Innovation and resilience in times of crisis
Civil society advocacy for drug policy reform under the COVID-19 pandemic

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Executive Summary

The COVID-19 pandemic has caused significant changes in public life. Physical distancing guidelines have led to an unprecedented level of movement restrictions globally, from the suspension of long-distance travel, the closure of premises deemed non-essential, to various forms of restrictions on in-person gatherings. While disrupting governance and policymaking processes, the pandemic has also further reduced civic space for civil society and communities to exercise their democratic rights and conduct advocacy – in some cases exacerbated by the increasingly repressive behaviour of governments in their response to the COVID-19 pandemic.

According to interviews and surveys undertaken by the IDPC Secretariat, while disruptive, COVID-19 restrictions and their impacts on policymaking processes have not hampered civil society actors from continuing their advocacy work in drug policy and related sectors, albeit with notable adjustments in their ways of working. Travel restrictions and digitisation have somehow reduced, or rather blurred, the barriers to civil society and community participation in some policy processes, while opening up innovative paths to more inclusive mechanisms of engagement, for example through online community consultations, or the transfer of funds from larger organisations to communities to facilitate participation in virtual events. However, issues of accessibility (in relation to technological infrastructure, language, and time zones) remain unresolved, along with concerns around the limitations of human interactions through virtual platforms.

Drug policies affect a wide range of communities of various backgrounds – from people who use drugs to (formerly) incarcerated people to rural workers involved in drug production – in varying degrees. Due to criminalisation and marginalisation, these communities have often been left out from policymaking dynamics, though such an exclusion has not prevented community groups from conducting advocacy for progressive change, thereby being an active part of civil society. The level of participation of civil society and community representatives – which is central to ensuring ‘meaningful exchanges of information and perspectives’ – in international platforms has enjoyed an upward trend in the past few years, yet it remains far from adequate, especially in the wake of the various disruptions caused by the COVID-19 pandemic.

Looking forward, several key recommendations include:

Recommendations for civil society

• Use advocacy innovations brought in by the COVID-19 pandemic – such as the adoption of virtual events and consultations as well as decentralised forms of organising – to ensure the meaningful participation and involvement of grassroots communities, especially affected communities.

• Incorporate strategic thinking and planning in conducting online advocacy, for example by finding a balance between public-facing...
webinars (including to avoid webinar fatigue) and closed meetings with advocacy targets.

- Develop and implement a set of organisational practices and/or policies to ensure digital privacy and security.
- Improve communications between organisations – prioritising collaboration over competition.
- Introduce supportive mechanisms of resource sharing and distribution for civil society and community partners involved in advocacy processes, for example by providing stipends or internet access tools for community participation in online meetings.
- Continue to harness the power of civil society networks in all advocacy and policymaking processes.

**Recommendations for policymakers**

- Keep drug policy, access to health services, civil society engagement and criminal justice reforms high on the political agenda.
- Continue to utilise online (and offline) platforms to meaningfully involve all relevant civil society and communities in policymaking processes.
- Establish and follow well-embedded structures for regular engagement with civil society and communities, for example by creating a weekly plan to consult specific organisations, communities, and networks, as well as by including civil society and community representatives in policymaking committees and the like.
- Actively reach out to civil society and communities for input, even if this is done on an ad-hoc basis.
- Support the process of allocating funds for communities and civil society involved in delivery of essential services and goods.
- Ensure that any positive short-term reforms undertaken as emergency responses to COVID-19 such as prison releases, improved access to harm reduction services, shifts to lower threshold and/or community-led service models, outlive the pandemic and remain in place in the long-term.
- Ensure that any COVID-19 measure or restriction does not further criminalise and oppress people and groups in situations of vulnerability and/or hamper the work of civil society.
- Protect civil society space and full participation in all processes and modalities for online or ‘hybrid’ policy fora: the COVID-19 pandemic cannot be used as a reason to close spaces down, in fact it should provide new and stronger engagement opportunities through the removal of barriers of physical participation.

**Recommendations for donors**

- Provide additional funds for COVID-19 responses related to drug policies, rather than redirecting existing grant funds or resources that were previously earmarked for grant renewals.
- Support, facilitate and ease the process of re-programming existing funds for communities and civil society who are rapidly responding to the COVID-19 pandemic and ongoing shifts in contexts, needs and environments.
- Keep drug policy, access to health services, civil society engagement and criminal justice reforms high on the agenda by continuing to support civil society groups.
- Recognise the value, power and impact of civil society networks in advancing progressive reform through advocacy at multiple levels.

**Introduction**

**Background**

In March 2020, the World Health Organization (WHO) characterised COVID-19 as a pandemic, prompting governments around the globe to declare a state of emergency and/or implement a wide variety of policies and programmes in order to curb outbreaks, minimise mortality rates, and maintain public safety and order. These include, but are not limited to, different forms of travel and/or movement restrictions (such as lockdowns and quarantine), closure of premises deemed non-essential, and restrictions on gatherings and/or events. Such measures have caused significant changes in public life, public services, governance, democracy and policymaking processes around the world – as well as having serious short- and long-term economic implications.
One additional impact of these measures is the disruption of various channels and dynamics of advocacy conducted by civil society organisations. Prior to the global pandemic, civil society organisations were already facing increasing constraints and shrinking space for advocacy. The COVID-19 pandemic has certainly accelerated this downward trend of intensifying repression, in some cases combined with various forms of disinformation, abuse of power and violence. Meanwhile, some civil society actors have been pushed to adapt their ways of working while remaining resilient as they face impacts such as increased workload and/or pressure (amid having less in-person interactions, working from home, and growing demand for services), uncertainty around financial and organisational sustainability, and health concerns, among others.

Aiming to better understand and support the network to respond to these emerging challenges, especially with regard to advocacy for drug policy reform centred on human rights and public health, the IDPC Secretariat initiated a process of documenting and analysing the experiences of civil society and governmental actors working in the context of the COVID-19 pandemic. This goes in line with the IDPC mandate to advocate for civil society inclusion in drug policy debates, as well as to support civil society, and our members in particular, in navigating this new policy landscape.

