

International Drug Policy Consortium

A global network promoting objective and open debate on drug policy

IDPC Membership Survey: Summary of Results

January 2019

The IDPC membership survey was shared with IDPC members in English, French and Spanish on 10 December 2018 and received responses until 18 January 2019. Out of IDPC's 182 member organisations at the time, 67 eligible responses were received (i.e. 37% of IDPC's members¹). Responses originated from 47 individual countries, with three responses adopting a regional outlook. In terms of regional representation, Western Europe (16 responses) and Latin America (15) provided the highest amount of responses, followed by Sub-Saharan Africa (7), North America (6), Oceania (5), South East Europe (5), South East Asia (4), Eurasia (4) and the MENA region (1). A summary of the responses is available below.

PERCEPTIONS OF CURRENT OR FUTURE POSITIVE/NEGATIVE DRUG POLICY REFORMS AROUND THE WORLD

POSITIVE MOVES TOWARDS DRUG POLICY REFORM

46 organisations reported positive moves towards drug policy reform over 2018, and 10 respondents (from 8 countries) anticipated further positive moves on the following year.

Medical cannabis

- · Brazil: Various supportive court decisions,
- Belgium: Creation of a Cannabis Bureau, to manage therapeutic/scientific access,
- · Chile: Bill tabled, likely to succeed,
- Colombia: Regulations enacted, first licences attributed,
- · **Costa Rica**: Creation of a dedicated committee within the Health Minister,
- · Germany: New law now in effect,
- Greece: New law to allow cultivation for medical purposes,

Non-medical cannabis

- **Australia**: Increased political support for legal regulation,
- **Belgium**: First survey on public opinion to be released in 2019,
- · Canada: Legal regulation now in effect,
- Costa Rica: Court decision absolving cultivation for personal use,
- · Kenya: Tabled bill, unlikely to succeed,
- Mexico: Supreme Court decision striking down the total prohibition of cultivation and possession for personal use,
- Morocco: Increased advocacy efforts by civil society at all governance levels,

- Lebanon: Bill tabled,
- Mauritius: Elections expected to bring this issue to the fore,
- · New Zealand: New law adopted,
- Portugal: New law adopted,
- · South Korea: New law adopted,
- · Spain: Stronger patient representation,
- · Thailand: New law adopted,
- United Kingdom: Legal amendment passed to provide for [very limited] access,
- Zimbabwe: New law adopted.
- the Netherlands: Sub-national cannabis regulation nilots
- **New Zealand**: Government announced binding referendum on legal regulation to take place in 2020,
- South Africa: Constitutional Court decision effectively decriminalises cultivation/possession, paves the way for legal regulation,
- **Spain**: First parliamentary debate on legal regulation,
- · Switzerland: Legal regulation debate heats up,
- United States: California's market opened,
 Michigan voted legal regulation, moves in the

¹ For reference, for the 2017 Members Survey, we received responses from 35.4% of the membership.

same direction likely to lead to a regulated market in Vermont, New Jersey and New York, with a growing prominence of social/racial justice focus,

Harm reduction:

- · Albania: Global Fund project implementation,
- Argentina: drug checking gains significant traction at the local government level,
- Australia: Increased roll out of DAA HCV medication, drug checking debate gained nationwide traction / first trial in Canberra, intranasal naloxone formulation approved for distribution, increased funding for naloxone distribution at the local level, 2nd safer consumption site opened in Melbourne,
- Colombia: [Limited] harm reduction programmes now funded by the central government,
- Belgium: First safer consumption site open, development of free-access vending machines with sterile equipment in Brussels and Wallonia,
- Burkina Faso: GFATM/PARECO harm reduction project implemented,
- Canada: Reinstatement of harm reduction in national drugs strategy; NSP in prisons announced, with limitations and as pilots; increasing number of safer consumption sites; pilot drug checking services; Health Canada agreed to set up a working group to consider safe/regulated supply,
- EECA region: Civil society filling the service provision gap left by the State/GF retreat in different countries,
- Germany: Drug checking discussed in some regions,
- Greece: Health Minister announced proposal to amend drug law to allow for safer consumption sites,

Decriminalisation: *de facto, de jure*:

