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More information via: www.csidp.eu

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This booklet has been produced as part of the Civil Society Involvement in Drug Policy (CSIDP) Project. It summarizes the National Action Plans (NAPs) that were carried out as part of the project activities, and provides an easily accessible resource for that part of the project.

Together with the ‘Assessment of CSIDP’ document, the experience of the NAPs has been used to inform the ‘Road Map for CSIDP’ document, which is the final project output, and this document should be seen as part of the core project deliverables along with those documents.

The Civil Society Involvement in Drug Policy (CSIDP) project is supported by the European Commission1. It is coordinated by De Regenboog Groep / Correlation - European Harm Reduction Network, a CSO based in Amsterdam, Netherlands, and also involves partner agencies from 6 other European countries:

- APDES (Portugal)
- Ana Liffey Drug Project (Ireland)
- Forum Droghe and Fondazione LILA Milano (Italy)
- Initiative for Health Foundation (Bulgaria)
- UTRIP (Slovenia)
- The University of Hamburg (Germany)

The aim of the project was to enhance meaningful civil society2 involvement in the development and implementation of drug policies on a national and European levels. In order to achieve its aim, the project carried out a number of activities, directed at contributing to the final project output – the ‘Road Map for CSIDP’ resource, which sets out how CSOs and states can engage in a mutually productive way, to the benefit of all.

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1 More information is available at the project website, [http://csidp.eu/](http://csidp.eu/)
2 In the context of this project ‘civil society’ is understood as including all non-governmental, voluntary and community organisations, but not individuals
One activity carried out under the project was the development and delivery of short ‘National Action Plans’ (NAP) in six of the partner agencies’ home countries – Ireland, Bulgaria, Netherlands, Portugal, Italy and Slovenia.

The action plans were developed by the partner agencies, and focus on discrete, deliverable actions which contribute to the overall aim of the project. In terms of process, the project partners first agreed a template which would be used to help them develop the NAPs – this template is provided at Appendix A.

Following this, each partner agency created a draft NAP in consultation with stakeholders in their own countries. These drafts were then discussed and refined at a project meeting in Dublin in mid-2017. From here, the project partners worked on implementing the NAPs in their respective countries, before developing a final report on their activities. The final report for each country is available from the relevant project partners, and on the CSIDP website at www.csidp.eu.

This report is a summary version of those reports, covering the key points from the NAP in each location.
The NAP in Bulgaria was developed and implemented by the Initiative for Health Foundation and Movement ‘Promena’, and what follows is a summary of the final NAP report from those agencies.

**DEVELOPMENT**

The plan drafting process started with the initial formulation of ideas by a team from the Initiative for Health Foundation and the Movement ‘Promena’. These initial ideas were then brought to a wider range of civil society actors, both through a meeting and by email. In total, input was received from 8 civil society agencies.

**ACTIONS**

It was decided that the focus of the plan should be on the inclusion of civil society structures in the work of National Council on Narcotic Substances (NCNS), ‘opening’ of its meetings for the stakeholders, improving transparency of the NCNS through publication of more information for its operation. To this end, two broad actions were identified, each with a series of concrete corresponding activities. These can be summarized as follows:

**ACTION 1:** Establishing a mechanism for CS participation in the work of NCNS with a special emphasis on transparency

**ACTIVITIES:**

- Analysis of the legal framework and the practice for participation of civil society in the work of NCNS
- Conduct of a series of meetings with stakeholders, including NGOs, members of NCNS and the Minister of Health and discussion of possibilities for strengthening civic participation.
- Drafting and application of a mechanism for civic involvement in the work of NCNS.

**ACTION 2:** Creation of a platform for information exchange between civil society organizations regarding the decision-making process in the area of the drug policy.

**ACTIVITIES:**

- Creation of a database with stakeholder civil organizations, working in the area of the drug policy.
- Creation and maintenance of a platform for information exchange between civil organizations for the activities in the area of the drug policy.
- Organizing trainings on advocacy for activists from the country.
IMPLEMENTATION

To get a sense of the engagement of civil society with the NCNS structure a survey was carried out of CS actors. This revealed that while CSOs are generally familiar with the functions and structure of the NCNS, just over a third of respondents had had direct interaction with NCNS over the years, and these tended to be well-established, well-known CSOs with a narrow focus on drug policy. Even among these, respondents indicated that participation with the NCNS was generally one-sided, with a specific concern noted regarding a perceived lack of civil society participation in the development of the National Strategy for Combating Narcotics 2014-2018.

