

# MODULE 6

## Civil society engagement in drug policy advocacy

### Aim of Module 6

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

### Introduction

Modules 1 to 5 aim to give participants a general understanding of the international drug control system and its consequences, of examples of effective (and ineffective) drug policy reform movements, best (and worst) practice in tackling security issues and organised crime, and of the concepts of prevention, harm reduction and drug dependence treatment.

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. If the facilitator decides to skip some sessions, please note that for Sessions 6.5 to 6.11, the participants will work in the same group until the end of the Module.

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.

### **SESSION 6.1:**

**Activity:** What is drug policy advocacy?

### **SESSION 6.2:**

**Activity:** Objectives of drug policy advocacy

### **SESSION 6.3:**

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

### **SESSION 6.4:**

**Activity:** Charting the national / regional drug response

### **SESSION 6.5:**

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

### **SESSION 6.6:**

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

### **SESSION 6.7:**

**Interactive presentation:** Advocacy framework **Step 3** – Developing specific objectives

### **SESSION 6.8:**

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

### **SESSION 6.9:**

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

### **SESSION 6.10:**

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

### **SESSION 6.11:**

**Interactive presentation:** Advocacy framework **Step 7** – Creating an action plan

### **SESSION 6.12:**

**Activity:** Advocacy exercise

### **SESSION 6.13:**

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

## Session 6.1

## 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 we mean by advocacy for drug policy change. Ask participants to provide key words that define advocacy, and note them on a flipchart.  
Note any answers that suggest activities that are not advocacy (e.g. information, education and communication (IEC) activities, community mobilisation, networking and partnerships, etc.) on a separate flipchart and, if you have time, review them at the end of the session.
3. Present the advocacy definition and the key characteristics – either on a pre-prepared flipchart or on the accompanying slides, and lead a brief discussion on how these fit with the participants’ outputs.

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

4. Note that there is not one correct definition and, depending on the time available, review the handouts “[Examples of definitions and types of advocacy](#)” and “[What is and is not advocacy?](#)” with the 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.



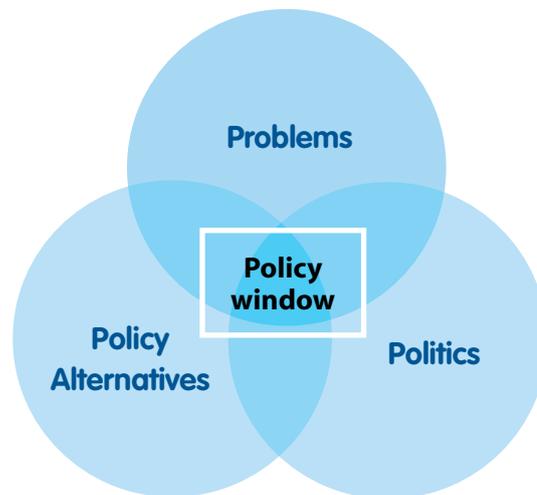
#### Facilitators’ note

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.

## ✓ Information to cover in this presentation:

There are several theories of how advocacy works in terms of changing policies and practices, but Simon Lenton has used Kingdon's "Multiple Streams Model" in a way that can be easily 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.



Effective advocacy efforts are those which manage to change these factors and are therefore able to open, and take advantage of, "policy windows". However, it is often impossible to predict when these "windows" will open, so a degree of opportunism and flexibility and patience is also important.

### 6.1 SHORTER OPTION IF YOU HAVE LESS TIME

🕒 10 min

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

1. 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)

## Session 6.2

**Activity: Why is harm reduction important?**

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 that drug policy advocacy usually aims at:

**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.

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
  - they have access to, and can represent, vulnerable population groups, including people who use drugs
  - they can bring an independent voice to the debate.

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### Session 6.3

## 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 or use the accompanying slides.

#### 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

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 – as Step 8 covers implementation, monitoring and evaluation.
6. Discuss any questions or comments from the participants.

## Session 6.4

# 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 should 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 should 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 the 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 organisations or stakeholders 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](#), [3.2](#), [3.7](#), [3.9](#), [3.10](#), [4.3](#), [4.4](#), [5.2](#)) are also displayed on the walls and invite participants to review these.
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 map the situation in your country or region, and to note who the main stakeholders are. The following broad areas can be used to assess the response.

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, schools and businesses) to the **national** (such as human rights institutions and national ministries), **regional** (such as ECOWAS and the African Union) and **international** (such as the UN and international NGOs).