**Methodology**

The IDPC Secretariat contacted a range of representatives from civil society, donor organisations, as well as governmental and intergovernmental policymaking bodies working on drug policy and related issues at various levels – inviting them to participate in one-on-one interviews. A total of 34 interviews were conducted with respondents from eleven civil society and community organisations, nine global and regional intergovernmental institutions, three national government officials, and one donor organisation.

Additional data were also drawn from responses received through two online surveys administered by the IDPC Secretariat, including one general survey on COVID-19-related challenges and impacts, as well as a dedicated survey on civil society advocacy under the COVID-19 pandemic. The former gathered a total of 50 responses from April to September 2020, while the latter received a total of 47 responses throughout the last two weeks of September 2020. Both surveys specifically targeted civil society organisations working on drug policy and related sectors within and beyond the IDPC network.

Given IDPC’s internationally oriented mandate, priority was deliberately given to advocacy work and actors operating at global and regional levels. Nonetheless, as elaborated below, many of the lessons shared – and recommendations formulated – are also applicable in the context of advocacy and policymaking processes at national and local levels, especially considering the continued restrictions on travel and in-person meetings.

This report was drafted based on various experiences and lessons shared by interview and survey respondents – most of which are non-attributable – while also reflecting IDPC’s own experiences of working and conducting advocacy amid COVID-19 restrictions.

**Setting the scene**

The term ‘civil society’ covers a wide variety of not-for-profit groups and organisations whose work can range from service provision to (policy) advocacy. For the purpose of this report, the term ‘civil society’ shall be used to refer to non-governmental organisations (NGOs), and community-led groups. Most of the civil society groups discussed in this report specialise in drug policy, harm reduction and other related areas including, but not limited to, public health, gender, women’s rights, LGBTQ+ rights, HIV/AIDS, tuberculosis, malaria and other communicable diseases, and organised crime. These groups engage in a wide variety of different advocacy activities, primarily targeting ministerial, parliamentary, judiciary and law enforcement institutions. A large proportion of them additionally conduct advocacy towards international and regional policymaking entities, notably at the United Nations (UN) level. In support of such advocacy work, many organisations also consider other stakeholders – such as media actors, academics, local communities, donor institutions, health professionals, and religious and traditional leaders – as their advocacy targets.

In the context of the COVID-19 pandemic, governments around the world have implemented...
various forms of restrictions in their jurisdictions, ranging from lockdowns to the cessation or suspension of activities deemed as non-essential. Since April 2020, a wide range of civil society members have experienced and reported many disruptive impacts brought about by these restrictions, notably on harm reduction service provision, as well as on the general welfare and human rights of communities experiencing marginalisation, such as people who use drugs and small-scale farmers and workers involved in the production of prohibited crops.

COVID-19 restrictions have changed the dynamics of policymaking and policy implementation, in many cases making certain decision-making processes less transparent and less inclusive, and hence potentially more harmful for communities facing intersecting vulnerabilities. In some cases, however, civil society organisations have identified and made use of new opportunities and pathways to continue, or even expand, their advocacy work — primarily by capitalising on the momentum created by the COVID-19 pandemic.

Based on experiences from dozens of countries across the globe, the sections below outline key lessons related to civil society advocacy during and after the COVID-19 pandemic. Processes, rather than thematic issues, serve as the primary focus of this report — although certain thematic issues will inevitably be mentioned in order to help illustrate specific examples and lessons. Finally, it is crucial to note that as opposed to providing an exhaustive list of advocacy experiences, this report mainly aims to present qualitative findings and analyses which could further support and strengthen civil society advocacy related to drug policy in various fora, particularly in relation to health, human rights, social justice and development.

Civil society advocacy in drug policy and related sectors under the COVID-19 pandemic

Most respondents indicated that they have continued their advocacy work since the pandemic hit, though the scale, intensity and perceived quality and impact of such advocacy work vary greatly. In this regard, it should be noted that the geographical, political and social contexts in which respondents operate are highly diverse. Comparably, respondents are confronted with different forms of restrictions related to the pandemic situation. While some could easily remain mobile or convene in small groups, others are forced to conduct most of their work online. Despite these differences, most respondents have experienced changes in the way they work and collaborate, as notably driven by the reduction in travel and in-person interactions, the digitisation of interactions, meetings and other advocacy and policymaking processes, and general changes in advocacy priorities triggered by the COVID-19 pandemic.

Direct impacts of restrictions on travel and physical meetings

Impacts on community-oriented service delivery, data collection and research

One of the most obvious and notable impacts of COVID-19 restrictions on travel and in-person gatherings relates to the various organising processes essential to policymaking and advocacy. Such disruption has impacted civil society and policymaking institutions alike, although the severity of its consequences has most notably been higher for civil society and communities facing intersecting inequalities. These include civil society groups who, in addition to conducting policy advocacy, are also active in providing services for communities, including harm reduction and legal aid — much of which have been shut down or suspended, or unable to meet community needs. A civil society respondent operating in harm reduction delivery in Albania reported that, for a few months, services were interrupted due to a shortage of methadone — a problem which prevailed even though online communications with other organisations and with the Ministry of Health were maintained amid COVID-19 restrictions. Another civil society respondent from Mauritius reported: ‘we are one of the few NGOs who obtained work [and movement] permits quite quickly in order to continue services. Other NGOs have not been this fortunate… We managed to maintain a really close relationship with institutions, and because of the work we’ve been doing for several years, our work and expertise is recognised’.
Other respondents remarked on how these dynamics undermined data collection processes essential to their advocacy, as shared by a civil society respondent who could no longer conduct interviews to document the benefits of overdose prevention sites in Canada, and various civil society groups halting drug checking services due to the absence of nightlife in some Latin American countries. Country visits facilitated by international NGOs, UN member states, and national and local policymakers have also been cancelled, undermining collaboration between stakeholders at multiple levels.

Furthermore, the devastating impacts of movement restrictions – sometimes accompanied by new forms of criminalisation (for example against those unable to comply with lockdown measures) – on marginalised communities, such as street-based people, have certainly impeded the much-needed day-to-day activities that are often led by civil society groups. These may include harm reduction, outreach, socioeconomic and legal support, and many other forms of community-oriented efforts which grow more important as the pandemic worsens. Meanwhile, some court proceedings – for example in Colombia and Mexico – have been suspended, affecting civil society active in strategic litigation and diminishing hopes of communities unjustly trapped in the criminal justice system.

