why CSI is important, the Road Map is broken into three parts.

PART 1 looks at how to assess current levels of CSI in drug policy. In order to improve, it is first important to know where we are. Thus, the first step towards enhancing CSI is to assess its status quo on the policy level or drug policy field of interest and to identify where improvement is needed. Part 1 covers the process of implementing such an assessment.

PART 2 looks at what can be done on the side of the policymakers to enhance CSI – from implementing different mechanisms of CSI to funding CSOs and research.

PART 3 looks at what can be done on the side of CSOs to enhance CSI - from addressing possible structural issues to planning advocacy activities.

In each part, short practical examples are provided to illustrate key points. For those interested in more details, more comprehensive examples are available on the CSIDP website – www.csidp.eu Furthermore, for all the steps of the Road Map, external links are provided which will lead you to existing guidelines, toolkits and further information on these topics.

This Road Map was developed in the framework of the project "Civil Society Involvement in Drug Policy" which is co-financed by the European Union. For more information on the project, please see www.csidp.eu.

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Why improve civil society involvement in drug policy?

Marcus Keane & Lauren Crook

There are many reasons as to why the inclusion of Civil Society Organisations (CSOs) in the processes of developing and implementing drug policy should be promoted. By improving levels of Civil Society Involvement (CSI) in these processes, a range of benefits result for all parties involved. Before looking at these benefits, it is important to note that not only is CSI desirable, it is also necessary. On a fundamental level, and according to the European Convention of Human Rights (ECHR), citizens have freedoms of expression (Art.10) and of assembly and association (Art. 11). The Pompidou Group (2016) has recognised these rights as providing the foundation for CSI, noting both that "*all citizens have the right to make their opinions known and are allowed to form, support and join political parties and pressure movements to effectively enjoy their rights to make their political thoughts known*", and that "*[c]ivil society involvement in policy planning and delivery is an obligation in a democratic society*".[1] As noted earlier, CSI is a necessity and, moreover, it brings with it multiple benefits. Some of these are set out below.

One of the key benefits of a strong and involved civil society is that it can bring new information to decision-makers in a variety of ways, including through research, experience working in close contact with particular populations and through bringing diverse opinions and ideas[2]. Thus, civil society involvement can allow early identification and anticipation of problems and trends. Similarly, the Pompidou Group (2016) notes that Civil Society Organisations (CSOs) bring "knowledge and independent expertise to the process of decision making and policy making".[3] CSI allows both politics and civil society to break out of simplistic frameworks, such as those of the state or the market and explore new possibilities[4]. These factors are important – civil society input can provide contingency, giving policy makers different options for action.

Thus, improvement of the processes in which CSOs can become involved in drug policy will result in the opening of a channel of communication between those who work in the field and the policymakers. This can add to policymakers' understanding of an 'on the ground' environment which is often in flux. Greer et al (2017) note that civil society delivers things that state, market and family cannot deliver[5], and that working to increase

[1] Pompidou Group (2016). Policy paper on government interaction with civil society on drug policy issues. Principles, ways and means, opportunities and challenges. p.1.

[2] See, for example, Greer, S., Wismar, M. and Kosinska, M. (2017). What is civil society and what can it do for health? In: S. Greer, M. Wismar, G. Pastorino and M. Kosinska, ed., Civil Society and health - contributions and potential. [online] World Health Organisation, pp.15-16. Available at: http://www.euro.who.int/__data/assets/pdf_file/0011/349526/Civil-society-web-back-cover-updated.pdf?ua=1 [Accessed 22 Feb. 2018].

[3] Ibid., p.1

[4] Greer, Wismar and Kosinska (2017), p.6

[5] Greer, Wismar and Kosinska (2017), p. 14

communication between these areas will allow policymakers to benefit from CSO experience, permitting policy to be informed by those who are most familiar with the daily realities of working under existing policy structures. Additionally, research from other policy arenas indicates that good CSI can create a better acceptance of policies – when civil society is involved, popular legitimacy increases[6]. The process can be perceived as more transparent and accountable – important features of good governance. As the Pompidou Group (2016) has noted, CSI creates added value to the policy and planning process itself, *'enhancing the legitimacy, quality, and understanding and longer-term applicability of the policy initiative'*.[7] Thus, a structured and formal CSI can better equip states to plan, implement and measure policy initiatives, thus directly contributing to national and EU drugs strategy objectives.

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

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. At the time, the National Strategy integrated in a very participative way the contributions of several representatives of the community, namely PWUD, their families, professionals from the schools, the health structures, the courts, the neighbourhoods, etc. In April 1999 the National Strategy was approved, stating in the law some fundamental principles, among which must be highlighted "the principle of participation", referring the participation of community in the definition of drug policies and in its further involvement in the intervention strategies. 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, this dialogue continues until today.

CSOs also have an important role to play in networking – providing extesive contacts, platforms and other mechanisms for cooperation on local national and international level. As the Pompidou Group (2016) have noted, '*[b]y making use of information and communication technology, this constitutes a resource of infinite opportunities'*.[8]

Nonetheless, CSOs currently may have limited impact on a policy-making level. Potential reasons for this include a lack of knowledge of the structures needed to become meaningfully involved (or a lack of accessible

[6]See, for example, https://www.researchgate.net/publication/257408083_Effects_of_civil_society_involvement_on_popular_legitimacy_of_global_environmental_governance

[7]Op. cit., p.2

[8] Op. cit., p.3

structures), a lack of cooperation between CSOs, or a lack of awareness of the positive effects of CSI among policymakers. However, where these deficits exist, they represent an opportunity to leverage advantage, building stronger communities in the process. For example, ensuring CSI engagement in the policy process can lead to empowerment and increased participation among those who use drug care services. Through civil society, participation becomes easier because of the diversity and entrepreneurialism of CSOs. Participating requires optimism, energy and specialist skills that an individual may not often possess, but that a group of citizens can jointly develop. Being a patient or service user can often be disempowering, and those who organise to share information can reduce these burdens and empower themselves. This may result in an increased ability to manage their health care or an improvement in the quality and access of their care[9]. By empowering its citizens, a strong civil society is a component of a strong democracy.

Conclusion

As can be seen, the benefits of strong CSI for states are plentiful. Properly leveraged, CSI can help policymakers consider old problems in new ways, bringing a wealth of diverse experiences to bear on the issues facing modern societies. It can also improve things for citizens engaged in drug care systems, empowering them and encouraging participation. Finally, it can improve legitimacy, quality, understanding and applicability of policy initiatives, contributing to national and international strategic policy goals.

[9]Ibid.

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1

Assessing civil society involvement in drug policy

Harald Lahusen

Assessments of civil society involvement are the first step for CSOs prior to planning specific activities. They are an important and helpful tool as they enable CSOs to:

- identify the shortcomings and needs of their own organizations or, more generally, those of civil society active in the field of drug policy; this is a prerequisite for improving CSO capacities and the overall conditions for CSI;

- plan actions based on evidence, thereby making them more effective;

- show the results of their work, and therefore demonstrate accountability towards existing and future donors; this is particularly the case if the baseline assessment is part of a broader evaluation or monitoring of effects (see chapter on monitoring and evaluation);

- make the policy process more transparent by showing how decisions are made, which CSO could make themselves heard, and which arguments have not been considered;

- identify possible allies and to intensify cooperation with other CSOs.

The choice of methods for conducting an assessment depends on the objectives of your action. Key questions to consider are: What do you want to achieve; which questions do you want to answer; and whom do you want to address. Do you want to demonstrate accountability towards (possible) donors or develop your internal capacities as a CSO? In these cases, the assessment would focus on your individual CSO and its external conditions, and the assessment could be either conducted by your own CSO ("self-assessment") or by a third party, such as research institutions, donors or other CSOs ("external assessment"). If however, you want to raise awareness among the general public regarding the challenges of civil society involvement in harm reduction policies or advocate the implementation of regular civil society involvement mechanisms in drug prevention policies among policymakers, then your assessment should focus on the whole range of civil society actors active in these particular fields as well as their environment[10]. This chapter will focus on the implementation

of the latter and give practical examples for the assessment of the status of CSI on a national level[11].