- Australia: Decriminalisation debate highly prominent,
- Canada: Decriminalisation adopted as policy by
 2/3 of major political parties,
- Georgia: Constitutional Court decision effectively decriminalises possession for personal use,
- Ghana: Narcotics Control Commission bill expected to decriminalise consumption,
- Ireland: Public consultation received mostly favourable submissions,
- Mexico: Supreme Court decision makes the prohibition of cannabis cultivation/possession unconstitutional,
- Myanmar: New government policy, in theory, decriminalises drug use -see below,

- Uruguay: Legal regulation fully running with regular evaluation, government announced new production licenses.
- Italy: Recognition of harm reduction as an essential component of the national health system,
- Ivory Coast: Adoption of OAT by the national government,
- Lebanon: Community provision of naloxone included in national strategic plan,
- Morocco: Adoption of a national programme to fight overdose deaths,
- Myanmar: Bew drug control policy includes harm reduction principles,
- **the Netherlands**: growing local interest to set up safer consumption sites,
- Nigeria: Adoption of some harm reduction services, increased willingness to discuss harm reduction,
- Portugal: Harm reduction fully funded by the State,
- Puerto Rico: OST entry barriers lowered,
- Senegal: Increased acceptance of harm reduction services,
- Spain: Barcelona consolidates gender-specific harm reduction services for women,
- Tanzania: Integration of harm reduction programme to the national GF grant, OST services progressively scaled up,
- Ukraine: OST now [partially] funded from national budgets,
- United Kingdom: Expansion of drug checking services at festivals,
- United States: Debate on safer consumption sites becomes highly prominent, increasing likelihood of implementation; naloxone availability on the rise.
- New Zealand: Government announced police discretion for simple possession, which has the vocation to evolve into decriminalisation legislation,
- Nigeria: Increased willingness to discuss decriminalisation,
- Scotland: Growing support to extend recorded warnings for all substances – currently for cannabis,
- South Africa: Constitutional Court decision effectively decriminalises cultivation/possession in private spaces,
- Spain: Court decisions to dismiss cases of cultivation for personal use,
- · United Kingdom: Local decriminalisation pilots.

Alternatives to incarceration:

- · **Chile**: Prosecutor's Office instruction encouraging non-custodial sentencing for women,
- EECA region: Reforms in Kyrgyzstan and Ukraine regarding the implementation of alternative punishment and probation systems – with major flaws,

Proportionality of sentencing:

- Costa Rica: gender-specific sentencing reform for women,
- **Spain**: Court decision imposes lower sentencing for coca leaf possession.

- Ivory Coast: Legal amendment aiming to substitute prison sentences for treatment orders,
- Myanmar: New national drug policy replaces imprisonment for rehabilitation and social work,
- United Kingdom: Implementation of police diversion schemes.
- United States: First Step Act, with bipartisan support, increases discretion/reduces severity of sentencing for some drug offences.

Other measures related to the justice system:

- · **Bolivia**: Planned constitutional challenge to some repressive aspects of the national drug law,
- Colombia: Expected legal challenges to Police Code allowing to contest the arbitrary implementation of sanctions against people who use drugs,
- Malaysia: Government announces abolition of the death penalty,
- Nigeria: Inclusion of people who us drugs in the National legal Aid Service Strategy,
- United States: Good Samaritan / medical amnesty laws.

Gender:

· Costa Rica: Gender-specific sentencing reform for women.

<u>Involvement of affected populations in policy design/implementation:</u>

- Canada: Increased formal engagement with people who use drugs and other affected communities,
- Malaysia: New government has vowed to create a platform for civil society engagement.

Other developments:

- Burkina Faso: Launch of the drafting process for the first National Strategic Plan against Drugs,
- Dominican Republic: National drug law to be reviewed,
- Kenya: Key Members of parliament supportive of positive reform,
- · Lebanon: Review of the national drug law,
- Malaysia: Government initiated an Anti-drugs Agency Transformation Lab,

- Mauritius: Increased engagement with politicians through the Support. Don't Punish campaign,
- · Myanmar: Launch of the new national drug law,
- New Zealand: Increased political support for reform, increased funding for prevention programmes, review of metal health/dependence services.
- · **Zimbabwe**: Increased political support for reform.

NEGATIVE MOVES AWAY FROM PROGRESSIVE DRUG POLICY REFORM

38 organisations reported negative moves in terms of drug policy this year, and 6 anticipated further negative moves in 2018.

Cannabis:

United States: Pushback/ambivalence regarding state-level cannabis legal regulation by the US Justice Department.