Restrictions on networking

Movement restrictions and physical distancing rules have led to the postponement and cancellation of conferences, meetings and gatherings traditionally associated with civil society-led networking and advocacy processes. A civil society respondent working with cannabis farmers in Jamaica pointed out that such inability to physically gather has highly undermined organising processes within and amongst the traditional cannabis growing communities, who are mostly located in relatively more remote rural areas and/or are unable to attend physical meetings due to age or underlying health conditions. A similar challenge was shared by a civil society actor advocating for the human rights of indigenous and farmer communities in Colombia, where ‘travel between cities and by roads was prohibited’, thus halting field visits.

Mixed impacts on engagement with policymakers at local, national and international levels

Interestingly, for some civil society organisations, the absence of – or at least, significant reduction in – travel for convening purposes has prompted organisations to intensify and/or concentrate their advocacy work at more local levels. For networks like the European Network of People who Use Drugs (EuroNPUD), this means amplifying their outreach and advocacy efforts to support people who use drugs across European cities, for instance by distributing flyers to help inform and minimise health risks associated with COVID-19 and certain patterns of drug use. In Myanmar, lockdowns have prevented inter-city travel and slowed down communications with policymakers, yet members of a nationwide drug policy reform network continue to organise local workshops, albeit at a smaller scale.

In certain jurisdictions where in-person meetings are to some extent still permitted, many civil society advocates have continued to organise meetings to physically meet their advocacy targets, in particular with government officials from ministerial departments, as well as those in law enforcement and the judiciary system. Responding to the limited number of people they can physically gather with, a civil society organisation in Kenya adopted a strategic approach: ‘the Ministry of Health’s guidelines indicated that you should not be more than 15 in any gathering. Okay. So we could do a meeting between three or four. Then another meeting the next day with either four or five, depending on the size of the room. So we took advantage of that’. However, ‘during the pandemic, what people feared was being part of a group’ and... ‘sometimes you can end up missing your champions because of the restrictions’. Another challenge reported from Kenya as well as from Indonesia has to do with the growing financial and logistical costs of organising in-person meetings during the pandemic, partly driven by the requirement to take COVID-19 tests and higher prices set by meeting venues such as hotels.

At the (inter)governmental level, numerous policymaking events have been disrupted. At the UN Commission on Narcotic Drugs (CND),
deliberations on the WHO’s cannabis-related recommendations were carried out in a new format called ‘topical meetings’. Unlike the ‘intersessional’ format, these ‘topical meetings’ were closed to civil society. Meanwhile, all the sessions of the UN Human Rights Committee (headquartered in Geneva) were suspended and it remains unclear when these sessions will resume. Civil society actors who predominantly target UN entities were forced to rethink and change their strategy as prominent events, like the Crime Congress, were postponed. Similarly, several interview respondents from inter-governmental institutions acknowledged how challenging such disruption has been for their work, as they too have been barred from in-person interactions and conventions central to the UN-level modus operandi. In addition, one UN official noted that COVID-19 has implicitly been used to justify the exclusion of civil society from formal policymaking fora.

On a more positive note, some civil society respondents highlighted that restrictions on travel – especially international travel – have somehow made policymakers more accessible than ever before. In this regard, one international NGO shared examples of new forms of engagement created during the pandemic, specifically with the Inter-American Commission on Human Rights and the Assistant Secretary General for UN Human Rights, for example by having them participate as speakers in virtual events organised by the NGO. Another global NGO also noted that since the pandemic started, they have in fact received more direct feedback from officials on policy briefs disseminated online.

Regardless, sustaining and creating new interpersonal relationships has become challenging due to the reduction in in-person interactions, as noted by most respondents – across civil society, government and UN representatives. After all, interpersonal relationships serve as a key ingredient in building trust, rapport, and hence in magnifying success in advocacy processes. A civil society respondent in Indonesia stated that restrictions on inter-city travel have reduced the frequency of in-person meetings with key policymakers. Communications have been maintained via online platforms, but the absence of in-person meetings undermines the kind of face-to-face interactions central to fostering mutual trust and dialogue. Similarly, another respondent pointed out that only physical spaces and gatherings enable people to sit together and speak ‘free of any agenda’, in order to create an informal environment that is more conducive to building personal relationships that will be helpful for advocacy in the longer run.

Illustration 1: Advocates in Kenya organise multiple (but smaller) meetings to continue advocacy while complying with COVID-19 restrictions
Digitisation of policymaking and advocacy processes

COVID-19 related barriers to travel and in-person gatherings have necessitated the widespread digitisation of policymaking and advocacy processes around the world. Most respondents indicated that a significant portion of their work is now done virtually, notably through the use of various video- and tele-conferencing tools such as Zoom, Google Meet, Skype, Blue Jeans and Microsoft Teams, sometimes in addition to other online communications and/or messaging tools including WhatsApp, Slack and Signal. Social media platforms such as Facebook and Twitter remain highly important (if not more, for some), while emails and phone calls also continue to be utilised. The increasing use of virtual platforms in policymaking and advocacy processes, as confirmed by many respondents, is clearly not ideal – partly for reasons related to interpersonal relationships as mentioned above. Yet these platforms at least allow for some type and level of communication to be maintained – and in some cases amplified. However, digitisation comes with numerous challenges and pitfalls, especially around the issue of access. Several examples and lessons are outlined below.

The use of digital platform: is it really a new trend?

Undoubtedly, virtual platforms are not new to many civil society organisations, especially those operating as networks, many of which had already begun using virtual spaces to coordinate amongst colleagues working from different locations. A respondent belonging to a nationwide working group of civil society organisations in Canada noted that, even before the COVID-19 pandemic, they had always relied mainly on virtual platforms and had only met in-person once before (in preparation for the 2016 UN General Assembly Special Session on drugs). For others, virtual platforms are not entirely new but the role and significance of such platforms have indeed changed considerably – as have the ways they are used. One government official shared a positive note regarding the way the COVID-19 pandemic has led to the more common use of webcam during calls, allowing for some kind of face-to-face interaction, whereas ‘when you have a telephone conversation, you can’t necessarily read the room as easily’.