The next step is to decide whether you will use quantitative or qualitative data as a basis for the assessment. Quantitative data are useful for showing differences, e.g. between different countries or between baseline and the termination of an intervention. Media representatives and policy-makers often prefer concise quantitative results to qualitative descriptions and interpretations. However, for assessments that explore new phenomena or complex relationships, qualitative analyses are often the method of choice. Depending on the purpose of the assessment, a combination of quantitative and qualitative elements may be helpful[12].

If, for example, you want to assess the status of civil society involvement on the national level in different European Union member states and to make a comparison between them, it is useful to collect quantitative data. The following methods presented in this chapter focus on this kind of quantitative data collection.

1.1 Desk research

Desk research or secondary research is less cost and time intensive than field research because it does not include the phase of data collection, but instead analyses already existing data. By means of desk research, you can find a first indication of the situation of the civil society sector on the local, national or European level. It can also help you find existing knowledge gaps. Desk research can be conducted based on:

- Scientific literature[13];

- Grey literature – these are publications which have not been put out by traditional commercial or academic publishers; including e.g. reports, guidelines, recommendations and standards, published by government agencies, international agencies, universities, research organisations and NGOs;

- Legal and policy documents (e.g. document analysis);

- Media publications (e.g. content analysis);

[10] UNDP (2010). A user's guide to civil society assessments.

[11] Overviews of different civil society assessment tools can be found in the following links: a) http://www.undp.org/content/dam/undp/documents/partners/civil_society/publications/2010_UNDP_A-Users-Guide-to-Civil-Society-Assessments_EN.pdf (also available in French and Russian); b)http://www.icnl.org/research/trends/trends5-1.pdf

[12] UNDP (2010). A user's guide to civil society assessments.

[13] A guide for conducting scientific literature reviews can be found here: https://libguides.uwf.edu/litreview,

- Data collected in the course of other research or projects which is available for secondary analysis.

If, for example, you want to receive initial information about the status of civil society involvement on the national level in different European Union member states, your desk research could be based on the country drug reports which are available on the EMCDDA website for all EU member states. Another source could be the most recent National Drug Strategies and National Drug Action Plans of the member states.

1.2 Stakeholder interviews

While desk research can provide you with preliminary information regarding the level of civil society involvement, often more information is needed to obtain a clearer picture of the situation. This further information can be collected by going into the field and collecting data e.g. via online based, quantitative interviews with relevant stakeholders.

Identifying the stakeholders

Who the relevant stakeholders are, depends on the initial objective of your assessment. Once the objective has been formulated, the initial desk research can help identify the relevant stakeholders which need to be interviewed. Often it makes sense to include different perspectives on civil society involvement. If we refer again to our example of assessing civil society involvement on the national level in EU member states, import stakeholders are, for instance, the national agencies responsible for coordinating national drug policy, the national REITOX focal points which monitor the drug situation, and well-connected civil society organizations which are active on the level of national drug policy.

Drafting the questionnaire

Once the stakeholders have been identified, the questionnaire for the stakeholder interviews can be developed. During the development process one has to decide which dimensions of civil society involvement

the interviews shall focus on and how they should be measured. If available, it is helpful to use adequate existing instruments, because this will provide comparability of the data. An assessment of CSI on the national level of EU member states could include the following dimensions and measurements:

- the number and types of CSO existing in the country and the level of their involvement in both the development and implementation of drug policy. An existing study published by the EMCDDA[14] has already distinguished between five types of CSOs:

  o Alliance, coalition or network, civil society association;

  o NGO or third sector organisation;

  o professional or representative body;

  o user group.

- a rating of the level of CSI in the development and implementation of drug policy in the following drug policy fields:

  o prevention,

  o treatment,

  o harm reduction,

  o law enforcement, and

  o legal framework.

- the mechanisms of CSI used in the development and implementation of drug policy, herethe Council of Europe[15] distinguishes between:

  o information

  o consultation

  o dialogue, and

  o partnership

- a rating of the impact of CSI on the development and implementation of drug policy.

[14] EMCDDA (2013). Drug policy advocacy organisations in Europe. EMCDDA Papers. Publications Office of the European Union, Luxembourg. For more information see: http://www.emcdda.europa.eu/system/files/publications/790/TDAU13001ENN_457198.pdf

[15] Council of Europe (2009). Civil participation in the decision-making process. The code of good practice. CoE, Strasbourg. For more information see: https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016802eede1)

Piloting the questionnaire

Before starting the full-scale survey, it is recommended to pilot the survey. This means that a small number of stakeholders will be invited to take part in the survey to find out whether all questions are understandable and appropriate for the target population. The pilot survey should be conducted under the same conditions as the full-scale survey (see 'Conducting the survey', below). However, after the participants have completed the survey, it can be useful to ask them about potential problems of understanding as well as further comments regarding the questionnaire. If needed, the questionnaire should be revised according to the needs of the participants, to prevent the collection of unreliable data.

Conducting the survey

The questionnaire can be set up using an online survey tool. Some providers of online survey tools offer versions which can be used free of charge. Setting up an online survey is usually self-explanatory and does not require specific skills. Once the questionnaire has been set up within the survey tool, potential participants can be invited to take part in the survey via an email with a personalized link. This ensures that you can follow up on potential participants and send them reminders if they have not yet completed the questionnaire. If a survey participant follows the link sent via email, he or she is connected to an online entry form where the questionnaire can be completed.

1.3 Analysing the data and disseminating the results

The responses are saved in a data base and can be exported to be analysed with spreadsheet calculation programmes or special statistical software. Here, freeware or shareware options are also available. The results of the analysis should be described in an assessment report. Besides the results, this report should also include an introduction into the topic and its relevance, a description of the methodology, a chapter with conclusions made based on the results, as well as an executive summary. The report can then be disseminated among the stakeholders and interested public via different channels of dissemination.

2

Actions by policy- and decision-makers to enhance CSI

Matej Košir

2.1 Implementing involvement mechanisms

Engaging CSOs in policy- and decision-making processes is a sound investment and a core element of good governance. It allows governments at national, regional and local level to tap wider sources of information, perspectives and potential solutions, and improves the quality of the decisions reached. It also contributes to strengthening the capacity of civil society itself[16, 17].The focus now will be on the question of how CSOs can be involved to reach these goals. For creating evidence-based and effective drug policy at national, regional and local level, it is important that governments involve civil society organisations (CSOs) in policy- and decision-making processes in the most structured and sustainable way possible. This can be, for instance, through the mandatory inclusion of CSOs and their representatives in the inter-ministerial bodies and/or through multidisciplinary working groups in the field of drug policy. There are at least three levels of civil society involvement in drug policy. Figure 1 below, adapted from OECD framework, show these levels:

Figure 1: Defining Information, Consultation and Active Participation
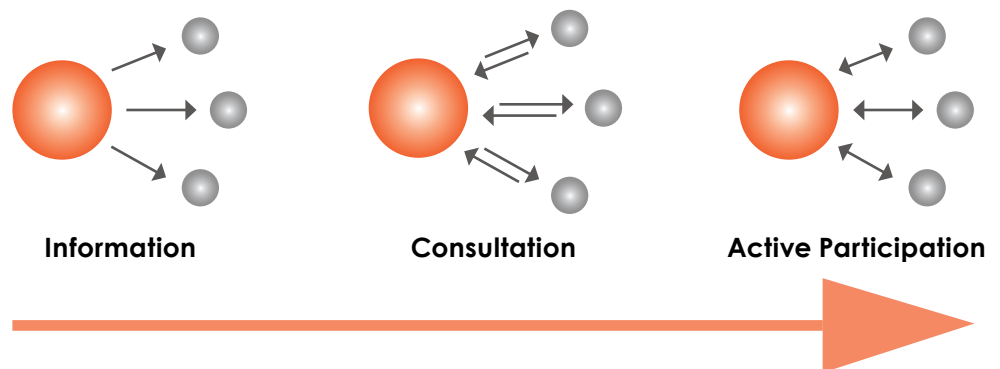
Information   **Consultation**   **Active Participation**

Organization for Economic Co-operation and Development (OECD) (2001). Citizens as Partners. Information, Consultation and Public Participation in Policy Making. PUMA Working Group on Strengthening Government-Citizen Connections.