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### Session 6.5

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



30 min

#### Facilitators' note

The groups formed in this session will also work together on the next seven sessions in this Module.

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.



**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 or four 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 each of them will choose an issue on which they would like to focus their advocacy work throughout the rest of 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. tackling drug markets-related corruption, ensuring proportionality of sentencing for minor drug offences, developing targeted deterrence strategies in drug law enforcement, reducing the levels of violence associated with drug markets, decriminalising people who use drugs, developing and scaling up prevention, harm reduction and drug treatment, destigmatising drug users, etc.) that could be addressed through drug policy advocacy:
  - What are you trying to achieve? What is your final aim or goal?
  - 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:
  - To what extent can this issue be solved by drug policy advocacy?
  - How many people will benefit from the change?
  - Is the potential for success realistic?
  - Can people directly affected by the issue be involved in the drug policy advocacy work?
  - 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.

#### Facilitators' note

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

### Example of matrix ranking of possible local advocacy issues

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

Issues	Criteria			
	Can this issue be solved by advocacy?	Benefits for people affected by issue	Possibilities to involve those affected	Totals
Disproportionality of sentences for minor drug offences	1	1	1	3
Law enforcement efforts disproportionately focused on people who use drugs and low-level dealers, rather than high-level traffickers	1	1	0	2
Criminalisation of drug use	0	1	0	1
High levels of corruption linked to illicit drug markets	0	1	0	1
Adopting harm reduction policies	1	1	1	3

In this example, those advocacy issues most pertinent would be focusing on the disproportionality of sentences for minor offences, or promoting harm reduction policies and services. However, the decriminalisation of drug use or a reduction in corruption may be unlikely in the current context.

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### Session 6.6

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

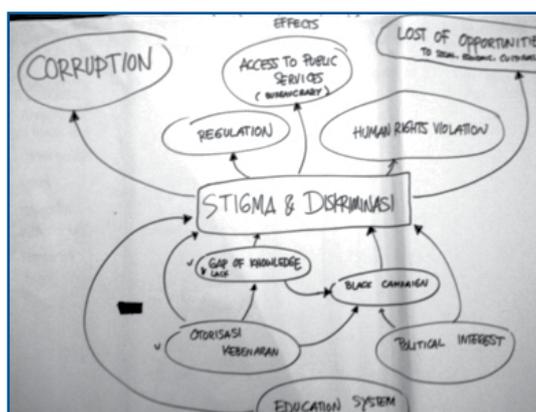
 90 min

#### Facilitators' note

If the participants have already worked on the "Tree of prohibition-led drug policy" in [Session 1.5](#), we would recommend skipping this session here as it covers much of the same ground. However, if time allows, this exercise may still be useful in determining the focus of advocacy actions.

#### 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 accompanying slides and the information below.
3. Ask the participants to work in their assigned groups and to discuss their chosen issue or 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:
  - 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.
  - 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.
  - 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.
  - To write two or three effects of the problem at the top half of the flipchart. To then draw an arrow from the problem in the centre up to each effect.
  - 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**).



Cause and effects flowcharts, 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 people who use drugs 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.

### 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 our position
  - 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!

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20 min

### Session 6.7

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



**Aim - To develop an advocacy aim and objectives**

1. Introduce the aim of the session.
2. Present the accompanying slides and the information below.
3. Ask the groups to write their chosen advocacy aim on flipchart paper.
4. 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 guidelines for writing advocacy objective(s):
  - include the policy, practice or law that they want to change
  - include the influential individual, group or institution they are targeting
  - 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 – this could be mobilising member state representatives to call for the removal of criminal sanctions against people who use drugs
- At the regional level – this could be ensuring a balanced approach on drug control that includes a strong public health component (e.g. in line with the African Union Plan of Action 2013-2017)
- At the local / national level – this could be promoting more proportionate penalties for low-level drug offenders in a country, promoting more transparency in political financing to ensure drug money is not entering politics, reducing the high levels of violence associated with drug markets in a key locality, or starting the delivery of harm reduction services.