The perks and limitations of digital platforms for civil society networking and organising

Some civil society respondents acknowledged that the adoption of virtual formats of advocacy processes may have opened up innovative and more inclusive paths to engagement between organisations across borders, notably amongst civil society and community members who have little to no access to long-distance (international) travel, as well as those who could not easily take part in meetings and conferences, for example due to border and administrative restrictions (for instance relating to immigration and/or citizenship status). One respondent noted the involvement of rural indigenous communities as speakers at webinars hosted by Latin American

Box 1 The lack of civil society participation in the drafting process of the 2021-2025 EU Drugs Agenda

Another example of how the COVID-19 pandemic impacted civil society participation in policymaking is the 2021-2025 European Union (EU) Drugs Agenda. Adopted as a communication of the European Commission in July 2020, the EU Drugs Agenda proposed a drastic change in EU drug policies towards a more securitised paradigm. At the moment of its adoption, European NGOs denounced that they had been largely excluded from the drafting process; in spite of repeated requests, NGOs were never able to see or provide inputs on a draft, and they were kept in the dark as to the timeline for the adoption of the document. Since the drafting of the Agenda took place during the first wave of the pandemic in Europe, an in-person workshop on the Agenda, which was meant to be organised by the EU Civil Society Forum on Drugs in April 2020, never took place. The Agenda was also adopted without meaningful discussion with EU member states. In response to push back from EU member states, and in good measure thanks to strong civil society backlash, the European Council finally adopted a new 2021-2025 EU Drugs Strategy with negotiations led by the German Presidency, with a much stronger health and human rights focus.
civil society groups, while a civil society organisation working on harm reduction in Brazil observed a wider reach of audience as they were pushed to deliver a harm reduction course online instead of in person. Moreover, several civil society respondents experienced an increase in cross-continental engagement and collaboration since the pandemic started, as also highlighted by a member of the New York NGO Committee (NYNGOC) on Drugs, ‘because so many things are happening virtually, there’s less need to be in the hubs like New York or Vienna’. Meanwhile, ‘member states that don’t have missions in Vienna could participate [in more CND meetings], whereas maybe they wouldn’t have before. So it does kind of create a little bit more openness and perhaps transparency’ and at the same time ‘it allows for dispersing, the kind of ownership, the governance, the voices that are heard’ at these global policymaking spaces.

Regardless, most respondents agreed that none of these virtual and online formats could replace in-person interactions. An interviewee from a research centre in Jamaica attributed this to a number of reasons similarly shared by other respondents. Firstly, many people and organisations around the world live in a ‘culture of meeting in person’ which makes it ‘hard to meet online’. Secondly, the magnified mental and physical health risks of ‘sitting in front of your computer for the whole day’ and ‘running out of one Zoom meeting to another Zoom meeting’ were highlighted by other respondents. Thirdly, in the context of virtual or online participation, the temptation to multi-task (albeit unintentionally) during meetings might be greater (for example replying to emails).

Civil society organisations have also come up with new ways to organise with, as well as support, communities and partners. Some have set up WhatsApp groups and other messaging tools to help people communicate their needs and seek support. A global network of people living with HIV has recently developed a mobile phone application for local communities ‘to share what’s happening in their countries and their contexts, to access the latest information on topical issues such as COVID, in order to kind of deal with myths and stuff, but also where we’ll be able to do like quick surveys and get feedback in real time that we can use in our advocacy. So that started because of COVID’.

Responding to problems of accessibility and connectivity, many civil society organisations have additionally transferred funds to community members in need of financial support, such as for mobile internet data packages. A Brazilian organisation which ran an online harm reduction course (as mentioned above) also introduced a hybrid model in their course, by reserving a physical venue and equipment for people with no access to computers and internet connection – in addition to hosting the course online.

Illustration 2: Organising before and after the COVID-19 pandemic
Using digital spaces to take part in policymaking processes

When it comes to civil society participation in policymaking processes, digitisation and the consequential use of virtual formats have somehow reduced certain barriers, while perpetuating or intensifying others. The use of virtual platforms has indeed made it possible for civil society actors to take part in UN meetings, for example as shown by the participation of civil society speakers outside of New York at online events organised from New York or the increased presence of civil society on Canadian government delegations to UN meetings on drugs. In addition, as experienced by one civil society respondent, ‘being in a [Zoom] breakout room with a member state representative can feel more intimate than being in a massive UN building’, but ‘side conversations are also lost in virtual spaces’ such as Zoom. In Argentina, a civil society advocate reported that ‘the technological route has increased the possibility of federalising our interventions in a country whose geographic extension does not easily allow face-to-face contact,’ resulting in more engagement with institutional actors since COVID-19 hit.

In the end, however, the rates of success (or rather, perceived effectiveness) in online advocacy processes conducted by civil society very much depend on the types of institutions engaged, policy issues concerned, and platforms or formats used, as well as on the degree of trust already existing prior to the pandemic. A civil society actor from Serbia wrote: ‘We very much rely on our relationship with the Office for Combating Drugs and use that connection to reach other government institutions and their representatives. That for now seems to be successful. Together we are trying to organise the system that will make communication more fluid, and doesn’t include channels to go through the Ministry of Health ... they are the weakest spot in the communication’.

The webinar dilemma: Between new outreach power and webinar/digital fatigue

Notwithstanding all the aforementioned challenges in reaching advocacy targets, a number of civil society respondents remarked that the digitisation of events, as shown by webinars for example, have widened opportunities for knowledge transfer and sharing amongst a wider variety of actors. Entering an online meeting or conference room appears logistically simpler than physically travelling to a venue for a specific event. When these online discussions are recorded and shared, the barriers are even lower – especially for those unavailable at the time or living in different time zones.
The COVID-19 pandemic has transformed the various processes through which policymaking decisions are made and implemented, especially at international fora such as the UN. The adoption of a new online meeting genre called ‘topical meetings’ by the CND Secretariat serves as one example. In this instance, COVID-19 restrictions were used (albeit tacitly) to introduce procedural changes which practically excluded civil society from some of the most important discussions at the CND this year – therefore setting ‘a dangerous precedent, both within and beyond the drugs sector’.

