

# MODULE 4

## Civil society engagement in drug policy advocacy

### Aim of Module 4

To consider ways civil society can maximise its influence on drug policy and to develop work plans based on information provided during other sessions.

### Learning objectives

Participants will be able to:

- Define advocacy as it relates to drug policy
- Identify general principles, goals and strategies for effective advocacy
- Develop a comprehensive advocacy plan
- Offer methods of monitoring and evaluation of advocacy tools and methods

Participants have now acquired a general understanding of the international drug control system and its consequences, of examples of effective (and ineffective) drug policy reform movements, and of the concept of harm reduction.

This module will use all the knowledge acquired in previous exercises and will aim to train the participants on designing solid advocacy strategies to promote reforms at local, national, regional and international levels.



### Facilitators' note

This module includes a wide range of exercises to guide the facilitator and the participants through the design of an action plan. Previous experience has shown that it is best for the facilitators to pick and choose those activities that are most relevant for the training, based on the knowledge of the participants, issues already addressed in exercises from previous modules, priorities of the training, time constraints, etc. For examples of how this module can be presented, please refer to the **sample agendas** at the beginning of the training. Some activities include both a long version and a shorter version that the facilitator can choose from in case of time constraints.

<b>SESSION 4.1: Activity:</b>	What is drug policy advocacy?
<b>SESSION 4.2: Activity:</b>	Objectives of drug policy advocacy
<b>SESSION 4.3: Activity:</b>	The importance of planning drug policy advocacy
<b>SESSION 4.4: Activity:</b>	Charting the national / regional drug response
<b>SESSION 4.5: Activity:</b>	Advocacy framework Step 1 Selecting the issue or problem you want to address
<b>SESSION 4.6: Interactive presentation:</b>	Advocacy framework Step 2 Analysing and researching the issue / problem
<b>SESSION 4.7: Interactive presentation:</b>	Advocacy framework Step 3 Developing specific objectives
<b>SESSION 4.8: Interactive presentation:</b>	Advocacy framework Step 4 Identifying targets for advocacy work
<b>SESSION 4.9: Interactive presentation:</b>	Advocacy framework Step 5 Identifying allies in achieving advocacy objectives
<b>SESSION 4.10: Interactive presentation:</b>	Advocacy framework Step 6 Identifying resources to address the selected advocacy issue
<b>SESSION 4.11: Interactive presentation:</b>	Advocacy framework Step 7 Creating an action plan
<b>SESSION 4.12: Activity:</b>	Lobbying exercise
<b>SESSION 4.13: Interactive presentation:</b>	Advocacy framework Step 8 Monitoring and evaluating drug policy advocacy

# SESSION 4.1



## Activity: What is drug policy advocacy?



20 min

**Aim – To come to a shared understanding of the term 'advocacy' (what it is and what it is not) and agree on a working definition to use during this part of the training**

1. Introduce the aim of the session.
2. Ask participants to brainstorm on what do we mean by advocacy (for drug policy change). Ask participants to provide key words that define advocacy, and note key points this on a flipchart.

Note any answers that suggest activities that are not advocacy (e.g. activities that are IEC, community mobilisation, networking and partnerships, etc.) on a separate flipchart and, if there is time, review it at the end of the session.

3. Present the advocacy definition and the key characteristics – either on a pre-prepared flipchart or on PowerPoint slides and lead a brief discussion on how these fit with participants' outputs from the previous step of the activity.
4. Note that there is not one correct definition and, depending on the time available, review

Handouts 'Examples of definitions and types of advocacy' and 'what is and is not advocacy?' with participants. In case of time constraints, give them the handouts and ask them to review them in their own time.

5. Present slides on the theory of political advocacy.



### Facilitators' note

Bear in mind that in some languages / countries there is no exact translation for 'advocacy' and approximate terms can have different connotations. In China, for example, the term is considered too confrontational.

Advocacy is an on-going process to change **values, attitudes, actions, policies** and **laws** by **influencing decision-makers** and **opinion leaders, organisations, systems** and **structures** at different levels.

Adapted from a definition presented in 'Advocacy in action: a toolkit to support NGOs and CBOs responding to HIV/AIDS', International HIV/AIDS Alliance, 2003.

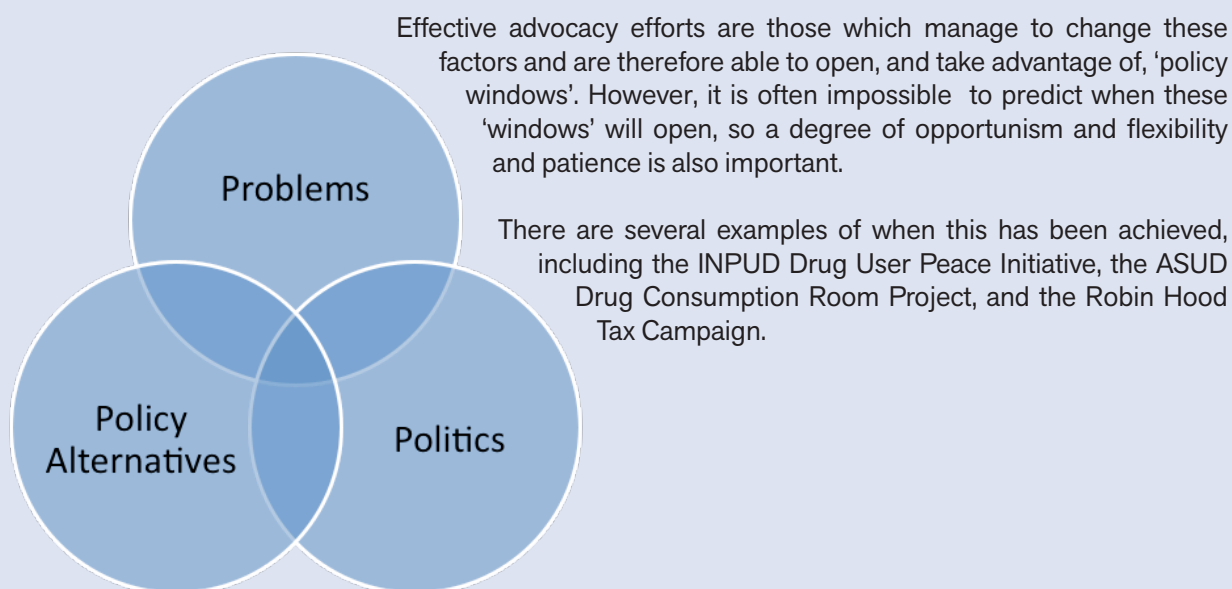
### Key characteristics of drug policy advocacy

- On-going in nature
- Pragmatic and opportunistic
- Non-linear, incremental and dynamic to achieve a range of outcomes
- Aiming to achieve realistic results within a specific timeframe
- Targeted at various levels – local, national, regional, international.

## Information to cover in this presentation:

There are several theories about how advocacy works in terms of changing policies and practices, but Simon Lenton has used Kingdon's 'Multiple Streams Model' as a credible model that can be applied to drug policy.<sup>1</sup>

This model states that brief opportunities for change ('policy windows') open and close over time, and are based on three inter-dependent and changeable factors: whether an issue is being perceived as a **problem**, whether easy **policy alternatives** exist, and the overall **political** environment. When these three factors converge, a 'policy window' will open.



<sup>1</sup> Lenton, S (2007), *Beyond modelling and evidence: Bridging the gap between drug policy research and drug policy practice*. [http://www.issdp.org/conferences/2007/papers/Simon\\_Lenton.pdf](http://www.issdp.org/conferences/2007/papers/Simon_Lenton.pdf)

## SHORTER OPTION IF YOU HAVE LESS TIME

 10 min

**Combine Sessions 4.1 and 4.2.**

1. Present the **advocacy definition**, the **key characteristics** and the **objectives of drug policy advocacy** – either on a pre-prepared flipchart or on PowerPoint slides.
2. Discuss any questions or comments from participants.

## SESSION 4.2



### Activity: Objectives of drug policy advocacy



10 min

**Aim – To reflect on the objectives of drug policy advocacy**

1. Introduce the aim of the session.
2. Ask participants to brainstorm the objectives of advocacy work and note these on a flipchart.
3. Summarise the key points from the discussion and highlight the objectives of drug policy advocacy.
4. Note that civil society organisations constitute a key element for effective drug policy advocacy because they:
  - have extensive knowledge and understanding of local realities and issues,
  - have access to, and can represent, vulnerable population groups, including people who use drugs,
  - bring an independent voice to the debate.



#### Facilitators' note

If the participants have already spent a lot of time already on advocacy, the facilitator can go quickly through this section.

