

Case Study Report on Local Civil Society Actions

**Challenges in implementing the
EU Action Plan on Drugs at the national level**



Colophon

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1. INTRODUCTION

Background

This report summarises case studies and civil society actions which were carried out by civil society organisations¹ (CSOs) operating in the area of drugs and drug policy across Europe². The case studies were explicitly linked to the EU Drug Action Plan and sought to enhance the linkage between national and European drug policies.

The report is produced in the framework of the Civil Society Forum on Drugs (CSFD). The CSFD is an expert group to the European Commission comprised of 45 civil society organisations (CSOs) from across Europe, representing a variety of fields of drug policy and stances within those fields. Its purpose is to provide a broad platform for a structured dialogue between the Commission and the European civil society to support drug policy formulation and implementation through practical advice. The momentum for the CSFD's formation can be traced back to the **Green Paper on the Role of Civil Society in Drugs Policy in the European Union**.

The CSFD is organized into a number of working groups, including one on civil society engagement with national level drug policies, and one on the EU Action Plan on Drugs. As part of its work in 2018 and 2019, the CSFD sought to better understand the implementation of the **EU Action Plan on Drugs** at a national level with particular reference to the work of CSOs. The action plan has been adopted by all EU Member States and is a great achievement both in terms of content and for the meaningful involvement of civil society in its preparation.

CSOs play a vital role in the implementation of drug policies. An involved civil society can bring new information to decision-makers in a variety of ways, including through research, experience working in close contact with particular populations and through

bringing diverse opinions and ideas³. The Pompidou Group (2016) has noted that CSOs bring *"knowledge and independent expertise to the process of decision making and policy making"*⁴. This can add to policy-makers' understanding of an 'on the ground' environment which is often in flux. Greer *et al* (2017) note that civil society delivers things that state, market and family cannot deliver⁵. Working to increase communication between these areas will allow policy makers to benefit from CSO experience, allowing policy to be informed by those who are most familiar with the daily realities of working under existing policy structures. Additionally, research from other policy arenas indicates that good civil society involvement can create a better acceptance of policies – when civil society is involved, popular legitimacy increases⁶. The process can be perceived as more transparent and accountable which are important features of good governance. As the Pompidou Group (2016) has noted, civil society involvement creates added value to the policy and planning process itself, *'enhancing the legitimacy, quality, and understanding and longer term applicability of the policy initiative'*⁷. Thus, the structured and formal engagement of civil society can better equip states to plan, implement and measure policy initiatives, thus directly contributing to national and EU drugs strategy objectives.

Nonetheless, in the CSFD's experience, the degree of civil society involvement in the formation and implementation of drug policies at national level can often be limited. There are likely a variety of reasons for this, including a lack of awareness, knowledge and experience among both policy makers and CSOs as to the value civil society involvement can bring to policy processes. The CSFD is committed to working towards improving this situation. One mechanism the CSFD used to do this in 2018 and 2019 was to identify case studies of CSO involvement in drug policy at a national level. These studies highlighted examples of

both good practice experiences that were more challenging. The good practice case studies are published in a companion report. This report details those case studies where the focus was on challenges.

Process

In June 2018, the CSFD core group launched a call among its members to put forward ideas and action plans for civil society actions on national or local level. The activity was supported by the European Commission through the CSFD project, and the call included the following information:

The main objective:

To identify and address specific challenges in CSO engagement in drug policy at the national level

Activities:

- To set out a problem analysis and a short action plan to address the issue
- To implement the action plan
- To organize a policy dialogue meeting with key stakeholders
- To provide a final report (5,000 words in length, written in English) and has been prepared according to an agreed template

Specific criteria for national civil society actions:

- The CS action/advocacy activity has not yet been carried out.
- The CS action is linked to specific topics of the EU Action Plan on Drugs.
- The CS action can serve as good practice exam-

ple and inspiration for others/can have a leverage effect.

- Civil society actions include:
 - Problem analysis
 - Development of the action/strategy
 - Implementation of the action/strategy
 - Evaluation and reporting
- The implementation phase includes the organisation of a Policy Dialogue Meeting.
- Participating CSOs will get ongoing support in the development and implementation of their strategy.

Out of ten applications the CSFD selected four case studies. The selection was based on the quality of the proposals based on pre-defined criteria. In addition the CSFD sought to ensure a balanced regional coverage and a diverse array of topics to be addressed.

The following case studies were selected:

- Case study I: Promotion of (nasal) naloxone in Belgium
- Case study II: Drug checking in Portugal
- Case study III: Towards the meaningful involvement of CSOs in local drug policy making in Budapest
- Case study IV: Involvement of CSOs in comprehensive drug research and drug policy evaluation in Italy

2. CASE STUDIES

Case Study I: Promotion of (nasal) naloxone – Belgium

By Sebastien Alexandre, Fedito Bxl -
Fédération Bruxelloise francophone des
Institutions pour Toxicomanes

1. Short Introduction on the national situation

Action 8b of the EU Drugs Action Plan notes the need to

“Better prevent drug related deaths according to national circumstances as for example in the case of opiates, by providing access to authorised pharmaceutical dosage forms of medicinal products containing naloxone specifically certified to treat opioid overdose symptoms by trained laypersons in the absence of medical professionals.”⁹

Naloxone⁹ is available in Belgium, but with limitations, which hampers its broader use. Naloxone was introduced in the Action Plan against Overdose¹⁰ (written by Modus Vivendi and supported by Fedito Bxl) in 2017, and was presented to Brussels, Belgian authorities and several political parties in Fedito Bxl's Memorandum in October 2018.

2. Challenges and bottlenecks on national level

This case study focuses in particular on the promotion of nasal naloxone in Belgium. To understand the current situation, and why nasal naloxone is unavailable, it is essential to explain the broader context around naloxone in Belgium.

First, there is a lack of information and knowledge around naloxone. Both people who use opiates and general health professionals lack knowledge on what naloxone is and training on how to use it in case of overdose. Typically, only specialized professionals such as hospital emergency departments are experienced in administering the drug. Second, naloxone is only available with a medical prescription and it is not free, which is an obvious barrier to widespread availability. Third, Belgium penalizes the administering of naloxone by a layperson. This means that a person who uses drugs (PWUD) can be penalized for injecting naloxone to a friend in case of an overdose, even though this might save the life of his peer. Knowing that peers are often the only ones around in overdose situations, this may be a significant barrier to preventing overdose cases in Belgium.

These issues could, in part be addressed by the introduction of naloxone in a nasal spray formulation. Such a formulation is now licensed for use in Europe and it has been introduced successfully in various countries across Europe. The biggest advantage is the “greater ease with which a member of the public without medical training may administer the dose, especially given that long-term drug injecting often makes it relatively difficult to find access to a vein (*Preventing opioid overdose deaths with take-home naloxone*, 2016, EMCDDA)

However, the introduction of nasal spray is also linked to a number of challenges including:

- Financial barriers: the price of the nasal naloxone spray is rather high - between 35 and 50 EUR per dose
- Lack of knowledge and information: Whether in injectable or intranasal form, more training is needed for a broad range of stakeholders – PWUD, health professionals and police included - on what naloxone is, what it can do, and how it can be used.
- Legal restrictions: Solutions need to be found in regard to the legal restrictions, which currently penalizes the administering of naloxone by a layperson. This regulation is a major barrier to effective implementation of take-home naloxone; however, there is support for the introduction of nasal spray due to its ease of administration.

3. Aims and objectives

The general objective of the case study in Belgium was to promote the use of take-home naloxone in Belgium, especially in the form of nasal spray.

Specific objectives:

- Raise awareness among policy and decision makers to reinforce access to naloxone in Belgium, including nasal spray.
- Facilitate an exchange between relevant stakeholders by organizing a policy dialogue on take home naloxone.
- Increase knowledge among all relevant stakeholders, including health and service providers, peers, PWUDs and policy makers.

4. Planned Activities

There were three planned activities. First, a focus on raising awareness of the issues around naloxone and overdose among key stakeholders, particularly policy makers, through a communications and engagement campaign. Second, the holding of the policy dialogue with key stakeholders, something that would provide an opportunity to exchange information about the situation in Belgium (both in terms of drug-related deaths and the relevance of take-home naloxone in the prevention of overdose deaths), as well as providing a forum within which the promotion of nasal naloxone spray as an evidence-based and easy to administer intervention could be discussed. Delegates were to include the policy makers, experts and other relevant stakeholders.

Finally, the establishment of a working group after the policy dialogue event to identify relevant needs among professionals (health and social service providers), PWUD and other relevant stakeholders, including the police. A practical guide was to be developed to explain what naloxone is, how it works, how it can be used and how it can be administered.

5. Expected results

Through undertaking these activities, the following results were expected:

- Increased awareness and understanding among policy and decision makers on the importance of take-home naloxone as effective intervention for preventing overdose deaths
- Increased preparedness and willingness among policy and decision makers to make nasal naloxone accessible and remove (legal) barriers to access
- Increased knowledge and information among drug users, professionals and other relevant stakeholders on what naloxone is and how it can be used

6. Involved stakeholders

Policy Makers

- The Brussels Cabinets on Health - in this case the offices of Ministers Gosuin and Jodogne.
- Contacts were very quickly established with Cabinet De Block, Minister of Public Health at the federal level.
- In addition, a meeting was organised with the general drug policy unit (Belgian coordinating body) on 4 December 2018. This unit combines all competent drug offices and administrations at the federal level, including the one from Brussels. The Federal Agency for Medicines and Health Products (FAMHP) was also involved.
- In addition, ten democratic political parties, were contacted.

Civil Society Organisations (CSOs)

Fedito Bxl is the Brussels-based federation of drug addiction institutions. It represents 29 specialized services, which are all present at the General Assembly and can attend the Working Groups. The Board of Directors has 15 members, each of them representing one specialized service. The Board of Directors and all members were involved and informed.

Modus Vivendi was actively involved in the process. The organisation is the spearhead of risk reduction in French-speaking Belgium, and is a leading CSO in the field in Belgium as a whole. The involvement of Modus Vivendi was important as it helped to calibrate the political dialogue. We built on previous efforts, such as the Overdose Plan, which was drafted by Modus Vivendi and supported by Fedito Bxl in 2017.

