CIVIL SOCIETY FORUM ON DRUGS IN THE EU

ASSESSMENT OF CIVIL SOCIETY INVOLVEMENT IN THE FIELD OF DRUG POLICIES IN EUROPE

A report by the Civil Society Forum on Drugs

CONTENTS

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ACRONYMS AND ABBREVIATIONS

AFEW	AIDS Foundation East-West
ARAS	Asociaţia Română Anti-SIDA; Romanian Association Against AIDS
C-EHRN	Correlation – European Harm Reduction Network
CASO	Consumidores Organizados Sobrevivem Organizados; Organised Consumers Survival Organisation [Portugal]
CESIDA	Coordinadora Estatal de VIH-sida; State HIV-AIDS Coordinator [Spain]
CNCA	Coordinamento Nazionale Comunità di Accoglienza; National Reception Community Coordination [Italy]
CS	Civil Society
CSFD	Civil Society Forum on Drugs
CSI	Civil Society Involvement
CSO	Civil Society Organisation
DG	Directorate-General
EAPN	European Anti-Poverty Network
EC	European Commission
EHRA	Eurasian Harm Reduction Association
EIS	Electronic Information System
EU	European Union
ItaNPUD	Italian Network of People who Use Drugs
ITARDD	Rete italiana riduzione del danno; Italian Harm Reduction Network
LUNEST	Estonian Association of People Who Use Psychotropic Substances
MSM	Men-who-have-Sex-with-Men
NGO	Non-Governmental Organisation
NIMBY	Not In My Backyard
NPC	Narkotica Politiskt Centre; Drug Policy Centre [Sweden]
OEIS	Asociación Estatal de Organizaciones de Acción e Intervención Social; State Association of Social Action and Intervention Organisations
ROSEP	Organicationes Sociales del Entomo Penitenciario
RRF	Rights Reporter Foundation
ŠKUC	Students Cultural Centre [Slovenia]
UNAD	Unión de Asociaciones y Entidades de Atención al Drogodependiente; Union of Associations and Institutions for Drug Dependent Care [Spain]
VOLNA	Ukrainian Network of People Who Use Drugs
WFAD	World Federation Against Drugs [Sweden]
YODA	Youth Organisations for Drug Action [Poland]

1 INTRODUCTION

This report is the work of the Civil Society Forum on Drugs (CSFD)[1], an expert group of the European Commission (EC) consisting of more than 40 civil society representatives across Europe working in a variety of professional fields. One of the thematic working groups of the Forum aims to promote the meaningful involvement of civil society in drug policy decision-making. With a two-year DG JUST Drug Policy grant from the European Commission, the CSFD conducted research to map civil society involvement (CSI) in Europe and formulated recommendations for policy-makers and civil society actors to improve existing processes and mechanisms.

Coordinated by the Rights Reporter Foundation[2] and AFEW International[3], the working group conducted desk research[4] to assess current documents, reports and articles about the meaningful involvement of civil society in the field of drug policies. The findings of this literature review were published in a report in 2020. Based on the findings, the CSFD created a report with recommended minimum quality standards for CSI in the field of drug policy, published in 2021[5]. The report aims to guide both decision-makers and civil society on how to create mechanisms that facilitate the building of dialogue and partnership between them.

As a third step in the EC-funded project, the Forum's thematic working group on CSI conducted an online survey of civil society actors from across Europe using a questionnaire to assess their perceptions about existing CSI mechanisms. This current report highlights the findings of this survey. The report consists of five major parts. In the first chapter, we describe the research methods and data sources. Second, we map existing CSI mechanisms in participating countries and describe the nature of exchange mechanisms at both local (city) and national level. In the third part, we focus on existing formal CSI mechanisms and the way they operate, with some examples of their work. In the fourth part of the report, we assess the perceptions of research participants on the quality of CSI in their country based on the nine overarching principles (transparency, balance, timeliness, approachability, competency, openness, autonomy, sustainability and relevance) adopted by the 2021 report on the quality standards for CSI in the field of drug policy.

1 The website of the Forum: http://www.civilsocietyforumondrugs.eu/
2 RRF's website, Drugreporter: https://drugreporter.net
3 AFEW International's website: https://afew.org/
4 Sarosi, P., van Dam, A., Fulga, V. (2021). Meaningful Involvement of Civil Society in the Area of Drug Policy in Europe: Assessment Report & Literature Review. Civil Society Forum on Drugs. Amsterdam; De Regenboog Groep/Correlation-European Harm Reduction Network. http://www.civilsocietyforumondrugs.eu/wp-content/uploads/2020/11/CSFD-AssessmentReport-LiteratureReview-A4_final-1.pdf
5 Sarosi, P., A., Fulga, V. (2021). Quality Standards for Civil Society Involvement in Drug Policy. Civil Society Forum on Drugs. Amsterdam; De Regenboog Groep/Correlation-European Harm Reduction Network. http://www.civilsocietyforumondrugs.eu/wp-content/uploads/2021/07/CSFD-QualityStandardsInCSInvolvementInDrugPolicy-A4_final01.pdf

2 METHODS AND DATA

A questionnaire was prepared by the CSFD's working group in March 2021 and uploaded on the SurveyMonkey online questionnaire platform. The questionnaire, targeting CSO representatives (no individual activists or professionals were eligible), included 34 items. The first 5 items focused on organisational characteristics, such as the place of residence and the professional areas covered by the participant's organisation. Some items, focusing on the structures and contents of formal CSI mechanisms, were taken from the Correlation Network's annual survey to assess the European harm reduction situation. Other questions, focusing on the quality of CSI mechanisms, were designed by the quality standards of civil society inclusion published earlier by the Forum.

The online survey was widely distributed among and by CSFD members, as well as among and by other international and national CSO networks working in the area of drugs. Professional email lists, online newsletters, Google groups, various social media platforms (e.g. Facebook, Twitter) were used to reach out to as many CSOs as possible. The geographic area covered by the survey was Europe, including all EU member, candidate and associated states. The data collection period started in May 2021 and ended in August 2021.

2.1 Respondent characteristics

The online questionnaire has 80 valid responses from 26 European countries (after filtering out ineligible or incomplete responses). The 80 organisations represented in the survey findings were from the following countries: Belgium, Bosnia-Hercegovina, Croatia, the Czech Republic, Estonia, France, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Ukraine and the UK. The highest number of respondents came from Spain (9), Italy (8) and the UK (5), while seven countries were each represented by only one respondent (Bosnia-Hercegovina, Estonia, France, Iceland, Lithuania, Malta and Ukraine). We consider data reliability high even in these countries because respondents represented organisations that are very active in the field of drug policy and have extensive experience in engaging with local and national governments. Table 1 shows the distribution of respondents by country, as well as the names of the participating CSOs from each country.

