International Drug Policy Consortium

A global network promoting objective and open debate on drug policy

IDPC Membership Survey: Summary of Results

November 2021

The IDPC membership survey was shared with IDPC members in English, French and Spanish in December 2020 and received responses until 5 February 2021. Out of IDPC's 191 members, we received 83 eligible responses making up 44% of IDPC's members¹. Responses were obtained from 47 individual countries. In terms of the regional distribution of responses, Sub-Saharan Africa (18 responses), Latin America (17 responses) and Western Europe (16 responses) take the lead, followed by North America (8), Eurasia (7), the MENA region (4), South East Asia (4), South Asia (3), South-East Europe (3) and Oceania (3). 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

43 responses from 35 countries reported positive moves towards drug policy reform over 2020, and 27 (from 22 countries) anticipated further positive moves on the following year.

Cannabis - Medical

- · **Argentina:** New regulations for legal access, including home growing.
- · Australia: Increased access.
- Chile: Favourable Court of Appeals ruling affirms legality of collective cultivation for therapeutic use.
- · Costa Rica: Bill discussed in parliament.
- France: Parliamentary discussions on therapeutic uses.

Cannabis - Legal regulation & related

- **Canada:** Legal regulation operative through brickand-mortar and online stores.
- **Germany:** Growing support for legal regulation.
- Mexico: Legal regulation bill discussed by parliament, then archived.
- The Netherlands: Pilot regulatory programme to begin imminently.
- Harm reduction:
- Australia: Supervised injection facilities make progress (new facility in Melbourne, strong calls for ACT to follow suit, Victoria seeks second facility), reduced barriers to access OAT during

- Mauritius: Ministry of Health technical committee launches study on existing models following the scheduling vote by CND in December 2020.
- Mexico: Bill passed, and secondary laws come into force.
- · Nigeria: Sponsored bill reaches parliament.
- Ukraine: Some products approved for use in specific circumstances.
- · South Africa: Bill brought before parliament.
- Switzerland: Parliament passed a law allowing scientific projects to research recreational use of cannabis.
- · **United States:** Bill with substantial support reaches Congress.

COVID-19 situation, Queensland's government commits to better health-orientated response, naloxone trial extended.

¹ For the 2019 Members Survey, we received responses from 33% of the membership.

- Bosnia & Herzegovina: Policy framework enacted via legislation.
- Canada: Reduced barriers for take-home doses of OAT in response to COVID-19 restrictions, expansion of 'safe supply' initiatives (incl. opioids, stimulants, and benzodiazepines), non-profit company working to produce and distribute pharmaceutical-grade diacetylmorphine, lowered restrictions to operate supervised consumption sites, introduction of NSP in all federal prisons (but problematic programme design).
- Colombia: Policy framework for harm reduction adopted, HIV response strategy includes care for people who inject drugs, access to naloxone and methadone in emergency care centres in response to COVID-19.
- Czech Republic: Introduction of OAT for people who use stimulants.
- **Egypt:** OAT approved by authorities.
- **Germany:** Lower barriers to OAT due to COVID-19.
- Greece: Potential for supervised consumption site following policy adoption (however, lack of support by new government).
- India: Punjab provides for take-home OAT,
 Manipur releases policy with harm reduction focus.
- Ireland: Lowering of barriers for people who use drugs to access healthcare during COVID-19 emergency, including a reduction in waiting times for OAT and the provision of prescribed benzodiazepines.
- Liberia: Repressive laws on course to be amended to better adhere to human rights principles and harm reduction.
- Lebanon: New drug use strategy includes harm reduction measures, as well as overdose prevention and management.

Decriminalisation:

- Australia: Australian Capital territory decriminalises cannabis, de facto decriminalisation in other states (via infringement notices), provision of safe disposal bins, New South Wales government debates decriminalisation.
- Canada: Increasing discussions about sub-national decriminalisation, request for federal exemption to the criminalisation of possession by the city of Vancouver and others, federal exemptions issued for the compassionate use of psilocybin by cancer patients, Police Chiefs call for all-drug decriminalisation.
- Chile: Ongoing debate in parliament about the decriminalisation of certain forms of drug supply.