Other relevant partners were enlisted to share information about the event that we planned to organize, and we informed other networks and cooperation partners to share and disseminate our information. This included the Brussels Center for Socio-Political Coordination (CBCS), the Federations of physicians such as Fédération des Associations des Médecins Généralistes de Bruxelles (FAMGB), the Réseau Multidisciplinaire Local de Bruxelles (RMLB) and the Union Professionnelle des Pharmaciens de Bruxelles (UPB-AVB).

7. Timeline

Timeline	Activities
December 2018:	<ul style="list-style-type: none"> • public mailing concerning the political dialogue towards all contacts of Fedito Bxl. • mailing to all related policy makers and politicians. • meeting with the President of the General Drug Policy Unit, coordinating body of the Belgian drug policy.
January 2019:	<ul style="list-style-type: none"> • relaunch of contacts with political parties and revival of contacts with administration. • continuity of public communication for the study day during which the political dialogue between party representatives and the civil society represented by nearly 160 health professionals and/or drug users will take place.
February 2019:	<ul style="list-style-type: none"> • continuity of public communication at the beginning of the month. • 21st of February 2019: meeting with the 5 political parties having accepted the invitation to take part in the political dialogue around naloxone.
March to June 2019:	<ul style="list-style-type: none"> • follow-up of the political dialogue. • establishment of a “naloxone” working group to monitor the political dialogue.

8. Evaluation and reporting

8.1. Rising awareness among policy-makers

A meeting with the Drug Policy Department President was organized on the 4th of December, in which we addressed the need for better access to naloxone.

A briefing paper and invitation to the policy dialogue was disseminated among relevant policy and decision making agencies and Belgian deputies (Belgian federal state as well as Regional parliaments in Brussels, Wallonia and Flanders) in December 2018 and January 2019. The briefing paper provided information on the relevance of take-home naloxone as effective intervention for preventing overdose deaths and summarized the main barriers in accessing naloxone.

Finally, there was an ongoing contact with various democratic political parties, either via the central secretariats of each party, or through personal contacts, which were already established. The invitation to the policy dialogue was part of a learning day entitled “Drugs in Brussels 2019”.

In total 10 political parties were approached. The focus was on mainstream centrist parties and those on the extreme left or the extreme right of the political spectrum were not included. In addition two levels of administration were contacted, the federal level and the Brussels regional level (via the community commissions). Three ministerial Health cabinets were approached - (1) at the federal level and (2) at the regional level in Brussels.

8.2. Policy dialogue

As noted above, the policy dialogue was organised as part of a learning day on 21st of February 2019. 160 people attended the event. Participants included health professionals, PWUD, and policy and decision makers. Belgian and international experts took the floor to present their view on the situation in Belgium. Presentations addressed the prevalence of fatal overdoses in Belgium, the relative lack of knowledge in this regard, the need to improve the collection of epidemiological data, the effectiveness of naloxone (both in terms of the antidote to fatal overdoses and in terms of public health), and the current barriers in Belgium in accessing and administering take-home naloxone.

The participants of the policy dialogue event heard from experts that:

1. The Belgian and European situation in terms of fatal overdoses is worrying, particularly because of the presence of substances such as fentanyl.
2. Naloxone is an evidence-based intervention, which can prevent overdose deaths.
3. There are barriers which limit the accessibility and effectiveness of naloxone, and what those barriers are.
4. Nasal naloxone spray can support the access and use of naloxone.

The policy dialogue included various civil society organisations and representatives of 5 political parties, including:

- CDH: French-speaking Christian Democrats
- Ecolo: French Greens
- Groen: Dutch-speaking Greens
- PS: francophone socialists
- SPA: Dutch-speaking socialists

These five parties are the most important ones in Belgium and represent the whole spectrum of the Belgian political landscape.

It is important to keep in mind that Belgium is a federal state, comprised of three regions: the Brussels Region, the Flemish Region and the Walloon Region. Political competencies, particularly regarding health, are shared between the federal and regional levels. This can create confusion for all involved parties and it is, therefore, necessary to always check in advance who is responsible for what and on which level the real political power lies.

In the case of naloxone, although the federal level is responsible for the approval, permission and provision of medicines, it is the regional level, which is responsible for risk reduction.

As a result, there are potential jurisdictional conflicts when it comes to naloxone distribution.

The political dialogue enabled the representatives of five political parties on both the federal and regional level to discuss the topic of naloxone together, without losing themselves in a discussion on competences and responsibilities.

The policy dialogue was organized in a simple way. The representatives of the different political parties were asked to present their perspective and point of view in regard to naloxone and the related challenges in barriers to access. Participants of the event had the opportunity to ask questions and give input. This opportunity was important and contributed to the interactive nature of the dialogue.

8.3. Working group and Road Book development

As previously indicated, there can be a lack of knowledge on naloxone among health and social workers and PWUD, with generally only emergency room medics or first responders having adequate training and skills in relation to administration of naloxone.

After the learning day we discussed ways to overcome this lack of knowledge. We brought together a range of experts to write a practical guide, which clearly explains what naloxone is, how it works and how it can be used and administered. This working group is now collecting all relevant information and will compile a practical guide.

This practical guide will target professionals, current drug users and other relevant stakeholders and explain in detail what naloxone is and how it can be used or administered. This applies in particular to nasal naloxone spray.

Once this guide is finalised and published, additional training sessions might be organised to increase knowledge and skills.

8.4 Description of bottlenecks and challenges

The local policy action – and in particular the policy dialogue event – succeeded and we were able to raise awareness and understanding, improve knowledge, and increase the political will to improve access to naloxone in Belgium.

Experience has shown that the alliance between politicians, policy makers, specialized professionals, doctors, pharmacists and drug users has been essential for the success of our activities. However, the policy dialogue has not resulted in any political changes yet and we realise that these activities were only the first steps in our advocacy work.

The working group which was established after the policy dialogue will remain active and continue the work. This includes:

- Monitoring the political developments, which currently still limit the accessibility of (nasal) naloxone and hinder the effective use of it.
- Developing, publishing and disseminating the practical guide and ideally organise training events for relevant stakeholders.
- Investigate opportunities for importing Nyxoid via other European countries.
- Continue the advocacy efforts to increase the availability of nasal naloxone in Belgium and remove the barriers to use and administration in Belgium.



Case Study II: Drug-checking in Portugal

By Joana Canedo, Francisca Balhau, Alina Santos,
APDES

1. National situation and problem analysis

Drug checking services play an important role in the harm reduction services in Portugal. As the Decree-Law 183/2001 states:

*“info points can be equipped with the tools necessary for performing chemical analysis to supplant the user’s lack of information about the substances”.*¹¹

However, drug checking services are only allowed on an experimental and exceptional basis:

*“on a trial basis, the contact and information points may exceptionally be authorized to provide adequate information on the composition and effects of drugs, particularly new synthetic drugs, and the authorization should be subject to annual renewal, after evaluation”.*¹²

Various civil society organizations in Portugal are calling for:

- The development of a regulated national service and a protocol that ensures the safety of staff working in drug checking services as well as regulating the transportation and testing of substances.

- The development of a network of laboratories capable of testing substances.
- Enhanced cooperation between harm reduction teams and police.
- The development of drug-checking services in drug consumption rooms.

As a review of Decree-Law 183/2001 is underway, it is important to focus on these issues and in particular to generate a debate on how to create a permanent national drug checking service. This case study contributes to this activity by developing and implementing two actions. The first action focuses on the organisation of a Drug Checking Policy Debate, that took place at Portugal’s parliament, on the 2nd of April 2019. The second activity was a booth during the International Harm Reduction Conference in Porto, from 29th of April to the 1st of May 2019, which offered information and a drug checking service. In addition to these activities, APDES also organized a workshop on drug-checking services in Portugal.

CHECK!N as example for a drug checking service

CHECK!N is a Portuguese harm reduction project that intervenes at party settings by providing information, tools, and materials about psychoactive substances, sexual health, and other information directed at supporting people to enjoy their party experience in a safer way. CHECK!N, established in 2006, is a project of APDES and co-financed by SICAD (Intervention Service in Addictive Behaviours and Dependencies). Since 2008, CHECK!N has provided drug checking through an integrated substance analysis service. CHECK!N provides drug users with the following services:

- Information on the composition of the substances they intend to use
- Personalized harm reduction information
- Individual counselling for safer use

CHECK!N works in 3 stages:

1. Before drug checking: People voluntarily deliver their substance samples and complete an anonymous and confidential questionnaire.
2. Drug checking: the analysis of the sample is done by two methods: colour metric tests and thin layer chromatography (TLC).
3. After drug checking: users obtain information about the substance composition, the mechanism of action of the substance, which effects they have, and how certain risks associated with the use of this substance can be minimized. People using the service are also asked to fill in an evaluation questionnaire.

2. Challenges and bottlenecks on national level

The current challenges for drug-checking services in Portugal are:

- Limited access and availability of the service due to strict operating conditions
- Lack of funding
- Lack of opportunity for structured dialogue with authorities, and
- Difficulties in involving relevant stakeholders in a formal dialogue, including law enforcement and government representatives

3. Aims and objectives

The overall aim of the case study was to promote development, improve, and safeguard the quality of drug checking services in Portugal.

More specifically the case study aimed to

- Increase knowledge and raise awareness on the effectiveness and usefulness of drug checking services among policy- and decision- makers.
- Advocate for support from SICAD and other institutions involved in drug policy and implementation.
- Increase knowledge and exchange among harm reduction professionals and people who use drugs about the quality of drug checking services.
- Improve communication between law enforcement, government, and civil society to reduce barriers in bureaucratic procedures and support civil society participation at the political level.