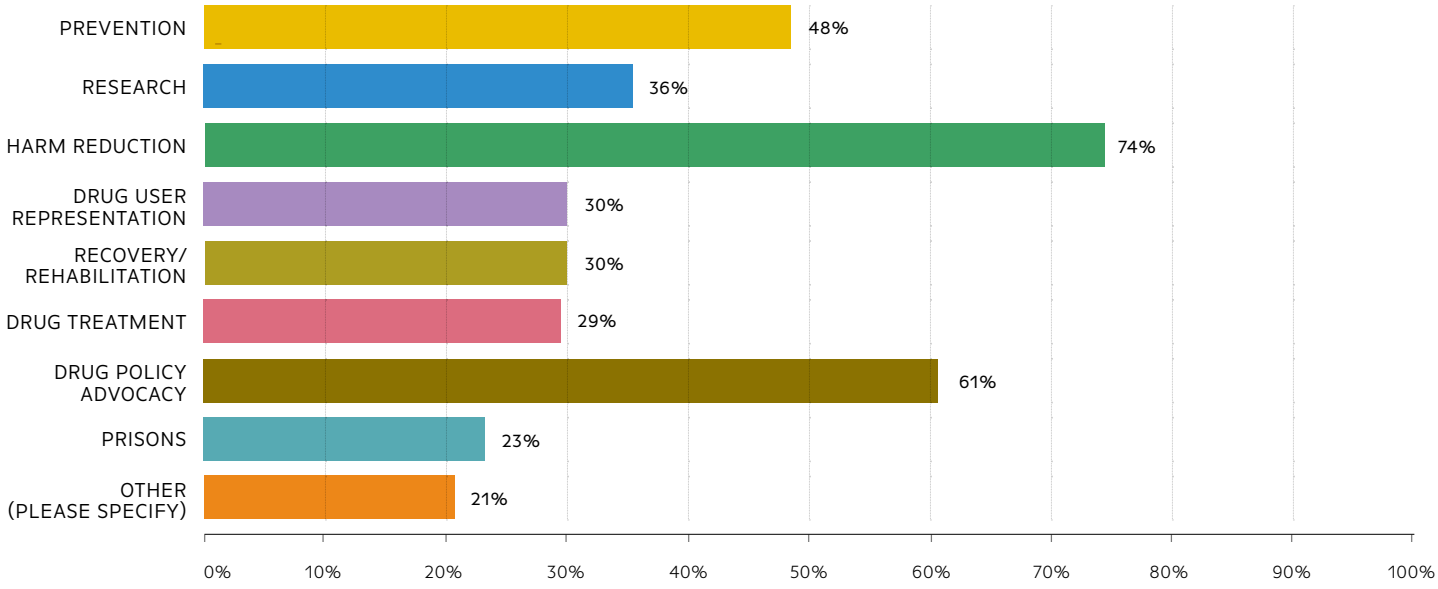
Table 1 **Distribution of survey respondents and participating CSOs by country**

COUNTRY	NUMBER OF RESPONDENTS	NAMES OF ORGANISATIONS RESPONDING
SPAIN	9	Dianova Spain, Fad, Atenea, Metzineres, Fundacion Gizakia, Enlace, Stop Sida, ProyectoHombre, UNAD
ITALY	9	Parsec, Dianova Italy, ASA, ALAMilano, ArcobalenoAIDS, NADIR, ForumDroghe, SanPatrignano, Itanpud
UK	5	CER, Scottish Drug Forum, Lambeth Service User Council, EuroNPUD, Former Police Commissioner
GERMANY	4	Jes NRW, Jugenberatung und Jugendhilfe e.v, DHV Regensburg, Schwulenberatung
IRELAND	4	Merchants Quay, Aisieri, Ana Liffey, CityWide
CZECH REPUBLIC	3	SpolescnostPodane, Spolek Ulice Plezn, SANANIM
FINLAND	3	A-Clinic, Finnish Association of Humane Drug Policy, Tukikohta ry
NETHERLANDS	3	AFEW International, C-EHRN, Mainline
POLAND	3	YODA, PolishDrugPolicyNetwork, Prekursor
SWEDEN	3	WFAD, Skanes Brukarförening, NPC
BELGIUM	2	Eurad, Fedito BXL
CROATIA	2	HELP, Terra
HUNGARY	2	MAT, RRF
NORWAY	2	Forut, Norwegian Association for Safer Drug Policies
PORTUGAL	2	Gat, CASO
ROMANIA	2	ARAS, Romanian Harm Reduction Association
SLOVAKIA	2	Storm, Odyseus
SLOVENIA	2	Coalition for Public Health, SKUC
BOSNIA-HERCEGOVINA	1	Celebrate Recovery
ESTONIA	1	LUNEST
FRANCE	1	Federation Addiction
ICELAND	1	Snarrotin
LITHUANIA	1	EHRA
MALTA	1	ReLeaf
UKRAINE	1	VOLNA
GREECE	1	Positive Voice

The organisations indicated that they are based in 53 cities: Amsterdam, Athens, Barcelona, Berlin, Bilbao, Bologna, Bratislava, Brno, Brussels, Bucharest, Budapest, Cahir, Cologne, Coriano, Dublin, Florence, Frankfurt am Main, Gjøvik, Glasgow, Helsinki, Jõhvi, Kohtla-Järve, Kyiv, Lisbon, Ljubljana, London, Lund, Madrid, Malmo, Maribor, Milan, Naples, Narva, Navarra, Naxxar, Nitra, Oslo, Paris, Plzeň, Porto, Prague, Regensburg, Reykjavik, Rijeka, Rome, Sarajevo, Sevilla, Split, Stockholm, Tallin, Turin, Vilnius, Warsaw and Wrexham.

The research aimed to reach out to organisations that cover a broad range of professional areas of demand and harm reduction. This effort was successful because we can observe a significant diversity among respondents in this regard. The majority of organisations indicated that they have professional experience in the field of harm reduction (59, 73%) and in drug policy advocacy (49, 61%). Almost half of the organisations work in the area of drug use prevention (38, 47%). Approximately one-third of the respondents said that they work in the area of research (29, 36%), recovery/rehabilitation (24, 30%), drug user representation (24, 30%) and drug treatment (23, 28%). Eighteen organisations also work in the area of prisons. Figure 1 shows the distribution of respondents according to their professional areas.