In order to reverse the growing tendency towards exclusion, below are five key lessons for online participatory policymaking processes at the global level:

1. **Digitisation serves as an opportunity to strengthen civil society participation** – The removal of barriers to physical participation should serve as an opportunity for intergovernmental organisations to ensure that civil society access remains at least as strong as (and ideally stronger than) it was prior to the pandemic, in line with ECOSOC rules and guidelines.

2. **Format matters** – In support of developing technical guidelines, some UN entities have organised virtual community consultations. For example, one UN entity organised an online Zoom meeting involving 100 community representatives (more than ever before) spread across the globe. A set of online surveys were additionally disseminated during and after the online consultation. Such a format allows for feedback from people not present at the online consultation, though limitations remain – for instance with regard to its sustainability and compromised quality of interactions. Similar observations were also shared by civil society respondents active in (co)hosting international conferences, many of whom are still in doubt as to whether – or which – virtual formats could truly facilitate meaningful exchanges amongst participants.

3. **Technical barriers should not be underestimated** – Geographical differences inevitably act as technical barriers to civil society participation in global policymaking. Online meetings, enabling long-distance participation and interaction, have increasingly been regarded as a path which would fill this gap. Yet using online platforms such as Zoom can also be costly for some, especially when participants need to purchase stronger or more reliable internet connections or data packages, obtain access to technological equipment or utilise additional features such as simultaneous interpretation. The issue of time difference additionally serves as a significant challenge for many.

4. **Collaborative efforts are more important than ever** – One government official remarked that WhatsApp group chats have been proved useful for them to stay engaged and connected with colleagues during UN meetings. Though this example involved only policymakers, it further illustrates the opportunity for policymaking bodies to explore such models to engage with civil society. In fact, countless collaborative efforts between civil society and policymakers have already taken form during the pandemic, for instance through jointly hosted webinars between civil society, community-led groups, governments and UN agencies.

5. **Planning is key** – Realising effective and meaningful collaboration and engagement between civil society and policymakers at the global level requires proper planning and coordination. Some (inter)governmental officials noted that COVID-19 and all its restrictions have pushed them to establish more structured and organised approaches to civil society engagement, for example by creating a weekly engagement plan, by actively reaching out to civil society contacts, or by simply embedding civil society engagement into one’s day-to-day activities. In this regard, some civil society respondents emphasised the importance of regular mechanisms for civil society to participate in policymaking platforms. One highlighted the crucial role of the Vienna NGO Committee on Drugs (VN-GOC), for example, in maintaining access for civil society to Vienna-based UN bodies via virtual platforms.
Online events can also better facilitate anonymity, especially for policymakers traditionally bound by certain institutional mandates resistant to reform, as noted by one civil society respondent: ‘those who are seriously interested in drug policy questions can now easily discreetly just participate in your webinars and you know, just open their minds to different ideas and questions’. Other civil society respondents shared that, through online events, they have recently managed to attract new audiences (such as media actors), while gaining new information and connections themselves. A Polish civil society advocate wrote: ‘We have gathered [a] new audience (public opinion and media), because of a series of online webinars about psychedelics’.

The value of webinars organised by civil society was acknowledged by a number of policymakers interviewed, who underlined the informative and diverse nature of these webinars, as well as the crucial on-the-ground perspectives and policy recommendations presented. Nonetheless, given the high frequency and intensity of these online events, many respondents also warned of the risks of diminishing attention span and general overload of content and events – as indeed experienced by nearly all respondents interviewed for this report (referred to by some as “webinar wipeout”). A handful of respondents usefully raised questions around measuring the impact of online events, as well as the importance of a well-thought-out plan in delivering online content and events. Tailoring approaches of online communications hence counts as a strategic matter as much as planning face-to-face corridor lobbying in UN buildings.

Needless to say, digitisation has undermined the quality of interactions between individuals and organisations, yielding a detrimental impact on genuine human connection and empathy, especially in the case of virtual meetings involving a large number of participants with varying backgrounds. The issue of time differences was mentioned repeatedly by respondents, along with other challenges such as the absence of casual and impromptu conversations, the lack of space to hold in-depth dialogue on complex topics, the rising likelihood of miscommunications and misunderstanding, and the diminishing impact of persuasive strategies – all of which can be characterised as essential in advocacy processes. A number of UN officials interviewed for this report acknowledged that these challenges have also obstructed their advocacy relationships with member states. Furthermore, some civil society respondents noted the emerging difficulties and risks involved in negotiating international partnerships through large virtual meetings, including mixing up names and/or roles of colleagues (whom they had not physically met prior to the COVID-19 pandemic).

**Box 3 Closed online briefings for policymakers**

Leading up to the vote on the WHO’s cannabis-related recommendations in December 2020, IDPC and the Transnational Institute collaborated to organise several closed online briefings with selected policymakers in order to discuss key issues and concerns related to the recommendations as well as potential voting procedures and outcomes. Unlike public-facing webinars, these online briefings were organised on an invitation-only basis, with adherence to the Chatham House Rule in order to ensure open dialogue and confidentiality. Such targeted and closed online meetings were well attended, as shown by the high turnout of invitees – although this was also made possible by the enabling factor of organisational credibility, well-established relationships and a history of engagement prior to the COVID-19 pandemic.

**Privacy and security concerns**

The use of virtual platforms has raised various privacy and security concerns amongst some civil society and governmental actors, particularly those operating in certain areas and/or working on sensitive issues that make them more prone to surveillance and hacking – both of which could potentially enlarge risks of job losses, arrests, violence or intimidation. Such threats have a considerable impact on one’s ability and/or willingness to participate in online interactions, sometimes even resulting in patterns of self-censorship. The increasing use of videoconferencing tools such as Zoom and various teleworking platforms has also prompted civil society actors to pay more
attention to organisational policies and practices related to digital privacy and security. These include strategies to prevent unsolicited meeting participants and/or unauthorised recording, as well as to streamline data protection protocols.