### Objectives of drug policy advocacy

- Develop policies
- Place an issue on the policy agenda
- Adopt a new policy
- Block the adoption of a new policy
- Ensure the implementation of a policy
- Monitor and evaluate a policy
- Maintain a specific policy
- Reform of harmful or ineffective policies.

## SESSION 4.3



### Activity: The importance of planning drug policy advocacy



10 min

**Aim – To enable participants to understand the benefits of planning their advocacy work systematically**

1. Introduce the aim of the session.
2. Ask participants to contribute two or three reasons why planning drug policy advocacy work is important.
3. Present the advocacy planning framework on a pre-prepared flipchart.
4. Explain that we will work in groups and practice this framework to design some drug policy advocacy interventions.
5. Explain that the framework can be adapted along the way of advocacy work. Highlight the importance of being creative and adaptable in advocacy interventions. Explain that the planning steps stop after Step 7; Step 8 covers implementation and also covers monitoring and evaluation, which relates to implementation rather than planning.
6. Discuss any questions or comments from the participants.

### Advocacy planning framework

**Step 1** Select an issue or problem you want to address



**Step 2** Analyse and research the issue / problem



**Step 3** Develop specific objectives for your advocacy work



**Step 4** Identify your targets



**Step 5** Identify your allies



**Step 6** Identify your resources



**Step 7** Create an action plan



**Step 8** Implement, monitor and evaluate

# SESSION 4.4



## Activity: Charting the national / regional drug response



20 min

**Aim – To review a picture of the national / regional drug response, noting what and who is involved in, and responsible for, different aspects of this response. This will support work on the advocacy framework over the next sessions and provide a useful tool for participants' future drug policy advocacy**

1. Prior to the training, the facilitator will send the table 'Charting the response' to the participants and ask them to fill in as much as they can. If there are several participants from one organisation, ask them to work together and submit only one table. Before the training starts, the facilitator will compile the responses into one document and bring printed copies of the completed table at this session, as well as an electronic copy of the document to be projected so that the participants can see the table on the board as well.
2. Introduce the aim of the session and present information below.
3. Distribute the completed 'Charting the response' table. Explore how easy/difficult participants found it to complete the chart.
4. Ask the participants to review the contents and to add any missing organisation/stakeholder in the relevant columns. Note any gaps (i.e. where no organisation is working on a specific issue) and discuss what we would need to do to fill these gaps.
5. Make sure that all flipcharts with relevant outputs from the previous sessions (particularly sessions 1.5, 2.1, 2.2, 2.4, 3.3 and 3.4) are also displayed on the walls and invite participants to review these.



### Facilitators' note

Depending on the level of knowledge of the participants, the chart can be adapted with columns featuring 'allies', 'enemies' and 'targets'.

If time allowed, facilitators can also turn this activity as an exercise and ask participants to work in groups and fill in parts of the table (making sure that workload is distributed evenly). Groups will then present their work in plenary and the facilitator will capture findings on a collated document. Experience shows, however, that the exercise is very useful, but that working on the chart on the day of the training is impractical and time consuming. We therefore recommend to prepare the chart in advance.

6. Summarise and note how we can use the chart and other outputs in the next sessions.



### Information to cover in this presentation:

#### The importance of understanding the drug response in your country

Before embarking on advocacy, it is important to review the typical response in your country and note who is usually responsible for it. The broad areas presented in the "Charting the response" table can be used to understand the drug response in your country/region..

Each response is usually multi-sectoral; that is, it happens at different levels of society, from the **local** (such as community-based organisations, hospitals and clinics, school and businesses) to the **national** (such as human rights institutions and national ministries), **regional** (such as the European Union, CICAD, EHRN) and international (such as the UN, **international** NGOs and universities) organisations.

# SESSION 4.5



## Activity: Advocacy framework Step 1 Selecting the issue or problem you want to address



30 min

**Aim – To select an appropriate and realistic drug policy advocacy issue or problem**

1. Introduce the aim of the session.
2. Explain to the participants that they will now work in groups on various exercises that will guide them to design an action plan.
3. Split the participants into three groups (either in a random manner, or if you know the participants well enough, assign them in groups to ensure variety of skills and level of knowledge – ensure that people from the same organisations do not end up in the same group). Participants will remain in the same groups during the rest of the training.
4. Explain that within their groups they will need a timekeeper, a writer and a presenter for the activities within each step of the advocacy framework. Ask the groups to document all their work to present to the whole group at a later stage.
5. Explain to the groups that they each will choose an issue on which they would like to focus their advocacy work throughout the Module. Remind them of the issues and problems identified in earlier sessions of the training (e.g. [Session 1.5](#)) and the principles of drug policy ([Session 2.3](#)).
6. Using the following questions, ask each group to brainstorm a number of drug policy issues (e.g. compulsory drug treatment, decriminalisation of people who use drugs, development and scale up of harm reduction interventions, effective policies in prison, etc.) that could be addressed through drug policy advocacy:
  - a. What are you trying to achieve? What is your final aim or goal?



### Facilitator's note

It is important that groups document their work for each step as the steps are cumulative and outputs from each will feed into the work plan they will develop in Step 7.

- b. What barriers or problems do you face in your work? Which barriers or problems could be overcome by drug policy advocacy?
7. When the groups have made a list of possible issues, ask them to select the best one for advocacy, using the matrix ranking below. They can rank issues using the following criteria:
    - a. To what extent can this issue be solved by drug policy advocacy?
    - b. How many people will benefit from the change?
    - c. Is the potential for success realistic?
    - d. Can people directly affected by the issue be involved in the drug policy advocacy work?
    - e. What are the personal / organisational risks associated with the change?
  8. Go around the groups to ensure that they have all agreed on an appropriate issue to address. It is not necessary for the groups to present their work at this stage.



## Example of matrix ranking of possible local advocacy issues

(using 1 for positive response – 0 for negative response)

<b>Issues</b>	<b>Criteria</b>			<b>Totals</b>
	<b>Can this issue be solved by advocacy?</b>	<b>Benefits for people affected by issue</b>	<b>Possibilities to involve those affected</b>	
<b>Development of NSP</b>	1	1	0	2
<b>Development of OST</b>	0	1	0	1
<b>Decriminalisation of possession of injection paraphernalia</b>	1	1	0	2
<b>Decriminalisation of drug use</b>	0	0	0	0

*In this example, those advocacy issues most pertinent would be developing NSPs and decriminalising the possession of injection paraphernalia. However, the decriminalisation of drug use is unlikely in the current context and that of OST seems difficult.*



### Facilitator's note

In case of time constraints, the facilitator can skip the matrix ranking table and only provide the participants with the guiding questions.

# SESSION 4.6



## Interactive presentation: Advocacy framework Step 2 Analysing and researching the issue / problem



90 min

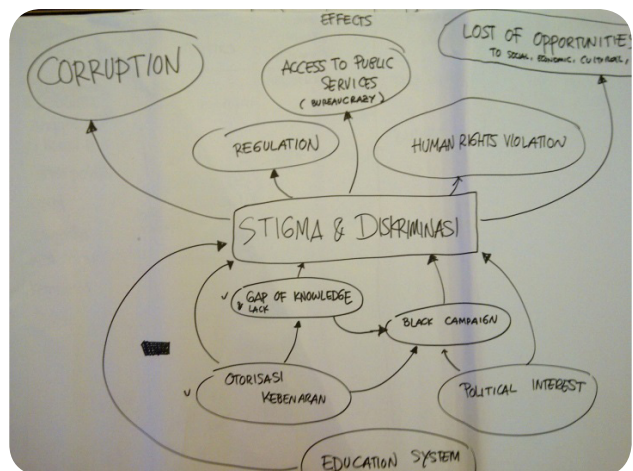
**Aim – To understand the issue or problem, identify advocacy solutions and gather information that supports the analysis**

1. Introduce the aim of the session.
2. In plenary, present the information below.
3. Ask participants to work in their assigned groups and to discuss their chosen issue / problem, noting that if it is one that came up from the work done in [Session 1.5](#), they can use this information to input into the following work.
4. Give each group flipchart paper and coloured marker pens and ask them to create a cause-and-effect flowchart, which will help understand the advocacy issue. Ask each group:
  - a. To write the issue or problem they have selected in the middle of the flipchart, to write 'Effects' at the top of the flipchart and 'Causes' at the bottom of the flipchart.
  - b. To draw or write two or three causes of the problem in the space below the problem. To then draw an arrow from each cause to the issue or problem in the centre. Causes can be people, organisations, attitudes, poverty, types of behaviour, lack of knowledge, etc.
  - c. To look at each cause and find deeper causes, by asking, 'What causes that cause?' They should add these causes of causes, connecting them with arrows.
  - d. To write two or three effects of the problem in the top half of the flipchart. To then draw an arrow from the problem in the centre up to each effect.
  - e. To look at each effect and ask, 'What further effect(s) will that have?' To add effects of effects, and connect them with arrows.
5. After the groups have completed their cause-and-effect chart, ask them to look at the causes, and circle the ones that could be changed or improved with the help of influential people or institutions (i.e., the ones for which advocacy could be a solution).