(Source: adapted from Health Canada, 2000)

16, 17 Torre, T., Braccini, A. M. and Spinelli R. (ed.) (2015). Empowering Organizations. Enabling Platforms and Artefacts. Springer.

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

In 2017, in the Piemonte Region, a Working Group promoted by the Health Department, including Civil Society (CS) and organizations of People Who Use Drugs (PWUD), wrote a Protocol on Harm Reduction Basic Levels of Care – the HR LEA – Livelli Essenziali di Assistenza-, which set the HR services to be delivered. HR LEA will allow PWUD to access harm reduction services in a free and guaranteed way all over the Region, overcoming current inequalities and making the right to health enforceable for PWUD. The role of CSOs (such as Third Sector professionals, NGOs active in research and advocacy fields and PWUD organizations) was crucial in contributing competencies and knowledge and in addressing political and human rights issues. In January 2018, the Group submitted the protocol to the Health Department for discussion and approval; the protocol will soon enter into force. Thanks to the positive evolution promoted by CSOs, the Group has become a stable organism, with the task to involve all the stakeholders in monitoring, evaluating and innovating harm reduction in Piemonte.

Information

Information is defined as a one-way relationship in which governments at national, regional or local level produce and deliver informative material for use by CSOs, such as annual reports in the field of drugs, brochures, leaflets etc. Access to information is a basic precondition for engaging CSOs. To strengthen the relationship with CSOs, governments must ensure that information is complete, objective, reliable, relevant, and easy to find and understand. One can talk both about "passive" access to information upon demand by CSOs and "active" measures by governments to disseminate information to CSOs, like access to public records such as statistical data, official gazettes, government websites, etc. There are several delivery mechanisms regarding "active" access to information, which may be either direct (e.g. information focal points, toll-free phone numbers) or indirect (e.g. media coverage, advertising etc.).

Consultation

Consultation is a two-way relationship in which CSOs provide feedback to governments. It is based on the prior definition by the government

of the issue on which CSOs' views are being sought and requires the provision of information. Governments define the issues for consultations, set the questions and manage the process, while CSOs are invited and encouraged to contribute with their views and opinions. These can be related to particular drug policy issues, such as surveys or opinion polls, draft strategies, or action plans and laws (e.g. comment and notice periods). Governments may also use tools for consultation with CSOs providing greater levels of interaction, such as in public hearings, focus groups, panels, or workshops. Consultation has clear goals and rules defining the limits of its exercise and the government's obligation to account for its use of CSOs' input.

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

In 2015-2016 the network of Italian CSOs - Cartello di Genova - took actions on UNGASS process in order to make the Government position aligned with the European Union position, in favour of an "open and honest debate" on the Conventions outcomes. This was done in radical discontinuity with the role played by Berlusconi Government in 2009, when Italy broke the European front. The networking and advocacy action was successful, and the position held in UNGASS Assembly by the Italian Minister Orlando respected this goal. The limitation of this event was its being an occasional dialogue, and the challenge towards Vienna 2019, is to build a new and more structured opportunity, considering also a possible radical change of the scenario after the political elections in March 2018.

Active participation

Active participation is a relation based on partnership between CSOs and government, in which CSOs actively engage in defining the process and content of policy- and decision-making. This can happen, for instance, through forums, consensus conferences, inter-ministerial consultative bodies such as government commissions or working groups on drugs. Active participation acknowledges equal standing between government and CSOs in setting the agenda, proposing policy options and shaping the policy dialogue. Yet, the responsibility for the final decision or policy formulation rests with government. Partnership as the highest level of active participation means that CSOs are empowered by actively participating

in the drug policy- and decision-making processes in a structured and sustainable way. Participation provides sufficient time and flexibility to allow for the emergence of new ideas and proposals by CSOs, as well as mechanisms for their integration into government policy- and decision-making processes. Active participations and efforts to engage CSOs in drug policy- and decision-making processes on a partnership basis are rare. This is especially the case when it comes to the holistic approach of involving CSOs from the whole spectrum of drug demand reduction, such as prevention, risk and harm reduction, treatment, social rehabilitation and reintegration, and recovery.

An example of active participation: CS involvement in national drug policy in Slovenia

In 2000, the Commission on Drugs of the Government of Slovenia was established by law (1999) and given the responsibility for drug policy at the inter-ministerial level. The Commission consists of representatives of nine 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 of CSOs in the field of prevention to be involved in the work of the Commission, its extension was proposed by a group/network of CSOs in the field of prevention. The network was formed by partners such as 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.

2.2 Funding

Civil Society Organisations

Adequate financial, human and technical resources are needed if public information, consultation and active participation of CSOs in policy- and decision-making processes in the field of drug demand reduction are to be effective[18]. Governments have an incentive to provide funding to civil society for two reasons: (1) public policy outcomes are more legitimate if there is balanced input into the process; and (2), a vibrant civil society is important in its own right, as it can help build a common identity for a policy, solve problems and produce new ideas[19]. While government support of CSOs is seen as largely positive, it can have unintended consequences

[18]Organization for Economic Co-operation and Development (OECD) (2001). Citizens as Partners. Information, Consultation and Public Participation in Policy Making. PUMA Working Group on Strengthening Government-Citizen Connections.

[19]Mahoney, C. and Beckstrand, M. J. (2009). Following the Money: EU Funding of Civil Society Organizations. Paper prepared for presentation at the 11th bi-annual European Union Studies Association conference, Marina del Rey, LA, CA, US, 23-25 April 2009.

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as well. First, CSOs and especially more confrontational groups, may be co-opted by their government funders, toning down their critique of government institutions or altering their positions on issues[20]. Second, government support of CSOs can favour some segments of civil society over others (e.g treatment over prevention, prevention over risk and harm reduction), either purposefully driven by an agenda, or inadvertently.

There is a constant concern by many CSOs, civil society networks or umbrella organisations in Europe regarding non-sustainable funding of their services and programmes. Governments shall recognise the efforts of those CSOs, which put many human and financial resources in the implementation of evidence-based interventions (e.g. minimum quality standards in drug demand reduction) in their daily practice. That should be recognised by sustainable and long-term funding, inclusion of CSOs in policy- and decision-making processes, regular communication with CSOs on topics related to their daily work, and sufficient investment in education and training of staff in CSOs. Education and rtaining can be done, for instance, through the establishment of different educational and training programmes in the field of drug demand reduction. In many European countries, there is still no sufficient funding available for implementing evidence-based services and programmes by CSOs and this should be changed dramatically in the future[21].

Research

Civil society organisations have a good position in society to collaborate in research work (on all levels) and to bring knowledge and expertise from research into policy- and decision-making processes. However, they often have trouble doing so, among other reasons, because of insufficient funding for such activities. Their participation increases the relevance of research for communities (giving the research a "human face"), but only if they are equal partners in the research process. Their inclusion can also be seen as motivation to actually apply the research results into practice . Evaluations (as a form of research) can inform CSOs whether their activities have any influence in practice or not, giving them necessary guidelines to achieve their goals. Because of their close connection to the communities,

[20]McCarthy, J. D., Britt, D. and Wolfson, M. (1991). The Institutional Channeling of Social Movements by the State in the United States. Research in Social Movements, Conflicts and Change. 13:45-76.

[21]Civil Society Forum on Drugs (2014). Thematic Paper of the Civil Society Forum on Drugs on the EU minimum quality standards for drug demand reduction. Adopted in November 2014 at the annual meeting of CSFD.

CSOs can also evaluate the actual use of research results in the field. Due to their direct connection to practice, research initiated or executed by CSOs can be transferred into practice much more quickly and easily[22].