- Mauritius: Methadone dispensing moved from outside police stations to health centres.
- Mozambique: Signature of memorandum for the implementation of harm reduction programmes.
- The Netherlands: OAT doses given for 1-2 weeks rather than daily dosages.
- · **Nigeria:** Pilot of NSP, OAT and opioid overdose management.
- **Norway:** Move from heroin injection site to drug consumption room.
- Senegal: Integration of harm reduction into the strategic plan of the inter-ministerial drug control committee.
- Sierra Leone: NSP initiated, provision of 30 bed facilities for the treatment and rehabilitation of people who use drugs.
- South Africa: National Drug Master Plan makes explicit mention to harm reduction services.
- **Switzerland:** 7-day take-home OAT doses in response to the pandemic situation.
- Scotland: Overdose prevention site ran by volunteers, increased investment in harm reduction and treatment services, appointment of dedicated minister for drug policy, HAT expanded, publicly-funded safer consumption site to be opened.
- **United States:** New government expresses support for harm reduction and commits new funding.
- Zimbabwe: New drug plan includes treatment and rehabilitation guidelines with harm reduction perspective.

- **Dominican Republic:** Draft bill reaches parliament.
- **Ghana:** Move towards decriminalisation in the shape of depenalisation law.
- · Lithuania: Bill tabled by the Freedom party.
- **Mauritius:** Technical committee set up to develop a model of decriminalisation.
- Morocco: Drug policy reform committee receives submissions on decriminalisation.
- · **Norway:** Positive hearing on the government's decriminalisation proposal.
- United States: Oregon passes first all-drug decriminalisation ballot measure in the country.

Alternatives to incarceration:

- Australia: Continuation of spot fines instead of criminal charges for possession at New South Wales music festivals.
- Brazil: Collective Habeas Corpus by federal court guaranteeing alternatives to incarceration for first time drug offenders.
- Canada: Private members bill introduced in federal parliament to divert charges for simple possession away from proceedings towards health referrals.
- **Ghana:** New law provides for alternatives to incarceration for minor drug offences.
- Lebanon: Increased referrals to treatment programmes rather than detention and incarceration.
- **United States:** Modest sentencing reforms and decarceration in response to the pandemic.

Other changes in criminal justice:

- · **Albania:** Political gestures toward amendments to the Criminal Code, but nothing concrete yet.
- Costa Rica: Bill to improve sentencing proportionality for small supply offences reaches parliament.
- · Ivory Coast: More proportional sentencing.
- Mexico: Legislation to provide amnesty for certain drug offences passed.
- Sierra Leone: Increased use of fines and short sentences for minor drug offences.

Other developments:

- Benin: Involvement of civil society in the development of new drug policy.
- · Colombia: Expected positive ruling on the suspension of aerial spraying of crops and forced eradication.
- · Gambia: Depenalisation bill discussed in parliament.

NEGATIVE MOVES AWAY FROM PROGRESSIVE DRUG POLICY REFORM

46 organisations reported negative moves in terms of drug policy this year, and 20 anticipated further negative moves in 2020 (in 14 countries).

Cultivation:

- Colombia: Government decree announcing the resumption of aerial spraying, military interventions in coca growing regions.
- Costa Rica: Increased eradication of cannabis crops.
- · Peru: Resumption of coca eradication.

Regulated markets:

· Spain: Imprisonment of heads of cannabis social clubs.

Harm reduction and drug-related services:

- · Albania: Closure of harm reduction programmes.
- Bosnia & Herzegovina: Closure of harm reduction services.
- Brazil: Closure of national and local harm reduction programmes, adoption of a new drug policy excluding harm reduction and hinging on abstinence, adoption of legal provisions for forced treatment, financing for the drug response going almost exclusively into therapeutic communities.
- **Bulgaria:** Closure of harm reduction programmes.
- Canada: Elections have meant new conservative parties have questioned supervised consumption / overdose prevention sites, adopting hindering

- regulations that have led to closures in the provinces of Alberta and Ontario.
- Colombia: Budget reductions for harm reduction programmes.
- Germany: Drug checking rejected by government;
 some harm reduction providers forced to close during the pandemic.
- · Hungary: Budget cuts to harm reduction services.
- Ireland: Forced service closures due to the COVID-19 pandemic.
- Kenya: Lack of access to harm reduction services for people who use drugs in prisons during the pandemic, reduction in service hours for methadone clinics during the pandemic, increase

- in frequency of raids by law enforcement of harm reduction services.
- · Nepal: Reduction of harm reduction services.
- The Netherlands: Budget cuts to international harm reduction funding.
- Serbia: Closure of harm reduction services due to lack of funding.
- · **Spain**: Harm reduction budget has been reduced.
- United States: Federal court of appeals rules safer injection sites are illegal under federal law, reversal of an order that freed up access to methadone and buprenorphine.