Figure 1 **Respondents according to professional areas**



3 STRUCTURED MECHANISMS OF CIVIL SOCIETY INVOLVEMENT

The research aimed to map if there are existing structures and more or less permanent exchange and information mechanisms in European countries in the field of drug policy. Sixty-two respondents (79%) reported that there is a structured CSI mechanism in their country. A structural CSI mechanism was consistently not reported from only four countries (Bosnia-Hercegovina, Iceland, Lithuania and Ukraine). However, in these countries the reliability of data was lower (only one response per country) than in most other countries. Inconsistent responses came from six countries, including Italy (with six 'yes' and two 'no' responses); Finland (⅔); the UK (¼); Poland (²⁄₁); Romania (¹⁄₁); and Portugal (¹⁄₁). In all of the remaining 16 countries, organisations consistently reported that there is an existing structured mechanism to involve civil society.

The survey assessed how advanced the existing structured mechanisms are perceived by civil society actors based on a ranking tool. The tool marks four, hierarchically ascending levels, where level one is Information - a relatively low level of participation. It consists of a two-way mutual process between public authorities and CSOs for information provision and access to it. The second level is Consultation. This is an ad hoc mechanism through which public authorities ask CSOs for their opinion on a specific policy topic, or development. The third level is Dialogue. This level entails a two-way communication mechanism built on mutual interests and potentially shared objectives to ensure a regular exchange of views. The fourth, most advanced level of CSI, is Partnership. This mechanism articulates shared responsibilities for each step of the policy making process: agenda setting, policy drafting and implementation of activities. As such, this structure of participation is the most comprehensive and it is based on co-management.

At the national level, the majority of respondents (57%) reported that they have a consultation level for CSI in their country. Half (50%) reported the first level, an Information-type mechanism; 46% reported Dialogue; and only 16% reported the most advanced level, Partnership (see Figure 2).

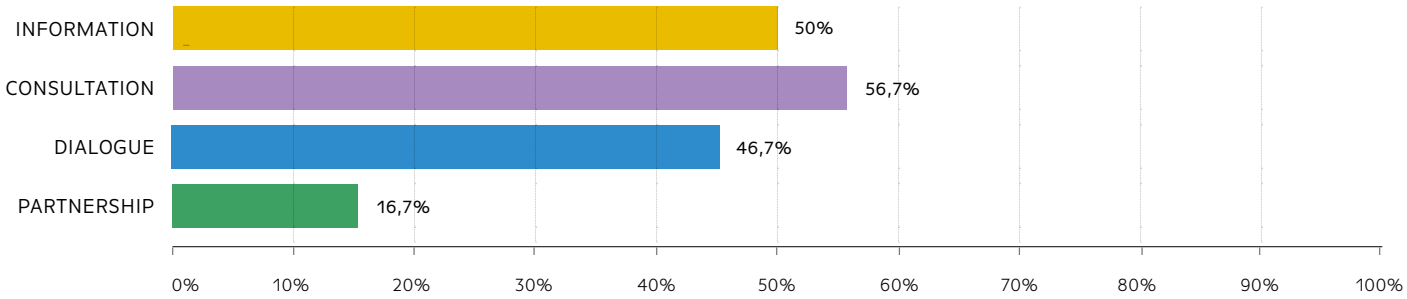


Figure 2 **Perceived level of civil society involvement in drug policy at national level**

As this survey assessed perceptions among civil society actors, it is possible that mechanisms exist but organisations have no awareness of them, or they do not perceive them as "structured" or "more or less permanent". To bridge this gap in our knowledge, respondents were asked to identify the reasons why there is no structured CSI mechanism in their country. Respondent identified various reasons, including the complicated federal/regional divisions in government administration (Belgium, Bosnia-Hercegovina, Italy); the priority given to law enforcement in drug policies (Ukraine); the ad-hoc and occasional nature of communication with government (Finland, Lithuania); and the lack of a clear division of work and leadership among government agencies (Romania).

Bosnia-Herzegovina: "There is no systematic approach to the drug problem at the country level - the country itself is divided into 3 parts and there are ongoing issues with the jurisdictions. Furthermore, there is no drugs action plan."

Ukraine: "Because for many years this field was considered 'closed' or relevant only to law enforcement agencies."

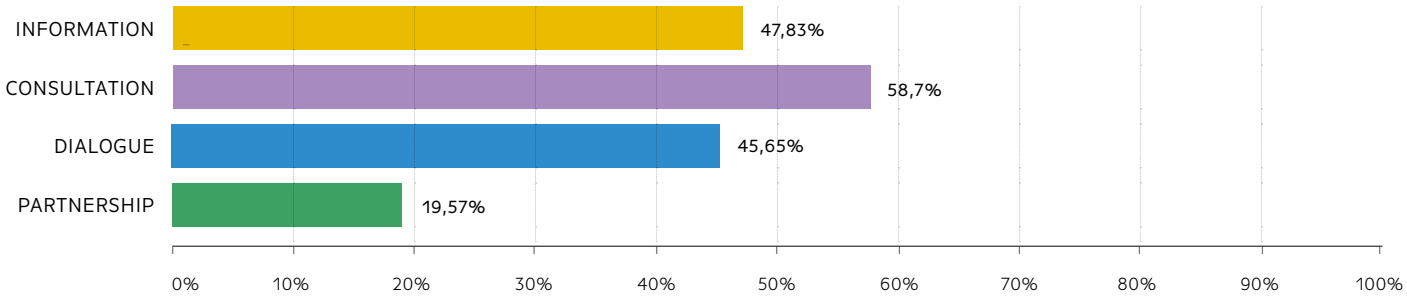
Belgium: "As we are in a federal state, drug policy responsibilities are divided at several levels (national, community, local). Several national languages and opposing political tendencies, political compromises, complicated or delayed effective consultation mechanisms exist. At regional or local level, it is much easier to have constructive exchanges with the political powers or the administration."

Romania: "No clear division of labour among responsible state institutions (Ministry of Health and National Antidrug Agency)."