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### Session 6.8

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

 45 min

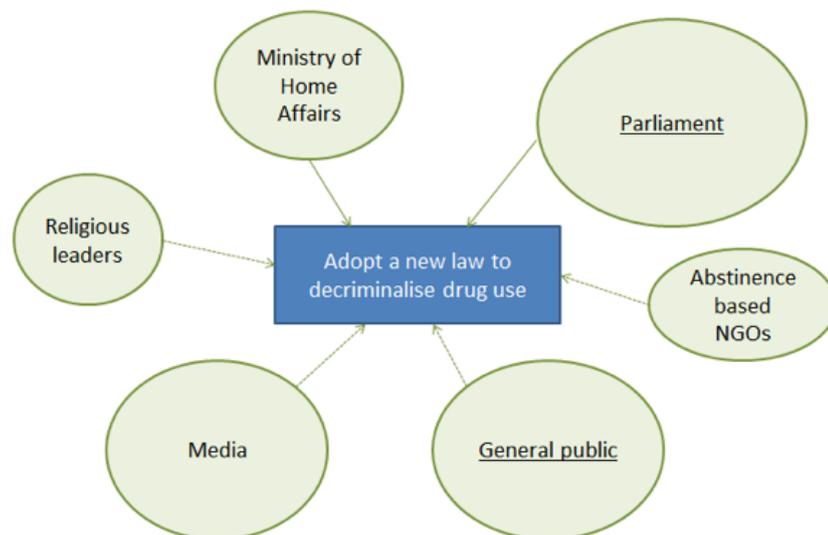
 **Aim - To identify and prioritise targets (influential individuals, groups or institutions) for advocacy action**

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 6.4](#).
3. Present the accompanying slides and the information below.
4. Ask participants to return to their groups. Each group will choose one of the objectives they defined in [Session 6.7](#), 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.

Example of “targets” diagram



6. Ask the groups to complete the [Targets information table](#) as in the example below:

## 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 national or international levels, 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 (e.g. local, provincial or national government officials).

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, in particular in contexts where corruption is widespread. 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>1</sup>

1. See: World Health Organisation (2004), *Advocacy guide: HIV/AIDS prevention among injecting drug users*, <http://www.who.int/hiv/pub/advocacy/en/advocacyguideen.pdf>

### 6.8 SHORTER OPTION IF YOU HAVE LESS TIME

 20 min

1. Introduce the aim of the session and present the accompanying slides and the information above
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.

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30 min

### Session 6.9

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



**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 accompanying slides and 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, or small-scale subsistence farmers engaged in the production of drug-linked crops
- Other drug user service organisations, CSOs, NGOs, including human rights and health organisations
- Religious leaders and other community opinion formers
- Business people
- Local celebrities or public figures
- Known allies from within the law enforcement sector
- 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.

### 6.9 SHORTER OPTION IF YOU HAVE LESS TIME

 20 min

1. Introduce the aim of the session and present the accompanying slides and the information above
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.

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15 min

### Session 6.10

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



**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 accompanying slides and 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 the media and 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.

Once we have identified available resources, 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 6.11

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

60-90  
mins

**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.
  - **selecting** appropriate advocacy **activities**, and
  - making a **detailed plan** for those activities.

### PART A: Selecting advocacy activities

2. Present the accompanying slides and the information below.
3. Ask the groups to decide which advocacy methods they want to use. They should look at:
  - the advocacy targets they identified in [Step 4 \(Session 6.8\)](#)
  - the information they gathered or identified in [Step 2 \(Session 6.6\)](#)
  - the list of advocacy methods on the handout "[Advocacy methods](#)"
  - the 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?

### 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, impact may sometimes be greater if a group of people who use drugs is supported to meet directly with a senior police officer, rather than an NGO representative attending the meeting on their behalf. However, this will largely depend on the local context, including the levels of stigma associated with drug use, and the potential risks of arrest or police abuse.



### 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 other events.

### 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 law enforcement officers, you can use a high-level police chief or retired police officer who will act as your spokesperson. 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 the advocacy methods (activities) to use, the groups should use the format suggested below to draft their advocacy action plan (*see next page*):
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 Step 3 above. Ask the groups to present their action plans to the others, and encourage them to discuss the plans and ask any questions that they may have.
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	Persons / organisations responsible	Timeframe	Expected outcome
<p><b>Objective 1 -</b> By July 2012, three influential members of parliament will make positive public statements supporting the decriminalisation of people who use drugs</p>	<p>Influential parliamentarians and their senior advisors</p> <p>Members of the public</p>	<p>Meetings with three parliamentarians</p>	<ul style="list-style-type: none"> <li>- Team leader,</li> <li>- Team to organise events and logistics</li> <li>- Volunteers</li> <li>- Access to the media</li> <li>- Funding</li> <li>- Venue for the meetings</li> </ul>	<p>Team leader</p>	<p>By May</p>	<p>Positive support from three parliamentarians in public statements.</p>

## MODULE 6

### Session 6.12

## Activity: Advocacy exercise

 60 min

#### Facilitators' note

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.