The inclusion of CSOs into research has also drawbacks which should not be neglected. Restrictions of CSOs inclusion into research are primarily the following (Delisle et al. 2005):

- Pre-conceived ideas of CSOs about research , such as the idea that it is highly academic, elitist or theoretical, with no place for CSOs, or the idea that research is done with the traditional top-down approach ;

- Lack of training and financial sources, as well as lack of time and motivation (CSOs tend not to see themselves as a constituent in the research process, and tend not to see research as part of their mandate;

- Breadth and type of research done by CSOs. CSOs generally do smaller and qualitative studies, mostly not recognized by governments, research establishments, or agencies that prefer larger quantitative studies;

- Weak connection of CSOs in research at international level. CSOs are not sufficiently connected with various research project net works, such as those funded by European Commission under Horizon 2020 programme.

Regarding future development, there are various needs for research and its funding) within CSOs. One example is to provide capacity building in the area of research, for instance, by organising various seminars, workshops, or symposiums on research to be attended by CSOs,. Another example is to further develop networks and partnerships bycreating and managing partner networks, as well as partnership with universities and other research establishments. This should all be recognized in its purpose to empower CSOs to be adequately involved in policy- and decision-making processes and to have a long term impact in the field of drug policy in Europe and beyond.

[22] Košir, M. (2010). Role of civil society organizations in research in the field of alcohol policy. Report for EU-funded project STEPS (FP7). Institute Utrip. Ljubljana.

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2.3 Conclusion

Governments at all levels must invest adequate time and (financial) resources in building robust legal, policy and institutional frameworks, developing appropriate tools and evaluating their own performance in engaging CSOs in policy- and decision-making processes. Commitment and leadership by politicians and senior public officials are also key ingredients for CSI.

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

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 was considering how it could influence and bring its expertise into the discussion, as harm reduction strategies have been a central feature of its drug policy for decades. Despite the fact that the EU has no vote in the General Assembly and that drug policy is a national competence of the state members, there was a desire from its Member States to 'speak with one voice' at the Special Session. 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 to engage in these international discussions. Considering the global scale of the event, the Dutch Ministry of Foreign Affairs and the Ministry of Health, Welfare and Sports set up an informal consultation network of international and national organizations with a global scope. At the 58th Session of the CND, the Netherlands incorporated CSOs in its delegation in Vienna. With this gesture, CSOs were granted not only the possibility to contribute to the position of the delegation during the Session and on its final statement, but also to engage into spaces, discussions and information which otherwise CSOs would not have access to.

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Actions by civil society organisations to enhance CSI

Katrin Schiffer

It takes two to tango

Meaningful civil society involvement requires input and action from both sides: policy- and decision makers on the one hand and civil society organisations on the other hand. As policy makers might be more hesitant towards this process, CSOs should be ready and able to fulfil a proactive and leading role in this process. Different aspects are key when it comes to the development of meaningful civil society involvement.

3.1 Local or national CSI

CSI is organised on the local and national level and CSOs need to assess which level of involvement makes sense to them. CSI on the local level becomes more and more important, due to the decentralisation (shift of responsibilities from the national to the local governments) in most European countries. Local CSOs can be quite influential in the development and implementation of local drug policies. This might happen in consultation rounds or working groups which have clear responsibilities and a direct link to the solution for practical local problems. Thus, local CSI is more practice-oriented and can have a direct impact on the living conditions of people who use drugs (PWUD). Local CSOs, however, are often not involved at all when it comes to the development of national drug policies.

National CSI is less practice-based and specific. Consultations with CSOs might focus on national drug policies, strategies, action plans and guidelines. CSOs who are engaged in drug policy on national level are often national centres of expertise, sometimes with local branches or organisations.

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

The National Family Support Network (NFSN) is a CSO active across Ireland, working primarily with families affected by drug use. It is an autonomous self-help organisation that respects the lived experiences of families affected by drug use, in a welcoming non-judgemental

atmosphere. The National Family Support Network primarily supports the development of family support groups and networks throughout the island of Ireland; it also represents and advocates for the needs of families at a national policy level. To better address the issue of drug-related intimidation, NSFN worked with An Garda Síochána (the Irish police force) to create a tailored solution in the Drug Related Intimidation Reporting Programme, aiming at responding to the needs of people who use drugs and family members who are experiencing drug related intimidation.

Although CSI on the local and national level requires different knowledge and capacities, some success elements are similar. CSOs need to have the capacity and resources to communicate with policy makers and other stakeholders and should be able to formulate certain policy messages in a sensible way. The following factors can support this process[23].

3.2 Capacity building[24]

Most CSOs in the drug field are NGOs working directly with the target group (People Who Use Drugs) and providing harm reduction services, psycho-social assistance, recovery programmes and/or medical services. Only a limited number of CSOs work in the field of policy and advocacy.

As a member of a CSO in the drug field, you know your target group very well. You know the structural problems, the individual needs of PWUDs and the barriers which are encountered when services are provided to the target group. However, this practical knowledge and expertise does not automatically lead to practical know-how and the ability to inform and influence drug policy. CSI and advocacy requires organisational capacities as well as capacities and skills on an individual level.

[23] CIVICUS/Civil Society Europe (2016). Civic Space in Europe Survey. http://www.civicus.org/images/CivicSpaceinEuropeSurveyReport_FINAL251015.pdf

[24] Raynor, J. et al (2009). What makes an effective advocacy organization. A framework for determining advocacy capacity. TCC group. http://www.tccgrp.com/pdfs/EffectiveAdvocacy_final.pdf

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Capacities on organisational level

Most advocacy tools for CSOs aim to provide staff members with technical capacities and skills. There is less information and guidance on what kind of capacities are needed on the organisational level.

Capacities on the organisational level include[25]:

- Leadership capacity
- Strategic capacity
- Management capacity
- Technical capacity

Leadership capacity

The most important prerequisite for the development and implementation

[25] Connolly, P.et al. (2003). Building the Capacity of Capacity Builders. A study of Management Support and Field-Building Organizations in the Nonprofit Sector.

of meaningful CSI is the overall political commitment of the organisation. In this regard, the organisation needs the capacity to:

- formulate and propagate an authentic political vision and mission, based on the knowledge, expertise and close relationship to community members;

- cooperate with and relate to relevant stakeholders, including other CSOs, community members and policy-makers;

- inspire and motivate relevant stakeholders;

- develop a strong reputation as a reliable and knowledgeable partner.

CSOs who have engaged successfully in advocacy activities on the local, national or European level have developed and formulated a policy strategy which is widely shared and communicated. They can rely on a large network of cooperative partners and allies and are regularly engaged in consultations with governmental institutions and representatives.

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

To support the implementation of supervised injecting facilities (SIF) in Ireland, Ana Liffey worked with non-CSO actors to help identify and address the key legal barriers to SIF implementation. The organisation sought the support of the Voluntary Assistance Scheme (VAS) of the Bar of Ireland. The VAS agreed 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 draft legislation which, if introduced, would establish a legal framework within which SIF could operate in Ireland. Ana Liffey could provide a detailed analysis which could assist politicians and civil servants in their work on the topic. 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 has now a legal framework under which SIFs can legally operate.

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Strategic capacity

In addition to the leadership capacity, CSOs should be able to think and act strategically. This includes the strategic positioning of the organisation and the ability to develop a strategic advocacy approach.

CSOs should be aware of their current position and role in the field by considering the following questions:

- Are they initiators and leaders of a process or do they follow the initiatives of others?

- Are they satisfied with their role or do they aspire after a different role?

- What is needed to fulfil such a role (capacities, skills, resources)?

- What is the reputation of the organisation among other stakeholders?

Many CSOs do not reflect upon their role in relation to other stakeholders. This might lead to confusion and misunderstandings. Others might expect more leadership or support, or might feel threatened by certain actions. Strategic positioning is important and requires active, transparent and open interaction with other stakeholders. If an organisation aspires to another role, it is important to know potential supporters and opponents and to assess whether they have the capacities, skills and resources to fulfil this role.

Knowing the role of the organisation in the field helps to move things forward. Subsequently, it is necessary to plan and organise the CSI process accordingly. This includes the assessment of needs and problems, the formulation of short- and long-term objectives, the development of strategic partnerships and the development, implementation and evaluation of a SMART[26] and feasible action plan.