To reach the overall and specific objectives APDES planned and implemented the following activities:

- Organisation of a Drug Checking Forum - "Drug Checking Policy Day: Political Dialogue", 2nd of April 2019 in Assembleia da República in Lisbon
- Organisation of the CHECK!n Drug-Checking Booth during the International Harm Reduction Conference in Porto, 29th of April - 1st of May in Alfândega do Porto

4. Expected Results

- Increased political support and willingness to establish a national drug-checking service
- Increased knowledge among HR professionals and drug users to develop and implement a national drug checking protocol with quality standards
- Increased access and quality of drug-checking services in Portugal

5. Involved stakeholders

The stakeholders involved in both actions were:

5.1. Decision Makers

- DICAD Lisboa e Vale do Tejo
- SICAD (Intervention Service in Addictive Behaviours and Dependencies)

5.2. Policy Makers

- Members of the Parliament
- Health Commission at the Portuguese Parliament

5.3. Civil Society Organisations (CSOs)

- People Who Use Drugs
- Members of the Civil Society Forum on Drugs
- Drug Users Association, CASO
- NGO's based in Lisbon - Kosmicare, GAT, IN-Mouraria, Crescer
- International NGOs – Energy Control / ABD Harm Reduction International

- Perto Lx – Lisbon Municipality
- Harm reduction professionals and professionals of the drug field

5.4. Law enforcement

- Forensic Science police
- Local authorities (municipal police, public security, police)

5.5 Others

- Health professionals
- Media channels, both national and international
- Others HR19 Conference attendees

6. Timeline

Action 1: The Drug Checking Forum, took place at Assembleia da República, Portugal's parliament, on 2nd of April.

Action 2: Drug checking booth at International Harm Reduction Conference in Porto, from 29th of April to 1st of May^t, including a workshop with drug checking demonstration on 30th of April.

7. Evaluation and reporting

7.1. Organisation of the Drug-Checking Forum

In 2018, APDES prepared a petition for the Portuguese Parliament, advocating for the regulation of drug-checking services. More specifically the petition called for:

- Approval and regulation of drug-checking services as official HR intervention in Portugal (currently drug-checking is only implemented on *ad hoc* bases
- Development of a protocol for service providers
- separate funding
- Availability of the service throughout Portugal

Unfortunately, APDES did not manage to collect the minimum number of signatures. However, the petition drew the attention of Ms. Elza Pais (PS/MP), who invited APDES to a parliamentary hearing in December 2018. Based on the outcomes of this meeting Ms. Pais produced a report, which was sent to a variety of policy- and decision- makers and served as starting point for the debate.

The European Drug Action Plan (2017-2020) also mentions pill testing as one of the action areas, but drug checking is limited in availability and accessibility. In Portugal, there are various barriers which hinder the implementation of a permanent Drug Checking service. However, this service remains a priority for service providers, harm reduction NGOs and people who use drugs.

Decree-Law 183/2001 allows drug checking only in 'exceptional' situations and only if it is 'occasional'. It therefore can only be implemented during parties or festivals. APDES therefore formulated two points for discussion:

1. The relevance and importance of having drug checking services available on a regular basis and at a national level.
2. The need to develop formal procedures and protocols to operationalize drug checking services and remove current regulations which put the workers of drug checking services at risk of not being in compliance with the law.

The Drug-Checking Forum was organised on 2nd of April 2019 in the Portuguese Parliament. 33 participants with different professional backgrounds joined the meeting.

SICAD attended and participated to the Forum, represented by the General Director João Goulão. Two deputies also publicly stated their willingness to improve the conditions for the creation of an integrated and regulated drug checking service. Other entities such as the Forensic Scientific Department of the police and the regional health administration of Lisbon stressed the importance of drug checking services while the latter also shared suggestions and ideas on how to enhance advocacy efforts.

It was discussed, that drug checking services do not only have an important role for individual drug users, but can contribute to the early warning system as a whole. Reitox Focal Points, which are responsible for the European Early Warning System, can benefit from drug checking by sharing relevant results and disseminating alerts to the broader drug using community.

The presence and presentation from Energy Control - a European reference service located in Spain, providing drugs analysis - was important to help participants understand how drug checking works and what it can do in terms of risk and harm reduction. Although

the legal situation of service providers in Spain is less regulated than in Portugal, drug checking services are more supported by the Spanish government, both on political and financial levels.

The policy dialogue meeting also benefited from the input of people who use drugs. They shared their ideas about drug checking services, and explained what works well and what could be done better. The members of CASO (Portuguese Association of Drug users) stressed the importance of drug checking services and presented a proposal on how to connect a drug checking service with the drug consumption rooms that are currently developed in Portugal.

Speakers of the meetings included:

- Joana Canêdo and Alina Santos from APDES
- Various members of the Portuguese Parliament, including Ms. Maria Antónia Almeida Santos (PS/MP) and Mr. Moisés Ferreira (BE/MP)
- Mireia Ventura from the Spanish drug checking service Energy Control/Asociación Bienestar y Desarrollo
- João Goulão, Director General of SICAD (General-Directorate for Intervention on Addictive Behaviours and Addictions)
- Representatives of the drug user organisation CASO, Kosmicare, GAT, IN-Mouraria, Crescer and Perto Lx

Around 25 stakeholders were brought together in total to discuss the importance of drug checking services across a variety of settings.

Professionals, drug users, policy-and decision-makers, public institutions and deputies discussed the implementation of an integrated and regulated drug checking service for the very first time in Portugal. The organisation of the forum, represents a new communication mechanism, which needs to be maintained, extended and improved in the future. This will enable civil society and harm reduction organisations to bring and keep this topic on the national policy agenda, organise follow-up activities and share communications.

7.2. CHECK!N Drug Checking Booth- workshop & drug checking service at IHRC, 29 April – 1 May 2019 in Alfândega do Porto

APDES was the local organizer of the 2019 International Harm Reduction Conference, which was organised in Porto from 28th of April till 1st of May. CHECK!N had a booth during the conference where participants were informed about drug checking.

APDES also provided drug checking services during the conference. This was the first time that such a service was provided during IHRC. Participants of the conference were highly interested in this service. However, due to the limited equipment available, the analysis of opioids was not possible and only a small number of checks were performed.

APDES also organised a drug checking workshop during IHRC which was attended by 18 participants. They learned how drug checking works and how it can help reduce risk and harm to drug users.

7.3. Assessment of results

In general, APDES is positive about the results and the outcomes of the case study activities. The activities contributed positively to the ongoing national debate on establishing a regulated national drug checking service. Based on the specific objectives, results can be assessed as followed:

- Increase knowledge and raise awareness on the effectiveness and usefulness of drug checking services among policy and decision makers.
 - Although SICAD did not commit to establish a national Drug Checking service as proposed by civil society organizations, the head of SICAD - Mr. João Goulão - was open to input from civil society both currently and throughout the ongoing review process.
 - There was no direct commitment towards the development of a national protocol. Such a national protocol would contribute to the overall quality and safety of drug checking services, protect staff members and users of drug checking services, create an overall framework for a national response and establish a set of quality standards in this area of work. Although, no agreement was made on this particular point, civil society was able to share the concerns and will continue this discussion with competent authorities in the future.
 - The review of Decree-law 189/2001 is ongoing. Based on the discussions during the Drug Checking Forum, APDES is to prepare a document with recommendations and this document will be used in the ongoing discussion with national authorities.
- Increase knowledge and exchange among HR professionals and drug users to improve the quality of drug checking services
 - The different activities as part of the case study contributed to increased knowledge and communication among relevant stakeholders. The Drug Checking Forum and the activities during the IHRC raised awareness and informed participants on the importance and effectiveness of drug checking services. The booth at IHRC and the related workshop session provided specific knowledge on how drug checking works and how it is organised.
 - During the IHRC, APDES reached more than 1200 people from 87 countries both at the booth and through engagement in the sessions. Furthermore, IHRC had an extensive media coverage that allowed APDES to disseminate knowledge and information among different stakeholders, including journalists.
- Improve communication between law enforcement, government and civil society to reduce barriers of bureaucratic procedures to support civil society participation at a political level.
 - The organisation of the Drug Checking Forum brought together a broad range of stakeholders and stimulated the exchange and the discussion between them. Although this did not automatically lead to an agreement or a change in policies, it has been an important step for the future. The communication with policy makers, decision makers and law enforcement will be followed-up and new activities will be organised.

Case Study III: Towards a Meaningful Involvement of Civil Society to Local Drug Policy Making in Budapest

By Peter Sarosi,
Rights Reporter Foundation

1. Short Introduction on the national situation

Most drug-related harms in Hungary concentrate in the capital, Budapest, where most people who inject drugs (PWID) live. There is a significant correlation between these harms, poverty, and social exclusion. After 2010, when there was a major change in the drug market, most PWID shifted from using opioid drugs to new psychoactive drugs, with riskier use patterns. Since then, the use of new psychoactive cannabinoids among vulnerable populations caused several hospitalizations.

In 2010, the progressive pro-harm reduction national drug strategy was rejected by the new government. A new, law-and-order and recovery-oriented drug strategy was created in 2013, subordinating harm reduction to recovery and aiming to make Hungary drug-free by 2020. Representatives of civil society organisations (CSOs) were excluded from the main consultative drug coordination body of the government and CSO efforts to build partnership with the government remained unsuccessful. The budget available

for demand and harm reduction services was cut significantly and political support to CSOs providing harm reduction services waned. Several services had to close down, including the two largest needle and syringe programs in Budapest in 2014, distributing half of the sterile needles in the country. The increasing demand and reduced supply of clean needles led to an increase in hepatitis C prevalence among PWID, which doubled between 2011 and 2014.¹³

2. Challenges and bottlenecks

Currently, there is no metropolitan drug coordination and funding system in Budapest. District mayors and councils perceive this issue as first and foremost a law enforcement and policing problem, pressurizing the police to launch raids in vulnerable neighborhoods. These raids however, only relocate the problem from one neighborhood to another leaving the underlying factors of drug use, such as poverty and social exclusion unaddressed. Drug laws are draconian and people who use drugs and homeless people are criminalized.

Civil society efforts to establish a metropolitan drug coordination system in Budapest failed in 2010 due to the lack of political commitment. Even the previously available small metropolitan drug prevention grants were abolished. However, in 2018 an opposition member of the city council, with the support of civil society, convinced the Mayor of Budapest to support her initiative to create a drug committee within City Council. With several civil society representatives as experts, the goal of this committee was to create a drug strategy for the city by August 2019.

This proposal was vetoed by the government party at the last moment. One day before the meeting of the Council, they submitted a competing proposal to establish the Drug Coordination Forum of Budapest

(BKEF). This Forum was created under the leadership of the Budapest Metropolitan Police, with mainly a law enforcement approach and without the meaningful involvement of civil society. The Civil Society Coordination Council on Drugs (KCKT), an umbrella group for drug prevention, treatment, and harm reduction networks in Hungary, submitted a request to the BKEF in March and asked to be able to send a representative. The request was accepted and one permanent KCKT representative was added as a non-voting member of the BKEF.