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

1. Introduce the aim of the session.
2. Divide participants into groups of four to six people (new groups, rather than same ones used for the previous seven Sessions).
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 a large percentage of people incarcerated in that specific area were sent to prison for drug use or possession of small amounts of drugs for personal use. At the same time, a local politician who has been repeatedly alleged to engage in high-level trafficking has not been investigated. Your organisation wants the government to review its law enforcement practices to ensure that the police targets high-level offenders, instead of people who use drugs.

**Aim:** To gain government support for a review of policing and law enforcement practices in your province, and ensure that the police deprioritise targeting people who use drugs in their daily work.

**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 UNODC who previously worked on developing focused deterrence strategies in drug law enforcement; he therefore fully understands the problem and the appropriateness of the solution. You know, through your advocacy partners, that this aide is in fact the most trusted advisor to the governor. The chief aide has 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 three minutes.
5. Depending on the number of participants and the time available, either ask:
  - Some, or all of the groups to perform a short 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. In this case, facilitators should circulate and observe the groups to assess how they are doing.

6. Lead a plenary discussion based on the following questions:
  - Who was more persuasive and why?
  - How could the advocates have improved their advocacy?
  - 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.

## MODULE 6



60 min

### Session 6.13

## Interactive presentation:

# Advocacy framework Step 8 - Monitoring and evaluating drug policy advocacy



**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:
  - Understanding the importance of monitoring and evaluating drug policy advocacy
  - Challenges of evaluating drug policy advocacy
  - Deciding how to monitor and evaluate advocacy work

#### **PART A – Understanding the importance of monitoring and evaluating drug policy advocacy** ⌚ 15 min

2. Ask participants to form pairs with the person sitting next to them and to identify the main reasons for evaluating drug policy advocacy work.
3. After five minutes ask groups to report back and note their responses on a flip-chart.

Ensure that the main reasons identified below have been mentioned:

#### **Example outputs - 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.

4. 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.

## PART B – Challenges of monitoring and evaluating drug policy advocacy

🕒 15 min

5. Ask participants to form pairs with a new partner, and to share challenges they have faced or they imagine they might face in evaluating drug policy advocacy work.
6. Distribute handout "[Challenges of monitoring and evaluating drug policy advocacy](#)".
7. Ask participants to share any additional challenges they identified in their pairs.

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

🕒 30 min

8. Facilitate a brief brainstorm on the difference between monitoring and evaluation.
9. Present the accompanying slides and the information below.
10. 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:
  - Short-term outcome indicators
  - Medium-term outcome indicators
  - Impacts.

### ✓ Information to cover in this presentation:

Monitoring and evaluation 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.



In the logic chain, resources (inputs) are processed into goods and services (outputs). These result in knowledge and behaviour change, improvements in access to and use of services (outcomes), which, in turn, eventually produce changes in the socio-demographic or epidemiological profile of a population (impact).

This logic is applied to the example below:

A new national network of people who use drugs is being formed. Their medium-term aim is to “create 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 the network, with measures such as number of meetings held and attendance, the number of sub-regions represented in the network, and so on. The outcome measures would include the creation of the network, and might also explain what has been achieved, such as the participation of people who use drugs in national policy discussions. 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.

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.	<ul style="list-style-type: none"> <li>Organisation of coalition meetings</li> <li>Information sharing</li> <li>Partnership building</li> <li>Capacity building</li> </ul>	<ul style="list-style-type: none"> <li>Number of network meetings held</li> <li>Number of people attending meetings</li> <li>Briefing papers on people who use drugs</li> </ul>	<ul style="list-style-type: none"> <li>New relationships with influential champions</li> <li>Alignment of partners’ efforts and messaging</li> <li>Creation of a well-informed, organised and representative network</li> </ul>	<ul style="list-style-type: none"> <li>Changes in public perceptions of people who use drugs</li> <li>New policies that protect the rights of people who use drugs are introduced</li> <li>Mechanisms to address the rights abuses of people who use drugs established</li> </ul>	Protection of the human rights of people who use drugs

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 you plan. For example, the creation of the network will be a significant outcome indicator of the first phase of the work, especially in countries where key people who use drugs are highly stigmatised and criminalised. 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.

## 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.

### 6.12 SHORTER OPTION IF YOU HAVE LESS TIME

 40 min

1. Introduce the aim of the session and present the accompanying slides and the information above.
2. You will need to include reasons for monitoring and evaluating advocacy work (see examples under Step 5 above), and the challenges of evaluating drug policy advocacy.
3. Select some examples from the handout “[Advocacy methods](#)” which you should also give to participants.