Criminal legal system:

- Benin: Continued repression of people who use drugs.
- **Chile:** Anti-drug trafficking agenda facilitating expansion of scope of policing.
- Colombia: Emergency prison release decree in relation to COVID-19 excluded people in prison for drug offences, increased policing against people who use drugs.
- Costa Rica: Court rulings that allow greater criminalisation of the possession and cultivation of substances for personal use.
- **Greece:** Election of right-wing government that favours more policing powers.
- **Guinea:** Draft bill imposes harsher punishment for drug use and possession for personal use.
- Hungary: Attack against drug reform, introduction of uniformed school police, repressive law enforcement measures.
- India: Increase in calls for tougher measures on drug use, possession, and supply.

- Indonesia: Numbers of people who use drugs in prison increasing.
- · **Ireland:** Proposals to criminalise adults who engage children in the drugs trade.
- Liberia: New Controlled Drugs and Substances Act introduces mandatory drug testing for travelling and employment and makes drug possession a nonbailable offence.
- · Mexico: Increased use of pretrial detention.
- **Philippines:** Attempts to introduce the death penalty for drug-related offences.
- **Russia**: 'Drug propaganda' laws criminalising harm reduction information.
- Senegal: Increased penalties for people who use drugs.
- · **United Kingdom:** Harsher sentences for dealers involved in child exploitation.
- Ukraine: New substances added to the narcotic substances list.

Militarisation of drug control:

· Mexico: Creation of the National Guard (military police).

Gender

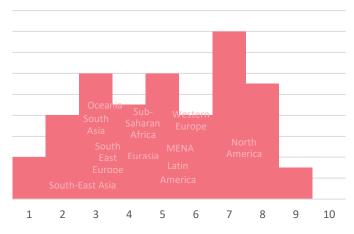
• **Belgium:** Concerns about bill regarding birth control measure for women experiencing difficulties in relation to their drug use.

Other challenges:

- Australia: Two-year trial to drug test recipients of welfare support at three sites.
- · **Canada:** British Columbia introduced amendments to the Mental Health Act for youth to be involuntarily hospitalised after an overdose.
- **Switzerland:** Elimination of fees paid by bars and restaurants which went towards subsidising prevention and treatment.

CURRENT LEVEL OF SUPPORT FOR REFORM IN THE MEDIA

Respondents' appreciation of support for drug policy reform in the media remains overall stable, with an average rating of **5.14** (vs. 5.05 for the 2019 Survey). This slight uptick mirrors a lessened frequency of very low scores and goes hand in hand with less disperse values across regions. That said, beneath this apparent inertia we can also observe dynamic trends, both auspicious, such as the substantial increase of the score for South Asia (from 1.5 in 2019 to 4.0 in 2020) and the 1-point increase of the Latin American score; as well as more concerning ones, including a substantial fall in the average score for Oceania (from 6.0 to 3.3).



Positive media reporting on drug policy reform was noted by 16 responses, including from colleagues in Albania, Argentina, Canada, Germany, Ghana, Ireland, Mozambique, the Netherlands, Russia, South Africa, the United Kingdom, and the United States. Many of these responses underscored the *steering* role that drug policy reform civil society organisations have played in shifting media narratives; from a focus on criminal legal responses to health-orientated ones. Responses also suggested that intersecting crises (ex. overdose crisis in Canada, the increased visibility of police brutality against racialised communities in the US, the HIV epidemic in Mozambique) have pushed journalists to listen and reconsider more reactionary or passive stances on drug policy reform. In a similar vein, a couple of responses said the COVID-19 pandemic has led to health officials receiving unprecedented airtime, with positive knock-on effects on health- and reform-orientated messaging. Finally, one response posited that media outlets are growing increasingly weary and cognisant of prohibition's incapacity to deliver its stated outcomes, prompting more critical pieces that are favourable to reform.