In January 2019 the Rights Reporter Foundation (RRF), a member of the KCKT carried out work to advance city-level involvement of civil society in drug policy decision making. This report describes the activities carried out in this project, assess the results, and outline future activities.

3. Aims and objectives

The overall objective of this local action was to promote and advocate for a more balanced, human rights-based drug policy in Budapest. More specifically the action aimed to:

- Take stock of the current drug related crisis in highly affected neighbourhoods in Budapest and raise awareness among relevant stakeholders including professionals, policy and decision makers, and the public.
- Promote the creation of a city-wide drug strategy and drug coordination system in Budapest.
- Mobilize professionals, policy and decision makers, and the public to support a balanced, integrated, evidence-informed approach to drug policies.

- Facilitate the exchange of information and knowledge between decision makers and professionals based in Budapest and Vienna.

4. Activities

To complete the project objectives, the RRF planned the following activities in cooperation with other members of the KCKT:

- Conducting desk research to document the evolving public health crisis related to the change in drug markets and the disruption of services, including needle and syringe programs (to answer the question: how did we get here?)
- Conducting a rapid assessment among key stakeholders in Budapest to map the problems, barriers and opportunities related to drug policies in Budapest (to answer the question: what is the situation now?)
- Producing a report (in both Hungarian and English language) on the findings of the desk research and the rapid assessment
- Organizing a forum to exchange experiences and knowledge between decision makers and professionals in Vienna and Budapest
- Creating a video about the forum and the report and distributing it widely

5. Expected results

- Media communications addressing urban drug problems and solutions.
- A dialogue established among currently isolated stakeholders on the local level in Budapest to address the need of a joint strategy in drug policy.
- A proposal based on the report and recommendations to be submitted and discussed at the Budapest city council.
- The Vienna-model to be used as a good practice example for a new drug policy approach in Budapest.

6. Involved stakeholders

6.1. Decision Makers

The report was sent to the chief mayor, district mayors, and members of the Budapest city council. Those who responded positively were invited to the Forum to discuss how to improve drug policy in Budapest.

6.2. Policy Makers

Members of the district drug coordination forums were approached during the assessment and were invited to the Forum. This Forum was organised with support of the Vienna city coordination.

6.3. Civil Society Organisations

All relevant professional service providers and CSOs were invited to the Forum.

7. Timeline

January - February 2019:

Desk research and rapid assessment

March-April 2019:

Preparation of the Report

April-June 2019:

Planning and organisation of the Forum and launch of the Report

8. Evaluation and results

8.1 Desk research

In March 2019 research was conducted by Zsuzsa Kaló (ELTE University, Budapest) to examine the changes in drug policy discourses in the media in relation to harm reduction as a philosophy and practice between 2010 (the change of government and the rejection of the pro-harm reduction drug strategy) and 2018. Researchers made a keyword search (for “drug”, “drug policy”, “drug strategy”, “needle exchange”, “low threshold”, “harm reduction” and “women and girls”¹¹) in the Arcanum Digital Media Archive, an online database of all media articles published in printed media in Hungary. The limitation of the research was that it only focused on reports from the printed media, as content produced by online and broadcast media is not included in the database.

Using a discourse analysis, the research outlined the main topics and trends that generated the most media attention in drug-related public discourses throughout these years, reflecting on the public attitudes and marking important decisions made by the local and national governments.

Table 1. Chronology of events in drug-related media coverage

2010	In December the newly elected conservative government rejects the national drug strategy as “too liberal and too harm reduction-oriented”, despite the protests of civil society organisations and professionals who were in support of this document.
2011	<p>The media mainly covers the preparation of the new national drug strategy and civil society’s criticism about the draft texts and the process itself (the strategy is not adopted until 2013). The pro-government media starts to criticise needle exchange programs for being responsible for drug litter in Budapest. There are budget cuts for harm reduction programs that are already underequipped and understaffed, and the number of distributed clean needles start to drop dramatically.</p> <p>A mass accident in the club West Balkan is highly covered by the media: three young women are trampled to death when panic breaks out in a club. This draws attention to the unregulated night-life scene, including the lack of harm reduction measures.</p>
2012	<p>The main topic of the year is the government’s response to the emergence of new psychoactive substances, called the “list C” - a new emergency schedule where New Psychoactive Substances (NPS) can be added in order to criminalise their sale. Civil society criticises the government’s approach as being too focused on law enforcement while neglecting public health and social interventions.</p> <p>A scandal breaks out when the Hungarian Civil Liberties Union (HCLU) reveals that important parts of the official annual report of the REITOX Focal Point were omitted due to political pressure because they contained research findings on the shortcomings of drug prevention.</p>
2013	<p>After 3 years delay, the parliament adopts the document “National Anti-Drug Strategy: Clear Mind, Sobriety and Fight Against Illicit Drug Trafficking 2013-20”. Although the document finally does include the call to scale up harm reduction programs, it is dominated by a tough-on-drugs and abstinence-based approach. Its main goal is to create a drug-free Hungary by 2020. This goal is criticised by civil society as irrational.</p> <p>The government adopts a new Criminal Code, with more severe sanctions for drug offenders, including the limitation of alternatives to coercive sanctions for people who use drugs.</p> <p>The situation in the District 8 of Budapest escalates: the local NSP, operated by the NGO Blue Point, is under attack from the mayor, Máté Kocsis, who claims the program is responsible for drug litter and attracting drug users to his district. He excludes Blue Point from the local drug council and threatens to shut the NSP down.</p> <p>The Ozora goa trance festival is raided by police and the media covers wide-spread drug use and sale there.</p>

2014	<p>A pro-government organisation (GONGO) organises a protest against Blue Point in front of the NSP. The mayor raises the price of the real estate rented by Blue Point, as a result, the NSP has to shut down in August 2014. Following its closure, clients go to the District 13 to attend an NSP operated by the NGO Drug Prevention Foundation. Long lines are formed in front of the program and local residents complain because of the nuisance. The local mayor closes the second NSP down.</p> <p>The HCLU launches its 'Room in the 8th District' campaign to establish a drug consumption room instead of closing down NSPs, with intensive media coverage and collection of signatures. It submits a complaint to the Commissioner for Fundamental Rights about the closure of NSPs. The Commissioner, in its report, concludes that the closures violated the right to health of drug users and the right to a healthy environment for local residents. The governing party launches a media smear campaign against HCLU's drug policy director to discredit the ombudsman's report as "manipulated by the drug lobby."</p>
2015	<p>Following HCLU's freedom of information request, the National Centre of Epidemiology releases the epidemiological data after several months of delay. The data reveals a huge outbreak of hepatitis C. From 2011 to 2014 the number of PWIDs living with HCV increased threefold. Civil society blames the government's drug policy for the outbreak.</p> <p>Media covers the first drug rehabilitation institution opening its doors to teenage drug users in Szatymaz. The younger initiation age of NPS users and the need of early intervention for teens is also widely discussed in the media.</p>
2016	<p>The government abolishes the National Drug Prevention Institute, the main government agency responsible for drug coordination.</p> <p>The arrest of the Canadian electronic band DVBBBS at the Balaton Sound festival creates media attention: two teenage girls are drugged backstage and the band is accused of raping them.</p> <p>In the town of Törökszentmiklós, near Budapest, a mass poisoning case is highly covered by the national media. Two pregnant women are hospitalised after using designer drugs that contained different substances to what they believed they had purchased. This reveals the lack of programs addressing the needs of pregnant women who use drugs.</p>
2017	<p>In August a great number of marginalised drug users are hospitalised due to the influx of new psychoactive drugs in Budapest. This directs media attention to the Heroes street (Hős utca) neighborhood, where these drugs are sold. An increased police presence in the neighbourhood cannot stop the sale of drugs continuing and civil society demands comprehensive harm reduction and social programs to deal with homelessness and drug use.</p>
2018	<p>In June a high school in Balatonfüred reports several of its students to the police for using and selling cannabis. The police arrest these students and searches the houses of their families. This creates a debate in the press about the drug situation in Hungarian schools, the over-reliance on police force, and the lack of drug prevention programs.</p>

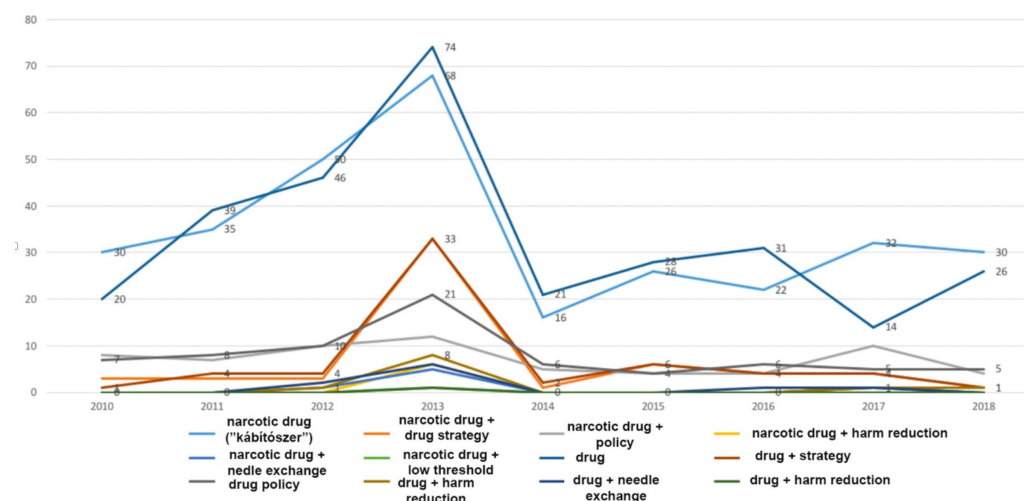
The analysis of public drug policy discourses in Hungary leads us to the conclusion that harm reduction as a philosophy and as a practice has been in a constant decline since the change of government in 2010. The approach of the ruling administration has been based on the prohibitionist paradigm, pursuing the unattainable goal of a drug-free society using mainly law-and-order policies. From a harm reduction perspective, the process of decline was marked by a) budget cuts, b) weakening the advocacy position of civil society, c) shutting down harm reduction programs, and d) implementing restrictive criminal sanctions/law enforcement methods.