1. 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://www.aidsalliance.org/resources/340-measuring-up-hivrelated-advocacy-evaluation-training-pack>

## MODULE 6

# Handout: Examples of definitions and 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>*

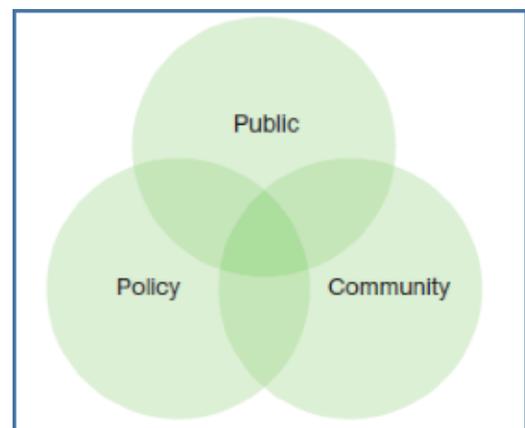
*“Advocacy is not just about getting to the table with a new set of interests; it is about changing the size and configuration of the table to accommodate a whole new set of actors. Effective advocacy challenges imbalances of power and changes thinking”.<sup>4</sup>*

*“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 that 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 reduction of the number of people incarcerated for the possession of drugs for personal use:

- **Local level:** Law enforcement officers must be aware of the ineffectiveness of incarcerating people who use drugs and of the harms caused by this practice (including the costs to the criminal justice system, the health harms, as well as the social stigma faced by people who use drugs). This will require significant advocacy work targeted at the police and others.
- **National level:** The government of the country in question is responsible for the legislative framework. For the intervention to be effective in the long term, the government will need to pass a law to remove criminal sanctions for people caught for drug use, in countries where current drug laws criminalise consumption.
- **International level:** Several UN agencies, including UNAIDS and the World Health Organization, have called for the decriminalisation of people who use drugs, while UNODC have made it clear that decriminalisation is permitted within the drug conventions.<sup>8</sup> Representatives of these bodies may help in pushing for the policy to be adopted in national legislation.

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

1. 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
2. POLICY Project (1999), *Networking for change: An advocacy training manual* (Washington, D.C.: Futures Group/POLICY Project), <http://www.policyproject.com/pubs/AdvocacyManual.cfm>
3. 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)
4. 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)
5. 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)
6. 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)
7. 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>
8. See: TalkingDrugs (2014), Infographic: *Where UN agencies stand on drug decriminalisation*, <http://idpc.net/alerts/2014/08/infographic-where-un-agencies-stand-on-drug-decriminalization>

## MODULE 6

# Handout: What is, and what 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
What can it change?	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
Target group	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
Does it mainly target people who have influence over others	Yes	No	No	No	No	No
Typical indicators of success	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)

# 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 prevention and drug education						
Harm reduction services						
Drug dependence treatment, care and support						
Crop eradication						
Criminal justice processes against people accused of drug offences/crimes						
Strategies against corruption & money laundering						
Promoting alternative development/ livelihoods for people who grow drugs						
Protecting the human rights of vulnerable groups						
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)

## MODULE 6

# Handout: The Support. Don't Punish campaign

*"The heightened risks caused by the war on drugs can no longer be ignored. It is time to leave behind harmful politics, ideology and prejudice. It is time to prioritise the health and welfare of those affected, their families and communities".*

Support. Don't Punish is a global advocacy campaign to raise awareness of the harms being caused by the war on drugs.

The Support. Don't Punish campaign aims to:

- The drug control system is broken and in need of reform.
- People who use drugs should no longer be criminalised.
- People involved in the drug trade at low levels, especially those involved for reasons of subsistence or coercion, should not face harsh or disproportionate punishments.
- The death penalty should never be imposed for drug offences.
- Drug policy in the next decade should focus on health and harm reduction.
- By 2020, governments should redirect a tenth of the resources they currently spend on drug control to harm reduction programmes – 10 per cent by 2020.