[26] SMART = methodology to measure if and to what extent aims and objectives have been reached.
S = Specific, M = Measurable, A = Appropriate, R = Realistic, T = Timebound

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

In November 2017, the State/Region Conference ratified the adoption of the new National HIV/AIDS Plan, submitted by the Italian Ministry of Health in December 2016. The new Plan was issued after twenty years had passed from the preceding one. It is an innovative document based on the most recent scientific evidence; Italian civil society (both community based organizations and patients' organizations) largely contributed to its preparation. Those civil society organizations with relevant competence and operational experience in the field of HIV and drugs that are part of the Technical Health Committee at the Ministry of Health have specifically contributed to the general structure of the Plan and supervised the sections dedicated to people using drugs, prisoners and sex workers. After many years of ostracism, Harm Reduction strategies, policies and interventions have been finally included in the Plan as one of the pillars of combined prevention. This achievement was surely a big win for Italian CS.

Management capacity

Once CSOs have decided to develop and implement a strategic approach, it is essential to safeguard that this process is managed and organised in a proper way. This includes:

- the communication within the organisation: establishing short lines of communication; enabling involved staff members to represent the organisation and take decisions on its behalf

- the communication with other stakeholders to ensure smooth, reliable and direct interaction

- the dedication of sufficient resources to ensure that the organisation can participate in the CSI process

Technical capacity

The technical capacity of an organisation is an important prerequisite for effective CSI. CSOs need to have the knowledge, capacities and skills to perform their tasks. This includes, for example:

- knowledge of the legal situation on national and/or local level;

- knowledge and information on problems, barriers and needs;

- knowledge of potential windows of opportunity for advocacy;

- providing technical and other support to staff members, such as training and capacity building.

How CSO knowledge and experience foster CSI:
APDES and the National Forum of Civil Society (FNSC) in Portugal

In 2010, APDES joined the National Forum of Civil Society (FNSC), which is an advisory structure of the National Coordination for HIV/AIDS, and since 2017 also for Tuberculosis and Hepatitis. Based on the work that the entities do, the FNSC is recognized as a dialogue forum capable of giving a voice to people affected by and those living with HIV / AIDS, promoting the critical participation of those involved in all aspects of the response to the epidemic. The FNSC is also a privileged space for advocacy for certain topics 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 Program (PTS); and the change of public health policies. Being a representative of FNSC gave APDES the opportunity to play a significant role in the dialogue with policy makers thanks to their knowledge, experience and competencies. One example was the collaboration with the Monitoring Commission of the Needle Exchange Program and its consequent contribution to the development of the HR strategy and related interventions.

Capacities on individual (staff) level

Organisational capacities are essential for organisations who want to engage in CSI. However, everything depends on the capacities of individual staff members. They need to understand how advocacy works and must know the tricks of the trade. They need to be political, strategic and diplomatic, must communicate in a clever, sensitive and sensible way, and should be able to cooperate, connect and build coalitions and strategic partnerships.

Most CSOs do not have the resources for employing an advocacy officer. Instead, staff members combine practical work with advocacy activities. This is feasible and realistic and also brings advantages, because practical

experience and insights from the field can support and feed the advocacy activities in an authentic way.

Knowing that most staff members within CSOs do not have a formal training or education in the field of policy, advocacy and/or communication, it is important that they can receive training in different areas, including:

- Policy and political frameworks: understand how the policy system works and how policies are developed, which ministries, departments and individuals are involved in decision making, which consultation and or information mechanisms exist with CSOs and how CSI is organised;

- Drug policies and legislation: know the policies and the legislation on local and national level to understand how they influence the situation of PWUDs;

- Policy cycles: know the relevant policy cycles on local and national level and understand when advocacy activities need to be organised to create impact, as well as to be aware of potential windows of opportunity;

- Strategic partnerships: be aware of the relevant stakeholders in the field and know their role and position; know which stakeholders might support (allies) or oppose (enemies); motivate, inspire and stimulate potential allies to support specific advocacy activities;

- Communication: capacity to communicate in a sensitive, sensible and diplomatic way with different kind of stakeholders, including policy makers, other CSOs and community members;

- Advocacy strategy and action plan: understand how to develop, implement and evaluate an advocacy strategy and action plan; to have strategic thinking and acting, without losing the authentic SC perspective.

3.3 Acquiring funds

The level of CSI depends on different criteria, such as the willingness of policy- and decision makers to consult CSOs as well as the capacities of CSOs and their staff members. Just as important in this context is having access to financial resources for service provision, CSI and advocacy.

Challenges for funding

No specific funding for CSI and advocacy

Most CSOs in the drug field are service providers, rather than advocacy organisations. Their main focus is to help and support PWUD in different ways, for instance, with harm reduction services, drug prevention, treatment or recovery programmes. Funding for these activities is in most cases acquired by national, regional or local governmental funding systems. CSOs are expected to provide policy makers with information from the field, if needed. But most policy makers are hesitant to provide funding for more active involvement, unsolicited interference and critical remarks. Specific funding for advocacy and CSI is mostly not provided. CSI is seen as a voluntary activity which is carried out on top of the daily business.

Less funding for CSOs

The economic crisis which started in 2008 and still influences European economies has resulted in austerity measures and severe budget cuts which strongly affected all kinds of interventions targeting marginalised groups such as PWUD.

In some countries, CSOs can obtain financial support from international funders, including the Global Fund, the European Union or private foundations such as the Open Society Foundation. Funding is available for specific activities only and is limited for a certain period of time. The Open Society Foundation specifically supports activities which strengthen (advocacy) actions of CSOs, having mind that democratic societies need a vibrant civil society sector. Due to the current political developments in some Eastern European countries, such as Poland and Hungary, these funding mechanisms are under pressure as well.

International funding can support the development of certain CS initiatives, but is normally not intended to provide ongoing structural financial support. The Global Fund and the Open Society Foundation have already withdrawn from a number of countries in Europe. While hope remained that national governments would take over the funding responsibility, this has not happened in most of the cases. Instead, many CSOs, especially harm reduction services, were closed down or suffered major budget cuts.

In addition, there are problems concerning policy developments in some Central European countries such as Hungary and Poland. These countries introduced new policies which hinder NGOs in providing services to marginalised groups and in engaging in CSI. Funding from international donors is becoming more problematic, as CSOs which receive funding from these donors are classified as international agents. This is a worrying development which makes even more important the support from other countries, from the European Commission and the civil society sector in general[27].

Creating opportunities for funding[28, 29]

Funding is essential for CSOs to provide their services and to engage in CSI. CSOs have developed their own styles and ways of communication with the relevant policy and decision makers. This interaction is strongly influenced by the specific cultural and political situation and by the relationship between policy makers, decision makers and civil society. Nevertheless, there are some basic principles which can help CSOs to gain support:

Building a dialogue with policy makers

- Know the relevant people and their responsibilities. Some individuals can influence certain policies, while others are influential when it comes to the distribution of funding. These responsibilities might seem obvious, but sometimes these relationships are based on personal likes or dislikes. This means that one officer might have more influence than another;

- Build trustful relationships. Build trustful relations with all relevant stakeholders, including policy and decision makers. Stick to your main contact person and inform him or her when you approach someone from a different or higher position. Transparent communication can help in creating a good reputation as a reliable partner;

- Provide information and input. Inform policy and decision makers on a regular basis about the developments in the field. Provide them with information which is relevant to them, but don't forget to include what is important for you;

[27] CIVICUS/Civil Society Europe (2016). Civic Space in Europe Survey. http://www.civicus.org/images/CivicSpaceinEuropeSurveyReport_FINAL251015.pdf

[28] http://www.advocacyfunding.co.uk/advocacy-grants-fundable/

[29] http://www.advocacyfunding.co.uk/value-for-money/

- Be supportive and diplomatic. Offer support if needed. This can include the provision of information and data if policy makers ask for it, but can also include the organisation of field visits for policy makers. Being supportive and diplomatic does not mean that you cannot be critical, but constructive feedback is more effective than emotional criticism and praise.