**Changes in decision-making priorities due to the COVID-19 pandemic**

**Responding to the de-prioritisation of drug policy issues at times of the COVID-19 pandemic**

As confirmed by nearly all respondents, COVID-19 has clearly led to significant changes in priorities and decision-making patterns in policymaking, resource allocation, and hence advocacy. Many civil society respondents working on drug policy and harm reduction stated that they had struggled to conduct advocacy towards government institutions as these institutions shifted most of their attention to COVID-19. As remarked by a Polish civil society respondent active at the EU level: ‘We planned to organise a common event in the Committee of the Regions on local drug policy and the Warsaw Declaration, but in the face of pandemic, these topics are not important for them anymore’. In addition, the COVID-19 pandemic has made policymaking processes less transparent and less easily monitored, as experienced by a respondent from Indonesia: ‘…now we’re lost in translation. We don’t know where they are. And then suddenly… that meeting was done. And then something was approved or something was passed. It’s really easy during this time that things slip away from our radar’.

**Creating new partnerships and advocacy opportunities**

However, the severity of issues like prison overcrowding and the general overwhelming burden of punitive policies on the criminal justice system, combined with additional risks brought by COVID-19, has proved relatively effective in mobilising certain policymakers, but most importantly in helping civil society find and build new advocacy relationships and leverage opportunities to gain the support of policymakers for programmes like decarceration or even proposals for the decriminalisation of drug use and possession for personal use. This has translated into new forms of engagement with police departments, prison authorities and related ministries, for example as experienced by advocates in Kenya, Nigeria and Myanmar. A civil society respondent in India, meanwhile, reported that advocacy towards municipal governments has been enhanced due to local COVID-19-related impacts.

At the same time, COVID-19 accelerated various positive developments in harm reduction long advocated for before the pandemic, such as naloxone distribution, take-home opioid agonist treatment, and peer-led models of delivery, from India to Ukraine to Argentina. EuroNPUD colleagues remarked in this regard: ‘I wouldn’t want to minimise all the people that died and all the challenges. But ironically, we’ve made advocacy gains we’ve been fighting for over the last 10-15 years’.

Moreover, changes in advocacy priorities during the COVID-19 pandemic have resulted in new partnerships and forms of collaboration amongst non-governmental actors. Respondents from Costa Rica and Kenya established new advocacy relationships and partnerships with lawyers and legal experts during the pandemic. Meanwhile, an organisation advocating for drug decriminalisation in Russia strengthened their collaboration with prominent human rights groups, especially after they were targeted by a defamation campaign attacking their work in promoting the rights of people who use drugs during the COVID-19 lockdown.

**Responding to economic hardships and criminalisation**

Changes in priorities have also occurred at the individual and community level. COVID-19 restrictions have undoubtedly made the lives of individuals and communities more precarious. Many have lost their sources of income and livelihoods but received little to no economic support from their governments. These dynamics – combined with worsening repression, criminalisation and inequality – have thus impeded community involvement in advocacy. In response to this situation, some civil society organisations have concentrated their advocacy efforts to push for the reallocation of funds to ensure the continuation
of (peer-led) health and harm reduction services, as well as to help communities access basic needs such as food, clothing and hygienic supplies. This process has not been without its challenges, however, considering some administrative and other restrictions imposed by certain funding institutions. For example, HIV-specific funding cannot easily be transferred to financially support communities to purchase food. Similarly, the costs of COVID-19 tests – which are sometimes necessary for civil society organisations operating in service delivery – cannot be covered by certain harm reduction funders.

In Mauritius, where the government has allocated financial assistance for those losing their jobs, one NGO managed to secure funds to provide peer workers with mobile data packages. Some UN bodies such as WHO have also transferred funds to NGOs working in service delivery – including in prisons – in order to mitigate the impact of COVID-19 and continue lifesaving services for key populations. Likewise, regional networks such as EuroNPUD have shifted their resources from travel and event organising into the translation of COVID-19 harm reduction flyers for people who use drugs and local outreach work, whereas many others have redistributed human and financial resources to help provide communities with COVID-19 prevention equipment and supplies.

The pandemic compounded the various economic, health, social, and legal challenges faced by communities, yet campaigners involved in the 2020 Support Don’t Punish (SDP) Global Day of Action – many of whom participated in interviews conducted for this report – showed that the COVID-19 pandemic has not deterred them from continuing to fight for drug policy reform. The November 2020 report titled ‘Solidarity that cannot be confined’ describes the diverse forms of community mobilisation taking place during the 2020 SDP Global Day of Action, highlighting resilience, creativity, and radical forms of mutual aid central to people’s survival during the pandemic.19

**Emergence of fundamental questions around future advocacy processes**

Ultimately, the COVID-19 pandemic has raised fundamental questions around the future of civil society advocacy. Travel and in-person gatherings have resumed to varying degrees across the world, but they remain limited partly due to prevailing restrictions, barriers and health risks associated with COVID-19. In this context, civil society organisations are faced with numerous questions and dilemmas with regard to the sustainability of their work, as well as the possible

**Box 4 Community-led courage and collaboration during COVID-19**

In September 2020, members of EuroNPUD were faced with an advocacy-related dilemma. An opportunity to physically participate in a Pompidou Group meeting suddenly came to the network’s attention, but nearly everyone was reluctant to do so due to COVID-19 health risks. ‘Who wants to go to this meeting? There was dead silence in the virtual room as nobody really wanted to travel. And [one person] very bravely said: Look, I’ll do it’.

Being the only one who was willing to travel, this network member was immediately assigned the role of representing the Network to deliver a speech at this high-profile meeting. In preparation for the meeting, peers helped him practice and boost his public speaking skills. Thanks to this support, he successfully delivered an impactful speech on the experiences of people who use drugs in accessing health services during COVID-19. Central to this intervention was the crucial role of peer-led networks in harm reduction service delivery.