From a positive perspective, CSOs indicated interest in and readiness for active participation with NCNS. Regarding the possibilities for strengthening CS participation, CSOs identified the following options:

- Open NCNS meetings and/ or otherwise provide for improved transparency re: documentation, etc.
- Create expert / advisory commissions from civil society Establish CSOs as formal members of the NCNS

A report detailing the survey findings and recommendations was sent to the secretary of NCNS and other stakeholders with a view to starting a conversation on potential actions. This was followed by a series of meetings with both state and CSO actors present, culminating in a public meeting in which representatives of NCNS and CSOs participated. This meeting produced a concrete outcome, with agreement on the inclusion of CSOs in the working group for the development of the National Strategy for Combating Narcotics 2019-2023. NCNS followed up on the meeting by seeking nominations from CSOs for representatives, which have been provided.

The project partners then drafted a proposal concerning regulatory changes which would support CSO involvement, and shared these with the Minister for Health in his capacity as Chair of NCNS. Engagement around these proposals is ongoing and it is expected that they will be considered by NCNS in an upcoming session.

In terms of the action around the creation of a platform for information exchange between civil society organizations, the database of stakeholder civil organizations has been developed, using a snowballing technique within the project partners current network, and 38 CSOs in Bulgaria have been identified. A facebook group to promote and maintain the work has also been created and currently has over 50 members.

LESSONS FROM THE BULGARIAN NAP

There are two key lessons which can be drawn from the Bulgarian experience with the National Action Plan. First, there was a difficulty insofar as there was a low level of activity and engagement from the civil society sector in the area of drug policy.
There are many potential reasons for this, including that CSOs are often unsustainable in the long term, being dependent on international financing and short-term projects. Also, while there are good examples in other areas of activity, frequently CSOs in the drug sphere are not unified into coalitions and networks.

Finally, there has been a certain level of mutual mistrust between CSO and state actors over the years, although this situation is improving. Second, that there is significant scope for improvement and good signs that this will be the case.

The implementation of the NAP in Bulgaria has resulted in positive and real steps forward for both CSOs and state, and this should be recognized and supported by participants on all sides. There is a growing recognition that an effective drug policy works best when both state and CSOs work together, and this is important.

The NAP in Italy was developed and implemented by Forum Droghe and Fondazione LILA Milano, and what follows is a summary of the final NAP report from those agencies.

**DEVELOPMENT**

The development of the NAP in Italy was informed by the pre-existing national context, in which some harm reduction measures such as opioid substitution treatment (OST) were covered by the national Livelli Essenziali di Assistenza (LEA – guaranteed minimum healthcare standards), and others such as needle and syringe programmes or naloxone distribution – were not.

This had resulted in an uneven distribution of services for people who use drugs across Italy’s 20 regional governments. While OST was available in all regions, only 12 provided other harm reduction interventions, often to differing standards and guidelines.

In 2017, this changed, and harm reduction interventions were included in the LEA. This provided a good opportunity for civil society to engage and coalesce around this particular issue, and it was in this context that the Italian NAP was developed.
To find out where to target activities, Forum Droghe and Fondazione LILA Milano engaged existing networks and ran an online survey to identify what the priorities should be for a dialogue between civil society actors and policy makers, which received 73 responses.

One of the networks – Cartello di Genova – held a seminar in Rome during which the survey topics were further discussed.

**ACTIONS**

The Italian NAP focused on civil society itself, and on engaging with the state actors on various aspects of work. It had four actions, which can be summarized as follows:

**ACTION 1:** Improving cohesion and efficacy of civil society

**ACTIVITIES:**
- Networking and meeting with CS stakeholders

**ACTION 2:** Open and establish a dialogue with the Dipartimento Politiche Antidroga (DPA – the department responsible for Italian drug policy) focused on key issues such as national guidelines on harm reduction, the redesign of the National Observatory on Drugs, and the establishment of a harm reduction work group

**ACTIVITIES:**
- Engaging with the DPA and seeking for civil society to play a role in key aspects, including:
- Civil society participation in the drafting of the national guidelines and the redesign process for the National Observatory on Drugs
- Having civil society actors assist in the process of setting up a working group within the DPA

**ACTION 3:**
Open and establish a dialogue with regional structures such as the National Conference of Regions focused on key issues such as the articulation and implementation of regional LEAs on harm reduction.