At the local level, 48 respondents reported a structured CSI mechanism from 33 cities (Amsterdam, Barcelona, Berlin, Bilbao, Brno, Bratislava, Brussels, Budapest, Cologne, Coriano, Dublin, Florence, Frankfurt am Main, Gjøvik, Glasgow, Helsinki, Ljubljana, London, Madrid, Maribor, Milan, Naxxar, Nitra, Oslo, Paris, Plzeň, Prague, Rome, Sevilla, Split, Stockholm, Tallinn, Warsaw). As at the national level, the level of involvement that was mostly reported at the municipal level was Consultation (59%). 48% reported Information, 46%

reported Dialogue and 20% reported the most advanced level, Partnership (see Figure3). The reasons for not having a city-level CSI mechanism were requested from those who said there was no CSI mechanism in their city. The survey identified several reasons for not having a city-level CSI mechanism, including a lack of openness of city leaders (Vilnius) and a lack of competence of cities because drug policy is a national (Lisbon) or federal (Regensburg) competence.

Figure 3 **Perceived levels of civil society involvement at city level**



Lisbon: "Drug policy is a national competence. At the local level there is dialogue and partnership around programme implementation, and there is a working group promoted by the city council with all harm reduction teams and projects in the city (but this not a forum to discuss drug policy, it is more related to implementation)."

Vilnius: "Municipal agencies are not open to organise such mechanisms."

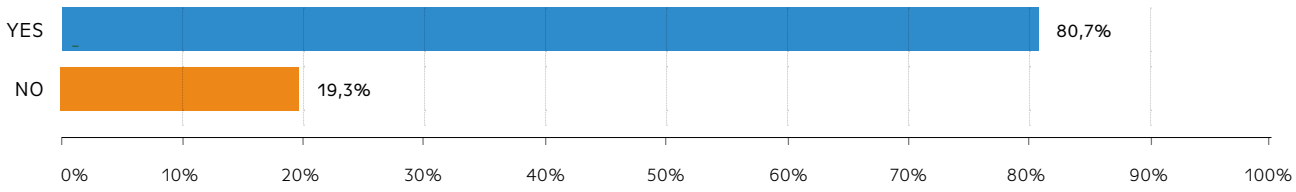
Bucharest: "Unfortunately, it depends on the administration. The last one was closed to CS and 'delicate' topics. The current one seems more open, but still not quite there yet."

Regensburg: "It's a federal thing. Municipalities have basically no say."

4 CIVIL SOCIETY EXPERIENCE WITH CSI MECHANISMS

The survey enquired if the responding CSOs have been involved in the existing formal CSI mechanisms and how they perceive the operation of those bodies. 80.7 percent of respondents reported that they collaborate with policymakers in the field of drug policy. These refer to regular hearings, consultations and meetings with government representatives from the Ministry of Health, Justice or other relevant government institutions. It was reported that some respondents are engaged in the design, implementation and evaluation of the national drug strategy and action plans. Other organisations cooperate in the implementation of services, interact on issues related to funding services and organise joint campaigns. Some organisations reported that despite having formal meetings, the character of the cooperation with civil society has a specific focus (only on special issues such as men-who-have-sex-with-men (MSM)), and/or is of a limited nature, leaving insufficient space for engagement. Also, some respondents have reported that due to the COVID-19 pandemic, these meetings have been cancelled or postponed. As shown in Figure 4, only 19.3 percent of respondents (CSOs from countries such as Belgium, Greece, Italy, Poland and Spain) have stated that they are not involved in any kind of exchange at the national level.

Figure 4 **CSOs involved in information and exchange mechanisms in the field of drug policy at national level**



When referring to the information and exchange mechanism between policy makers and CSOs in the field of drug policy at municipal level, 70.3 percent of respondents claimed that they are involved, while 29.6 percent of respondents are not. The information and exchange mechanism refers to meetings, hearings, consultations and dialogue meetings with municipal representatives. Such interactions recur on a regular or ad-hoc basis. The cooperation also refers to working group involvement. In Belgium and Slovenia, municipal authorities are directly cooperating with associations specialised in the dependence sector. In some other cases, CSOs have

suggested and designed exchange mechanisms between NGOs and municipal authorities.

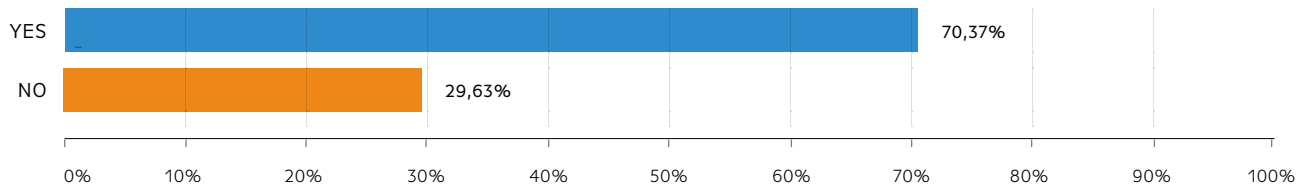
As mentioned above, 29.6 percent of respondents noted that there is no exchange mechanism at municipal level. In the case of Romania, there is no formal drug policy exchange mechanism at local level; instead CSOs are ensuring their participation in meetings focused on social themes. A similar situation was reported by a Greek CSO.

A Dutch CSO reported that, "the exchange at municipal level is organised very practically and pragmatically. It is organised at different levels to ensure policy development, case management and practical cooperation between different stakeholders and policymakers."

As reported by a CSO from Slovakia, "Right now Odyseus is participating in community planning of social services in Bratislava with the municipality; Odyseus is in various working groups which are about different topics (homelessness, drug policy, seniors, at-risk youth, etc.)...it is mostly focused on people who experience homelessness rather than drug policy, but it is also important because half of our clients are also experiencing homelessness and there are no services for people without a home who use drugs."

Another explanation for the lack of participation is that a number of respondents are not participating in these exchange mechanisms because they are working at national level. In this case, their member organisations are involved in local participation.

Figure 5 **CSOs involved in information and exchange mechanisms in the field of drug policy at municipal level**



5 FORMAL CIVIL SOCIETY INVOLVMENT MECHANISMS

The survey assessed whether there are formal (institutionalised) mechanisms in the field of drug policies in Europe that include civil society representatives. "Formal" in this context means a body with a permanent status and mandate to coordinate national drug policies that includes civil society representatives and is tasked to facilitate the exchange of views and knowledge between governmental institutions and CSOs. After excluding invalid responses[6], we identified 7 countries (Belgium, the Czech Republic, France, Hungary, Ireland, Lithuania and Spain) with a government body/ institution that involves civil society representatives as formal members at national level. Of these 7 formal mechanisms, four have only a drug-related focus (the Czech Republic, Hungary and Ireland), while three (Belgium, France and Spain) covers a broader spectrum of health issues and drug policy is only one of them.