Harm reduction and drug-related services:

- Brazil: Sharp reduction in support for harm reduction services in favour of private compulsory treatment/therapeutic communities,
- **Canada**: Challenges and new barriers to the expansion of harm reduction services by conservatives, particularly in Ontario, Colombia:

- new government aims to reduce harm reduction services,
- France: Temporary closure of needle-and-syringe vending machine, reopened following civil society mobilisation,
- Hungary: Reduction/closure of prevention and harm reduction services, following GF retreat,
- Indonesia: Limited funding for harm reduction programmes,
- Italy: Austerity measures have limited harm reduction provision,
- Kazakhstan: Ministry of Internal Affairs has repeatedly attempted to close OST services,
- Kenya: Lack of policy framework for harm reduction leading to disruptions following executive decisions,
- Madagascar: Harm reduction services remain scarce/intermittent,
- Puerto Rico: Austerity-related budget cuts to harm reduction services,

Increased reliance on the crime and justice system:

- Argentina: increased prosecution of people who use drugs and micro-traffickers, particularly in the most deprived areas; repressive rhetoric ramped up,
- Australia: harsher sentences for secondary supply offences,
- Bangladesh: Reforms extending death penalty application to non-violent drug offenders, arbitrary detentions in counterdrug crackdown,
- Bolivia: pre-elections rhetoric suggests increased repression against people who use drugs and micro-traffickers,
- Cambodia: Intensified counterdrug law enforcement efforts leading to the arbitrary arrest of thousands.
- **Chile**: harsher sentences for people who use drugs, new government emphasises criminalisation,
- Colombia: new government issued a decree underscoring police powers to impose administrative fines, seize drugs for personal use and impose treatment orders,
- France: new law expedites arrest and administrative punishment against possession of cannabis,
- Indonesia: new criminal code, on hold at the moment, seeks to further criminalise drug-related offences,
- Italy: new government blocked progression of decriminalisation bill, promotes zero tolerance and increased police surveillance,

- Romania: Reduction/closure of harm reduction services, following GF retreat,
- Russia: Hostile environment toward civil society impedes harm reduction provision,
- Serbia: Reduction/closure of harm reduction services, following GF retreat,
- **South Africa**: Closure of NSP in Durban for political reasons.
- Spain: New government in Andalusia, including far-right party, could entail regression for harm reduction provision,
- Switzerland: Austerity-related budget cuts, particularly at the local level, for drug services including harm reduction,
- Tanzania: Downgrading of NSP services to a pilot intervention,
- United Kingdom: Safer consumption site plans in Glasgow blocked by UK Home Office, budget cuts to harm reduction and treatment services,
- United States: NSPs ceased or scaled down in some areas.
- Kyrgyzstan: new criminal code provides for administrative fines for simple possession; but these can reach 4,800 EUR and a lack of payment will result in prison sentences,
- Myanmar: persistent criminalisation of people who use drugs, despite stated commitment towards decriminalisation,
- Nigeria: high rate of drug arrests and detention, unsuccessful attempt to raise mandatory minimum sentences for simple possession to 15 years,
- the Philippines: bill tabled to expand scope of death penalty for drug offences,
- Poland: generic NPS legislation imposes blanket ban,
- South Africa: [to be published] National Drug Master Plan removes decriminalisation as a possible policy direction,
- Sri Lanka: Death penalty moratorium lifted as part of anti-drugs crackdown,
- **Tanzania**: recurrent police crackdowns and arrests targeting people who use drugs,
- United Kingdom: generic NPS legislation fully in force.
- United States: loss of momentum for criminal justice reform, increased calls by the federal government for more repressive approach – including floating the idea of imposing the death penalty for supply offences; at the state level, progression of laws punishing supply offences as homicide in case of accidental fatality,
- Uruguay: increased penalties for supply offences.