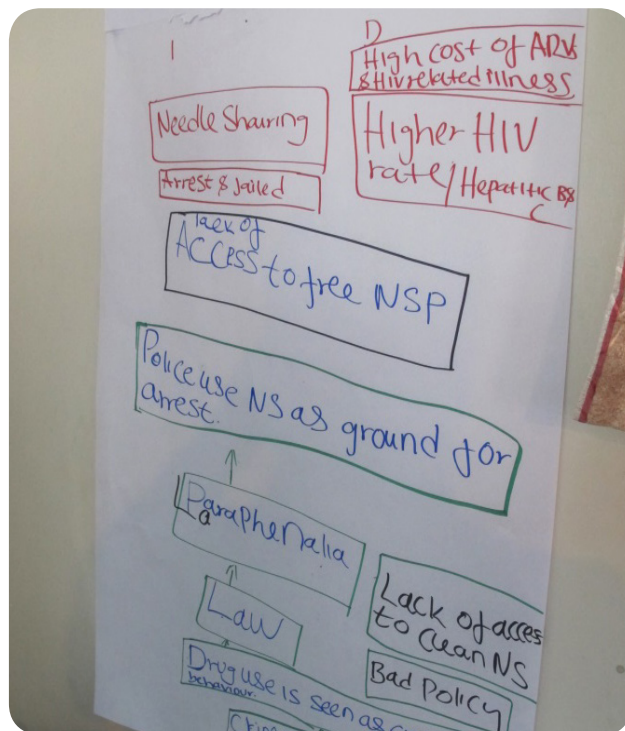
### Facilitators' note

If the participants have worked on the Tree of bad drug policy in **Session 1.5**, this exercise might be repetitive. In case of time constraints, the facilitator may refer to the Tree exercise and skip the cause-and-effect exercise. However, if time allows, experience has shown that this exercise is useful in determining the focus of advocacy actions.



*Cause and effects flowchart, civil society workshop in Jakarta, Indonesia, October 2012*

6. Ask the groups to select 2-3 possible advocacy solutions. When thinking of solutions, they can also use their previous experience or the experience of others who have worked on a similar issue or problem. Another way to identify solutions is to 'reverse' a cause of the issue or problem – for example, if one cause of stigmatisation of drug users is the silence of community leaders, a solution would be the opposite: for community leaders to speak publicly in support of people who use drugs.
7. In their groups, ask the participants to think of all the factors or criteria that would help them to select the priority solution to address. Make sure that they identify the following factors:
  - Do we have the legitimacy to advocate for change?
  - Are we the most appropriate NGO or coalition to advocate on the issue?
  - Are others already addressing the issue?
  - Can we access the kind of information we need as evidence?
  - Can / should those affected by the problem or issue be addressing the issue themselves?
  - Do we have the skills, time and resource to achieve the solution?
8. Ask the group to choose one solution that they would like to use when practising the planning framework together.



Cause and effects flowchart, civil society workshop in Nairobi, Kenya, November 2012



### Facilitators' note

Many of these factors are addressed in later steps in the planning process. Once participants are familiar with the whole planning framework, they will see how the steps are interrelated and build on each other as a thought process rather than sequence of steps.



## Information to cover in this presentation:

We identified drug policy advocacy issues in Step 1 of the advocacy framework. The next step is to **analyse** the issue, find **information** about it and suggest possible **solutions**. All of this takes time, but it is time well spent.

Analysis, documentation and information can be used:

- to influence and inform targets and allies
- to provide evidence for our position
- to disprove statements from people who oppose us
- to change perceptions of a problem
- to disprove myths, rumours and false assumptions
- to explain why previous strategies have not worked.

Reliable data and evidence that will feed our advocacy work needs to be gathered from the locality/country/region targeted, and from the rest of the world to provide a point of comparison. The data and evidence will then need to be used and presented in a compelling way. There are a number of resources and websites that can be useful to access evidence and data on drug policy. See handout '[Compiling strong evidence to support advocacy interventions](#)'.

It is useful to create communication channels with other organisations to constantly share information on drug policy issues, both within and outside the locality/country/region.

It is also essential to involve people who are directly affected by the issue/problem at this stage. They will have an in-depth understanding of the problem and its effects, and will have ideas about how it can be solved. For example, participatory drama (involving a discussion with the audience) or a **cause-and-effect flowchart** can be used to analyse issues and identify solutions with those affected.

It is important to consider carefully the effects of any suggested solutions – some proposed solutions can cause more problems than they solve!

# SESSION 4.7



## Interactive presentation: Advocacy framework Step 3 Developing specific objectives



20 min

### Aim – To develop an advocacy aim and objectives

1. Introduce the aim of the session and present the information below.
2. Ask the groups to write the advocacy solution they chose in the previous step as their advocacy aim.
  - include the policy, practice or law that they want to change
  - include the influential individual, group or institution they are targeting
3. Next, ask the groups to write detailed objective(s) for their advocacy work which describe how they will achieve their overall aim. Give the following
  - write SMART objectives.



### Information to cover in this presentation:

It is important to have a clear vision of what we want to achieve. This can help us to decide what changes are necessary to reach a solution that will solve (or at least improve) the issue or problem we have identified.

Planning advocacy work is similar to planning other activities – it is easier to plan appropriate activities if we first identify aims and objectives.

We need to understand the difference between an aim, objectives and activities:

<b>Aim / Goal</b>	The long-term result that you are seeking to achieve
<b>Objective</b>	A short term target that contributes toward achieving the long-term aim; objectives describe the desired outcome or end result of activities
<b>Strategy</b>	The individual activities that will accomplish the objectives

Without a clear aim and objectives, it is very difficult to evaluate our work – unless you know your destination, you cannot know if you have arrived!

Objectives should be 'SMART'!

<b>Specific</b>	Be precise about what you are trying to achieve and what you are going to do.
<b>Measurable</b>	Quantify your objectives to allow monitoring and evaluation.
<b>Achievable</b>	You should be able to achieve the objective with the available resources (financial, human and other). It should not be too ambitious. E.g., it may not be realistic for a small district council to advocate for a decision by the local council to introduce substitution treatment if the national government strongly opposes it.
<b>Relevant</b>	The objective must be useful to the overall process of working towards the goal.
<b>Time-bound</b>	When will the work be done and the objective achieved.

Advocacy aims can be achieved by objectives and activities which are not themselves advocacy – this is a common cause of confusion between advocacy, awareness-raising, information, education and communication, etc.

The groups will not have had enough time to gather information on their issue; therefore they may identify information-gathering tasks as objectives. Information gathering is not an advocacy objective. In some cases it could be an advocacy activity, but it is usually part of the advocacy planning and preparation process.

#### **Examples of advocacy aims / goals:**

- At the UN level – It could be mobilising member state representatives to adopt language that is more supportive of harm reduction (e.g. the Political Declaration in 2009).
- At the regional level – e.g. in Asia, it could be the adoption of evidence-based drug dependence treatment instead of compulsory drug treatment.
- At the local / national level – it could be reducing arrests and harassment of people who use drugs by police officers.