Despite the positives noted above, respondents often characterised media support for reform as **unevenly concentrated on specific issues:** Cannabis decriminalisation and/or legal regulation (i.e., Costa Rica, France, India), medical cannabis (i.e., Argentina, Chile), alternatives to incarceration and policing reform (i.e., Brazil), take-home diamorphine (i.e., German-speaking outlets in Switzerland). Positive stances were **also often associated only with certain quarters** of the media, including independent (i.e., Russia) or English-speaking outlets (i.e., Germany); progressive and liberal ones (i.e., Australia, Mexico); as well as individual reporters, rather than outlet owners (i.e., Colombia).

Worryingly, more responses (22) than on previous years noted **negative media stances on reform**. Outlets were often said to act as the sounding board for prohibitionist, sensationalist and stigmatising views and accounts on drugs and people associated with them (i.e., Australia, Bosnia and Herzegovina, Brazil, Greece, Hungary – particularly those under the government's influence, India, Indonesia, Kenya, Liberia, Mauritius – especially through stigmatising language, Nigeria, Peru, and most of the EECA region).

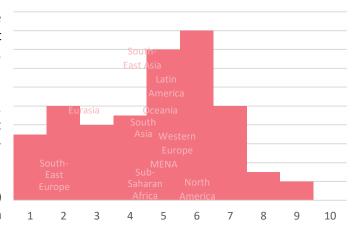
Respondents also highlighted media outlets' **ignorance and neglect** of drug policy issues. In some contexts, this was perceived to be issue-based (ex. legal regulation of cannabis by German-speaking outlets in Switzerland), while in other contexts respondents noted a generalised apathy (i.e., opposition media outlets in Hungary).

Given the above, it is not surprising that many members highlighted the need for, and in some cases ongoing investments towards, **capacity development** for media operators (i.e., Belgium, Burkina Faso, Ivory Coast, Senegal, Sierra Leone, United Kingdom, and the MENA region).

CURRENT LEVEL OF POLITICAL SUPPORT FOR REFORM

In terms of political support, the average response also suggested a very minor uptick compared to last year's (4.66 in 2020 vs. 4.57 in 2019). Promisingly, the scores for Latin America, Western Europe and Sub-Saharan Africa all moved forward slightly, with the biggest jump concerning South Asia (+1.33pts). Worryingly, a few regions reported significant regressions: South-East Europe (- 3.5 pts), MENA (-2.5 pts) and Oceania (-1pt).





Costa Rica, Côte d'Ivoire, France, Germany, India, Indonesia, Ireland, Mexico, the Netherlands, South Africa, Ukraine, the United Kingdom, the United States, and the CEECA region. Unfortunately, some of these tended to be caveated, as support was deemed to be concentrated in certain corners of the political landscape: 'progressives', liberals, and left-leaning parties, and/or parties in 'opposition' (i.e., CEECA region, Canada, Colombia, United Kingdom); and championed by politicians in sub-national jurisdictions (i.e., Australia, Canada). Some responses suggested more diffuse, but also minoritarian support (i.e., Colombia, Costa Rica, India, Nigeria, Ukraine). Promisingly, support is often championed by 'younger' politicians and parliamentarians (i.e., CEECA region).

Multiple responses also added precision on the specific issues where political 'ins' are taking place, including cannabis regulation (i.e., Belgium, Colombia, Costa Rica –specifically for medical purposes, France, Mexico—where colleagues reported parliamentarians using the arguments of reformist groups, and the Netherlands—with majoritarian support), coca and cocaine regulation (i.e., Colombia), decriminalisation (i.e., Canada—by the party in government but not yet by the Prime Minister), harm reduction (i.e., Canada, Colombia), and ending aerial crop eradication (i.e., Colombia).

Additionally, some colleagues pointed to specific and interesting avenues toward progress, such as pilot initiatives and participatory mechanisms in Ireland (although expressing concern about them serving as a delaying tactic), as well as the development of auspicious high-level alliances (such as with the National Security Council, in Côte d'Ivoire; or with the Ministry of Social Development, in South Africa).