We asked participants to describe the following characteristics of these mechanisms: 1) name; 2) membership; 3) mandate; and, 4) relevant issues recently discussed by the forum. Based on their responses, we describe each CSI mechanism below.

- **Belgium** – Advisory Council for Health and Assistance to Persons

This body has a general health focus with drug policy being one of its topics. The respondent estimated that "dozens" of CSOs from the health and social sectors participate in the Council's work "either on their own initiative or at the request of the assemblies of elected politicians."

- **Czech Republic** – Governmental Council for Drug Policy Coordination

There are 7 civil society representatives in the Council which comprises mostly governmental representatives (Ministries and government institutions). The mandate of these representatives is defined individually. The Council addresses issues related to funding and national drug coordination, as well as discussion of expert opinions on various topics.

- **France** – National Health Conference and Regional Health Democracy

This body has a general health focus with drug policy being only one of its topics. The Conference works at regional and national levels with the assembly of the national conference including more than one thousand civil society representatives. Members are selected for a 6-year mandate.

6 Reasons for exclusion: some organisations referred to licit drug-related platforms, others scientific reported committees, not a civil society involvement mechanism or the Country Coordinating Mechanism on HIV of the Global Fund. An Estonian CSO named the electronic information system (EIS) as a civil society involvement mechanism.

• **Hungary** – Drugs Council

The Drugs Council is chaired by the Ministry of Human Resources and only includes civil society members (governmental representatives have another coordination mechanism). Members are selected by the government for an indefinite mandate. The Council has only had one meeting since the outbreak of the COVID-19 pandemic to discuss issues related to funding, the national drug strategy (which expired in 2020) and the situation of drug prevention programmes.

• **Ireland** – National Oversight Committee on Drugs

It has a cross-sectoral membership from the statutory, community and voluntary sectors, as well as clinical and academic expertise. Two civil society representatives are selected from the Voluntary Drug Services Network and two others from the National Community Sector, selected through Citywide, a national network of community activists in Ireland. The Committee discusses issues such as enhancing access to drug and alcohol services in the community, developing integrated care pathways for high-risk people who use drugs and social determinants and consequences of drug use in disadvantaged communities.

• **Lithuania** – Civil Society Platform organised by the National Drug, Alcohol and Tobacco Control Agency

Our respondent is not a member of this platform and has no information of its membership and operation.

• **Spain** – Spanish Council on Drug Dependence and Other Addictions

The Council has four CSO delegates for an indefinite mandate. The Council has not met since the outbreak of the COVID-19 pandemic. Important issues addressed recently include the specific needs of women with problematic drug use; the need for coordination between dependence and mental health care; and employment of people who have undergone dependence treatment.

Only 15 respondents reported that a formal institutional CSI mechanism exists at municipal level. A formal CSI mechanism was reported by the following 12 cities: Berlin, Cologne, Coriano, Dublin, Helsinki, Milan, Paris, Prague, Regensburg, Rome, Split and Warsaw.

In Warsaw, a Resolution the City Council created a CSI mechanism in 2013. Consultations are primarily open to NGOs that belong to the Social Dialogue Committee, a platform to cooperate with civil society. There are around 20 civil society members with indefinite mandate, besides the representatives of municipal authorities. The Committee has launched new projects (funded by the City) in the field of prevention and harm reduction.

The Drug Commission of Prague City Council has 5 civil society members selected by relevant Council members and nominated by relevant CSOs. The length of the mandate has not been defined. The Commission discusses issues including funding; Action Plan tasks; the needs of drug services; the NIMBY (Not In My Backyard) phenomenon; and low number and coverage of low threshold services.

A respondent from Coriano, Italy, reported a municipal forum (Piani di Zona) that coordinates the work of social service providers, including drug related services, and city authorities. All relevant local CSOs are invited for a one-year mandate which is renewed annually.

A respondent from Ireland reported that Local Drug and Alcohol Task Forces coordinate drug policies at local level. These include representatives of networks of communities and service providers, as well as people who use drugs (where they exist). Public servants from statutory agencies that deliver State services across health, education, employment and policing, etc., are also members of these Task Forces.

In Croatia, local Crime Prevention Councils are tasked with drug coordination at municipal level. Representatives of all relevant stakeholders (police, the medicine institution, CSOs, public health, local government) participate for a 4-year mandate. Highlighted issues recently discussed included funding of local programmes and COVID-related restrictions.

In Hungary, Drug Coordination Councils were set up in 2000 to coordinate drug policies among all relevant stakeholders, including civil society representatives (with no specific length of mandate). Recently, a new city-wide Drug Coordination Council was established by the city of Budapest, chaired by the Deputy Mayor, where all CSOs have the opportunity to apply for membership. Issues recently discussed/highlighted included the adoption of a new municipal drug strategy.

6 NATIONAL/LOCAL CIVIL SOCIETY NETWORKS IN THE FIELD OF DRUG POLICY

An important element of civil society involvement in drug policy is the self-organisation of civil society itself: the networking activities of like-minded CSOs in the same professional field, in our case, in the field of drug policies. These professional networks develop into registered umbrella organisations in many countries, including those with a more general public health perspective and those with a specific drug policy angle. Some networks include all CSOs working in the field of drugs, others only include those working in prevention, treatment/recovery or harm reduction. These umbrella organisations/informal networks often serve as knowledge hubs, training centres and facilitate and coordinate joint advocacy efforts, including the representation of CSOs in CSI mechanisms created by the government.

33 organisations from 15 countries (Belgium, Bosnia-Herzegovina, the Czech Republic, Germany, Greece, Hungary, Ireland, Italy, Netherlands, Norway, Poland, Portugal, Romania, Slovakia and Spain) reported that they are members of a civil society network or national platform in the area of harm reduction, human rights and/or development aid.

Among the respondents there were some who represent national / regional / European / international umbrella organisations, such as Dianova International, a network of prevention and treatment CSOs, based in multiple countries; UNAD, a national network based in Spain; the Eurasian Harm Reduction Association, a regional harm reduction network based in Lithuania; and Correlation - European Harm Reduction Network, based in the Netherlands. Many other organisations, working mostly at national/local level, are members of multiple networks, reflecting the multidisciplinary nature of drug policies.