The EuroNPUD speech was highly appreciated by policymakers present at the time, who then approached the representative to say thank you, and ask ‘How can we work together?’ Responding by calling for further meaningful participation of people who use drugs in EU drug policymaking processes, EuroNPUD were offered a collaborative partnership. This partnership is the first of its kind ever obtained by the network, granting members opportunities to periodically take part in projects of different EU institutions – and in doing so representing communities of people who use drugs.
transformation of their role in advocacy. What is the future of civil society groups predominantly active in global conference organising? What about those whose work mainly consists of direct advocacy at UN headquarters? Will they continue to receive funding if physically distancing guidelines continue? For civil society organisations which have lost funding due to the COVID-19 pandemic, how can they maintain their future role in advocacy? Some are considering new models of fundraising, for example through crowdfunding initiatives. Crucially, this relates to which actors would ultimately gain (more) access to resources, information and opportunities to influence policy- and decision-making processes.

On the other hand, has the pandemic also pushed smaller, more local civil society groups to play a larger and more autonomous role in advocacy? A respondent from Myanmar interestingly stated that ‘the current restrictions are also an opportunity to reinforce the autonomy and further develop, around specific activities, the capacity of CSOs operating in the community’. The increasing use of online platforms – which is generally less expensive than physical participation requiring travel – could also help smaller and/or community-led organisations to participate more in advocacy and policymaking spaces, although as noted above, the use of online platforms comes with a wide variety of limitations.

Other questions touch upon the future necessity, desirability and accessibility of large-scale events, where people from all over the world travel and gather in one place for a certain period of time. In many cases, these conferences are highly priced, making them less accessible for people and groups with fewer resources. A civil society respondent observed that although the COVID-19 pandemic has made it possible for such conferences to be held online – hence with lower budgets and a potentially higher level of accessibility – some organisers still insist on maintaining high fees online, yet ‘maybe over time, there will be a bit more flexibility’. Nevertheless, the value of in-person meetings and interactions at these large and/or international conferences is clearly not to be underestimated, making the role of civil society actors involved in these events equally important – albeit uncertain due to the COVID-19 pandemic.

Related to the above is the issue of frequent air travel, raised by some respondents, as for the first time in years – or decades for some – they

Box 5 Challenges and adjustments at the workplace during the COVID-19 pandemic

As noted by many respondents, the COVID-19 pandemic has intensified different forms of work-related pressure and health risks. The mental health toll of working from home can be very high for many people, especially those with children and/or other family members needing care. In this regard, one civil society respondent underlined the gendered impact of COVID-19 restrictions, as the burden of care work often falls on women. Some respondents have also experienced more stress due to the ever-growing difficulty of separating work from personal life, while others have felt that their workload has increased despite the pandemic. These challenges have led some organisations to implement adjustments to ensure individual and organisational well-being, for example:

1. Provision of additional stipends for employees.
2. Provision of additional leave days for employees, for instance by guaranteeing that sickness relating to COVID-19 would not count towards the standard statutory sick leave.
3. Coverage of costs related to COVID-19 testing and treatment for employees.
4. Creation of new ways of working and internal organising that promote further collaboration and collective action, for instance by involving new team members in a specific project related to the COVID-19 pandemic.
5. Support for collaborative efforts in planning and decision-making, for example through the creation of a ‘business continuation task force’.
were suddenly barred from the levels of frequent travel that were previously required for their advocacy work. Given the increasingly common use of virtual platforms, and the growing concerns around environmental impact, is frequent air travel truly necessary to sustain advocacy work? Will it return to being the norm again?

Should virtual formats become the new norm, various questions and considerations around planning and methodology can be raised. How can levels of accessibility and security be improved? How can one ensure that virtual meetings still provide adequate space for meaningful and genuine human interactions and interpersonal connections? In addition, how can one evaluate the impact of online advocacy on policymaking and policymakers? Addressing some of these dilemmas, a number of respondents mentioned the possibility of hybrid (virtual and physical) events – as already conducted by advocates in Kenya and Brazil. Such hybrid formats might work well in local contexts, but could prove more challenging for larger meetings. One civil respondent described their experience in physically attending the UN Commission on Crime Prevention and Criminal Justice (CCPCJ), where there were 20 people in the physical room and 90 people participating online: ‘the luck of the draw for me was that most of the people that I wanted to speak to weren’t there’.

Conclusion

As confirmed by some policymakers interviewed for this report, civil society is what keeps their ‘feet firmly on the ground’, keeping policymaking actors informed and responsive to realities as experienced by people and communities. Regardless of all the value and benefits that civil society engagement brings to policymaking spaces, one policymaker interviewed added that ‘it’s not only about benefits, but it’s our duty to engage with civil society and communities’. Many admitted that they too missed the physical presence of civil society representatives at policymaking spaces. Another interviewee also emphasised the integrity, reliability and independence of civil society, as a ‘government could come and go quickly, but civil society stays,’ and ‘sometimes we [at the UN] can’t say things, but civil society can be that voice and negotiate with the government’.

The experiences and lessons shared by civil society advocates working under COVID-19 considerably vary according to their different contexts and modus operandi. However, nearly all respondents have remained committed to their advocacy work, despite challenges related to funding, technological infrastructures, and access to decision-making spaces and stakeholders. Civil society networks in particular have shown demonstrable resilience and adaptability in response to COVID-19 and its restrictions, thanks to their presence and diverse...
roles at multiple levels, from advocacy connections with intergovernmental officials at the UN level to mobilising power at the grassroots level – all of which have also enabled networks to facilitate civil society advocacy regardless of the lack of travel and face-to-face interactions.

Questions around the perks and pitfalls of virtual and/or hybrid advocacy processes, as well as the future of civil society advocacy in general, appear to be left unanswered by many, but these processes have opened up new avenues for further innovation, creativity and experimentation in advocacy strategies – some of which were directly triggered by COVID-19.

In sum, COVID-19 restrictions and their far-reaching impacts have clearly not stopped civil society – of various shapes and sizes – from mobilising and collaborating at multiple levels and across sectors in order to continue advocating for policies centred on human rights, health and development. Looking forward, below are some recommendations for civil society, policymakers and donor institutions.

**Recommendations for civil society**

- Use advocacy innovations brought in by the COVID-19 pandemic – such as the adoption of virtual events and consultations as well as decentralised forms of organising – to ensure the meaningful participation and involvement of grassroots communities, especially affected communities.
- Incorporate strategic thinking and planning in conducting online advocacy, for example by finding a balance between public-facing webinars (including to avoid webinar fatigue) and closed meetings with advocacy targets.
- Develop and implement a set of organisational practices and/or policies to ensure digital privacy and security.
- Improve communications between organisations – prioritising collaboration over competition.
- Introduce supportive mechanisms of resource sharing and distribution for civil society and community partners involved in advocacy processes, for example by providing stipends or internet access tools for community participation in online meetings.
- Continue to harness the power of civil society networks in all advocacy and policymaking processes.