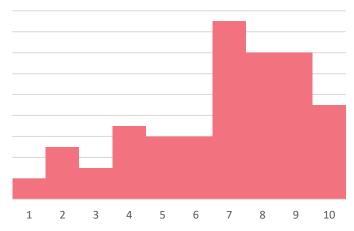
Regressive stances were noted in 14 responses (i.e., Australia, Benin, Brazil, Chile, Colombia, Germany, Hungary, Indonesia, Kenya, MENA region, Nigeria, and Russia). Among the reasons for this resistance, participants suggested: corruption (i.e., Benin), religious stances (i.e., Brazil), grandstanding for political credit (i.e., Chile, Hungary, Kenya), lack of knowledge (i.e., Indonesia, Nigeria), and an understanding of drug-related issues as criminal matters (i.e., MENA region, Nigeria).

11 responses suggested drug policy reform was **not a priority** for the political class, and some added specific reasons why this may be the case (i.e., Albania, Australia –*fear of media reprisals*, Bosnia, Canada –*explicit support but lack of actual commitment to change*, India, Kenya –*lack of knowledge*, Sierra Leone–*lack of funding*, [German-speaking] Switzerland –focus on the *COVID-19 pandemic*, United Kingdom –*political football between central/local governments*).

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

The average response for this question continues its slight but steady, and concerning, downwards trend. From 7.2 in 2018, to 6.97 on the following year and reaching its lowest score this year at **6.77**.

One in 5 respondents (20%) felt **less involved** (Scores 1 to 4). In a handful of cases, this simply reflected organisational processes (i.e., changes in staff) and priorities (i.e., focus on international networking and advocacy, grassroots/community organising, online communications).



However, some responses [at least partially]

attributed their limited engagement to external and/or undesirable factors, including disruptions due to the COVID-19 pandemic (i.e., Indonesia, Nigeria, Switzerland), limited funding (i.e., Kenya), and a lack of willingness by authorities for this engagement to take place in any meaningful and sustained way (i.e., Greece, Hungary). In some cases, colleague suggested these channels of engagement were only open to certain stakeholders (i.e., prohibitionist NGOs - in Senegal, corporate lobbyists - in Switzerland). That said, many colleagues alluded to resourceful ways how their organisations seek to influence domestic drug policy-making through the 'outside game' (via community organising, press engagement, communications, etc.) or even through training events with decisionmakers.

A smaller proportion of responses (14%) found themselves in the **medium** range of engagement (Scores 5 and 6). The majority of these responses shared similar obstacles, and strategies to sort through them, as those raised by organisations that scored themselves in the *less involved* category. However, a few organisations also pointed out their involvement in government-sponsored working groups and committees, in one case in relation to their national government's preparation for the UN CND. Whilst promising, these forms of engagement were sporadic rather than sustained.

Once again, this year, the biggest proportion of respondents rated their domestic engagement as **medium-high** (Scores 7 and 8). The comments section outlines the broad range of strategies and channels that IDPC members deploy to sustain this engagement:

- Direct and targeted advocacy with key decisionmakers and thought-leaders.
- Consultative and advisory roles to government officials and bodies.
- Participation in state-sponsored mechanisms of dialogue and follow-up.
- Through funding relationships with state bodies.
- Strategic litigation.
- Providing secretarial support to pro-reform parliamentary coalitions and advisory bodies.
- Sustained engagement with the media.
- Building bridges with convergent social movements.
- Participation in civil society coordination mechanisms.
- Organising and participating in conferences, debates, and roundtables.
- Leveraging discussions on burning issues / crises.
- Expanding the evidence-base for reform through research.

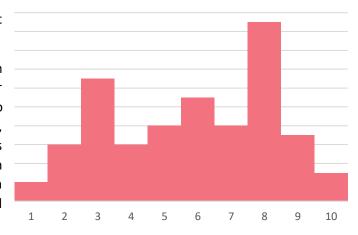
It is worth noticing that some respondents explicitly referred to the way their organisations deploy different strategies of influence depending on how receptive the current government may be. The ascent to power of political forces averse to reform often leads to an increased investment in 'outside game' strategies (for ex., community organising, mobilising public opinion, engaging with state accountability/justice institutions, etc.).

Over a quarter of the responses rated their engagement as **high** (Scores 9 and 10). Comments suggest the strategies of engagement are not different from those in the previous range. Rather, respondents alluded to their long-term, stable, embeddedness in national debates on drug policies. Members in this range understand themselves to be recognised as indispensable stakeholders in their area of expertise by government officials, the media and/or the public.

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

Responses to this question averaged **5.83**, a slight uptick compared to last years' 5.7 score.