From respondent feedback, we identified 43 networks. In this overview we list national/local networks that were highlighted by country:

Overview of national and local networks

Belgium

- STOP1921, "an informal network which aims to reform current drug laws and improve drug policy", comprising approximately 60 associations.
- "Network of organisations that work in the field of prevention and recovery".

Bosnia-Herzegovina

- Network of organisations working in the field of recovery and rehabilitation.
- Network of NGOs in the Sarajevo Canton working with young people, women and marginalised populations.
- Recovered Users Network.

Czech Republic

- ANO: a national umbrella organisation for civil society organisations.
- Association of Addictologists: umbrella of dependence treatment providers.
- Association of Street Workers.
- Medical Association.

France

- Associative Network of Health and Social Representatives.

Germany

- National organisation for the reform of the Cannabis law.

Greece

- Platform of Civil Society for Psychoactive Substances.

Hungary

- Hungarian Harm Reduction Association.
- Hungarian Association for Drug Prevention and Harm Reduction Organisations.
- Hungarian Association on Addictions.
- Alliance of Hungarian Drug Treatment Organisations.
- Civil Drug Coordination Committee: an advocacy platform for all networks in drug policy.

Ireland

- Community Work Ireland Network: "organisations across Ireland working from a community development approach".
- National Voluntary Drug and Alcohol Sector.

Italy

- CNCA (Coordinamento Nazionale Comunità di Accoglienza): a national network of CSOs working in social care.
- ItaNPUD: national network of people who use drugs.
- the Italian unit of Dianova International.

Continuation Overview of national and local networks

Continuation **Italy**

- Network of CSOs for drug policy reform.
- ITARDD (Rete italiana riduzione del danno): Italian Harm Reduction Network.
- Communitalia: a network of therapeutic communities.

Netherlands

- the National Harm Reduction Network.
- the Platform on Sexual Health.
- Sharenet Sexual Health Network and Drug Checking Network.

Norway

- Preventio: national network of prevention organisations.

Poland

- Social Dialogue Committee.

Portugal

- R3, "a network of civil society organisations involved in the implementation of harm reduction projects and programmes".

Romania

- Romanian Harm Reduction Network.

Slovakia

- National Harm Reduction Platform: "Among the last 3 harm reduction organisations that created a harm reduction platform. Unfortunately, this platform has not been active for 2 years."

Spain

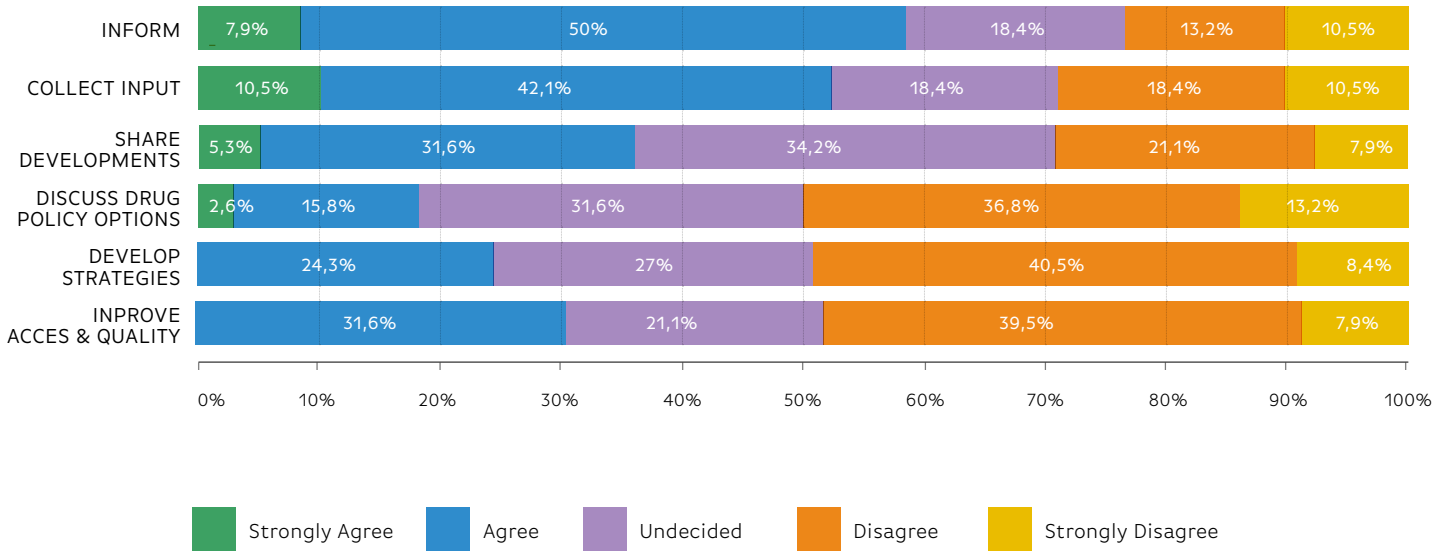
- EAPN España: European Anti-Poverty Network.
- The Spanish Volunteering Platform; UNAD has the presidency.
- The Third Sector Platform: a network of social action organisations.
- ROSEP (Organicationes Sociales del Entomo Penitenciario): a network of organisations working in prisons.
- CESIDA (Coordinadora Estatal de VIH-sida): State HIV-AIDS Coordinator, a NGO network working in the field of HIV.
- Federación de Mujeres Progresistas: National NGO for the protection of women's rights.
- Plataforma de la Infancia: a network of childcare professionals.
- Coordinadoras estatal y autonómicas: a network of development organisations.
- Asociación Estatal de Organizaciones de Acciones e Intervención Social: a network of social care organisations.
- OEIS (Asociación Estatal de Organizaciones de Acción e Intervención Social): State Association of Social Action and Intervention Organisations.

7 PERCEIVED QUALITY OF CIVIL SOCIETY INVOLVEMENT

In the report on Quality Standards for Civil Society Involvement in the field of Drug Policy published by the CSFD, an assessment tool was created to compare the quality of CSI in drug policies according to uniform standards. The survey used two sets of questions for this assessment. In the first question, respondents had to assess the extent to which certain attributes applied to the CSI mechanism in their country with the help of a 5-point Likert scale.

The question had 6 items, each aimed to assess perceptions about the performance of the CSI mechanism in actively engaging CSOs: 1) inform civil society (CS) on new policy developments; 2) collect input and knowledge from CS and grassroot level to learn more about new developments, trends and problems; 3) share developments, trends and problems from the field and grassroot level; 4) discuss which kind of drug policies are effective, beneficial or harmful; 5) develop new strategies and approaches; and, 6) improve access to and the quality of services (health, social and drug-related).