Showing the benefits of CSOs and CSI

- Inside knowledge. Know what happens in the field. You are in daily contact with PWUD and can easily identify new developments, including new drug trends and drug using patterns. Make this clear to policy and decision makers by regularly providing them with (short and clear) information and keep in mind that also positive developments should be reported and documented;

- Feasible and practical solutions. You can provide practical solutions for new and old problems. This applies in particular to low-threshold interventions which can directly impact and improve the situation of PWUD. If new interventions are implemented, make sure that these are monitored and evaluated to show the direct effects. This can support future advocacy activities;

- Evidence and practice based approach. If possible, use existing evidence and showcase good practice examples as well. Well formulated arguments can be convincing;

- Cost-effective. Most interventions are not only feasible and evidence-based, but also cost-effective. Make this point clear and be as specific as possible. How cost-effective are you and to which extent? Use practical examples;

- Cooperation versus opposition. Strengthen the cooperation with other CSOs in the field and describe and present the ways in which you cooperate. Cooperation works better than opposition and concurrence.

Monitor, report and share information

- Provide short and clear documentation. Provide policy and decision makers with progress reports on a regular basis and highlight what you have achieved. Use factsheets rather than extensive reports.

- Know what is relevant. Provide policy makers with information which is relevant to them. Don't overload them with information. Be short, comprehensive and precise.

- Highlight successes. Documentation and reporting should describe the state of affairs, relevant developments, potential problems, but also positive feedbacks.

- Showcase individual stories. Sharing data and information is important to provide an overview of the overall situation. However, policy makers do not know the daily reality of PWUD and other marginalised groups. Include personal stories in your reporting and make it personal by describing in which ways policies and interventions can influence the life of people who use drugs, in a positive or a negative way.

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

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 these NGOs and the State (represented by SICAD, the official body responsible for drug policies). The State regulates, funds and monitors the services which are designed and implemented by the NGOs. This means that interventions are a product of cooperative relations between the State and civil society. The National Harm Reduction Network, which includes most of the existing projects, has a long history of cooperation with SICAD. However, some problems are yet to be negotiated, such as the 100% funding of services (instead of the current 80%) and a more formal and structured National Forum for Civil Society organizations.

3.4 Building coalitions[30, 31]

CSOs in the drug field are not acting as lone wolves. Other organisations and institutions provide services to PWUD as well. These can include social and health service providers, harm reduction, prevention and treatment services, as well as recovery programmes.

An example of a coalition: CityWide and Decriminalisation in Ireland

CityWide is a national network of community activists and community organisations that are involved in responding to Ireland's drugs crisis. Originally focused on Dublin, CityWide now works nationally to promote and support a community development approach to the drugs problem. This means involving the people who are most affected by the problem in dealing with it: people who use drugs, their families and communities. As an organisation, CityWide represents the community sector on national policy structures being an influential CSO voice in Irish drug policy. To support the national discussion around decriminalisation of possession of drugs for personal use, CityWide took a leading role among community groups.

Obstacles for building coalitions

Cooperation between these services is strongly recommended, assuming that services can complement each other and that the whole is more than the sum of its parts. However, this is not always the case. Some organisations may not wish to cooperate with each other because of:

- Ideological differences. This applies in particular to countries where the drug policy discussion is strongly influenced by ideology rather than evidence and pragmatism. Policy makers and other service providers might not support harm reduction approaches, for instance;

- Methodological differences. Additionally, service providers might have different ideas about the methodology of work. Although these differences seem to be less polarising than ideology, they can create serious obstacles. Methodological differences can also be based on principles, such as providing anonymous and confidential services which seriously affect the relationship between organisation and service provider;

[30] http://www.fabriders.net/pyramid1/

[31] http://www.fabriders.net/spectrogram-stakeholder-map/

- Problematic relations between Governmental Organizations (GOs) and NGOs. Countries which have a stable CS sector cooperate regularly with (semi)-governmental organisations. This becomes more difficult in countries where CS still has to assert itself or where political development infringes on the rights of CSOs. GOs will then represent the governmental power, and service provision might be characterized by a type of citizen control. In such a situation, NGOs will not easily cooperate – as this can affect their reputation among the target group;

- Funding competition. Even if the landscape of service providers, consisting of NGOs and GOs looks healthy and divers, cooperation is not always obvious. CSOs are most often competitors, as they depend on the same funding mechanisms. Some municipalities have chosen to work with procurement systems which increase the competition between CSOs, and gives the idea that social and drug services can be organised similarly to market-driven sectors. Competition may have a positive influence on the quality and cost-effectiveness of services, however it may also undermine the provision of good and effective services and estrange service providers from each other.

Strategies for cooperation

It is obvious that cooperation between CSOs is beneficial. Not only in regard to service provision, by complementing each other's services, but also in regard to CSI and advocacy. Cooperation makes each organisation stronger, and although there might be obvious reasons not cooperate, CSOs should carefully assess whether coalitions can be built at some point. Some strategies for cooperation are:

- Stakeholders mapping and power analysis. Assess all relevant stakeholders, including other CSOs, policy- and decision makers and indicate what kinds of influence they have and whether they support or oppose your case. Additionally, try to describe the interaction between different players. Who can influence whom, who likes or dislikes certain people? The more information you have, the better;

- Focus on your allies. Once you have identified your allies, enemies and the in-betweens (the neutral parties), focus on your allies first. Motivate them to support your case. Do not invest energy and time in convincing those who cannot be convinced;

- Convince the in-betweens. The neutral parties need to receive relevant information which will convince them to support your case. Engage them in the process, even if they are not yet convinced. Active participation might turn them into an active ally;

- Prepare a common strategy: Preparing a common strategy will help you to create more commitment and involvement. Divide and share responsibilities and present yourself to the outside world as a consortium;

- Celebrate successes and learn in case of failure. Analyse and evaluate your actions. Celebrate your successes, even if you could not achieve everything you wanted. If you did not succeed, don't blame each other. Try to identify what went wrong. Failure is often the first step to success;

- Maintain cooperation. Continue and maintain your cooperation by organising regular meetings, even if there is no common action needed at that time. You will need each other again at some point. Regular exchange of information makes it easier to react quickly if needed.

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

In 2012, a group of CSOs developed a Platform for change with motivated suggestions for grounding reforms in the philosophy of the Bulgarian drug policy. The document was submitted to the National Drug Council and a working group was established by the Minister of Health to analysed the proposed changes: revision of the drug possession penalties and of the cannabis policy, introduction of alternative penalties for drug addicted offenders, strengthening of the civil society's participation in the decision-making process, improvement of funding schemes and introduction of effective evaluation mechanisms. The working group didn't reach a consensus for most of the propositions but nevertheless it was the first example of a formally established dialogue forum between the policy makers and CSOs and a useful dialogue experience for both sides.

3.5 Public awareness-raising[32]:

Public opinion is an influential factor for politicians and decision makers, as their re-election might depend on it. If well-planned and organised, it can support the lobby and advocacy work of CSOs.

Planning and organising public awareness campaigns

Public awareness-raising includes more than only selling a good idea and providing information to the public. The overall purpose of the awareness-raising process is to change attitudes, behaviours and beliefs with the intention to influence them positively in the achievement of a pre-defined goal. This is a challenging process, especially if it concerns the situation of marginalised groups, such as drug users. The public opinion is rather negative towards these groups, and based on prejudices and assumptions. If you decide to organise a public-awareness campaign you need to understand the principles of communication. The effectiveness of a campaign stands and falls with decent planning and clearly defined goals. No planning can cause more bad than good.

A well-planned campaign includes four key components:

Message

- What is your central message? – be clear and specific

- What do you want to achieve (goals and objectives)? – make sure that the central message(s) captures the overall goal

Audience

- Who needs to be involved in your campaign? – this can include public authorities, community members, other CSOs or a certain group of citizens

- Whom do you want to address (target audience)? – be as specific as possible

- What is the scope of the campaign? – number of people you want to reach

[32]Sayers, R. (2006). Principles of awareness-raising. UNESCO. http://unesdoc.unesco.org/images/0014/001476/147637e.pdf

Strategy

- Which communication strategy should be used? – make sure that you choose the most effective strategy for the target audience

- Which information needs to be included? – don't overload your audience with too much information

- What is needed to convince your audience? – level of involvement and influence of the audience

Timing

- What is the timeframe of the campaign? – include relevant moments for advocacy, monitoring and evaluation

3.6 Public awareness-raising strategies

There are numerous ways to organise awareness-raising. The effectiveness of a campaign strongly depends on which strategy is chosen and whether this strategy fits the target audience. A mix of communication strategies will increase the effectiveness of your campaign.