The analysis also revealed an important feature of drug policy discourses: they are often shaped and influenced by unforeseen, highly publicised (often media generated) events, such as overdoses, accidents, police arrests, etc. These events serve as catalysing points for drug policy debates, giving the opportunity for opinion-forming forces (governmental and non-governmental alike) to elaborate their posi-

tions, draw public attention to their ideas, and show the consequences of policies - or lack thereof.

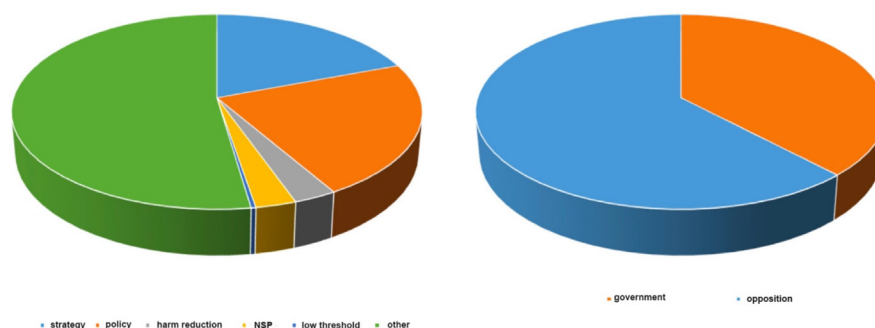
In addition to the media research, the records of the Hungarian Parliament were also analysed between 2010 and 2018 (open access on parlament.hu) by Beatrix Vas (Central European University). This research aimed to identify the role and relevance of harm reduction as an approach and topic in parliamentary discussions. There were 608 references to drugs in the records of these 8 years (the 39th parliamentary cycle from 2010 to 14 and the 40th cycle from 2014 to 18). In most years drugs were mentioned in parliamentary interventions 30-40 times in average, with the highest number (74) in 2013 (the year when the new drug strategy and the new criminal code were adopted). In the Hungarian language, there is a separate expression for "narcotic drugs", "kábitószer", with a special meaning (including only illegal substances). For this key word, there were 68 mentions in 2013 alone. Other keywords and combinations were also searched as shown in the graph below.

Graph 1. Prevalence of drug-related topics in parliamentary interventions in Hungary, 2010-18.



It was compared how many times and in what context the MPs of the government parties (Fidesz, KDNP) and MPs of the opposition parties (MSZP, DK, LMP, Jobbik, Párbeszéd, Együtt and independents) used these keywords. Opposition MPs mentioned drug-related subjects 27% more than government MPs (352 vs. 256 times) and harm reduction keywords were mentioned 39% more by opposition MPs than by government MPs (180 vs. 110 times), as illustrated in the graph below.

Graph 2. Distribution of drug related topics in government and opposition parliamentary interventions in Hungary



According to this analysis, we can conclude that harm reduction as an approach and practice did not play a significant role in parliamentary discourses in the period under examination. The debate around harm reduction was highly polarised in the political arena, with the government fighting against it and (some parts of the) opposition defending it, with the support of civil society. This political polarisation and the indifference and/or hostility from the government significantly contributed to the shrinking space for harm reduction programs.

8.2. Rapid assessment among stakeholders

Focus group research was conducted by Zsuzsa Kaló among six key professionals (researchers, social workers, nightlife expert and drug policy expert) with perspectives on different sides of drug policies in Budapest in June 2019. The responses of the participants were examined with thematic content analysis. This research attempted to map current trends in prevalence and patterns of drug use, risk behaviours, access to harm reduction programs, the funding environment, and cooperation among various stakeholders in Budapest.

Table 2. Themes and questions of the focus group research

THEMES	SUBTHEMES	QUESTIONS
Trends in drug use	Drugs, trends, visibility	How do you see the changes in the Budapest drug scene in recent years?
Drug use patterns	Groups of drug users, new behaviours	How did the communities/behaviours of drug users change?
Harms	Overdoses, infections	What do you experience in terms of drug related harm (particularly infections and overdoses) in the capital?
Harm reduction programs	Changes in access and quality of programs	How has the situation of and access to harm reduction programs changed in recent years?
Funding	Financial, equipment and moral support	What are the resources available for harm reduction programs in Budapest? What are the anomalies of support?
Cooperations	With service providers, civil society organisations, government institutions and law enforcement authorities	<p>How is the cooperation between the public health care system and hospitals?</p> <p>How is cooperation between rehabilitation/ drug therapy institutions?</p> <p>How do you see the role of the Ministry of Human Resources and other government institutions?</p> <p>How do you see the role of the police and the impact of its work?</p> <p>How do you see the role of the local Drug Coordination Forums in local decision making?</p>

Trends in drug use

The first step to solving problems is to make them visible. However, according to the participants of the focus group, there is a great level of uncertainty in determining trends in drug use because of the lack of political will to address these problems. That is, to speak out about problems is not advisable and drug problems constitute a taboo because it distorts the political image decision makers try to maintain in the minds of the voters. *"One who uses drugs is considered immoral - to use drugs is bad, and we don't want to see what is bad,"* said one participant. Another participant expressed it with irony: *"There are no drugs in Budapest as I have heard ... no numbers, very few users, everybody is educated and this problem actually does not exist ... this is the official position."*

However, in reality, drug use is wide spread and prevalent in all segments of society - but different groups have access to different drugs, and have different patterns of use. Middle class young people have access to traditional party drugs such as cannabis, ecstasy, amphetamine and cocaine in good quality. According to an expert of the recreational drug scene, young people at electronic dance parties have no access to reliable information about the drugs or to drug checking services, and they (especially inexperienced teenagers) often engage in risky behaviour (oral consumption of MDMA with moderation vs. excessive snorting of MDMA at after parties). In accordance with the reports of the EMCDDA, participants of the focus group reported improving quality of more traditional drugs, such as amphetamine and MDMA (the potency of ecstasy pills is growing according to the accounts of young drug users at Internet forums).

Among marginalised groups such as homeless people and Roma people living in poverty, trends include the use of new psychoactive substances ("crystal" = cathinone type stimulants, mainly injected; "bio" or "herbal" = synthetic cannabinoids, smoked). According to the

unanimous view of the participants of the focal group, there is a strong correlation between the use of NPS and lower social status, social exclusion, and poverty. This affects the geographical distribution of drug use; while the so called "entertainment district" (district 6) is mostly associated with middle class young people and more traditional drugs, the use and sale of NPS is more prevalent in the impoverished neighbourhoods of Budapest (such as the Heroes Street area, highly publicised by the media). Finally, there is a constant movement of the drug use scene (for example, from the district 8, where the NSP was closed, it moved to the district 10 and other districts on the outskirts of Budapest).

Drug use patterns

Most participants reported a decline in injecting drug use in recent years. Many PWUD now engage in poly-drug use and snorting/smoking as a way of drug use is more prevalent than injection (which is obviously dependant on access to needles). However, when users do inject, they tend to share injecting equipment more often. Most people inject synthetic stimulants from the cathinone type (such as mephedrone), which are collectively referred to as "crystal" on the street. Participants recognized that this pattern is unique in Europe: in no other country is injecting drug use so dominated by NPS. Some participants supposed that the Hungarian heroin market is too small and not stable enough; with police seizures affecting the market more intensely making NPSs more accessible and cheaper.

In a highly repressive environment people who use drugs became very inventive and created new forms and spaces for drug use. One example is "boxing" (fűlkézés) where people use telephone boxes as temporary smoking rooms by putting the substance on foil, burning it, and creating smoke which can

be inhaled by a group of drug users. Drug use is reported to spread among vulnerable groups where it was not so prevalent before, such as sex workers, men who have sex with men (MSM), and homeless people. Chemsex is reported among MSM but it is not researched and mostly invisible to professionals. Only one NGO in Budapest provides harm reduction information to MSM.

Harms of drug use

Lack of information is also reported in regard to drug harms. After the closure of the two largest NPSs, the majority of injecting drug users became invisible to the care system. The latest reliable epidemiological information about Hepatitis C and HIV is from 2014, before the closure of these programs. Although HIV rates have been low in Hungary, there was a rapid increase of HCV infections (the prevalence of HCV increased threefold between 2011 and 2014). Participants of the focus group reported reducing rates of injecting use but high levels of equipment sharing among drug users, leading to more risks of blood borne viruses and other diseases. As PWID have no access to vein care and hygiene, sharing equipment often leads to abscesses and in severe cases amputation of the limb. One participant said it would be interesting to check amputation data in health care records. Clients of programs report discrimination and stigma when using the public health system.

Because of the low level of opioid use, fatal overdoses are not so prevalent in Hungary, but there are several hospitalisations and, in certain cases, deaths, due to NPS use. Participants supposed that overdose data are underreported. In many drug-related death cases the pathological investigation does not include testing for drug metabolites and the true cause of death is left unreported.

Harm reduction programs

Participants reported a discrepancy between the official approval of harm reduction in the national drug strategy and the disapproval of harm reduction in actual policy making (budget, political support). The two largest NSPs were shut down and the remaining programs are much smaller and struggling to survive. The mobile NSP operated by the Baptist Charity Service has been raided by the local police force because of a false report that drug trafficking was happening within the program. This had a very detrimental effect on social workers and people using the service.

Gentrification and housing problems were mentioned as a key factor: poor, marginalised populations are pushed to the outskirts of the city by raising real estate prices, restrictive policies and lack of social and health services for the poor. Harm reduction programs cannot follow shifting markets and moving drug user populations. Care for homeless people cannot cover everyone in need when there are only 6 services for them. More PWID buy needles in pharmacies after the closure of NSPs but not all pharmacies serve them. The current governmental drug policy focuses on recovery - but it has nothing to say about recreational drug users who are mostly invisible to the officials. There are no programs addressing their needs.

