Involving civil society in drug policy making

Many civil society organizations have a vision on how drug policies should be changed in their respective countries, and are familiar with the daily realities of drug users. Yet, their impact on a policy-making level is limited because they often lack the knowledge and structure.

Civil society involvement in drug strategies in European countries is low. As a result, there is mismatch between policy and practice. Policy-makers are not familiar with the rapidly changing environment and lack awareness on how civil society organizations can inform them on the current situation. At the same time, civil society organization often lack the knowledge and structure to create meaningful impact on the policy-making level.

Our project, civil society involvement in drug-making policy, aims to fill that gap by providing roadmaps, national action plans and a general platform for information, exchange and cooperation among civil society organizations in drug policy decision making.

Check out our website: www.csidp.eu

The assessment is on its way

The main objective of the assessment of civil society involvement is to gain a better insight and create a better understanding of the nature and extent of CSI in regard of drug policy in the EU Member States. Furthermore, the assessment shall reflect national concepts of CSI, identify local, national and European experiences and approaches regarding CSI, analyse impact and limitations of, as well as barriers and facilitators for CSI. While the first two steps of the assessment analyse the formal status and practical implementation of CSI on a national level by using the example of NDS and NDAP, the third step focusses on the civil society actors in the member states, their specific characteristics, their environment for CSI and their activities. These data are collected via an online survey directed at the CSOs identified in the preceding survey by the Correlation network partners, REITOX NFPs and administrative bodies.
Civil Society Involvement in Drug Policy

Roadmap

A roadmap, which provides guidance for the development and implementation of effective and sustainable civil society structures in the field of drug policy will guide national action plans.

National Action Plans:

What do we want to know?

1. Is civil society involvement mentioned at all in the current National Drug Strategy?
2. If so, is civil society involved in the development of the National Drug Strategy according to this document?
3. Is civil society involvement mentioned at all in the current National Drug Action Plan?
4. If so, is civil society involved in the development of the National Drug Action Plan according to this document?

The National Action Plans are built up on three main pillars:

PILLAR 1 is for actions related to structural issues. This is for actions focused on establishing CSI in your country. An example of an action in this area might include setting up a mechanism for CSI involvement which is necessary, but does not exist.

PILLAR 2 is for actions related to process issues. This is for actions focused on enhancing CSI in your country. An example might be an action to improve the effectiveness, transparency or sustainability of an existing mechanism.

PILLAR 3 is for actions related to content issues. This is for actions focused on achieving a specific issue, such as a change in policy. An example might be to get agreement between state and CS actors for the development of a strategy concerning early intervention prevention programmes in schools.

National Action Plans are in development in partner countries:

Bulgaria: Preliminary ideas were drafted by IHF and Promena, based on the template provided. We organized a meeting with CSOs, working and/or interested in drug policy issues (June 13th 2017). Invited 15 CSOs/political parties/individuals. Participated 6 (5 CSO and 1 political party). Preliminary ideas were discussed, approved and complemented by the group. Organizations not presented to the meeting will be consulted via email (pending).

"This publication has been produced with the financial support of the Migration and Home Affairs Programme of the European Union (Home/2015/JDRU/AG/IHR/CSI/8842). The contents of this publication are the sole responsibility of Correlation and can in no way be taken to reflect the views of the European Commission"
Civil Society Involvement in Drug Policies: Italian partners choose Harm Reduction as focus of their national roadmap

The lack of both political support and HR national guidelines still represents a crucial problem for HR in Italy: HR interventions have been provided since 1995, but intermittently. During the years, positive steps in the right direction have inevitably been reversed by conservative governments’ prohibitionist drug policies; HR interventions have been penalized by an ideological political approach.

Italy has a universal National Health System; its 20 Regional governments decide their own investments and budgets, provided that they comply with national LEA (Livelli Essenziali di Assistenza, i.e. standard, guaranteed and totally or partially free treatments and services). Drug treatments are guaranteed by both the National and Regional Public Health Systems; services can be provided by non-profit organizations, financed by the public health budget. This system guarantees PWUDs’ access to free drug services and treatments.