Cultivation:

· Colombia: new government supports aerial spraying

Other measures targeting people who use drugs:

- Australia: Trial to drug-test welfare recipients,
- Bangladesh: State-sanctioned extra-judicial killings.
- Colombia: New government rhetoric frames drug use as mental health problem,
- · Indonesia: State-sanctioned extra-judicial killings.
- Malaysia: Lack of police awareness leading to abuses against people who use drugs,

Militarisation of drug control:

· **Argentina**: Increased involvement of the military in counternarcotic activities,

Other challenges:

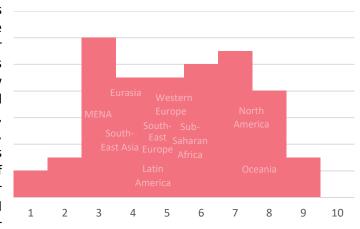
- Belarus: Attempt by parliament to amend the criminal code to reduce drug-related punishment thwarted by Ministry of Interior/Supreme Court,
- Brazil: National Council on Drug Policy actively campaigns against the legal regulation of drugs,
- · **Colombia**: New government undermining national drug observatory,
- Costa Rica: Leadership change at the Ministry of Foreign Affairs threatens engagement with CICAD/OAS and CND,

- the Netherlands: Government rhetoric increasingly blaming people who use drugs for drug-related challenges,
- the Philippines: Continued crackdown and extrajudicial killings.
- Serbia: Conservative populism fuelling stigmatisation of people who use drugs.
- Mexico: New government announced the creation of a "National Guard" that would formalise the militarisation of public security.
- Hungary: Commission on Drugs, which includes an official mechanism of engagement with civil society, dismissed for over half a year,
- · **Nigeria**: Blanket ban on codeine and tramadol has boosted illegal trafficking.
- United States: Poor attention by media and lawmakers to the pain undertreatment problem.

CURRENT LEVEL OF SUPPORT FOR REFORM IN THE MEDIA

Overall, respondents' appreciation of support for reform in the media stayed remarkably similar to the values identified last year. With an average rating of 5.26 (vs. 5.28 for the previous survey), the responses hint at the difficulties that many IDPC network members experience in changing entrenched narratives on drug policy reform. That said, it is worth noting the high dispersion, which seems to respond to regional dynamics. Indeed, while responses from North America and Oceania rate this support, on average, at 7.6; those from the MENA region, Eurasia and South-East Asia average at 3.5.

Despite challenges, many responses highlighted positive reporting. Some of these focused on how media support was strong for certain issues. This is the case for cannabis regulation (i.e. United States, Mexico, New Zealand), criminal justice reform (i.e. United States), harm reduction (i.e. Australia, Canada, New Zealand), medical cannabis (i.e. Brazil, Spain), the failure of the so-called war on drugs (i.e. Puerto Rico), the negative living conditions of people who use drugs (i.e. Greece). Other responses focused on highlighting generalised progress, with the media becoming supportive or



less obstructive (i.e. Canada, Ireland, Greece, Mauritius, Spain, United Kingdom). Yet in other cases, progress

was considered to be limited to some outlets (i.e. Belgium – esp. francophone, Chile, France – esp. left-leaning, Hungary – esp. independent, Indonesia, Romania, South Africa).

This year, the amount of responses that highlighted **negative bias** in media reporting increased overall. Most of these responses underscored the stigmatising/sensationalistic treatment of drug-related issues in the media (i.e. Australia, Bolivia, Brazil, Greece, Indonesia, Italy, Lebanon, Romania, Russia, Serbia). Others noted how media reports are often permeated by the so-called "war on drugs" mentality, which often portrays drugs as a "public enemy" (i.e. Argentina, Myanmar, Nigeria, Poland). In a number of cases, the negative bias seems to reflect the moral/political ideology of news outlets (i.e. Canada, Chile, Colombia, Hungary, Malaysia, United Kingdom). A couple of responses suggested media backlash is often particularly strong for specific issues (i.e. safer consumption sites, in the United States; medically-assisted treatment, in Russian-language media in the EECA region).

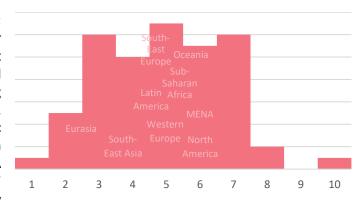
Respondents also highlighted **gaps in knowledge** in the media on issues related to drug policy, due to a lack of high-quality investigative journalism on the matter (i.e. Bolivia) or inexperience (i.e. Malaysia).

Finally, some respondents noted a **lack of interest** in [at least part of] the national media on matters related to drug policy (i.e. Belgium, South Africa, Switzerland).