# SESSION 4.8



## Interactive presentation: Advocacy framework Step 4 Identifying targets for advocacy work



45 min

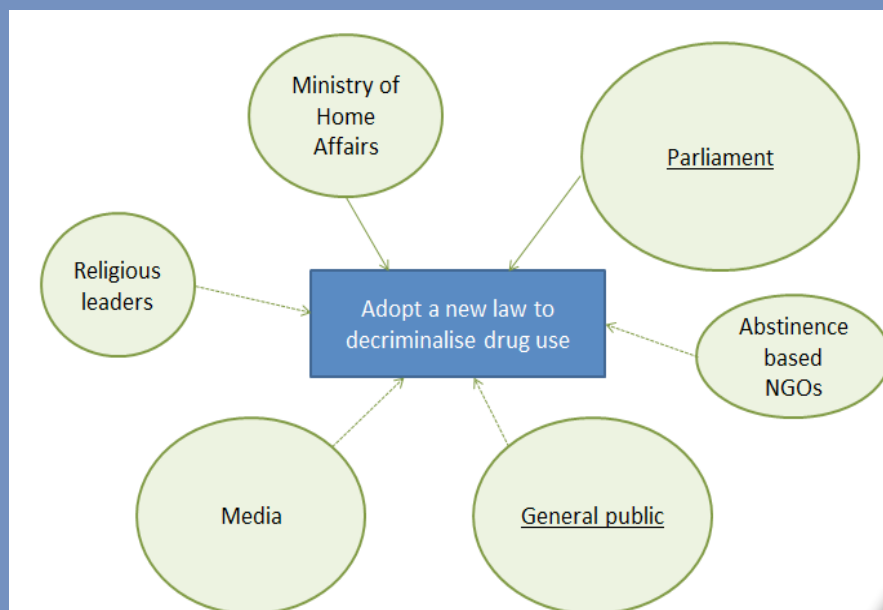
**Aim – To identify and prioritise targets (influential individuals, groups or institutions) for advocacy action**

1. Introduce the aim of the session.
2. Before beginning the activity, ask the whole group to give examples of targets (direct and indirect) from their experience and from the drug response chart produced in [Session 4.4](#).
3. Present the information below.
4. Ask participants to return to their groups. Each group will choose one of the objectives they defined in [Session 4.7](#), and write it in the middle of a flipchart.
5. Next, they will write around the objective the names of all the groups, organisations, businesses, government departments, individuals, etc. that could be targeted to influence the changes identified in their objective. Encourage the groups to be as specific as possible – for example, 'Minister for Home Affairs', etc.

The diagram should show:

- How much influence they have over the advocacy objective – place each name within a circle, the bigger the circle the more influential the target will be
  - Whether they agree or not with your advocacy objective – underline the target if they agree or there is a good chance that they may agree
  - Whether the target is direct or indirect – if direct link the name to the objective with a full line, if indirect link the name to the direct target it relates to.
6. Ask the groups to complete the [Targets information table](#) as in the example below.

Example of 'targets' diagram



### Target information table

TARGET	Type of target (direct, indirect)	How to contact the target	Target's feeling about the advocacy issue	How to influence the target	Target's way of making decisions	Target listens to....



### Information to cover in this presentation:

Most organisations have limited resources available for undertaking advocacy work. Therefore it is important to focus advocacy efforts on the individuals, groups or institutions that have the greatest capacity to take action and to introduce the desired changes.

At a national or international level, these people are usually those with the power to make policy or programme decisions. At a local level there are often charismatic people who have power and influence at an informal level (e.g. peer leaders, respected older people, traditional healers, religious leaders) as well as those who have formal influential roles.

Understanding the decision-making system is an important part of advocacy at all levels. Once the decision-making process is clear, it is possible that the most obvious target is not accessible and it is necessary to work through other targets to reach them. For example, it may be better to work with 'those who can influence those with influence' and who have sympathetic views, rather than targeting the decision-maker directly. These people can be called indirect targets, rather than direct targets:

- Direct targets include decision-makers with the authority to directly affect whether and how an objective is achieved.
- Indirect targets are individuals and groups that can influence the decision-makers (direct target). These may include allies (people who support the advocacy objective), neutrals (those who neither support nor oppose) and opponents.

The key to effective advocacy is to determine which groups and individuals are likely to have the most influence over any decision and to try to persuade them to support the advocacy objectives. Identifying our targets will help us to plan strategically, and will also help us to choose the most appropriate methods or activities.<sup>2</sup>

<sup>2</sup> See: <http://www.who.int/hiv/pub/advocacy/en/advocacyguideen.pdf>



## SHORTER OPTION IF YOU HAVE LESS TIME

### 20 min

1. *Introduce the aim of the session and present the information above – 5 min.*
2. *Give each group a copy of the **Target information table** – either as a handout or on a pre-prepared flipchart.*
3. *Ask each group to choose one objective from the previous step.*
4. *Ask each group to then select three or four groups, organisations, businesses, government departments or individuals that could be targeted to influence the changes identified in their objective, and to complete the Target information table.*

# SESSION 4.9



## Interactive presentation: Advocacy framework Step 5 Identifying allies in achieving advocacy objectives



30 min

**Aim – To identify individuals, groups or institutions that can help in achieving our advocacy objectives**

1. Introduce the aim of the session.
2. Working with the whole group, clarify the difference between a target and an ally, and how some allies can also be indirect targets.
3. Facilitate a discussion with participants to share their experiences of working in non-advocacy-related partnerships or coalitions for their work.
4. Focus the discussion on working in partnerships specifically for advocacy. Questions might include:
  - What are your experiences of advocacy work with others?
  - What were the main advantages and disadvantages you identified in working with others to undertake advocacy?
  - What are the differences and similarities between partnerships for advocacy and partnerships for other activities?
5. Present the information below.
6. Ask participants to return to their groups, and draw their potential allies on the same Venn diagram they used for [Step 4](#). Give them the following guideline questions:
  - Who else could have a positive impact on the issue that has been chosen? Who else is already working on this issue?
  - Who are usually your 'natural' allies? Are they relevant allies for this issue?
  - Are they happy to work in a coalition?
7. Ask the participants to consider, for each ally:
  - What they will gain by joining your alliance
  - What they can offer to the advocacy work
  - What their limitations are



### Information to cover in this presentation:

In the previous step we identified our targets: who we advocate to. Now we will identify our allies: who we advocate with.

In some cases a coalition of people or organisations doing advocacy work can achieve more together than individually. However, coalitions take time and energy to develop and maintain because they involve building trusting relationships with other people and keeping people constantly informed and involved. Many advocates find this part of their work the most difficult and yet the most rewarding, both professionally and personally.

Coalitions can be short term or long term, and formal or informal. For example, in the short term they can take advantage of gatherings such as meetings, conferences and workshops to promote an issue and gather signatures for petitions. Alternatively, campaigns and actions can be undertaken over several years. Forming a coalition with allies to undertake advocacy work is not the same as being part of a network, but networks can also be useful to share information between organisations.

Examples of possible allies to form coalitions include:

- Other people directly affected by the issue or problem, such as people who use drugs
- Other drug user service organisations, CSOs, NGOs, including human rights and health organisations
- Other components of civil society (supportive unions, religious institutions or leaders, community leaders)
- Business people
- Supportive or sympathetic journalists
- Supportive local/national government officials who can lobby from inside
- Allies in other parts of the country, or other countries – counterpart organisations who could push from outside.

There is sometimes an overlap between allies and 'indirect targets', i.e. indirect targets may be sympathetic to your advocacy objective and may also have influence over influential people, but need some initial influencing to persuade them to support change that needs to be made.

## SHORTER OPTION IF YOU HAVE LESS TIME

 20 min

1. *Introduce the aim of the session and present the information above – 5 min.*
2. *Follow instructions 6 and 7 above, but instead of asking each group to add to the Venn diagram, ask them to simply list potential allies on a flipchart and to consider the guideline questions (displayed either on a pre-prepared flipchart or on a slide) for one or two of the listed allies.*

# SESSION 4.10



## Interactive presentation: Advocacy framework Step 6 Identifying resources to address the selected advocacy issue



15 min

**Aim – To identify existing resources available to address the selected advocacy issue**

1. Introduce the aim of the session.
2. Ask the whole group to brainstorm what kinds of resources are useful for advocacy work. You could give the following examples if necessary: people, contacts, information, skills, money, equipment.
3. Present the information below.
4. Ask the three groups to identify all the resources available to address the advocacy aim and objectives selected in [Step 3](#).



### Information to cover in this presentation:

Successful advocacy work requires resources such as people (human resources), money, skills and information. Human resources can include both staff and volunteers. Other resources can include access to media and to distribution networks – for example, newsletters, e-mail lists, etc. In [Step 5](#), we saw some advantages of working in coalition with allies – one major advantage is the possibility of sharing resources.

When we have identified resources now available, we can go on to [Step 7](#) – developing an action plan. It is best to plan only for activities that are possible with the resources we have. However, it is sometimes possible to fundraise for advocacy work – although this can be very difficult in some countries and for some issues.

# SESSION 4.11



## Interactive presentation: Advocacy framework Step 7 Creating an action plan



60-90 min

**Aim – To develop an action plan of activities to achieve our advocacy aim and objectives**

1. Introduce the aim of the session and explain that it will be in two parts.
  - a. **selecting** appropriate advocacy **activities**, and
  - b. making a **detailed plan** for those activities.

### PART A: Selecting advocacy activities

2. Present the information below.
3. Ask the groups to decide which advocacy methods to they want to use. They should look at the:
  - The advocacy targets they identified in [Step 4](#)
  - Information they gathered or identified in [Step 2](#)
  - The list of advocacy methods on the Handout at the back of this section '[Advocacy methods](#)'.
  - Resources available.
4. Give them these guideline questions:
  - Why does each target support or oppose the advocacy solution?
  - How can each target be moved towards supporting the advocacy solution?