**ACTIVITIES:**
- Engaging with regional actors to seek participation in the definition and implementation of harm reduction LEAs
- Final meeting/conference with the National Conference of Regions to promote good practices in the implementation of LEA on harm reduction

**ACTION 4:**
Promote an advocacy campaign for a new National Conference on Drugs and a new Action Plan on Drugs.

**ACTIVITIES:**
- Hold a seminar between civil society and policy makers on June 14
IMPLEMENTATION

The Italian NAP was implemented between September 2017 and July 2018, with numerous activities involving national actors such as the DPA, regional political actors and civil society participants. In relation to Action 1 on civil society cohesion, there was regular contact and a workshop for civil society actors held in Naples on 17/18 November 2017. Naturally, civil society actors also participated in the national event held under action 3.

In relation to Action 2, there was a meeting held with the DPA in November 2017, at which it was agreed that DPA would receive input from civil society representatives, which was sent in February 2018. At the end of 2017, the National Observatory on Drugs was reconstituted. It does not have civil society members as a fixed seat, but has a mechanism to consult with civil society actors as required – an unsatisfactory outcome.

Activities related to action 2 were disrupted in March 2018 following the Italian elections, which saw a populist coalition take power who are less open to harm reduction policies and have already made declarations about a ‘zero tolerance’ approach.

Activities under action 3 have met with more success – dialogue with regional governments has been constructive and promising. At the final event (Action 4) the coordinator of the Regions’ National Conference Health Commission undertook to put the issue of harm reduction and LEAs on the commission’s work agenda, and the process for this is underway and working well.

LESSONS FROM THE ITALIAN NAP

There are two main lessons which can be drawn from the Italian experience. First, civil society organisations tend to have focuses specific to their own work; while this is of benefit and is important in bringing diverse expert opinions to the table, it can also lead to poor coordination when networking as individual missions are unaligned and occasionally conflicting, particularly in a large country like Italy.

Understandably, this makes it difficult to present as a credible and cohesive force to national or regional policy makers. Thanks to the project activities, civil society organisations were able to form a cohesive response around a broad drug policy issue such as the implementation of LEA on harm reduction. They were brought to reflect on the importance of agreeing upon fundamental guiding principles around which to coalesce; the network has agreed to continue meeting and advocating on harm reduction and drug policy issues after termination of the CSI DP project.

Second, it is difficult to improve meaningful civil society participation at national level. During the implementation of the NAP, the Regions have demonstrated to be the most effective focal point for civil society involvement, both because of their role and competencies in terms of direct
service delivery, and also because of their constant contact with ‘on the ground’ stakeholders in their region. Contrarily, national bodies such as the DPA have been a less effective interlocutor for civil society activities because of lack of processes and participative contexts that include civil society. This is a shortfall that needs be urgently overcome, also to comply with the European Action Plan and will represent a challenge for the future.

The NAP in Ireland was developed and implemented by the Ana Liffey Drug Project, and what follows is a summary of the final NAP report from that agency.

DEVELOPMENT

The process commenced with meetings with both state and civil society stakeholders, and a survey of civil society actors in Ireland to help identify key issues. In total, over 500 civil society contacts were made, and input on a questionnaire sought. This exercise yielded a very limited response – only eight validly completed forms were received, although two were from well-known representative/networking organisations, which have a mandate to respond on behalf of large numbers of civil society actors. Despite the low response rate, there was consistency in the main themes arising from responses:

1. In terms of structural issues, there was a general acceptance that structures are in place, but need to work better. Where new structures were suggested, they were to increase direct participation and ownership by stakeholders/citizens, including PWUD,
families, members of the Travelling community, minority communities and young people

2. In terms of process issues, transparency and accountability were noted as key issues as was the need for resources to support existing processes focused on civil society participation

3. In terms of specific issues, those raised by more than one respondent were:
   - Rights and access issues
   - Decriminalisation
   - Drug Related Debt and Intimidation

**ACTIONS**

Based on this feedback, four actions were developed. These can be summarized as follows:

**ACTION 1:**
Identify all civil society actors involved in drug policy in Ireland

**ACTIVITIES:**
- Develop and maintain database of civil society actors

**ACTION 2:**
Engagement and participation in civil society structures.

**ACTION 3:**
Enhancing transparency in existing structures

**ACTIVITIES:**
- Develop visual representation of existing structures in Ireland
- Develop online repository of supporting documentation

**ACTION 4:**
Monitoring civil society input on key issues

**ACTIVITIES:**
- Documenting activities on rights and access issues, decriminalisation and drug related debt and intimidation.