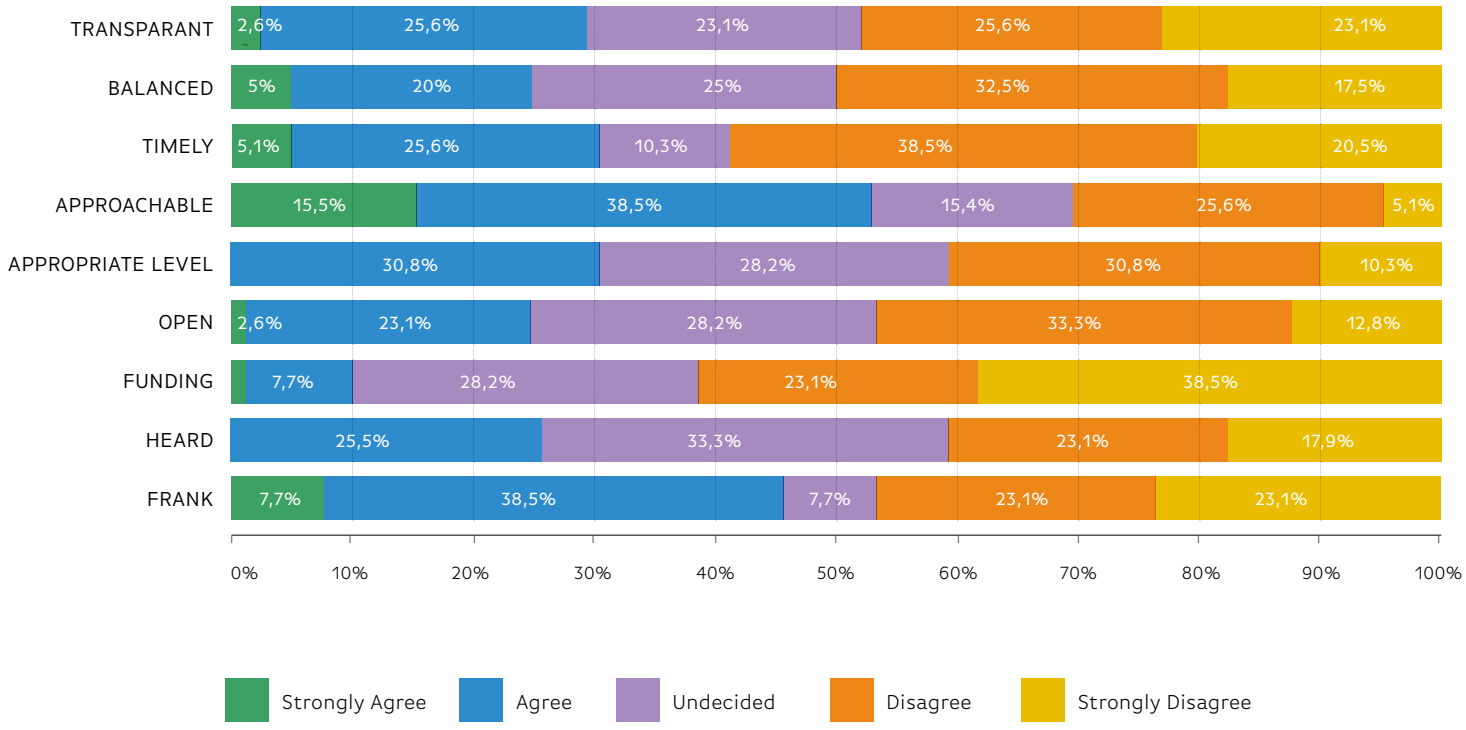
Figure 6 **Distribution of answers to the question, "Please indicate how the following statements apply to the situation in your country? The exchange between government and CS aims to:"**



As shown by Figure 6, the majority (57.9 percent and 52.6 percent) agreed or strongly agreed with the statement that the CSI informs civil society on new policy developments and collects input and knowledge from CS and the grassroot level to learn more about new developments, trends and problems. However, all other items were perceived much more negatively by respondents, with only a minority agreeing or strongly agreeing that CSI mechanisms in their country share developments, trends and problems from the field and grassroots level (36.9 percent). The discussions about effective policy alternatives was the item that was perceived as the one most lacking from CSI mechanisms, with only 18.2 percent agreeing or strongly agreeing that this discussion is adequately included. In the case of the last two items, there were no "strongly agree" responses at all and only a small proportion of respondents agreed that their CSI mechanisms developed new strategies and approaches (24.3 percent) and improved the access to, and the quality of, services (31.6 percent).

Figure 7 **Perceptions about the quality of civil society involvement measured according to the 9 overarching quality standard criteria (How much do you agree with the following statements about the exchange between government and CS in your country?)**

The other question we used in countries to assess the quality of CSI adopted the 9 overarching quality principles, created by the CSFD in its quality standards report. The nine principles are 1) transparency; 2) balance; 3) timeliness; 4) approachability; 5) appropriate level; 6) openness; 7) funding; 8) willingness to hear other views; and, 9) frankness. We asked respondents to measure the quality of civil society engagement according to these 9 principles with the help of a 5-point Likert scale.



As Figure 7 shows, there was only one principle that was positively assessed by the majority of respondents: approachability (with 15.4 percent strongly agreeing and 38.5 percent agreeing). In the case of all other items, the majority of respondents did not agree or strongly agree that these principles apply to the CSI mechanism in their country. The second most approved item was frankness (with 7.7 percent strongly agreeing and 38.5 percent agreeing). However, the proportion of those who strongly disagree was 23.1 percent in this item, showing that there is a polarisation of opinions. Only approximately one quarter of respondents agreed or strongly agreed with most other items, such as transparency, balance, timeliness, openness and willingness to hear other views. The rate of respondents who disagreed or strongly disagreed was the highest for the items of funding and timeliness. Respondents perceived that the least applicable of the 9 principles was funding (2.6 percent strongly agreed and 7.7 percent agreed, while 38.5 percent strongly disagreed that there is adequate funding for CSI).