Common approaches and strategies are:

- Personal communication, such as community and stakeholder meetings, public forums, presentations, workshops, social events and cultural events;

- Mass communication, such as printed materials, audio-visual resources, websites, social media, and media interviews (newspaper, radio and TV);

- Education and training, such as formal and informal education, train-the trainer programs, and exhibitions;

- Public Relations activities, such as regular media briefings, involvement of celebrities, and organisation of benefit events;

- Advocacy activities, such as building coalitions, organising meetings with policy makers, and launching policy recommendations.

3.7 Media advocacy actions[33]

Media advocacy is a specific strategy for raising awareness and changing the beliefs, attitudes and behaviours of your target audience. Media advocacy is the use of any form of media which helps you to promote your advocacy message. This can include newspapers, radio, television and internet.

Challenges and opportunities

Media advocacy requires specific capabilities. You need to cooperate with the media and you need to know which information must be shared. Some information will support your case, other information might do the opposite. Media advocacy is risky. You can't control the media and you never know how your advocacy message will be shared and interpreted.

There are many examples where media attention caused more bad than good. This is particularly likely when it comes to marginalised groups, such as people who use drugs. CSOs want to inform the public, reduce prejudices and create more understanding. Journalists want to inform as well, and while most want to be objective, they also have their own biases. They do not always have the time to conduct extensive background research and their message will depend on the information that is most easily available. They might speak to people who have different opinions – your opponents – and they might prefer their opinion. All these factors make it challenging to use the media for your own cause.

Nevertheless, when you know the pitfalls and act cautiously, media can bring many advantages. You will be able to reach a diverse and large audience. You can share your message, raise awareness, be thought-provoking and tell a different story which has probably never been told before[34].

Using the media

Media advocacy can be used to:

- Inform or educate the public on certain topics and developments;

[33]https://ctb.ku.edu/en/table-of-contents/advocacy/media-advocacy

[34] https://ctb.ku.edu/en/table-of-contents/advocacy/media-advocacy/working-with-media/main

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- Recast problems by creating an understanding and reframing problems as everyone's problem. This can be done, for instance, by showing that drug use happens everywhere;

- Pressure policy makers to act or change policies;

- Promote your work or a certain activity and share your message;

- Mobilise professionals and community members to become engaged;

- Give a voice to community members and let them tell their story.

If you want to use the media, you have to choose a good moment. Not everything which is important to you is relevant to the media. Timing is, therefore, essential. Use certain moments and events which are interesting to the media such as conferences, the start of a new project, the launch of a report, the adoption of a new law. You can also tie your message to something which has recently happened and caused a lot of media attention. Be prepared when the media contacts you. You should know what to say and have information available which can be shared easily. Working with the media requires certain capacities and skills. These tips might help you use the media in the most effective way:

[35]https://ctb.ku.edu/en/table-of-contents/advocacy/media-advocacy/befriend-media/main

Establish personal relationships[35]

It will definitely help you to create a trustful relationship with different

journalists. The longer and better you know them, the more you can control how your message is being sold.

Be cooperative[36]

Media advocacy is give-and-take. You want them to tell your story, but something needs to be in for them as well. This means you should:

- Be available when they need something from you. This can be a statement or a reaction regarding an event which has caused media attention. Be proactive, prepare yourself and use this opportunity to share your message;

- Be as open as possible. Let them know what you want and expect. This will allow the media to understand your issue and you will be able to negotiate what is possible and what is not;

- Be trustworthy and accurate and do not state anything proven to be wrong. This will not help your case and can damage your reputation;

- Be supportive and inform them about relevant developments and events which might be important and interesting to them.

Think and act strategically

Using and working with the media requires planning and strategic thinking and acting. This applies to all kinds of advocacy activities. Be aware of potential pitfalls and obstacles when you develop your strategy. Learn from previous experiences, successes and failures.

3.8 Evaluation and Monitoring[37]

Evaluation and monitoring are important and powerful tools to support and improve the work of CSOs. Evaluation can show and prove the impact of a certain intervention. It can provide CSOs with arguments and relevant information to support their case. Advocacy activities can also be monitored and evaluated. It is clearly linked to the development of an advocacy strategy and can show whether a strategy was successful or not.

[36] https://ctb.ku.edu/en/table-of-contents/advocacy/media-advocacy/meet-media/main

[37] Correlation Network: Effective Evaluation: An introduction for grassroot organisations; http://correlation-net.org/images/stories/pdfs/products_corr3/evaluation_guide_web.pdf

Although monitoring and evaluation tasks are often perceived as annoying and time-consuming, they help to:

- specifically plan interventions and organise the workflow;
- formulate aims and objectives;
- monitor whether the intervention is carried out according to the work plan;
- measure whether the intervention has achieved pre-defined aims and objectives;
- detect problems and bottlenecks at an early stage of the implementation of the intervention;
- provide guidance on future interventions (evidence and/or practice-based);
- inform funding agencies and governments on the activities of a CSO

Plans for monitoring and evaluation should be made at the very beginning of the intervention and should include a description of the aims, objectives, activities and indicators. They also should be linked to a timeframe, to all available resources and should address potential barriers and bottlenecks during the implementation.

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

This action describes the exchange of information between a Civil Society Organisation and the Dutch Ministry of Health. Mainline is a harm reduction organization that operates on a national and international level. Its mission is to promote health and fulfil the human rights of PWUD with respect for the individual drug user's freedom of choices and capabilities. For decades harm reduction has been a central feature in Dutch drug policy, which aims at lowering drug-induced deaths and drug-related infectious diseases, preventing drug-related emergencies as well as reducing public nuisance. In the Netherlands, harm reduction activities are implemented through outreach work in low-threshold facilities such as drop-in centres, drug consumption rooms and centres for social addiction care. Mainline plays an important role in monitoring drug use trends and patterns. The information generated through its outreach work forms the core of the data received by the Ministry of

Health. From 2017 on, Mainline and the Ministry have developed a new way of exchange. The support to the harm reduction field and its strategies by the Dutch Ministry of Health has resulted in identifying and addressing new drugs and drug consumption patterns. Through this collaboration with Mainline, information regarding potential health risks has been identified.

Monitoring

Monitoring is the regular collection of information which is linked to the progress of a project and all its activities. Regular monitoring indicates whether things are going as planned and supports project managers in acting quickly when something goes wrong.

Monitoring is an ongoing activity and should be incorporated as such. It is normally carried out by CSOs themselves. Simple tools can support the collection of information and can directly provide guidance to the project manager.

Evaluation

Evaluation provides information on the intended and unintended effects of an intervention. Some questions to be considered on an evaluation can be: Has the intervention achieved its planned results? What has changed? If the intervention was successful, why did it work so well? If the intervention was not successful, what was the cause? What could have been improved?

Evaluation keeps track of the outcomes and the impact of an intervention and informs whether project aims and objectives have been achieved.

Evaluation is organised at regular intervals during the intervention, mostly starting with a baseline assessment to have information on the situation at the beginning of the intervention. Follow-up evaluation needs to be planned to collect information and to compare relevant changes during the lifetime of a project.

Involvement of experts and other stakeholders

Evaluation can also be carried out by external evaluators or in cooperation with external stakeholders. External evaluators might have more knowledge and expertise with regard to evaluation techniques, but due to financial limitation most CSOs won't be able to hire such kinds of experts.

The evaluation can also be done by staff members and with additional involvement of other stakeholders, such as peers and service users. This has advantages as well. It builds their capacities and skills, increases their involvement and commitment, and provides more inside knowledge and information for the evaluation.