**IMPLEMENTATION**

On the first action, a structured process was put in place to identify civil society participants in drug policy. This included a number of focused actions such as reviewing the publicly available details of all registered charities via the Charities Regulator website, using drug and drugs as search tools; reviewing the publicly available contact details of all treatment service providers on the national drugs website, drugs.ie, and screening out
those that are provided by statutory agencies; and reviewing public submissions to a parliamentary committee looking at an aspect of drug policy.

This yielded a database in excess of 200 candidates, all of whom were then contacted and asked to specifically 'opt-in' to the database, both to protect against redundancies and to help ensure compliance with GDPR requirements. This narrowed the field to 44 active agencies who have opted in.

The list is a good cross section of CSO activity, and includes a range of organisations covering various geographical areas and with a focus on a range of different service types and interests including services for LGBTQ+ people, youth, homeless and Traveller populations, family support, community activism, HIV and BBVs, penal reform, student and nursing groups.

The implementation of action 2 was commenced by identifying the relevant actions and activities under the National Drugs Strategy (NDS). As the strategy only became operational in July 2017 and will run until 2025, it was noted that it was not necessarily the case that any or all of these actions would be progressed during the currency of the national action plan. For that reason, the period of analysis was extended as far as possible, and activity around the key actions continues to be noted. In order to establish activity which had taken place that was relevant to these activities input was sought and obtained from two main sources – the department of health, which is the government department with responsibility for the strategy and colleagues in civil society organisations.

Regarding action 3, it was clear that there were a number of policy fora that were operational in Ireland and a number of routes through which an interested citizen or group could engage with drug policy. However, these routes were not often well publicized or understood. It was also noted that there may be an information and engagement gap between CSOs generally and the various structures. This action focused on making these pathways more visible, and identifying structures which would be of use to citizens or CSOs looking to engage. Initially, this was to be achieved by the development of two elements - a simple graphical representation and a repository of information. However, as the action was undertaken, it made better sense to create an accessible document with links to the relevant resources, which could be updated and added to over time. To achieve this, a number of tasks were completed, including the creation of the 'Interested in drug policy?' document, and its review with civil society organisations.

The final action focused on monitoring civil society input in three areas that had been identified through the initial consultation as those in which state and civil society could work together. These were:

- Rights-based issues
- Decriminalisation
- Drug-related debt and intimidation

To compile a report of relevant information in these areas, we contacted key civil society actors with a
focus in each area and sought feedback from them, which was collated in the final report.

LESSONS FROM THE IRISH NAP

There are two main lessons from the Irish NAP. First, while there is a lot of activity in the civil society space, it was difficult to get consistent engagement from civil society organisations, apart from those CSOs who have a networking or representative role, which were very engaged. While this could simply be to do with CSOs being focused on their own activities, it was also clear that there is a certain amount of information gap, and that people do not always know how to access the structures that are there.

Second, it is clear that there are numerous structures for CSO engagement in Ireland, and that civil participation is specified as an important issue under the strategy, as well as being driven by a set of engaged CSO actors. Nonetheless, there can always be improvements, and some CSO respondents noted that CSOs can take a lead in this by setting out civil society’s expectations of engagement on a sectoral level, to ensure there is a clear and agreed position on what good practice in civil society participation in drug policy should look like in the Irish context.

The NAP in the Netherlands was developed and implemented by De Regenboog Groep / Correlation – European Harm Reduction Network, and what follows is a summary of the final NAP report from that agency.

DEVELOPMENT

In developing the Netherlands’ NAP, the Correlation network leveraged their existing relationships with relevant stakeholders, including the relevant government ministries (Health, Welfare and Sport (MoH) and Foreign Affairs (MoFA)), the semi-state (and Reitox Focal Point) Trimbos Institut, and existing civil society networks and organisations, such as Mainline. The NAP included an assessment, structural and content activities, and the overall focus was to improve civil society exchange with governmental institutions.