**Recommendations for policymakers**

- Keep drug policy, access to health services, civil society engagement and criminal justice reforms high on the political agenda.
- Continue to utilise online (and offline) platforms to meaningfully involve all relevant civil society and communities in policymaking processes.
- Establish and follow well-embedded structures for regular engagement with civil society and communities, for example by creating a weekly plan to consult specific organisations, communities, and networks, as well as by including civil society and community representatives in policymaking committees and the like.
- Actively reach out to civil society and communities for input, even if this is done on an ad-hoc basis.
- Support the process of allocating funds for communities and civil society involved in delivery of essential services and goods.
- Ensure that any positive short-term reforms undertaken as emergency responses to COVID-19 such as prison releases, improved access to harm reduction services, shifts to lower threshold and/or community-led service models, outlive the pandemic and remain in place in the long-term.
- Ensure that any COVID-19 measure or restriction does not further criminalise and oppress people and groups in situations of vulnerability and/or hamper the work of civil society.
- Protect civil society space and full participation in all processes and modalities for online or ‘hybrid’ policy fora: the COVID-19 pandemic cannot be used as a reason to close spaces down, in fact it should provide new and stronger engagement opportunities through the removal of barriers of physical participation.

**Recommendations for donors**

- Provide additional funds for COVID-19 responses related to drug policies, rather than redirecting existing grant funds or resources
that were previously earmarked for grant renewals.

- Support, facilitate and ease the process of reprogramming existing funds for communities and civil society who are rapidly responding to the COVID-19 pandemic and ongoing shifts in contexts, needs and environments.
- Keep drug policy, access to health services, civil society engagement and criminal justice reforms high on the agenda by continuing to support civil society groups.
- Recognise the value, power and impact of civil society networks in advancing progressive reform through advocacy at multiple levels.

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Annex 1: List of interview questions

Interview questions for civil society and community representatives

- Generally speaking, who are your main advocacy targets?
- Have you been able to maintain relationships with advocacy targets / policy makers since the pandemic? If so, how?
- Have you been able to create new relationships with advocacy targets or policy-makers?
- What form has this taken, or what methods are you planning to use to engage your targets?
- How has the quality or impact of these interactions compared to how you used to work before COVID?
- How have COVID restrictions impacted how you organise with your network/community/CSO partners? How have you overcome any challenges in this regard?
- In what particular contexts have you found restrictions relating to COVID-19 to be especially challenging for your advocacy? Provide examples.
- Has your organisation started to think about, or make, longer-term adjustments in your work plan and advocacy approach?
- To what extent have donors been supportive for your work during COVID-19?

Interview questions for policymakers

- Have you engaged with NGOs since the COVID pandemic, and what has this looked like?
- Has your organisation/government taken special measures to ensure that engagement with civil society remained strong during the pandemic? If so, have you found any challenges, internally or otherwise?
- Which online platforms or approaches do you find most useful in terms of learning about the work and policy asks of NGOs? (Webinars, video conferences, direct calls, other?)
- Be honest – have you missed the physical presence of NGOs in policy discussion spaces such as the UN in Vienna/regional settings such as EU/AU etc?
- Generally speaking, in your experience, what are the advantages of involving and/or engaging with civil society organisations? / How has civil society participation helped you and/or your colleagues in your day-to-day work? To what extent has COVID affected these dynamics?

Interview questions for donor organisations

- How have COVID restrictions impacted how you organise with your network/community/CSO partners and grantees? How have you overcome any challenges in this regard?
- Generally speaking, who are the main NGOs that advocate to you as a donor?
- Have these NGOs been able to maintain relationships with you in their advocacy? If so, how?
- Have you been able to create new relationships with NGOs? What form has this taken, or what methods are you planning to use to engage with them?
- How has the quality or impact of these interactions compared to how you used to work before COVID?
- In what particular contexts have you found restrictions relating to COVID-19 to be especially challenging for your work with civil society and communities? Provide examples.
- Has your organisation started to think about, or make, longer-term adjustments in your work plan and advocacy approach?
Endnotes

1. Dania Putri is a consultant for the Transnational Institute, and worked as a consultant for IDPC from May to December 2020


5. Various civil society and community groups have reported growing challenges related to the closure of harm reduction and health services for people who use drugs during lockdown situations, while the risks of overdose and other drug-related harms have increased, partly also exacerbated by isolation and displacement. Other factors include changes in drug markets in countries like Nigeria, South Africa, Albania, India, and the Netherlands, as reported by respondents of IDPC’s COVID-19 survey. Similar challenges have also been elaborated in more detail by INPUD, see: INPUD (2020), COVID-19 survey reports: Health & rights of people who use drugs in a COVID-19 environment, https://www.inpud.net/en/covid-19-survey-reports-health-rights-people-who-use-drugs-covid-19-environment


14. Ibid.

15. NGO Branch, Department of Economic and Social Affairs (n. d.), Basic facts about ECOSOC status (United Nations), http://csonet.org/index.php?menu=17

16. The percentage of the world population that have access to the Internet keeps growing each year. By October 2020, nearly 60% of the world population had Internet access, according to DataReportal (2020), Digital around the world, https://datareportal.com/global-digital-overview. However, the level of accessibility and connectivity varies significantly across regions and continents. For example, 65% of the population of Pakistan still have no Internet access, while the percentage for Nigeria is 58%, and 81% for Ethiopia and the Democratic Republic of Congo. See: Ang, C. (2020), These are the countries where internet access is slowest (World Economic Forum), https://www.weforum.org/agenda/2020/08/internet-users-usage-countries-change-demographics/


About this Briefing Paper

Based on experiences from dozens of countries across the globe, this IDPC briefing paper outlines key lessons learned from civil society advocacy during and after the COVID-19 pandemic.

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About IDPC

The International Drug Policy Consortium is a global network of non-government organisations that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

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