Organisations that **do not engage** with international drug policy debates noted their limited capacity, particularly in relation to dedicated funding and, for at least one respondent, language barriers. That said, some responses expressed interest in being more involved in international advocacy and the work of IDPC in general, especially when it concerns their national realities.



Respondents that reported **limited** engagement also often alluded to staffing and funding obstacles, as well as the need to prioritise national advocacy due to ongoing emergencies. But most of these identified some level of international engagement, whether with regional bodies (ex., advocacy around the EU Drug Policy Strategy) or the UN Commission on Narcotic Drugs (CND).

Nine respondents said they felt connected with international debates **through IDPC**, whether as part of the Support. Don't Punish campaign's Global Day of Action, or by receiving updates/providing feedback to the work of the IDPC Secretariat.

Members that ranked their engagement in the **medium/high** range (Scores 6 - 8) highlighted regular participation in and organisation of international projects and events, including the UN Commission on Narcotic Drugs. As well as involvement in mechanisms of engagement with international bodies relevant to drug policy (ex. UNAIDS PCB, UNODC-CSO meetings). As above, colleagues in this range regularly alluded to the pandemic as a major hindering/derailing factor in their international engagement efforts.

Ten respondents deemed their engagement to be intense (Scores 9-10).

CIVIL SOCIETY SPACE

For the second consecutive year, the IDPC Members Survey deployed a module to monitor the conditions in which civil society organisations operate. The first run of this module enquired about changes over the past year. This year's survey adds a question on respondents' general appreciation for the state of the situation over the past year, aiming to capture both existing conditions and recent changes.

Legal and policy framework

Perceptions of the situation — When asked on whether the legal and policy framework in their country allowed for freedom of association for civil society networks (1 – strongly disagree, 9 - strongly agree), respondents' scores averaged 7.34. Countries with the highest score (9) included Argentina, Australia, Belgium, Bosnia and Herzegovina, Burkina Faso, Canada, Chile, Colombia, Costa Rica, Germany, Indonesia, Ireland, Kenya, Mexico, Nepal, Nigeria, Senegal, Serbia, Sierra Leone, Spain, Switzerland, the United Kingdom, and the United States. Further comments, however, clarify that the existence of formal normative frameworks does not necessarily translate into positive working conditions. This disconnection is particularly salient in cases such as Mexico's, where respondents suggested that the existing legal and policy framework is fit for purpose, but harassment and violence against civil society is rampant (as reflected below). Countries with a very low score (2-3) in this regard included Brazil, Côte d'Ivoire, Hungary, and Russia.

Perceptions of change — The average response for this question was 2.7 (1 - major regressions, 5 - major progress), a slight but concerning downtick from last year's 3.2. No respondents scored their country's situation as experiencing major progress (5). However, positive scores were noted in Chile, Côte d'Ivoire, Ghana, Kenya, Mozambique, Senegal, Sierra Leone, and the United States. Very negative scores were noted in Brazil, Colombia, India, Ireland, Germany, Poland, and Russia, as well as unspecified countries in the MENA region. Where further information was provided, these regressions were associated with new legislation restricting NGO funding (e.g., Foreign Contribution Regulation Act in India) as well as conditions of access to government funding by civil society organisations (e.g., Germany, Ireland).

Freedom of expression without harassment

Perceptions of the situation — The average response for this question was 6.15, a concerning situation that reinforces the idea that policy frameworks (with a comparatively higher score, as noted above) do not guarantee safety for civil society's work. The highest score (9) was attributed to countries including Argentina, Australia, Bosnia and Herzegovina, Canada, Chile, France, Norway, Senegal, Switzerland, and the United States. The lowest scores (1-3) were allocated to Australia, Greece, Hungary, India, Indonesia, Mexico, and Russia.

Perceptions of change — The average score for this response was 2.84 (1 - major regressions, 5 - major progress), barely different from last year's 2.94. Countries where progress was noted include Albania, Argentina, Chile, Mexico, Canada, Côte d'Ivoire, Indonesia, Kenya, Mali, Mozambique, the Netherlands Senegal, and Sierra Leone. Unfortunately, negative scores were noted in Benin, Brazil, Colombia, Costa Rica, Côte d'Ivoire, Germany, Greece, Hungary, Indonesia, India, Ireland, Lebanon, Mexico, the Netherlands, Poland, Russia, Senegal, Zimbabwe, and France. Where further information was provided, these regressions related to governments (and private supporters, including specific media outlets) engaged in campaigns of active discredit of civil society and academic institutions (e.g., Brazil, Colombia, Hungary, Mexico, Russia, Zimbabwe), harassment or physical violence (e.g., Colombia, Russia).