ACTIONS

The NAP in the Netherlands had three distinct actions. These can be summarized as follows:

ACTION 1:
Assessing the level of civil society engagement in national drug policy
ACTIVITIES:

• Creating an overview and list of relevant national civil society organisations in the Netherlands
• Assessing the levels and structures for civil society involvement on the national level, and identifying good practice examples
• Analysing any bottlenecks in relation to civil society involvement

ACTION 2:
Building on the assessment, developing structures for civil society to engage with

ACTIVITIES:

• Establishing a working group of civil society organisations interested in contributing
• Organising consultation meetings with the relevant ministries
• Developing a proposal for a transparent and sustainable structure for civil society involvement
• Organising a consultation on civil society involvement during the national harm reduction conference
• Agreeing the organisation of exchange between state and civil society stakeholders

ACTION 3:
Developing content and thematic issues

ACTIVITIES:

• Proposing and discussing possible agenda points and thematic priorities with stakeholders

IMPLEMENTATION

The assessment action was carried out through a questionnaire, which was disseminated broadly and received 34 responses. The responses revealed a number of characteristics about civil society in drug policy in the Netherlands and how it operates.

Key among these is that Dutch civil society organisations have adapted to a decentralized and networked society, with a majority focused on local level interventions as opposed to national or international work.

There is also significant collaboration in overlapping areas of focus, with civil society organisations forming a complex and interdependent network. Such collaboration is most apparent in the areas of prevention and information, advocacy and research. However, although there is good collaboration and a desire to engage in drug policy processes, there is often an information gap and organisations are not as engaged as they could be in policy processes.

Finally, the engagement has typically been unidirectional - from policy makers to civil society organisations – and, as often happens in such situations, can understandably be directed towards the agenda of the initiator.

Following from the assessment, activities were undertaken towards achieving actions 2 and 3 under the NAP, with the following concrete goals reached:

• A bi-annual meeting with national CSOs,
The NAP in Portugal was developed and implemented by APDES, and what follows is a summary of the final NAP report from that agency.

**DEVELOPMENT**

The Portuguese NAP was developed in close contact with key stakeholders including the relevant state body with responsibility for drugs and drug addiction, SICAD, and the activist group for the treatment of HIV, and with input sought from Parliamentary Committees, CASO – the National Association of Drug Users, and R3 – the National Harm Reduction Network. The focus of the plan was on enhancing the participation and place of civil society organisations within the Portuguese policy framework.

**ACTIONS**

As with the other plans, the Portuguese NAP had a number of discrete actions, each with related activities. These can be summarized as follows:

**ACTION 1:**
Create a Civil Society Forum on Drugs for Portuguese civil society organisations.

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**LESSONS FROM THE DUTCH NAP**

The main lessons from the Dutch NAP are to do with decentralization, and with general satisfaction with the policy approach. Regarding decentralization, while it provides opportunities for real partnership working between civil society organisations, it also can lead to a removal of focus from the national level.

The same can be said of general satisfaction with the direction of drug policy in the Netherlands – to a large extent, civil society and the state are broadly aligned and things work well. However, this can lead to complacency, and it is important that all sides continue to keep a focus on engagement with each other and the benefits that this can bring to ensure that policy and its implementation continues to be relevant and responsive to changing needs on the ground.
ACTIVITIES:
• Organise and hold meetings with relevant stakeholders directed towards establishment of CSFD
• Start an informal forum

ACTION 2:
Increase civil society participation in relevant fora

2(a) Increase representation on the National Council

ACTIVITIES:
• Seek inclusion of R3 members on National Council

2(b) Build an inclusive taskforce of CS stakeholders

ACTIVITIES:
• Implement 3-5 advocacy training sessions with civil society representatives
• Build an action plan and green paper that could shape the future CS forum

2(c) Participation in the public hearing / recommendation process

ACTIVITIES:
• Analyse the bureaucratic process and identify examples
• Engage in the process

ACTION 3:
Develop relevant content for civil society engagement

3(a): On underbudgeting of harm reduction and use of pilots and not programs

ACTIVITIES:
• Implement a negotiation platform between civil society and SICAD

3(b) On Drug Consumption Rooms in Porto

ACTIVITIES:
• Make technical application for drug consumption room
• Conduct negotiations with relevant stakeholders

IMPLEMENTATION

On action 1, a number of relevant meetings took place. However, a CSF for Portugal has yet to be fully established and APDES continue to push this agenda item forward. Action 2(c) was fully achieved, with APDES being received and heard in the Portuguese Parliament. Actions 2(a) was not achieved, with administrative procedures resulting in the proposal that R3 be represented on the National Council being unsuccessful. Action 2(b) was partially achieved; the training sessions were held with civil society advocates, but this has failed to translate into the foreseen platform that could support the implementation of a CSF in Portugal. The specific content issues under action 3 met with much more success.