### Facilitators' note

- Encourage participants to use their work from Steps 1-6.
- Encourage participants to co-ordinate their advocacy activities.
- Make sure activities are linked very closely to the objectives.
- Encourage the groups to be realistic when they estimate the time and resources needed.
- If a group finds action planning difficult, consider offering the example below as a guide or developing an example action plan together as a whole group.
- Do not worry if participants do not finish planning – it is more important for them to participate in the plenary discussion.
- Make sure that participants understand that action planning requires more time than they have been allowed in the workshop. Give the handout '**Advocacy methods**'.
- Make sure participants include informal as well as formal activities – for example, taking opportunities to speak to targets and allies at meetings and receptions.



## Information to cover in this presentation:

The work done in Steps 1 to 6 will help to choose appropriate advocacy activities to achieve your aim. By now, you know what you are trying to achieve, who your targets are, who your allies are, and resources available. The handout '[Advocacy methods](#)' will also help in selecting activities.

When identifying activities it is important to consider who will be the beneficiary of the actions and involve them, if possible. For example, it is preferable for a group of people who use drugs to be supported to meet a senior police officer, rather than an NGO representative attending the meeting on their behalf.

### Identifying advocacy methods

There are no simple rules for choosing the best advocacy methods. Your choice will depend on many factors:

- the target person/group/institution
- the advocacy issue
- your advocacy objective
- the evidence to support your objective
- the skills and resources of your coalition
- timing – e.g. external political events, when a law is still in draft form, immediately before a budgeting process, time of year, stage of advocacy process.

### Developing and delivering a message efficiently

The message should use language that the target group will understand. It should be clear and simple, avoid technical terms, and use positive images rather than negative connotations.

The messenger is often as important as the message itself. Therefore, if the message is being disseminated via the press, it will be important to use a newspaper that is widely read and respected. If the target group is parents, you can use a parents' organisation. If the message is targeted at a community where religion plays an important role, then a religious or faith-based group could be useful to disseminate the message.

Finally, the message will need to be delivered in a consistent way, through various channels, over a long period of time to be absorbed by the audience. Consistency is crucial, but the message may need to be delivered in various ways so that it does not become boring to the target audience.

## PART B: Drafting an advocacy action plan

5. After they have decided on advocacy methods (activities), the groups will use the format suggested below to draft their advocacy action plan.
6. Ask participants to practise developing an action plan, so that they are familiar with the process. They can plan the activities they listed in Instruction 3 above.
7. After they have practised action planning, go straight to a discussion with the whole group, without presentations:
  - What factors did you consider in planning advocacy work?
  - Outside this workshop, what needs to be done before writing an action plan?
  - What factors might require you to change your action plan?

Objective	Target	Activities	Resources required	Person s / organisations responsible	Timeframe	Expected outcome
<b>Objective 1</b> - By July 2012, 3 influential community leaders will make positive public statements supporting harm reduction	Influential community leaders	Meetings with 3 leaders & their communities	Team leader, community leader; money, vehicle	Team leader, community leaders	Early February 2012	Positive support from 3 leaders willing to make public statements.
	Community members		Travel / subsistence for 3 community leaders & 1 team leader		July 2012	Public statements in support of harm reduction

# SESSION 4.12



## Activity: Lobbying exercise



60 min

**Aim – To allow participants to put into action some of the learning from the previous sessions by practising lobbying in a face-to-face meeting**



### Note to facilitators:

Observe whether the group influencing the target is clear about exactly what it is they want and that they take full advantage of the cooperativeness of the target.

1. Introduce the aim of the session.
2. Divide participants into groups of four to six people.
3. Provide them with the scenario below by displaying it on a pre-prepared flipchart, a slide or on a handout.

**Background:** A government-sponsored study in your province has just revealed that the largest growth in new cases of HIV/AIDS is among people who inject drugs. Your organisation has suspected this for some time and wants to start a needle and syringe programme, and perhaps a simultaneous opioid substitution treatment service as well. You need government support because no programme exists in your area and the kind of actions it requires does not appear in current law or policy in any form. It is unclear if the actions that are being advocated for are illegal.

**Aim:** To gain provincial government support of a needle and syringe programme and endorsement of the idea to provide opioid substitution treatment to people who inject drugs who might seek it, particularly future HIV positive clients.

**Target:** Your target is the chief aide to the provincial governor. You have just learned, through your research and advocacy planning, that the aide is a former senior staff member of UNAIDS who fully understands the problem and the appropriateness of the solution. You know, through your advocacy partners in the local support group of people who use drugs, that this aide is in fact the most trusted advisor to the governor. The chief aide had agreed to meet with you for an hour, but due to an unexpected event, he/she can only give you five minutes of his/her time.

4. Ask each group to practice preparing to hold a face-to-face meeting with the target. Each group should identify two people to act as the 'advocates' and two people to act as the target. Remind the 'advocates' that they need to stress their point in less than five minutes.
5. Depending on the number of participants and the time available, either ask:
  - Some, or all of the groups to perform a five minute role-play of the face-to-face meeting they have prepared for the whole group, **or**
  - Each group to role-play their meeting without an audience. Facilitators should circulate and observe the groups for this option.
6. Lead a plenary discussion based on the following questions:
  - Who was more persuasive and why?
  - How could the advocates have improved their lobbying?
  - How might you follow up a face-to-face meeting?
  - What did you learn about face-to-face meetings from the role plays?
  - What are the advantages of having people directly affected by the issue at such a meeting?
7. Depending on time, invite any other comments or experiences of face-to-face advocacy.



# SESSION 4.13



## Interactive presentation: Advocacy framework Step 8 Monitoring and evaluating drug policy advocacy



60 min

**Aim – To review why it is important to monitor and evaluate advocacy work; to explore some of the challenges in doing so; and to decide on how to monitor and evaluate our advocacy work during and after implementation**

1. Introduce the aim of the session and explain that it will be in three parts.
3. After five minutes ask groups to report back and note their responses on a flipchart.

### ***PART A - Understanding the importance of monitoring and evaluating drug policy advocacy***



15 min

2. Ask participants to form 'buzz pairs' with the person sitting next to them (to their right) and to identify the main reasons for evaluating drug policy advocacy work.
4. Ensure that the main reasons identified below have been mentioned.
5. Summarise by noting that there is a growing interest in advocacy evaluation, both from advocates and donors. The reasons for this interest may differ between the two groups, but often overlap.

#### **Reasons for monitoring and evaluating advocacy work**

- To learn how to improve the capacity of advocates
- To demonstrate the quality and impact of our advocacy activities
- To review our progress and, if necessary, revise / adjust our strategies
- To inform the planning of future advocacy work, including funding cycles / proposals
- To demonstrate evidence-based approaches to drug policy advocacy
- To learn from our mistakes and our experience in advocating on a drug policy issue
- To improve our understanding of the issues and improve our strategy and programmes
- To account for funding and demonstrate results
- To demonstrate results to mobilise more resources for future advocacy work.

## PART B - Challenges of evaluating drug policy advocacy

 **15 min**

6. Ask participants to form 'buzz pairs' with the person sitting next to them (this time to their left) and to share challenges they have faced or they imagine they might face in evaluating drug policy advocacy work.
7. Distribute handout 'Challenges of monitoring and evaluating drug policy advocacy'.
8. Ask participants to share any additional challenges they identified in their buzz pairs.

## PART C - Deciding how to monitor and evaluate advocacy work

 **30 min**

9. Facilitate a brief brainstorm on the difference between monitoring and evaluation.
10. Present the information below.
11. After the presentation, ask participants to brainstorm some examples of the following for the advocacy plan they have developed in the previous steps of the advocacy framework:
  - a. Short-term outcome indicators
  - b. Medium-term outcome indicators
  - c. Impacts

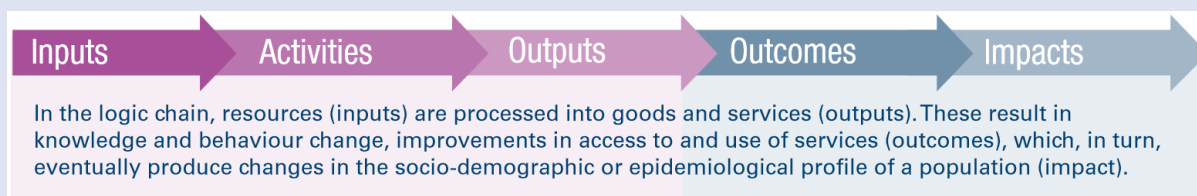
### **Information to cover in this presentation:**

Monitoring and evaluation<sup>3</sup> are distinct, yet complementary. The key difference between them is as follows:

- monitoring is a continuous process that tracks or records the activities we carry out (planned or not);
- evaluation is a periodic assessment of how we are doing things, if we are achieving our aims, or if we are achieving unexpected outcomes, and why we are achieving these.