Funding

Funding for harm reduction programs in Budapest is very limited and only available from the national government/state. No metropolitan, Budapest-level grants are available. Some district municipalities provide support (e.g. reduced renting fee) but it is far from adequate. The so called "normative fund" for low threshold service providers is 7,5 million HUF (22.000 EUR) per year, which is not enough to cover half of the operational costs (staff salaries, renting fee, expenses,

transportation of dangerous waste etc.) required by law and professional protocols. There is an additional annual grant call every year by the government (so called "KAB grants"), but harm reduction organisations have to compete for these limited resources (approximately 10-15.000 EUR a year) with recovery organisations. Furthermore, grant calls are often announced late and the grant contracts are signed by the Ministry too late to sustain services. Professionals are leaving the field (and sometimes the country) because of low salaries, no prospects, and no moral support from the state. Harm reduction programs are understaffed, underequipped, and often suffer from multiple organisational anomalies and burn out.

Participants pointed out the absurdity of the fact that the state, with one hand, supports needle exchange but it blocks its operation with its other hand (police). *"The client receives a sterile needle and condoms from a government funded program with the aim of prevention but another government funded agency takes it away from him as a sign of crime,"* said a participant.

Co-operation

The communication channels with the government are far from perfect. It is easier to contact low level officials in the Ministry, but there is no dialogue with decision makers. All drug-related activities are implemented with police leadership, even drug prevention and education. The government regards drug policy as a law enforcement task and it tries to demonstrate the effectiveness of its policies by organising "window raids".

There was a co-operation contract signed between NSPs and the Budapest police in the 2000s. In accordance with this contract clients got a card to be

shown to policemen that it is legal to return needles to the programs and receive sterile ones. However, this contract was rejected by the police after 2010. Now, many people do not dare to attend these programs because of fear of arrest.

"We can reach the ministry officials, they understand our problems and we find some sensitivity - but nothing above that," said another participant. *"So I see that ministry officials see the problems but I don't see what are they going to do with it."* *"Fear is present but we try to strengthen our professional partnerships, we co-operate with other organisations in the local level,"*

said another one.

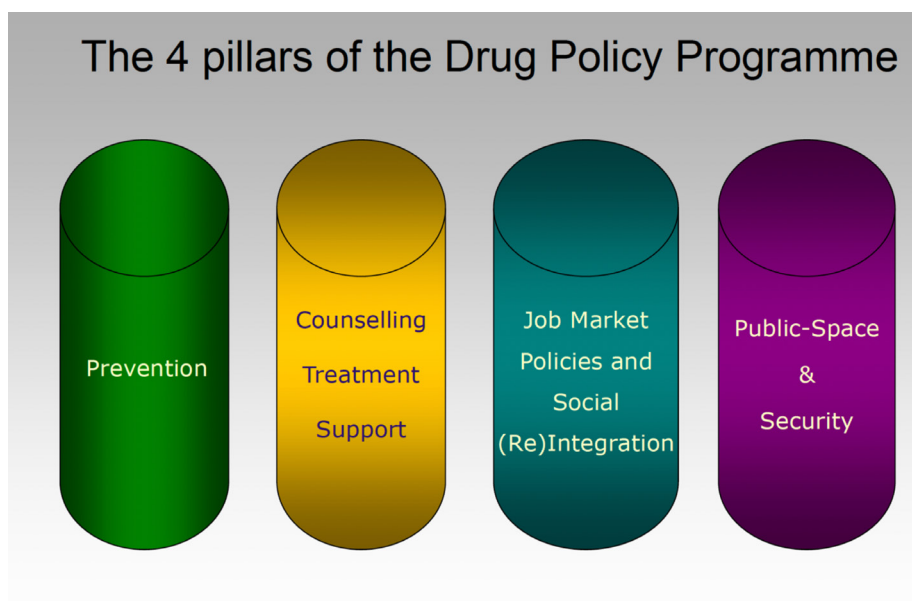
8.3 Produce a report & organise a forum

A report about research findings was produced (in Hungarian) to be launched and presented at a civil society forum organised by the KCKT on 26 June, 2019 at Kossuth Klub in central Budapest. The event had multiple aims:

- To initiate a dialogue between decision makers and professionals in Budapest to address the issues highlighted by the research findings
- To initiate a dialogue between decision makers and city officials from Budapest and Vienna about local drug policies, facilitating an exchange of experiences good practices, and evidence-informed policies
- To discuss opportunities and barriers in the local level among professional service providers and activists

Dr. János Szemelyácz, the representative of KCKT at the Budapest Drug Coordination Council (BKEF) attended a meeting in March where the Budapest Mayor, *István Tarlós* was present. He proposed that the BKEF organise a joint meeting with the Vienna drug coordination on 26 June to learn about how a city-wide drug coordination and funding system can work in a city which has more experiences with this than Budapest. Unfortunately, the mayor rejected this civil society offer without real arguments and also refused to discuss the possibility of creating new funding mechanisms for civil society through the BKEF. Despite this initial hostility and rejection from the mayor, we did not give up our advocacy efforts and decided to organise the conference and try to involve the members of BKEF in an informal way. One opposition member of BKEF, *Márta V. Naszályi* accepted our invitation and offered to present the work of the BKEF. We approached the Vienna drug coordinator who was open and positive about our proposal and accepted our invitation.

The event was attended by more than 60 professionals working in the drug field. The conference started with the presentation of *Mr. Dominik Kalwoda*, the deputy director of the Vienna drug coordination, who presented the Vienna drug coordination system. Unlike Budapest, Vienna has a permanent drug coordination agency called the Addiction and Drug Coordination Vienna (SDW), established in 2006, with several fulltime employees. It is responsible for implementing the Vienna Drug Policy Program that was first established in 1999 (and renewed in 2013) by the City Council. The Program aims to minimize the harms of drug use, to treat people with drug dependence and to reduce drug supply. Its four pillars are prevention, counselling & treatment, job market & social integration, and public space & security.



The Drug Coordination Vienna (SDW) leads the Quality Task Force, consisting of city officials and civil society experts (30 members from 7 organisations, 8-10 meetings a year), which are responsible for implementing interventions and ensuring quality standards in all these pillars. They support two types of interventions: emergency help (basic low threshold services) and individual care plans (detox, in- and outpatient treatment, aftercare etc.). It also has teams of social workers who are sent to negotiate with local residents, policemen, and other affected parties in neighbourhoods where there is a conflict between PWUD and the general public.

The Quality Task Force created an assessment matrix to monitor and evaluate programs with 7 categories (drug consumption, physical health, mental health, social resources, job & education, financial situation, housing conditions) and 5 levels of assessment (initial position /problems, duration of problems, client's satisfaction and motivation, realism of target achievement). The Vienna Drug Programme has an annual budget of 30 million Euros that are covering the implementation of its pillars and support individual programs. But this is not the only source of income for service providers; there is other funding through the public health system.

The presentation of Mr. Kalwoda's was received with great interest from the participants of the conference and it was followed by a 30 minute discussion with several questions and answers. Professionals from Budapest were able to gain an insight into the operation of a city drug coordination and see its benefits.

Other speakers were:

Zsuzsa Kaló (ELTE University) presented the findings of the desk and focus group research.

Beatrix Vas (Central European University, RRF intern) presented the research on the parliamentary drug discourses.

Márta V. Naszályi (member of the City Council) presented the preparation, creation, operation, and working groups of the BKEF. She explained that most working groups are led by policemen and only a few social and health professionals attend the meetings, most of them holding no real decision-making power. Most civil society proposals were turned down.

The lack of civil society participation is also illustrated by the fact that the chair of the BKEF, who is the Mayor of Budapest, not only refused to attend the joint meeting with civil society and the SDW, he also organised the meeting of the BKEF at the same day - so members of the BKEF could not attend both events. He also threatened *Ms. Naszályi* with legal consequences, if she speaks there on behalf of the BKEF.

The drug prevention working group of BKEF decided to launch a police-driven media campaign targeting schoolchildren, mainly based on scare-tactics, which are proven to be ineffective according to international evidence. The City Council provided BKEF with a small budget (20 million HUF) which the leaders of the forum want to spend on law enforcement activities proposals.

Presentations were followed by a Q & A section where professionals from civil society organisations expressed their concerns about how the BKEF was created and how it operates. The biggest concerns were:

- The lack of meaningful civil society involvement
- The lack of evidence-based interventions
- The focus on law-enforcement

In addition two workshop sessions were organised.

Each of them discussed a fictional, but concrete case, which requires the involvement of different local stakeholders. Each working group received a flipchart and had to develop ideas and proposals on how to solve the cases.

Case 1: A Budapest high school is raided by the police because some students were accused of drug use. The director of the school approaches CSOs to assist the school in addressing this problem.

Case 2: A female drug user, living with Hepatitis C shows up at a drop-in centre with abscesses. What has to be done and which stakeholders need to be involved from the local social and health care system?

The conference was filmed by RRF and livestreamed on the RRF Facebook page, with hundreds of people watching it online. The videos (in two parts) are available online. The conference was also covered by an online media site (Abcúg), specialised on social and human rights issues.

8.4. Follow-up and future activities

There are several lessons learned from the civil society action:

- Although government policy documents, such as the national drug strategy, approve the idea of harm reduction in Hungary, harm reduction programs face widespread ideological and political opposition and obstruction in their everyday work, resulting in some programs being closed down.
- There is no real political leadership in regard to drug policy in the city of Budapest. As a consequence, drug problems are often not addressed effectively. This means that they are neglected or

that only law and order strategies are implemented in certain districts. This does not solve the problem, but shifts the problem from one neighbourhood to the other.

- The creation of a formal drug coordination mechanism did not automatically create opportunities for meaningful civil society involvement. It rather seems that the mechanism is used to cover up the inertia and unwillingness of the political system to deal with the drug problem in Budapest.
- In countries where a semi-autocratic government is hostile towards civil society, the effectiveness of traditional ways of advocacy (engaging with decision makers with the aim to educate and convince them) are limited.

Although there is still no strong drug coordination system and funding mechanism in Budapest, and the meaningful civil society involvement is still not existing, this local action has been successful and useful. The research and assessment activities clearly demonstrate the various problems and challenges in Budapest in regard to drug policy and civil society involvement. The report will help and support the future advocacy work of CSOs. By involving the SDW, we presented and discussed an effective model and good practice example of local drug policy. If there will be a change in the leadership of the Hungarian capital, civil society is ready and prepared to work with decision makers in improving local drug policy responses. Until then, civil society organisations will continue their work at the BKEF and submit proposals to change the current law and order approach into a more effective approach that is built on the best available evidence and the human rights of people who use drugs.