Both civil society and state actors worked together on the issues of harm reduction funding.
and the use of pilots, and, as previously noted, APDES was received and heard in the Portuguese Parliament on this issue. A technical application for a drug consumption room has been submitted, and contact established and maintained with stakeholders in Porto.

LESSONS FROM THE PORTUGUESE NAP

The central lesson to be taken from the Portuguese NAP is that civil society needs a dedicated structure and space in which to operate and engage with the state. In Portugal, while relationships between civil society and the state tend to be good and a lot can be achieved in this context, the lack of a formal structure for civil society organisations and their involvement in national policy issues means that if there are key items which need to be worked out or progressed, there is no singular place for this to happen, which can in turn lead to uncertainty and a sense of powerlessness for civil society actors.

The NAP in Slovenia was developed and implemented by UTRIP, and what follows is a summary of the final NAP report from those agencies.

DEVELOPMENT

In 2000, the Commission on Drugs of the Government of Slovenia has been established by the law (1999) with the task to be responsible for drug policy at the inter-ministerial level.

The Commission consists of representatives of nine responsible ministries (health, internal affairs, labour, family and social affairs, education, interior, justice, finance, agriculture, defence and foreign affairs, and additionally of two representatives of CSOs. So, two members of the Commission are representatives of CSOs, but none of them is from prevention field (which UTRIP wanted to change with the NAP). At the same time, in our face-to-face communication with the representatives of the Ministry of Health they expressed rather negative position of the Ministry regarding the change of regulation which would allow extension of the Commission with another representative of CSOs (prevention) or change of election system.
which is really not in favour of CSOs in the field of prevention.

The NAP is still ongoing process, because new government (including new minister of health) was appointed in August 2018 (after national elections in spring 2018).

ACTIONS

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 group/network of CSOs in the field of prevention (such as Prevention Platform (coordinated by UTRIP), Red Cross Slovenia, Slovenian Coalition for Health, Environment and Tobacco Control, Network 25x25 and Youth Association No Excuse Slovenia).

IMPLEMENTATIONS

The Ministry of Health is responsible for coordination in the field of drugs and monitoring the issue of reducing the supply and demand for illicit drugs, reducing the harm from illicit drug use, and the issue of treating and addressing social issues associated with illicit drug use. That is why we addressed our national action to the Ministry of Health, although they are reluctant to change the regulation and composition of the Commission.

More efforts are needed to discuss this issue and some other levels could be used to overcome the problem with the Ministry of Health (e.g. addressing the issue to the Government as a whole and the Parliament and political parties in the parliament after new elections in spring 2018).

Additionally, an inter-ministerial working group has been established for operational monitoring of the implementation of the Resolution on the National Programme in the Illicit Field of Drugs. The members of this working group are representatives of ministries and the REITOX/EMCDDA information unit and representatives of researchers, CSOs, and local action groups. However, there is the same issue as with regard to the Commission. No representative of CSOs in the field of prevention is involved in the work of this inter-ministerial working group as well.

With a help of several CSOs in the field of prevention, we will continue with our NAP to better involve prevention CSOs in policy and decision making processes and involve people who use drugs as well, because they are also misrepresented in above mentioned drug policy bodies in Slovenia. The final aims is to reframe the whole system of civil society involvement (e.g. national drug strategy, national action plans, working groups, commissions etc.).

The core set of activities was implemented in spring 2018, but the NAP was seriously interrupted by the national elections in June 2018. New government (including minister of health) was appointed in the National Parliament in August 2018, so the process of the NAP implementation is still going on.
LESSON FROM THE SLOVENIAN NAP

One of the main lessons learned is that advocating for changes in drug policy and the involvement of CSOS in policy and decision making processes at higher levels is needed (government as a whole and parliament, political parties and important individuals in politics). UTRIP lost a lot of time due to national elections in June 2018, so they have to repeat advocacy action with new government/parliament again in autumn 2018 and winter 2019.