Increasingly, advocacy evaluations focus on capturing the changes advocates make on the way to achieving their goals rather than the goals themselves. For example, for advocacy efforts aimed at achieving policy change, evaluations might not focus only on assessing whether policy change is achieved but also on **the key achievements along the way**, such as mobilisation to advocate more effectively, and the placement of the policy issue on the policy reform agenda. These changes are often referred to as **short- or medium term outcomes, interim outcomes or incremental measures of progress**.

Here is a standard programme logic chain that explains the difference between outputs and outcomes. Essentially, the outputs from a number of processes, if well implemented, will lead to the achievement of (short-term) outcomes.



This logic is applied to an example of HIV-related advocacy below:

A network of people who use drugs implements a number of activities that aim at a medium-term outcome of the 'creation of a well-informed, organised and representative advocacy coalition able to respond strategically to new opportunities as they arise', with the ultimate goal of 'protecting the human rights of people who use drugs'. The outputs would be the specific processes leading to the creation of a

<sup>3</sup> Adapted from: International HIV/AIDS Alliance & International Council of AIDS Service Organisations (2010), *Measuring up: A guide for learners – HIV-related advocacy evaluation training for civil society organisations*, <http://dl.dropbox.com/u/64663568/library/measuring%20up.pdf>

coalition, with measures such as number of coalition meetings held and attendance, types of constituency represented in the network or coalition and so on. The outcome measures would include the creation of the coalition, and might also explain what has been achieved, such as new relationships with influential champions and alignment of partners' efforts and messaging. The impact, which would most likely happen over a number of years, and probably beyond the length of time of any funding agreement, would be the 'protection of human rights of people who use drugs'.

The table below shows how this example relates to different parts of the logic model.

When focusing on interim outcomes or incremental progress, the difference between an **output** and an **outcome** and their respective measures (indicators) can be confusing. The distinction between what counts as a **process indicator** (output) and what counts as a **result indicator** (outcome) will depend on your strategic vision for your advocacy work and what you consider to be significant achievements on the path to achieving your goals. This will be influenced by the **level of your advocacy goal** (or ambition) and the **timeframe** of the evaluation of your plan. For example, the creation of an advocacy coalition will be a significant outcome indicator of the first phase of the work, and especially for those advocates working for social change where key populations are highly stigmatised and criminalised, where this work will take some time. However, once the network is established, work will focus on achieving longer-term outcomes, such as policy change or improved conditions. In this case, and over the longer term, the creation and maintenance of the coalition would be an output, leading towards the desired policy outcome.

Inputs	Activities	Example output indicators	Example short-term outcome indicators	Example medium-term outcome indicators	Impacts
Time of network members, coordinators and volunteers, money, etc.	Organisation of coalition meetings	Number of coalition meetings held	New relationships with influential champions	Changes in public perceptions of people who use drugs and rights	Protection of the human rights of people who use drugs
	Information, research and analysis	Number of people attending meetings	Alignment of partners' efforts and messaging	New policies that protect the rights of people who use drugs are introduced	
	Information sharing	Briefing papers on people who use drugs	Creation of a well-informed, organised and representative advocacy coalition	Mechanisms to address the rights abuses of people who use drugs established	
	Partnership building				

## Summary points

Monitoring and evaluation in drug policy advocacy will therefore need to:

- Focus on interim/short-term outcomes
- Focus on 'contribution' rather than 'attribution': Whereas **attribution** requires a cause-effect determination, **contribution** analysis focuses on identifying likely influences
- Prioritise areas of evaluation
- Develop new/creative outcomes and indicators of evaluation
- Take into account political sensitivities.

## SHORTER OPTION IF YOU HAVE LESS TIME

 40 min

1. *Introduce the aim of the session and present the information above.*
2. *You will need to include reasons for monitoring and evaluating advocacy work (see examples under instruction 5 above) and challenges of evaluating drug policy advocacy.*
3. *Select some examples from the handout '**Advocacy methods**' which you should also give to participants.*

## Examples of definitions & types of advocacy

### Examples of advocacy definitions

*'Advocacy is an on-going process to change values, attitudes, actions, policies and laws by influencing decision-makers and opinion leaders, organisations, systems and structures at different levels'.<sup>1</sup>*

*'Advocacy is a set of targeted actions directed at decision makers in support of a specific policy issue'.<sup>2</sup>*

*'Advocacy means putting across your message to other people to bring about wider public understanding about [specific] issues, changes in policies, laws, and services. Advocacy work can involve action at all levels, locally and through representation of national decision-making bodies'.<sup>3</sup>*

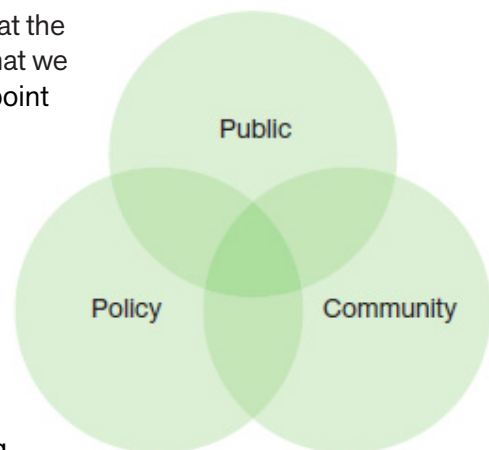
*'Advocacy is not just about getting to the table with a new set of interests; it is about changing the size and configuration of the table to accommodate a whole new set of actors. Effective advocacy challenges imbalances of power and changes thinking'.<sup>4</sup>*

*'Advocacy is an action directed at changing the policies, positions, and programs of any type of institution'.<sup>5</sup>*

### Types of advocacy

The APCASO Advocacy<sup>6</sup> Toolkit suggests another way of looking at the advocacy work we do. It notes three different types of advocacy that we probably do in our daily lives and which each overlap at a certain point and each can influence the other:

- Policy advocacy: to influence policy and regulations directly
- Public advocacy: to influence behaviour, opinion and practices of the public in order to influence groups and institutions which are involved in affecting change in policies
- Community advocacy: to influence groups and institutions which are involved in affecting change in policies by working with affected communities to influence behaviour and practices.



### Levels of advocacy<sup>7</sup>

Advocacy work can target people with influence at all levels – from a local bar owner to the United Nations. Although there are multiple levels of advocacy work, for the sake of simplicity we can identify three key 'levels' of advocacy:

- Local: village, district, city, state, etc.
- National: the whole country
- International: more than one country

For example, if our advocacy issue is the availability of injecting equipment in prisons:

- **Local level:** Prison authorities must be supportive, familiar with the evidence base underlying this intervention and convinced it is worth trying. Advocacy will be required to bring about this state of affairs.
- **National level:** The government of the country in question is responsible for the legislative framework: does national law permit our intervention? If not, it is necessary to bring about changes in the legislative and/or regulatory context.
- **International level:** It may be possible to cooperate with a UN body such as UNODC to assist us in bringing our argument to bear on the national government. Governments may put more faith in UN officials than in NGO advocates, even if their argument is the same.

In reality the problem or issue may have a combination of local, national and international causes, so the level of your advocacy work will depend on:

- The scale of the problem or issue (it may have a purely local cause)
- Where you can have the greatest impact on the problem or issue
- The resources of your organisation (i.e. different levels of advocacy take different amounts of staff time, skills and funds)
- Your organisation's networks and relationships (for example, one of your trustees may know the owner of the national hotel chain)
- The mission of your organisation (for example, your activities may be purely within one district).

Working together in coalitions can be a strength at every level, but becomes particularly important as you move from local to national to international level and face greater bureaucracy and power.