Case Study IV: Research challenges. Towards a new involvement of CSOs in promoting comprehensive drug research and in evaluating drug policies (Italy)

By Forum Droghe

1. Short Introduction on the national situation

In Italy, drug policies operate at national and regional levels, according to the national drug law (n.309/1990). Regions are required to organize and manage the Health and Welfare system in complete autonomy, though in the framework of the national legislation. This large regional autonomy has led to relevant differences in drug policies among Italian regions, Harm Reduction services and innovative interventions included.

As regards research, Regions have a role as well, though limited, through both regional Epidemiologic Observatories and regional funds aimed at supporting studies at local level. National bodies (Ministries of Health, Welfare, Justice, Foreign Affairs and the National Antidrug Department (DPA) play a role as for their specific competencies. The field of research is among the competencies of the DPA, instituted in

2009 as a governmental body within the Presidency of the Ministers Council and different policies have been adopted under different governments. The DPA is the EMCDDA Italian focal point, distributes funds for studies, and is responsible for the Yearly Report to the Parliament (*Relazione Annuale sulle Droghe*, <http://www.politicheantidroga.gov.it/it/attivita-e-progetti/relazioni-annuali-al-parlamento/>) on drugs and drug addiction, aimed at informing policy makers on the implementation of the antidrug legislation, its effectiveness as well as unwanted consequences and shortcomings.

This information is necessary to evaluate drug policies and promote changes and innovation when necessary. The Yearly Report is drafted with the scientific contribution of public research bodies (such as CNR, National Research Council), funded by DPA. The DPA is also in charge of promoting and organizing the three-years National Conference on Drugs, through a participative process aimed at involving professionals, CSOs, researchers and policymakers. The National Conference is aimed at promoting the largest public debate on present drug policies and at suggesting future developments, giving guidelines to the government for the updating of the National Action Plan on Drugs, as provided by law. At CS level, Italian Universities, CSOs and NGOs provide independent studies and researches, sometimes supported and funded by the Regions or the government or the European Commission.

2. Challenges and bottlenecks at national level

In Italy, drug policies, particularly in the field of research, are in a stalemate, as well as the dialogue between Civil Society and the government¹². The above mentioned three-years National Conference on Drugs has not been held since 2009¹³, the latest National

Action Plan has been released in 2010 and never since updated. As a consequence, in the last 10 years the process of participation at national level has faced an impasse and CSOs and drug professionals have great difficulty in sharing information and opinions on the drug phenomenon and drug policies, which is a preliminary step to build a political dialogue towards more effective and innovative policies.

Furthermore, the DPA has recently re-organized the National Observatory on Drugs, but CSOs have not been included as regular partners (except for a limited role of “collaboration on particular issues”). Also, transparent criteria to choose the “collaborating” CSOs have not been established.

With regard to research, the studies so far promoted and funded by DPA and other governmental bodies do not include two crucial fields:

- The former concerns studies on the impact of drug policies, to provide evidence based and human rights based evaluation of current national drug policies. For example, the latest Yearly Report to the Parliament offers some process data on health services performance and on penal interventions (data on criminal charges, penal and administrative sanctions, on detainees in prisons, on police activity, etc), but neither study on their impact at individual and community level nor cost/benefit evaluation are reported. As it can be easily guessed, this limited knowledge is not sufficient and appropriate to give an evidence based input to policy makers towards innovation. Studies aimed at filling this gap are only promoted and carried out by CSOs, usually with poor resources and scarce support by public institutions¹⁴.
- The latter field concerns the lack of psychosocial qualitative research “from users point of view”,

aimed at investigating patterns and trajectories of drug use. The mainstream research is “pharma-oriented”, with the increasing role played by neurobiological research based on the approach of drug addiction as a brain disease¹⁵. The so called “Brain research” often plays a role in supporting the “addiction theory” in a distorted and non-scientific way, reinforcing the (really questionable and contentious) theory of addiction as a “chronic and relapsing disease”. This imbalance to the detriment of the qualitative and psychosocial research from the user point of view limits the knowledge about patterns of use, the reasons for use and the desired effects of use, trends in drug use, rules and strategies that users adopt in order to control and self-regulate their use in a functional way, settings of use and their influence on patterns of use. In the perspective of effective, evidence and human rights based drug policies, the knowledge of all these variables are crucial. It is also necessary to break the vicious circle that prevents Italian drug policies from innovation as only studies that confirm current policies are promoted and properly funded.

Since 2010, Forum Droghe (FD) has been carrying out qualitative studies on patterns of drug use, supported also by Regions¹⁶. In the framework of three European projects (NADPI, 2013-2014; NAHRPP, 2016-2018 and CSI-DP, 2017-2018)¹⁷ several studies and/or advocacy initiatives have been promoted to innovate drug research. In 2015, FD promoted a national panel with both academic and independent researchers, drug addiction professionals, institutional research bodies with the aim at discussing how to innovate research in view of innovative drug policies. A permanent action of dissemination of new and effective research approaches has been carried on through publishing books and other paper documentation on the most important studies about controls on drug use;

promoting web activities; organizing public events. In 2017, in a meeting with DPA followed by a public statement, subscribed by a wide CSOs network, a national panel has been advocated. The panel should have included experts, CSOs, researchers, professionals to discuss a “National Plan on drug research”¹⁸. This initiative halted for the government change after the 2018 political elections.

The above initiatives have given positive results in raising awareness in the CSOs and in the scientific networks, but further efforts are needed to draw attention on the issue in the appointed governmental and regional bodies and among policy makers.

Specific potential bottlenecks and risks

A bottleneck might be related to timeline, as in May 2019 elections will be held in some Regions; this could limit the involvement of some regional officials and Health Department coordinators. Anyway this concerns few regions and the well-established relationships with many Regional officials would limit this risk. With regard to DPA participation, at this moment its political and operational orientation is not clear, and it is difficult to make previsions; every effort will be made by Forum Droghe, the researchers and CSOs coalition to involve the DPA in this process. With regards to a part of CSOs, research may be perceived as a not so crucial issue in their advocacy actions, even if it is important for policies; Forum Droghe and the researchers network will work through web communication in order to sensitize these CSOs, share aims and reasons to work on this issue and involve them in an active way in the process.

3. Aims and objectives, planned actions and expected results

The general aim of the action was to develop:

- a) Psychosocial qualitative drug research from the user point of view.
- b) Evaluation research on the impact of health, social and crime drug policies and drug legislation.

Specific objectives were

1. Strengthening the CSOs advocacy network in support of psychosocial qualitative research and of evaluation studies of drug policies and drug legislation
2. Strengthening and expanding the CSO advocacy network towards a larger involvement of independent researchers, academic researchers and researchers from other institutional bodies
3. Raising the attention of policy and decision makers on the importance of evidence based drug policies and on the crucial role of scientifically sound research in guiding policy makers.
4. Opening a dialogue on this issue among CS and institutional bodies committed to promotion and funding of drug research at both national and regional levels

4. Planned Activities

- Organizing a panel of experts in research (both academic and independent researchers, researchers from other institutional bodies). The panel should discuss the lines for a sound evidence based drug research (evaluation of drug policies included), in the context of present trends in drug research.
- Disseminating the results from the panel through web activities so as to raise attention on the issue among CSOs, drug professionals, other stakeholders.
- Organizing a second panel to open a public dialogue on the issue and discuss guidelines for a useful drug research. Experts on research, representatives from CSOs competent in drug research, representatives from institutional bodies committed to drug research will take part in the panel; they will have also the task to discuss and share the key points of a Recommendation Statement to policy makers.
- Drafting recommendations to policy makers.
- Policy dialogue session: The draft of the Recommendations will be discussed in the session, with the participation of researches, CSOs delegates, policy makers and Parliamentarians
- A Report on the Session will be drafted and put on web for dissemination

5. Expected results

- Up to 20 participants at the Researchers Panel
- 50 researchers, 250 CSOs members and 100 professionals to be reached through the web dissemination of the results of the Panel

- Up to 35 participants at the second Panel including Experts on research and CSOs delegates
- 1 Recommendation statement and dissemination to at least 80 national and regional policy and decision makers, 50 researchers, 250 CSOs members and 100 professionals
- 30 participants at the Policy Dialogue session, including policy and decision makers at regional and national level, researchers, CSOs delegates –
- 3500 expected visits to the web pages on the Recommendations and the Policy Dialogue Report.

6. Stakeholders to be involved in the process:

Decision Makers:

Regional Coordinators of Drug Departments; Ministries' officials competent on drug issues (Health, Welfare, Justice); DPA officials

Policy Makers

Region Health and Welfare Councilors; Government Delegates at Health, Welfare, Justice Ministries competent on drug issues

Civil Society Organizations (CSOs):

CSOs from the Third Sector working in the drugs fields; Harm Reduction Network; CSOs working in the Justice and Prisons fields; PWUDs organizations; drug professionals trade unions.

Researchers / Scientific bodies:

Independent researchers from CSOs and professional organizations; researchers from the University of Torino, Florence, Rome and others; researchers from CNR (National Research Council)

Timeline

November 2018 – October 2019

7. Actions, results and evaluation

November-December 2018

- Kickoff activities: a Project Working Group (PWG) has been created, including the project coordinator, two FD Scientific Board members expert in research and drug policies, one member of the secretary /administrative staff and the communication / web secretary. The PWG collected and analysed documentation dealing with two research fields which are interesting for the project and useful for planning panels' discussion: a) psychosocial qualitative research on drug use patterns and models in a HR and policy innovation perspective and b) evaluation studies of drug policies and drug legislation impact.

January 2019

- The panel of research experts was planned. Participants were contacted and involved: 26 researchers from independent research bodies, CSOs and Universities
- A working paper aimed at supporting the Panel discussion was produced and sent to participants

February 2019

- On February 23rd the Panel of research experts was held, in Florence. **22 researchers** from all over Italy took part in the discussion. The topics and outcomes of the discussion were summarized in two papers by Forum Droghe Scientific Board members (*Meringolo e Zuffa, in Libro Bianco 2019, pp 57-64, <https://www.fuoriluogo.it/pubblicazioni/libro-bianco-droghe/2019-lb/#.XaRFjfkbIU>*).