ACKNOWLEDGEMENTS

We are grateful to the 82 organisations that responded to the survey.

- akzept e.V. Bundesverband für akzeptierende
 Drogenarbeit und human Drogenpolitik
- Asociación Costarricense para el Estudio e Intervención en Drogas (ACEID)
- 3. AFEW International
- 4. Association AIDES
- Alliance Nationale des Communautés pour la Santé (ANCS)
- 6. Association FOYER DU BONHEUR
- 7. Africa Network of people who use drugs (AfricaNPUD)
- 8. Aksion Plus
- 9. Alcohol and Drug Foundation
- 10. Ana Liffey Drug Project
- 11. Andrey Rylkov Foundation for Health and Social Justice
- 12. Association Margina
- 13. Association Sénégalaise pour la Réduction des Risques
- 14. Association de lutte contre le sida (ALCS)
- 15. Association for Humane Drug Policy
- 16. Bensther Development Foundation
- 17. Canadian Drug Policy Coalition
- 18. Canadian Foundation for Drug Policy
- 19. Centre on Drug Policy Evaluation
- 20. Centro Brasileiro de Política de Drogas Psicotropicus
- 21. Centro de Investigación Drogas y Derechos Humanos
- 22. Centro de Orientación e Investigación Integral
- 23. Citywide Drugs Crisis Campaign
- 24. Colectivo por una política integral hacia las drogas CUPIHD
- 25. Community Addiction Peer Support Association
- 26. Conectas Human Rights
- 27. Conseil des Organisations de lutte contre l'Abus de Drogues de Côté d'Ivoire (CONAD-CI)
- 28. Corporación Humanas
- 29. Corporación Temeride
- 30. Corporación Viso Mutop
- 31. Correlation European Harm Reduction Network
- 32. Dejusticia
- 33. Elementa
- 34. Eurasian harm reduction association (EHRA)
- 35. Fachverband Sucht
- 36. Fedito Bxl
- 37. Foundation Against Illicit Drugs and Child Abuse (FADCA)
- 38. Fundación Latinoamérica Reforma
- 39. HIV Legal Network
- 40. Harm Reduction Nurses Association

- 41. Hungarian Civil Liberties Union
- 42. India HIV/AIDS Alliance
- 43. Indonesian Association of Addictiom Counselor
- 44. Indonesian Harm Reduction Network
- 45. Institute for Drug Control and Human Security (IDCHS)
- 46. Instituto RIA
- 47. LBH Masyarakat
- 48. Law Enforcement Action Partnership (LEAP)
- 49. Lawyers Collective
- 50. Middle East and North Africa Harm Reduction Association (MENAHRA)
- 51. Mexico Unido Contra la Delincuencia (MUCD)
- 52. Mainline
- 53. Metzineres
- 54. NGO Re Generation
- 55. Nierika AC
- 56. ONG REVS PLUS
- 57. Penington Institute
- 58. Perle Sociale NGO
- 59. PILS
- 60. Paroles Autour de la santé
- 61. Polish Drug Policy Network
- 62. RESET Política de Drogas y Derechos Humanos
- 63. Recovering Justice
- 64. Recovering Nepal
- 65. Red Chilena de Reducción de Daño
- 66. Rights Reporter Foundation
- 67. Skoun Lebanese Addictions Center
- 68. Steps Greece
- 69. StoptheDrugWar.org
- 70. TB HIV Care
- 71. Trimbos Instituut
- 72. UNIDOS Rede Nacional de Redução de Danos
- 73. Uniting NSW.ACT
- 74. VOCAL-KENYA
- 75. Women and Harm Reduction International Network (WHRIN)
- 76. Washington Office on Latin America (WOLA)
- 77. West Africa Drug Policy Network
- 78. Women Nest
- 79. World Coalition Against the Death Penalty
- 80. Youth RISE
- 81. YouthRISE Nigeria
- 82. Zimbabwe Civil Liberties and Drug Network