## References

- <sup>1</sup> Adapted from a definition presented in: International HIV/AIDS Alliance (2003), *Advocacy in action: A toolkit to support NGOs and CBOs responding to HIV/AIDS*, <http://www.aidsalliance.org/publicationsdetails.aspx?id=142>, during the guide field-test workshop held in India
- <sup>2</sup> POLICY Project (1999), *Networking for change: An advocacy training manual* (Washington, D.C.: Futures Group/POLICY Project), <http://www.policyproject.com/pubs/AdvocacyManual.cfm>
- <sup>3</sup> Maasdorp, A. (1998), *Positive development: Setting up self-help groups and advocating for change—A manual for people living with HIV* (Amsterdam: Global Network of People Living with HIV/AIDS)
- <sup>4</sup> VeneKlasen, L. & V. Miller. (2002, reprinted 2007), *A new weave of people, power & politics: The Action guide for advocacy and citizen participation* (Washington, D.C.: Just Associates)
- <sup>5</sup> Sharma, R. (1997), *An introduction to advocacy: Training guide* (Washington, D.C.: Academy for Educational Development/Support for Analysis and Research in Africa (SARA) Project)
- <sup>6</sup> Asia Pacific Council of AIDS Service Organizations, with support from the Australian Federation of AIDS Organisations, *HIV advocacy from the ground up: A toolkit for strengthening local responses* (Kuala Lumpur: APCASO), [http://www.afao.org.au/\\_\\_data/assets/pdf\\_file/0008/4796/Toolkit\\_3.pdf](http://www.afao.org.au/__data/assets/pdf_file/0008/4796/Toolkit_3.pdf)
- <sup>7</sup> Adapted from: International HIV/AIDS Alliance (2003), *Advocacy in action: A toolkit to support NGOs and CBOs responding to HIV/AIDS*, <http://www.aidsalliance.org/publicationsdetails.aspx?id=142>

The IDPC Training Toolkit on Drug Policy is available at:  
<http://idpc.net/policy-advocacy/training-toolkit>

## What is & is not advocacy?

### Advocacy and other change-seeking interventions\*

**NOTE** – Often, in order to achieve your advocacy overall goals, you will engage in activities that are not in themselves advocacy, but that are necessary to pave the path towards policy change.

	Advocacy	Information, education, communication	Community mobilisation	Networking & partnerships	Fundraising & resource mobilisation	Overcoming stigma & discrimination
<b>What can it change?</b>	Policies, implementation of policies, laws and practices	Awareness and behaviour	Capacity of communities to identify and address their problems	Isolation and duplication	Level of resources available	Level of stigma and discrimination against people involved in growing and consumption
<b>Target group</b>	Decision makers, people in positions of influence	Particular age group, gender, residents of an area, etc.	Members of a community	Individuals or groups who have a similar agenda	Communities, local councils, governments, donors	People who stigmatise or discriminate
<b>Does it mainly target people who have influence over others</b>	Yes	No	No	No	No	No
<b>Typical indicators of success</b>	Policies, implementation, laws or practices which improve the health, social and economic status and human rights of growers and users	Percentage of youth accessing harm reduction interventions, benefiting from alternative livelihoods programmes, etc.; changes in attitudes towards growers and users	A community problem is solved; more people attend community meetings focusing on drugs issues	Members of the network or partnership achieve more than they could if they had worked alone	Individual gives use of building for meetings, donor gives grant	Less cases of discrimination in accessing employment or healthcare at hospitals because of drug use

Adapted from: Asia Pacific Council of AIDS Service Organizations, with support from the Australian Federation of AIDS Organisations, *HIV advocacy from the ground up: A toolkit for strengthening local responses* (Kuala Lumpur: APCASO), [http://www.afao.org.au/\\_\\_\\_data/assets/pdf\\_file/0008/4796/Toolkit\\_3.pdf](http://www.afao.org.au/___data/assets/pdf_file/0008/4796/Toolkit_3.pdf)

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<http://idpc.net/policy-advocacy/training-toolkit>

# Module 4

## HANDOUT

### Charting the national response\*

	Government	Local or national CSOs and NGOs	INGOs and Networks (including networks of people who use drugs)	UN agencies/regional organisations	Hospitals, Clinics and/or Universities	Other Groups
Surveillance and research on drug use, trafficking, production and harms						
Policy making and coordination (of national and international stakeholders)						
Drug use prevention and drug education						
Drug dependence treatment, care and support						
Supply reduction (i.e. crop eradication and customs controls)						
Promoting alternative development / livelihoods for people who grow drugs						
Harm reduction services						
Protecting the human rights of vulnerable populations						
Promoting drug policy reform						
Promoting the engagement of people who use drugs						

\* Adapted from: Asia Pacific Council of AIDS Service Organizations, with support from the Australian Federation of AIDS Organisations, *HIV advocacy from the ground up: A toolkit for strengthening local responses* (Kuala Lumpur: APCASO), [http://www.afao.org.au/\\_\\_data/assets/pdf\\_file/0008/4796/Toolkit\\_3.pdf](http://www.afao.org.au/__data/assets/pdf_file/0008/4796/Toolkit_3.pdf)



## Advocacy Methods

Target	Methods of intervention	Information to consider	Examples of drug policy advocacy
<b>Policy makers</b>	<ul style="list-style-type: none"> <li>Formal / informal meetings</li> <li>Letters (by individuals, organisations or a coalition of organisations)</li> <li>Documents, factsheets, brochures on a drug policy issue</li> <li>Videos</li> <li>Newspaper articles</li> <li>Broadcast commentaries</li> </ul>	<p>Messages should be short, concise and persuasive Thematic entry should be identified according to the local historical, cultural, political and socio-economic context:</p> <ul style="list-style-type: none"> <li>Economic arguments</li> <li>Reducing violence associated with drug markets</li> <li>Enhancing good governance</li> <li>Promoting public health</li> <li>Upholding human rights</li> </ul> <p>Clearly communicate what action you want policy makers to undertake and who supports your proposal</p>	<p>At the international level: organisation of satellite events at international conferences</p> <p>At the national level: IDPC Drug Policy Guide, meetings with government officials</p> <p>At the local level: training of public prosecutors or training of law enforcement officials on drug policy and harm reduction</p>
<b>Other NGOs</b>	<ul style="list-style-type: none"> <li>Meetings with the organisation's leaders and staff</li> <li>Ready-to-use factsheets</li> <li>Graphs and illustrations</li> <li>Short Power-Point presentations</li> <li>Briefing meetings</li> </ul>	<p>Advocacy organisations need specific information to support their arguments. They will find research and data useful when presented in a clear and compelling way.</p>	<ul style="list-style-type: none"> <li>WHO Technical Series on HIV prevention</li> <li>Short briefings and factsheets on drug policy</li> </ul>
<b>Press/ media</b>	<ul style="list-style-type: none"> <li>Press releases</li> <li>Press conferences</li> <li>Briefings for journalists</li> <li>Factsheets or background papers</li> <li>Media packs/press kits</li> <li>Letters to the editor</li> </ul>		<ul style="list-style-type: none"> <li>Media Information packs</li> <li>example of press release relevant to the region</li> </ul>
<b>General public</b>	<ul style="list-style-type: none"> <li>Promotional items (Buttons, bracelets, pens, etc.)</li> <li>Banners</li> <li>Brochures, flyers</li> <li>Newspaper ads or articles</li> <li>Radio or television shows and programmes</li> </ul>	<p>Messages must be attractive, clear and concise</p>	<ul style="list-style-type: none"> <li>Drug policy advocacy videos</li> </ul>