CURRENT LEVEL OF POLITICAL SUPPORT FOR REFORM

In terms of political support for reform, responses were, overall, less positive and showed less dispersion. Among the countries with the highest scores, we find Colombia, Uruguay and Zimbabwe. On the lowest end, Brazil, France, Hungary, Indonesia, Poland and Switzerland. While the average response of 4.90 suggests there is still a long way to go, it represents an increase compared to last year's 4.68 – perhaps showing that reform may be inching forward.

Once more, many responses highlighted **progress**; but in most cases, this was deemed slow, partial or facing obstacles. In some countries, support for [at least some forms of] reform appears concentrated among "progressives", liberals or left-leaning parties (e.g. Australia, Belgium, Brazil, Germany, Hungary, Mexico, United States, Spain), or specific members of parliament (e.g. Kenya's Health Committee, Nigeria's President of the Senate). A few respondents noted that parliamentarians' support for reform is easily thwarted by



governments' reluctance to change (e.g. Bolivia, Colombia, EECA, Greece, Italy). Yet in other cases, the government or the party in power have played a leading role in reform (e.g. Canada, Malaysia, New Zealand). Sub-national jurisdictions often pioneer reforms and harm reduction approaches despite federal opposition or gridlock (e.g. Australia, United States). Finally, some respondents noted changes in narrative that have the potential to lead to positive reform (e.g. Indonesia, Myanmar, United Kingdom).

Conversely, an important number of responses pointed out how **regressive stakeholders** continue to hold reform back; particularly conservative and/or reactionary parties (e.g. Australia, Belgium, Brazil, Canada – at the sub-national level, Colombia, Hungary, Italy, Puerto Rico, United Kingdom). In some places, respondents noted that shifts in rhetoric that depart from the "war on drugs approach" do not necessary translate into meaningful reform (e.g. EECA, Georgia, Indonesia). It is worth noting that some places experience both progress and setbacks in different aspects related to drug policy (e.g. In France, criminal justice reform has stalled, whilst harm reduction provision has expanded in some directions).

Finally, a few respondents (e.g. Ireland, Mauritius, Nigeria, Serbia, South Africa, Switzerland) suggested drug policy is **not a priority** (or is becoming a lesser priority) for the political class. In some cases, this was attributed to the election cycle, as reform is still not perceived to be a "vote winner".

CIVIL SOCIETY SPACE

Considering international developments regarding the state of civil society and civic freedoms, and as suggested by the <u>IDPC Members' Advisory Council</u>, this year we have added a new module to the IDPC Members Survey in order to gauge changes in the conditions in which civil society organisations operate.

<u>Legal and policy framework – Changes over the last year</u>

The average response for this question was 3.3 (out of 5). For the overwhelming majority of respondents, there have not been any major significant changes in terms of the legal/policy framework, or changes have been positive. In some cases, such as for respondents in Burkina Faso, Chile, Ghana, Greece and Uruguay, the situation seems to be particularly positive. That said, a few respondents flagged significant regression in their countries, including Brazil, Colombia, Hungary, Indonesia, Lebanon, Myanmar, Nigeria and Zimbabwe.

In terms of concrete obstacles in this regard, respondents highlighted laws that impose sanctions for criticising the police (e.g. Spain) or the government (e.g. Myanmar), or that restrict demonstrations in the public space (e.g. Italy).

<u>Freedom of expression without harassment – Changes over the last year</u>

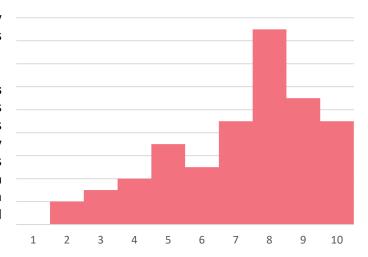
The average response for this question was 3.1 (out of 5), with a similar spread to the previous question. However, responses were overall less positive, which hint at the fact that civil society organisations experience barriers to the enjoyment of freedoms that go beyond the law itself. In this sense, it is not surprising that the number of countries reporting negative developments is slightly larger, including Belarus, Colombia, Hungary, Georgia, Indonesia, Italy, Myanmar, Nigeria, Tanzania and the United States.

From the comments provided, it seems clear that less formal impediments to civil society freedoms are, by and large, imposed by the State, particularly against organisations that work on human rights (e.g. Brazil, Zimbabwe), or that criticise the government (e.g. Brazil, Nigeria). Specific means, such as raids and website blocks were also reported (e.g. Belarus). Finally, it is worth noting that, in some cases, non-State actors can also act as powerful opponents of civic freedoms, as is the case of drug-trafficking/criminal networks (e.g. Colombia).