CSOs need to provide training and support for staff and community workers and to ensure that all required resources are available. Evaluation plans and tools for monitoring and evaluation should be developed in cooperation with all involved stakeholders.

Challenges

Most CSOs are practice-oriented and, as such, are not necessarily experienced in monitoring and evaluation. However, there is an increasing demand to report and document on the progress and the impact of their work. Funding agencies and governments want to know how the funding has been spent and whether project aims and objectives have been achieved. It is therefore essential that CSOs build their capacities with regard to monitoring and evaluation.

CSOs should also be realistic. Based on limited resources, they will not be able to carry out an evaluation which measures up to the highest scientific standards. It will not always be possible to carry out an extensive impact evaluation. Showing the results of an intervention can already prove that things have changed for the better and that pre-defined goals and objectives have been achieved.

Based on existing resources and toolboxes, CSOs should develop their monitoring and evaluation strategy and the tools which will be used. To make sure that these will be used correctly by staff and peers they need to be feasible, practical, and to add value.

Some CSOs might also have ideological reasons for not collecting information. This applies in particular to countries in which PWUD are strongly marginalised or criminalised. It goes without saying that CSOs need to make sure that their documentation and reporting will not be used to further exclude their target group. At the same time, there might be ways in which monitoring and evaluation can support certain advocacy activities without jeopardizing their already tenuous position.

Relevant components of a monitoring and evaluation strategy

Define the intervention

Before an evaluation commences it is essential to identify the main characteristics of the intervention or project, including:

- the target group;

- the target problem;

- the purpose of the intervention.

The more specific these characteristics are described, the better. For example, 'providing harm reductions service to drug users' is quite unspecific. If you describe the target group more in detail (e.g. 'young homeless drug users in the centre of Amsterdam') you already specify your target group more. Then, tt will be easier to measure whether an intervention has worked or not.

Define the indicators

After having defined the intervention you should develop an Evaluation Plan. This plan describes how you will implement the evaluation and which tools will be used. Relevant elements within an evaluation plan are indicators. Indicators are a specific method to describe the aims of your intervention. Indicators operationalise aims and make them measurable. The indicators should be developed by using the SMART criteria:

- S = Specific. What exactly is the objective of the intervention?

- M = Measurable. How can you measure the achievement of your objective?

- A = Achievable. Can you reach your objective with the given resources and within the specific time-frame?

- R = Relevant. Does the achievement of the objective makes a difference and is it in line with the CSO's overall goals?

- T = Time bound. When does the intervention begins and ends?

In addition to the SMART methodology, it can be helpful to specify the quantitative and qualitative elements in your intervention[38].

Define sources for the collection of information

Once the indicators of the intervention are specified, it is important to define which kinds of information needs to be collected and which sources should be used. These can include:

- existing information from statistics, reports and literature;

- project based information, such as number of clients reached and documentation of performed work;

- information from the field through interviews with stakeholders, focus groups and client satisfaction analysis.

Define evaluation methods

An important element within the evaluation is the definition of the methods and tools which are used to measure and evaluate progress. These can be quantitative (e.g. survey questionnaires) and/or qualitative methods (e.g. interviews, focus groups). The evaluation methodology should be clearly linked to the defined indicators. The use of different methods, or data triangulation, makes an evaluation stronger and can improve its quality.

Define a timeline

Whilst monitoring is an ongoing process, it is essential to define the timeline for an evaluation. This usually starts with a baseline assessment, but should be followed up on a regular basis. A final evaluation moment should also be defined to assess whether the intervention has achieved its aims and objectives.

[38] Horstmann, R. (2002). Monitoring and evaluation of sexual and reproductive health interventions.

Use existing guidelines and tools

There are numerous guidelines and toolkits which can support your monitoring and evaluation activities. For more information, check the following examples:

- EMCDDA (2001) – Guidelines for the evaluation of outreach work: a manual for practitioners[39];
  EMCDDA (2012) - Guidelines for the evaluation of drug prevention: a manual for programme planners and evaluators
  (second edition)[40];

- EMCDDA (2010) - Prevention and Evaluation Resources Kit (PERK)[41];

- EMCDDA - Evaluation Instruments Bank[42];

- WHO Toolkit for monitoring and evaluation of interventions for sex workers[43, 44];

3.9 Developing action and advocacy plans

The development of a realistic and specific action plan is essential for the success of an advocacy strategy. It will help CSOs to plan strategically and to organise their work in a feasible way.

The most relevant components of such an action plan include:

- Situation and problem analysis. The situation analysis describes the context and the problem which needs to be addressed by being as specific as possible. A clear focus on a certain group or problem will strengthen your case and make it easier to succeed;

- Stakeholder analysis. The stakeholder analysis will indicate with whom you can or should cooperate. It indicates which stakeholders are relevant in the field. Who is an ally? Who is an opponent? Which policy makers and decision makers need to be addressed? Try to include personal names instead of only institutions and organisations. Some relevant stakeholders might have personal preferences and by using this knowledge, CSOs can become more influential;

[39] Available at: http://www.emcdda.europa.eu/system/files/publications/221/Manual2_64382.pdf

[40] Available at: http://www.emcdda.europa.eu/attachements.cfm/att_184810_EN_188138_EMCDDA_Guidelines.pdf

[41] Available at: http://www.emcdda.europa.eu/attachements.cfm/att_105843_EN_Manual4PERK.pdf

[42] Available at: http://www.emcdda.europa.eu/eib

[43] Available at: http://www.wpro.who.int/hiv/documents/docs/mandetoolkitweb.pdf

[44] Available at: http://correlation-net.org/images/stories/pdfs/products_corr3/evaluation_guide_web.pdf

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- Challenges and bottlenecks. By defining potential bottlenecks and challenges, CSOs can prepare themselves to potential stumbling blocks and to develop alternative plans;

- Aims and objectives. The definition of aims and objectives is essential to prepare related actions. Being as specific as possible will help you to make the actions concrete;

- Description of the action. The actions and activities are directly linked to the problem analysis and the aims and objectives. The activities operationalise the aims and objectives and help to organise the work flow;

- Timeline. The action plan should include a clear timeline which is linked to the activities and indicates a clear start and end of the action. The timeline should include relevant evaluation moments as well.

There are many tools and resources which can help CSOs to develop an action plan. For more information please check the following examples:

- Community Toolbox: Developing an Action Plan[45];

  Mind Tools: Action Plans[46];

  Act 2015! UNAIDS Advocacy Strategy Toolkit[47];

- CIVICUS Advocacy Toolkit: Influencing the post 2015 Development Agenda[48];

- Open Forum for CSO Development Effectiveness: Advocacy Toolkit - Guidance on how to advocate for a more enabling environment for civil society in your context[49]; Sustainable Development 2015: Advocacy Toolkit Mini-Site[50].

[45] Available at: https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/develop-action-plans/main

[46] Available at: https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/develop-action-plans/main

[47] Available at: http://www.unaids.org/sites/default/files/media_asset/advocacy_toolkit_en_0.pdf

[48] Available at: https://civicus.org/images/stories/SD2015%20Post-2015%20Advocacy%20Toolkit_FINAL.pdf

[49] Available at: http://www.civicspace.eu/wp-content/uploads/2017/10/120110-of-advocacy_toolkit-en-web-2.pdf

[50] Available at: http://www.sustainabledevelopment2015.org/AdvocacyToolkit/index.php/post-2015-what-it-is-and-how-you-engage-2/steps-to-develop-your-advocacy-strategy

Conclusion

This Road Map has set out to provide a resource for civil society organisations and policy makers as they work towards ensuring that their country is leveraging CSO participation in a structured way, that is informed by the available evidence and leads to better development, implementation and acceptance of drug policies.

In essence, the Road Map recommends two main things. First, an assessment of the level of CSI as things stand. Second, and informed by the assessment process, a structured approach to improving areas which need attention, with agreed actions carried out by policy makers and CSOs accordingly.

It is hoped that this resource will be of use to CSOs and policy makers as they work towards better drug policies in their countries. A copy of this report, along with a number of additional resources, are available online at the project website: www.csidp.ie

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