## 'What', 'Why' and 'How' of drug policy advocacy\*

11 ADVOCACY		
WHAT?	WHY?	HOW?
<ul style="list-style-type: none"> <li>■ People who use drugs experience stigma and discrimination, and are routinely marginalised in the community, health care settings and the criminal justice system. There is usually very little political or public support for their rights, in particular their right to access health services. In addition, policies and laws can undermine HIV prevention.</li> <li>■ Advocacy is critical to persuade influential individuals, groups and organisations to defend the rights of people who use drugs; to improve access to services both within and outside closed settings; to promote harm reduction approaches to drug use; and to create an enabling environment for effective HIV prevention.</li> </ul>	<ul style="list-style-type: none"> <li>■ To increase access to essential services for people who use drugs by removing or reducing policy, legal and structural barriers.</li> <li>■ To advocate for laws and policies that support a harm reduction approach to drug use and HIV.</li> <li>■ To promote effective approaches to HIV and drug use.</li> <li>■ To address stigma and discrimination against drug users and ensure that their rights are not violated.</li> </ul>	<ul style="list-style-type: none"> <li>■ Advocacy needs vary according to different social, political and cultural contexts. The general principle is to influence key decision-makers, opinion leaders, community leaders and the media of the importance of increasing access to services for drug users and to create an enabling environment for HIV and HCV prevention by promoting a harm reduction approach to drug use and HIV.</li> <li>■ Advocacy strategies include:               <ul style="list-style-type: none"> <li>■ Supporting drug user networks.</li> <li>■ Forming coalitions with wider civil society movements to increase the political capital of drug users.</li> <li>■ Working with health service providers to create drug user-friendly health services.</li> <li>■ Working with health service providers to improve access to treatment – HIV, HCV, TB and drug dependence treatment – for people who use drugs.</li> <li>■ Documenting and reporting human rights violations.</li> <li>■ Developing draft laws and policies that support harm reduction and that protect the rights of people who use drugs.</li> <li>■ Educating politicians and other decision-makers about the harm reduction approach to drug use and HIV.</li> <li>■ Working with the media to educate journalists about drug use and human rights issues, and to inform the public about evidence based approaches.</li> <li>■ Working with the wider community to increase understanding of the value, safety and effectiveness of interventions such as NSPs.</li> <li>■ Working with law enforcement agencies to reach agreement on policing practices that support public health interventions.</li> </ul> </li> </ul>
KEY REFERENCES		
<ul style="list-style-type: none"> <li>■ WHO (2004), 'Advocacy guide: HIV/AIDS prevention among injecting drug users'. Available at: <a href="http://www.who.int/hiv/pub/idu/duadvocacyguide/en/index.html">www.who.int/hiv/pub/idu/duadvocacyguide/en/index.html</a></li> <li>■ Kaplan, K. (2009), 'Human rights documentation and advocacy: a guide for organizations of people who use drugs', Open Society Institute. Available at: <a href="http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/hrdoc_20090218">www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/hrdoc_20090218</a></li> <li>■ HIV/AIDS Regional Program (HAARP), 'Law enforcement and harm reduction'. Available at: <a href="http://www.haarp-online.org/resources/document/Law%20Enforcement%20and%20Harm%20Reduction%20Manual%20%28pdf%29%20%281.44mb%29.pdf">www.haarp-online.org/resources/document/Law%20Enforcement%20and%20Harm%20Reduction%20Manual%20%28pdf%29%20%281.44mb%29.pdf</a></li> <li>■ International HIV/AIDS Alliance (2002), 'Advocacy in action: a toolkit to support NGOs and CBOs responding to HIV/AIDS'. Available at: <a href="http://www.aidsalliance.org/publicationsdetails.aspx?id=142">www.aidsalliance.org/publicationsdetails.aspx?id=142</a></li> </ul>		

Retrieved from: International HIV/AIDS Alliance (2012), *HIV and drug use: Community responses to injecting drug use and HIV*, [http://www.aidsalliance.org/includes/Publication/GPG\\_drug%20use\\_07.06.12.pdf](http://www.aidsalliance.org/includes/Publication/GPG_drug%20use_07.06.12.pdf)

### Targets information table

TARGET	Type of target (direct, indirect)	How to contact the target	Target's feeling about the advocacy issue	How to influence the target	Target's way of making decisions	Target listens to....

### Challenges of monitoring and evaluating drug policy advocacy

Challenges related to monitoring and evaluation of drug policy advocacy include\*:

- Reluctance by some policy makers or opinion leaders to publicise or share results of successful advocacy around contentious outcomes
- Reluctance by some decision makers or key stakeholders to attribute success to advocates who they may perceive to be adversaries, particularly those representing people who use drugs who may be criminalised and stigmatised
- Changes in staff, values and policies of advocacy targets such as politicians, policy makers, opinion leaders and donors at all levels means that evaluating advocacy efforts over time can be challenging. This is because the challenges are constantly changing, and because there can be a loss of corporate memory, which makes it hard to assess contribution over the long term
- Lack of external resources for monitoring and evaluation, such as funding or partnership opportunities with experienced monitoring and evaluation organisations
- Difficulty to attribute success in advocacy work directly to one specific organisation
- Stigma or criminalisation of people who use drugs can lead to a lack of secondary data or difficulty in accessing epidemiological data for baselines and indicator measures
- Reluctance of some advocates to claim contribution to successful change that they would prefer policy makers and opinion leaders to own
- Difficulty to involve beneficiaries in advocacy evaluations due to criminalisation, discrimination and stigma
- Fear that an advocacy initiative will fail if anticipated goals are not achieved
- Lack of flexibility on evaluation designs to capture unplanned achievements or the efforts to create or maintain stable advocacy partnerships and coalitions that are achievements along the way
- Advocacy work is often loosely planned as it can be difficult to predict and needs to be responsive. However, without clear planning it is difficult to evaluate using conventional evaluation approaches
- While funding cycles are usually time bound, much advocacy work is not
- Often drug policy advocacy has long-term objectives or goals that take longer to achieve than the duration of funding, so it is difficult to know what to track to show results
- In some contexts, monitoring and evaluation of advocacy is weak or limited because evaluation is not considered important so not planned or budgeted for; evaluating advocacy is considered too difficult or time-consuming for busy advocates; staff or volunteers have limited evaluation experience; or in some cases advocacy is considered a day-to-day activity not requiring specialist skills and not worth evaluating.

\* Adapted from: International HIV/AIDS Alliance & International Council of AIDS Service Organisations (2010), *Measuring up: A guide for learners – HIV-related advocacy evaluation training for civil society organisations*, <http://dl.dropbox.com/u/64663568/library/measuring%20up.pdf>

## Compiling strong evidence to support advocacy interventions

There are a number of resources which provide compelling data and evidence to support our advocacy intervention. These can include, but are not limited to:

- Publications from UN agencies, including from WHO, UNAIDS, UNODC, etc.
- Websites and key publications from NGOs working on drug policy issues (e.g. the IDPC Drug Policy Guide)
- Key quotes from UN officials or government representatives to illustrate your message.

### Key Publications

International Drug Policy Consortium (2012), *Drug policy guide, 2<sup>nd</sup> edition*, <http://idpc.net/publications/2012/03/idpc-drug-policy-guide-2nd-edition>

Global Commission on Drug Policy (2011), *War on drugs: Report of the Global Commission on Drug Policy*, <http://www.globalcommissionondrugs.org/reports/>

Harm Reduction International & Human Rights Watch (2009), *Building consensus: A reference guide to human rights and drug policy*, <http://www.ihra.net/files/2010/06/01/BuildingConsensus.pdf>

Harm Reduction International (2012), *The global state of harm reduction 2012*, <http://www.ihra.net/global-state-of-harm-reduction-2012>

World Health Organisation technical guides and documents on drug use: <http://www.who.int/hiv/pub/idu/en/index.html>

UNAIDS publications: <http://www.unaids.org/en/dataanalysis/knowyourepidemic/countryreportsonhivestimates/>

### Key Websites

International Drug Policy Consortium, <http://idpc.net/>

Transnational Institute, [www.druglawreform.info](http://www.druglawreform.info)

Harm Reduction International, <http://www.ihra.net/>

Eurasian Harm Reduction Network, <http://www.harm-reduction.org/>

Youth RISE, [www.youthrise.org](http://www.youthrise.org)

Global Commission on Drug Policy, <http://www.globalcommissionondrugs.org/>

UNAIDS, <http://www.unaids.org/en/>

United Nations Office on Drugs and Crime, <http://www.unodc.org/>

For more key websites, please visit: <http://idpc.net/about/relevant-links>

## Quotes from key international actors

*'I urge all countries to remove punitive laws, policies and practices that hamper the AIDS response... In many countries, legal frameworks institutionalize discrimination against groups most at risk... We must ensure that AIDS responses are based on evidence, not ideology, and reach those most in need and most affected'*

**Ban Ki Moon, UN Secretary General**

Message on World AIDS Day, 1<sup>st</sup> December 2009

*'Individuals who use drugs do not forfeit their human rights. Too often, drug users suffer discrimination, are forced to accept treatment, marginalised and often harmed by approaches which over-emphasise criminalisation and punishment while under-emphasising harm reduction and respect for human rights'*

**Navanethem Pillay, UN High Commissioner on Human Rights**

UNGASS review process, 10<sup>th</sup> March 2009

*'Criminalisation does not work'*

**Michel Sidibe, Executive Director of the Joint UN Programme for HIV and AIDS**

XVIII International HIV/AIDS Conference, 22<sup>nd</sup> July 2010

*'Drug dependence is a health disorder, and drug users need humane and effective treatment - not punishment'*

**Yury Fedotov, Executive Director of the UN Office on Drugs and Crime**

Speech given on the day Mr. Fedotov took office, 13<sup>th</sup> September 2010

*'Our work is guided first and foremost by the UN Charter that commits signatories to fundamental freedoms, and by the Universal Declaration of Human Rights... As we emphasise the health aspects of drug control, it stands to reason that the implementation of the drug conventions must proceed with due regard to human rights. Thus far, there has been little attention paid to this aspect of our work. This definitely needs to be amended'*

**Antonio Maria Costa, Former Executive Director of the UN Office on Drugs and Crime**

51st Session of the Commission on Narcotic Drugs, 10<sup>th</sup> March 2009