LEVEL OF CIVIL SOCIETY ENGAGEMENT IN <u>DOMESTIC</u> DRUG POLICY DISCUSSIONS, DEBATES AND DECISIONS

Responses to this question were relatively positive. The average response, of 7.2, represents progress compared to last year's 6.83 average.

That said, almost 14% of respondents felt **less involved** (Scores 1 to 4). Further comments to this question relate low scores to the government's hostility or apathy toward civil society/drug policy reform. In a small number of cases, respondents might have considered *impact* rather than engagement per se, noting formal participation in government-organised forums but no actual influence in policy.



Most organisations on the **medium** range (Scores 5 and 6) engage in domestic drug policy through advocacy campaigns, direct lobbying, provision of advice and briefs to decision-makers, specialised publications, strategic litigation and participation in civil society consultations. However, comments suggest that respondents in this range perceive their engagement's impact to be limited (sometimes due to budget constraints) and/or sporadic.

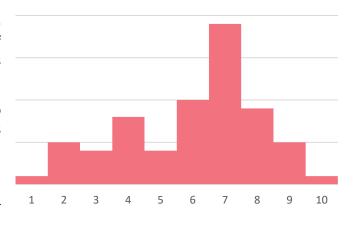
The majority of responses to this question (39%) rate their domestic engagement as **medium-high** (Scores 7 and 8). Further comments provided reveal that the strategies of engagement deployed by these organisations are not dissimilar from those in the medium range. However, these organisations' engagement appears more permanent and formal. Organisations in this range, thus, typically are members of national advisory councils, as well as regional and international networks/advisory bodies; co-lead on multi-stakeholder consultations; have close relationships with local decision-makers and/or relevant governmental departments; participate in the implementation of national policies (e.g. harm reduction, outreach) and/or provide input into legislation.

An important number of responses (30%) rated their engagement as **high** (Scores 9 and 10). Comments from this range suggest that most of these organisations are engaged at the highest levels of decision-making (e.g. congressional, governmental, ministerial, prime-ministerial, etc.) and are perceived by State authorities as indispensable in their area of expertise.

LEVEL OF CIVIL SOCIETY ENGAGEMENT IN <u>INTERNATIONAL</u> DRUG POLICY DISCUSSIONS, DEBATES AND DECISIONS

Responses to this question averaged 5.98 (vs. 6.03 last year), but it is worth noting that the amount of responses below 5 has reduced, which suggests some progress for a number of organisations.

From the comments received, organisations that **do not engage** with international drug policy debates noted their limited capacity (e.g. funds, staff) and focus on local, national and regional debates. The absolute majority of respondents in this category did express, however, their interest in engaging further in the years to come.



Respondents that reported **limited** engagement alluded to the same obstacles and conditions as the previous group yet reported different avenues through which their organisations work at the international level. These include research and advocacy groups (e.g. Drugs and Law Research Collective, in Latin America); civil society engagement mechanisms, both regional (e.g. European Civil Society Forum on Drugs) and international (e.g. Civil Society Task Force on Drugs, International indigenous Drug Policy Network); as well as international advocacy campaigns (e.g. Support. Don't Punish).

Those who noted their engagement in the **medium** range focused on their work advocating for progressive country positions at CND, participation in international advocacy networks (e.g. Coalition Plus, Correlation Network, NYNGOC) and civil society engagement mechanisms at the UN level (e.g. NYNGOC, VNGOC, the UNODC HIV Civil Society Group, and the WHO working group on HCV and Harm Reduction), direct dialogue with UN representatives (e.g. UNAIDS, WHO) or diplomats, and participation at international conferences and events (e.g. International Harm Reduction Conference, International HIV/AIDS Conference).

Six respondents considered their engagement to be **intense** (Scores 9 and 10). The comments noted participation in the CND (i.e. participating in the proceedings, joining country delegations, organising side events), advisory roles on international drug policy at government level, and further engagement with Vienna and Geneva-based UN bodies.

Finally, nine respondents mentioned their international engagement was, exclusively or partially, **through the IDPC network**, making contributions to the network's position papers, utilising IDPC's resources in national advocacy to influence country positions and contributing to the update of the CND Blog.