8 BRIDGING THE GAPS: SUMMARY AND RECOMMENDATIONS

8.1 Overall summary

Our findings, based on a questionnaire survey with responses from 80 CSOs in 26 European countries, confirmed previous research that there are structured efforts and mechanisms to involve civil society in drug policies in most European countries. However, the levels and types of engagement show great diversity, with most countries having only lower, less structured forms of involvement (information and dialogue), and only a small minority of countries have the highest (partnership) form of engagement. A similar picture can be captured at local/municipal level. In some countries, we identified formal, institutional models of civil society involvement, some of which have a specific drug policy focus, while others embed drug policies into general public health and social frameworks. In most countries, there are strong and diverse professional networks that connect civil society organisations working in the field of drug policy according to various issues (reflecting the multidisciplinary nature of drug policies).

When it comes to the quality of civil society involvement, our survey, using the quality standards created by the CSFD, identified significant gaps and obstacles. According to the majority of respondents, the existing CSI efforts and mechanisms suffer from underfunding and they often cannot organise their work in a timely manner. Although CSI mechanisms exist, the majority of respondents perceive a lack of openness and willingness from governments to hear civil society opinions and to act upon them. Governments are the least open to discuss alternative policy options with civil society. Our report also found that the COVID-19 pandemic had a significant negative effect on civil society involvement in several countries through postponed or cancelled meetings and disruption in communication between civil society and governments.

8.2 Main challenges

Although CSOs reported an existing structured civil society involvement mechanism in most European countries, there is a very mixed picture as to the these mechanisms are advanced. In half of the countries, these mechanisms were perceived by CSOs as only information exchange – the least advanced form of civil society involvement. Stable partnership, the

most advanced form of cooperation, is only prevalent in a minority (less than 20 percent) of countries. The same is true for local level civil society involvement. Information exchange and consultation may be useful to get some input from civil society on specific issues in an ad-hoc manner, but they do not substitute for a stable partnership, that is, regular exchange of views channeled into policy making at each decision and at each step of the process.

One lesson learnt from our study is that the most advanced, best structured and coordinated national/local drug policies have the most advanced and meaningful mechanisms for civil society involvement. Where there are no such mechanisms, CSOs complain that a) drug policy is very one-sided (that is, law enforcement oriented); or, b) the administrative structure of the government is weak or badly organised; or, c) there is a lack of leadership among government agencies/ministries in drug policy coordination; or, d) the government is hostile to (at least some parts of) civil society.

The relationship between the quality of civil society involvement and the quality of drug policies are bi-directional: meaningful civil society involvement improves drug policy making and advanced drug policy making improves civil society involvement. As in most European countries, civil society plays a crucial role in implementing drug policies (as service providers and programme/community organisers) and their voice and contribution should also be an important element in forming drug policies. Sharing responsibilities between civil society and governments is a challenge if there is no clear division of work even within the government. We can also conclude that the strength and coordination within civil society improves the impact of civil society on policy making but there are examples of countries with a well-organised, strong civil society network but with minimal impact on policy making if the government is ineffective or hostile.

Several CSOs pointed out that even though structured mechanisms exist to involve civil society, this involvement is not meaningful. For example, governments do not listen to opposing views from civil society, or, if they listen, they do not act upon civil society demands. Only of small minority of CSOs feel that they are heard – in stark contrast to the vast majority of CSOs that reported the existence of structured mechanisms. The COVID-19 pandemic had a detrimental impact on civil society involvement mechanisms in many countries. Formal meetings were suspended and decisions were postponed.

An important and worrying challenge identified by our research was that CSOs feel unheard and ignored even in some countries where formal, stable mechanisms exist for drug policies. This confirmed our hypothesis that the quality of CSI mechanisms does not necessarily correspond with an advanced structure. The phenomenon called "shrinking space for civil society" is well documented by our research, although we are not able to

see trends and change as there were no previous surveys on this subject. An often-overlooked challenge of civil society involvement is funding. Our study confirmed that most CSOs consider funding the weakest element of structured CSI mechanisms. Working on these mechanisms requires significant time and human resources from civil society representatives for which their work is rarely paid.

8.3 Positive developments

A welcome positive development is that in several countries civil society is well organised and has formed national/regional networks to improve advocacy efforts. These networks are often based on a coalition built among organisations and professionals working in public health and/or social care, but we also find examples of umbrella organisations focusing on drug policy, or a specific sub-field within drug policy (such as prevention or harm reduction). These networks make it possible for civil society organisations to find consensus and to speak in a unified voice with decision-makers.

Our findings on the existence of formal, stable and regular mechanisms that include civil society in drug policy decision-making in seven European countries is a positive development (even if the mechanisms in Lithuania and Hungary are reported as being inactive). Some of these mechanisms may serve as models for other countries that wish to establish their own structures. We need further qualitative research to identify the various predictors of success and failure in establishing formal mechanisms.

A further positive development is the active role that local level CSI mechanisms play in improving drug policies in several countries. For example, CSOs from Hungary, Ireland, Italy, the Netherlands, Poland and Slovakia reported that their experience with local level CSI were positive. In some of these countries, such as Hungary and Slovakia, CSOs reported that their national level experiences with CSI were not as positive. However, it varies across Europe as to how significant budgets and the capacity of municipalities are to make real impact. Further research is needed to map the roles that cities play in drug policy decision making and how this role can be advanced to improve subsidiarity and resilience in responding to drug-related social challenges.

8.4 Recommendations

Based on our findings, the following recommendations are aimed towards policymakers and civil society organisations:

1. National and local governments should develop structured and, if possible, formal and institutionalised mechanisms to involve civil society in a meaningful way in drug policies. There are existing good practices from our report that can be followed to either embed drug policy in a general health/social framework, or to create a specific mechanism focusing only on drug policy.

2. We recommend governments use the CSI Quality Standard tool, created by CSFD in 2021, when launching and evaluating civil society involvement mechanisms, including the 9 overarching criteria (transparency, balance, timeliness, approachability, competency, openness, autonomy, sustainability and relevance).

3. Civil society should create structured networks and umbrella organisations to facilitate communication with governments and to improve their advocacy activities. Local and national governments should encourage and support networking within civil society.

4. Civil society involvement is a work that requires the time and capacity of organisations that are often overwhelmed with providing services. Governments should provide capacity building training and adequate funding to ensure that civil society is able to make its voices heard, with special regard to affected communities.

5. Decision-makers and civil society should reach a common understanding of what makes CSI meaningful. Governments should not only use CSI mechanisms as a box-ticking exercise, but also listen to civil society views on policy issues and act upon them. Civil society should recognise that it has a role and responsibility in facilitating policy making.

Colophon
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