March 2019

- The two papers summarizing the outcomes of the research panel were disseminated to professionals and PWUDs organizations and to CSOs, Forum Droghe web site and newsletters, and thanks to the mentioned Libro Bianco 2019
- The Panel with CSOs and drug professionals was planned. Participants were contacted and delegates from 12 CSOs and national networks were involved

May 2019

- On May, 17 (Florence) and 24 (Torino), two sessions of the Panel involving CSOs and drug professionals were held. 14 people took part in the discussion, representing the most important national CSOs active in the drug field, including HR and PWUDs national networks and one drug professionals' trade union
- A draft report of the most relevant issues from this Panel were prepared and, on this basis, a *Recommendation Statement on research* was approved (<https://www.fuoriluogo.it/speciali/valutazione-delle-politiche/quale-ricerca-per-innovare-le-politiche-sulle-droghe/#.XacVafkzblU>); a related article was disseminated (<https://www.fuoriluogo.it/mappamondo/ricerca-sulle-droghe-le-nuove-frontiere/#.XabjuvkzblU>)

June 2019

- A special issue of the *Libro Bianco* was published, dedicated to the issues and the results from the Panels
- On June 26th, World Day against Drugs, a press conference was organized in Rome, at the Senate, to present the *Libro Bianco* to the policy makers and to the media
- Dissemination of the electronic version of the *Libro Bianco* via FD web site, newsletter, social media

September 2019

- The *Libro Bianco* (hard copy) was published and delivered to Parliamentarians and the Regions' Health and Welfare Councillors (500 copies), including the invitation to the Policy Dialogue Session on 7th of October
- Direct contacts with some Parliamentarians to be involved in the Policy Dialogue Session have been activated

October 2019

- The Policy dialogue session was held in Rome, at the Senate of Republic: starting from the *Libro Bianco* and the *CSO Recommendation Statement*, with the participation of 40 researches, CSOs delegates, policy makers at regional level and Parliamentarians.
- The Policy Dialogue audio/video recording is available on <https://www.radioradicale.it/scheda/586467/politica-ricerca-valutazione-delle-politiche-pubbliche-il-caso-delle-droghe>
- Web dissemination of the Panels results, Recommendation Statement and the *Libro Bianco* 2019: 905 people downloaded the *Libro Bianco* full text and 3980 people visited the pages dealing with the project actions topics and results. Other articles dealing with Policy dialogue session contents have been disseminated via FD web site, newsletter and social media.

Policy Dialogue Results

The Policy Dialogue was a first step towards a civil society-led advocacy initiative for a drug policy & interventions reform (CSOs and professionals National Conference on Drugs and Drug Policy, Milano, February 2020): research and evaluation are now included in the CSOs advocacy agenda in a more clear, aware and effective way.

At the Policy Dialogue Session some Parliamentarians of the Government Coalition took the commitment to:

1. Lobby at the Presidency of the Ministries Council to organize - through a participative process - the National Conference on Drugs in 2020, aimed at evaluating a decade of national drug policy.
2. Share and summarise contents and methodology of the Annual Report on Drugs with the Parliament, in the perspective of an innovative and more effective approach, also through hearings at Parliamentary Commissions (Health, Justice, Social Affairs etc) including relevant stakeholders and CSOs.
3. Ensure that pending legislative proposals dealing with the reform of the current drug laws are on the agenda of the Senate Commission.

8. Follow-up and future activities

- Maintain the researchers network established in the framework of this action through a web forum supported by Forum Droghe Scientific Committee
- Promote the permanent inclusion of the qualitative and impact research issues in the framework of the activities /meetings / initiatives of the CSOs networks
- Monitor and disseminate information on the developments in qualitative and psychosocial research on drugs and studies on the impact of drug policies at national, European and international level.

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3. CONCLUSIONS

Conclusions

The development and implementation of the national Action Plans were a successful activity within the framework of the CSFD Project.

It showed that there is still a lot to do when it comes to the implementation of the EU Drug Action Plan and the EU Member States. It also indicates that the EU Drug Action Plan can play a major role in national advocacy efforts. Using the EU Drug Action Plan as an advocacy tool can support Civil Society Organisations and holds policy makers and politicians accountable.

In addition to that, the following conclusions can be drawn:

Successful advocacy actions requires decent planning and monitoring

The case study examples were set up in a way that our partners had to plan their actions, think about the challenges, formulate aims and objectives and double check whether their activities really contribute to the achievement of the overall aim/objectives.

Decent planning, reflection and mutual support can help to make action plans feasible

The support through Correlation- European Harm Reduction Network (responsible for the support of participating partners) supported the development of a feasible and SMART Action Plan. The meeting which was organised in Budapest in February 2019 together with other partners from the CSFD was used to present and discuss the different case studies. This contributed to the development of feasible plans and participants acknowledged how difficult it is 'not to be carried away by high expectations and ambitions'. To

avoid frustrations and unrealistic projects one main learning outcome might be: 'Sometimes Less is More'.

Advocacy actions benefit of evidence and research

Advocacy actions clearly benefit from evidence-based findings, research reports and data collection. Although we all know that policies are not only informed by evidence (most often they are not), it clearly supports our case. CSOs can rely on existing evidence, publications and reports, but can also develop research activities by themselves. There are plenty of examples in which data and information can be collected (e.g. through Rapid Assessment and Response, Trendspotter Methodology from the EMCDDA or Peer-led research activities). Alternatively, CSOs can collaborate with research institutions. This collaborative model between researchers and CSOs generates a direct influence and impact for affected communities

Policies are not always evidence-based

All participants agreed that advocacy is often very frustrating. Providing evidence or recommendations and guidelines from the WHO, the EU and the EMCDDA is not sufficient. The same applies when it comes to good practice examples, cost effectiveness studies and other research, which can indicate that certain drug policy should be implemented. Drug policy is highly controversial and often influenced by ideological and moral arguments.

Facilitators of successful advocacy activities

There are many facilitators which can support the development of new drug policies and take away ideological and moral arguments. These includes:

- The use of evidence and research
- A window of opportunity (something happened, the public opinion has changed and the media is suddenly on top of the issue – the Greta Thunberg Effect)
- A personal approach – show the face of drug users or parents
- Showcase positive examples, e.g. other cities

How to formulate an advocacy message?

It is important to not fall into 'soft' messages. Ideally, not more than two or three main messages should be included. It is important that these messages communicate in the language, and emotional register, of those whose support is looked for. Ideally, before formulating a message, CSOs should identify who is the specific person/community they are addressing. In this way, the message(s) can be tailored for a bigger impact.

What is the role of emotions in advocacy?

Emotions can be a key mediator between advocacy goals and the desired change of policy attitude. As such, it has a persuasive effect. However, participants in the discussion warned that emotion without evidence behind could easily result in effects opposite to those intended in the first place.

On many occasions, study visits can provide a safe context in which policymakers and other relevant stakeholders can enter into contact with the emotional register of a situation.

Improved communication

It is important that CSOs develop and implement comprehensive communication strategies. This would require multidisciplinary approaches in which the communication departments are involved properly within the rest of the services of an organization. Further, it is also necessary to consider a communication strategy and style from the beginning of a project, as a means to ensure cohesiveness and maximal impact.

Endnotes

1. For the purposes of this call, 'civil society' is defined using the definition suggested by the Council's Horizontal Drugs Group in its thematic debate on the subject in September 2005 was " *the associational life operating in the space between the state and market, including individual participation, and the activities of non-governmental, voluntary and community organisations* ". The call is aimed at civil society organisations and thus excludes individuals. Applicants should be non-governmental, voluntary and community organisations operating in the space between state and market and focused on drug policy.
2. 'Europe' in this context includes member states of the European Union, as well as candidate and potential candidate countries
3. See, for example, Greer, S., Wismar, M. and Kosinska, M. (2017). What is civil society and what can it do for health? In: S. Greer, M. Wismar, G. Pastorino and M. Kosinska, ed., *Civil Society and health - contributions and potential*. [online] World Health Organisation, pp.15-16. Available at: http://www.euro.who.int/__data/assets/pdf_file/0011/349526/Civil-society-web-back-cover-updated.pdf?ua=1 [Accessed 22 Feb. 2018].
4. Ibid., p.1
5. Greer, Wismar and Kosinska (2017), p. 14
6. See, for example, https://www.researchgate.net/publication/257408083_Effects_of_civil_society_involvement_on_popular_legitimacy_of_global_environmental_governance
7. Op. cit., p.2
8. http://www.emcdda.europa.eu/drugs-library/eu-action-plan-drugs-2017-2020_en
9. <http://naloxonesaveslives.com/what-is-naloxone.asp>
10. <https://feditobxl.be/site/wp-content/uploads/2019/03/Plan-Overdose-2019.pdf>
11. The last keyword was selected because of the special interest of one of the researchers, Zsuzsa Kaló in the subject of female drug users.
12. As for the reasons for this stalemate, and for a wider description of national background see: Italian CSI-DP Project Action Plan by Forum Droghe and LILA (<https://rdd.fuoriluogo.it/progetto>); the editions of Libro Bianco sulle Droghe (White Book on Drugs) 2016, 2017 and 2018 (<https://www.fuoriluogo.it/publicazioni/libro-bianco-droghe/#.W9MzVBEzbZ4>)
13. In 2017 FD and other CSOs blamed the Government for not promoting the National Conference on drugs, which should be organized every three year according to the drug legislation <https://www.fuoriluogo.it/mappamondo/conferenzanazionale-sulle-droghe-le-associazioni-diffidano-governo/#.W9Mz1xEzbZ4>).
14. Since 2010 every year the Libro Bianco sulleDroghe (White Book on Drugs) analyzes the impact of the national drug law on the penal and prisons systems
15. An overview of the Italian neurobiological research (and the amount of public funds for these studies) are in Non-oLibro Bianco, <https://www.fuoriluogo.it/publicazioni/libro-bianco-droghe/#.W9MzVBEzbZ4>
16. The study on cocaine use patterns and self-regulation strategies carried out in 2010-2011 was supported by Regione Toscana
17. <https://www.fuoriluogo.it/ricerca>
18. <https://rdd.fuoriluogo.it/progetto>