While OST is not considered as a HR measure but as a treatment and so included in the national LEA, is free of charge and accessible to all (including migrants in an irregular status NSP (outreach interventions, drop in centres) are not included in the LEA and therefore it is not mandatory for Regions to implement them. As a consequence, HR interventions are carried out in 12 Regions only and lack homogeneous HR guidelines/standards and monitoring systems; PWUDs’ right to health on the Italian territory is unequal and fortuitous. Lastly, no clear political support means no routine monitoring.

Lately, two positive changes occurred: the introduction of HR in the LEA at national level - it is now necessary to develop and articulate LEA at regional level in order to implement them; the inclusion by the DPA in the Annual Report to the Parliament 2016 of a chapter focused on Harm Reduction development which was written by CS organizations. This CS contribution includes a suggested HR roadmap, which can be the basis for our advocacy action.

In such changing context, the possibility to take part to the European project CSI – Civil Society Involvement in Drug Policies – represents a great chance for Italian CS to bring back policy maker’s attention to drug policies in general and more specifically to HR.

The two Italian partners Forum Droghe and LILA Milano, in collaboration with their national partnership, launched an online survey addressed to CS networks and associations on the priorities in the Harm Reduction dialogue between CS and policy makers in Italy. The survey was on line for 32 days, from March 27 to April 28; 73 valid questionnaires were collected.

Summary of survey results
The survey gave some interesting indications, which will guide the definition of the Italian roadmap for development of a dialogue on HR between CS-and policy makers. Following are the main results:

- **Harm Reduction:** HR has been represented in its complexity of both approach/strategy transversal to numerous areas and operational programs. Participatory processes tend to combine different contexts (political, technical/political and technical) and to value the different components present within CS (competences of experts and professionals and stakeholders’ competences). The questionnaire gives a clear picture of such a complexity when it highlights HR legal and social communication dimensions beside the health and social ones.
Dialogue CS-policy makers: Unsurprisingly, the concordant opinion/judgement on the state of the art of participatory processes and dialogue between CS and policy-makers is definitely negative and describes an underdeveloped, stuffy and stuck situation, especially when compared to European strategies and guidelines on drugs. Such negative picture calls for urgent changes; HR must be recognized as a fundamental pillar of national policies, based on scientific evidences.

Guidelines, LEA (Essential Assistance Levels) and political clarity: The survey emphasizes the need to ensure that HR is implemented throughout the entire country with continuity, eliminating regional differences and giving clear political support to interventions through two fundamental tools: national guidelines and LEA on HR. These two objectives call for participatory processes, which attribute a crucial role to different stakeholders such as DPA (Drug Policy Agency), Regions and the Conference of Regions, including also Ministries and the Government. The Italian system is multilevel; national, regional and municipal stakeholders all play a crucial role. The identification of contexts and processes facilitating and guaranteeing dialogue is indicated as a priority.

The role of research and monitoring: Great attention was devoted also to the topic of academic and independent research on patterns of drug use, impact of drug policies and consideration/evaluation of possible alternatives (i.e. legalization), as well as on program monitoring. Research development calls for a plurality of institutional and independent stakeholders, who from a dialogue with CS can derive indications for new research objectives and different, enriching perspectives.

Transparency and assurance of processes: Survey results gave a negative picture of participative processes, which are described as poor, marked by opacity and perpetual uncertainty. According to respondents, only few CS stakeholders succeed in interacting with policy makers; in addition, critical remarks were made about difficulties in the dialogue CS-policy makers, which is not clearly formalized. It is therefore urgent to start a process based on transparent processes guaranteeing recognition and formal assurance.

Challenges for CS: The survey also highlighted limits and weaknesses in CS, suggesting internal problems that need to be addressed; a roadmap on HR should take care also of such challenges. Improved cohesion capacity, effective negotiation of common goals, extension of alliances within CS, increased mobilization, advocacy and communication activities, support and inclusion of stakeholders’ associations and networks appear to be transversal goals that need to be kept in the background of a participative development process.

Partner:
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