The campaign started in 2013 and has it been growing quickly around the globe, with the participation of many grass-root organisations, advocates, activists, policy-makers, celebrities and drug users. The campaign includes an interactive photo project where people can send their picture with the Support. Don't Punish logo to show their support:



The focus of the campaign, however, is the organisation of a Global Day of Action on 26th June – United Nations’ International Day against Drug Abuse and Illicit Trafficking – a day that is used by many governments to celebrate the war on drugs and to justify violent crackdowns and to promote harsh punishments. But June 26th is also the United Nations’ International Day in Support of Victims of Torture, and this campaign aims to help redefine what June 26th means, and how we look at drug policies around the world. In 2013, 41 cities across the world participated in the 1st Global Day of Action. 2014 was even bigger, with actions in 100 cities from all over the world, including in Nigeria, Senegal, Mauritius, Tanzania, Kenya and Zimbabwe:



Awareness raising march, speeches and press briefing in Senegal



Football tournament in Nigeria



Outreach visits to mobilise drug user households and communities, community dialogue forums and procession walks in Kenya



Open air cinema and event, speeches and information stand, as well as outreach to the media in Tanzania



Speeches from senior policy officers and drama performance by local community members in Zimbabwe



Bus tour to raise awareness about the campaign, distribution of leaflets, information, balloons, flags, etc. in Mauritius

For more information, please visit: <http://supportdontpunish.org/>

For a video on the 2014 Global Day of Action, please visit: <https://www.youtube.com/watch?v=NP-MebxLWYM>

# MODULE 6

## Handout: 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</p> <p>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>• Reducing corruption</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 (see: <a href="http://www.cndblog.org">www.cndblog.org</a>)</p> <p>At the national level: promotion of the IDPC Drug Policy Guide (<a href="http://idpc.net/publications/2012/03/idpc-drug-policy-guide-2nd-edition">http://idpc.net/publications/2012/03/idpc-drug-policy-guide-2nd-edition</a>), meetings with government officials</p> <p>At the local level: training of public prosecutors or training of law enforcement officials on modernising drug law enforcement (harm reduction-based, focused deterrence, etc. see: <a href="http://idpc.net/policy-advocacy/special-projects/modernising-drug-law-enforcement">http://idpc.net/policy-advocacy/special-projects/modernising-drug-law-enforcement</a>)</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>	<p>Short briefings and factsheets on drug policy reform (see: <a href="http://idpc.net/publications/2014/01/the-ungass-on-drugs-in-2016-a-milestone-for-hiv-aids-ngos-policy-in-africa">http://idpc.net/publications/2014/01/the-ungass-on-drugs-in-2016-a-milestone-for-hiv-aids-ngos-policy-in-africa</a>)</p>
<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>		<p>Media information packs (see: <a href="http://idpc.net/publications/2011/02/idpc-media-information-pack-version-2">http://idpc.net/publications/2011/02/idpc-media-information-pack-version-2</a>)</p>
<b>General public</b>	<ul style="list-style-type: none"> <li>• Promotional items (badges, bracelets, pens, etc.)</li> <li>• Banners</li> <li>• Brochures, flyers</li> <li>• Newspaper articles</li> <li>• Radio or television shows and programmes</li> </ul>	<p>Messages must be attractive, clear and concise</p>	<p>Drug policy advocacy videos (see: <a href="http://supportdontpunish.org/videos/">http://supportdontpunish.org/videos/</a>)</p>

## Handout: 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....

## Handout: 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 in attributing policy change directly to advocacy work
- Difficulty in attributing success in advocacy work directly to one specific organisation or advocacy effort
- 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 in involving 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>

# Handout: 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

West Africa Commission on Drugs (2013), *Not Just in Transit: Drugs, the State and Society in West Africa*, <http://www.wacommissionondrugs.org/report/>

West Africa Commission on Drugs, background paper series on drug policy: <http://www.wacommissionondrugs.org/wacd-commissioned-papers/>

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>

International Drug Policy Consortium, Chatham House & the International Institute for Strategic Studies, Modernising Drug Law Enforcement Project and publications series, <http://idpc.net/policy-advocacy/special-projects/modernising-drug-law-enforcement>

Global Commission on Drug Policy (2014), *Taking Control: Pathways to drug policies that work*, <http://www.globalcommissionondrugs.org/reports/>

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 (2014), *The Global State of Harm Reduction 2014*, <http://www.ihra.net/global-state-of-harm-reduction-reports>

Harm Reduction International, International Drug Policy Consortium & International HIV/AIDS Alliance (2014), *The funding crisis for harm reduction*, <http://idpc.net/publications/2014/07/the-funding-crisis-for-harm-reduction>

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/knownyourresponse/countryprogressreports/2014countries>

## Key Websites

West Africa Commission on Drugs, <http://www.wacommissionondrugs.org/>

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

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

African Union, <http://sa.au.int/>

ECOWAS, <http://www.ecowas.int/>

United Nations Office on Drugs and Crime (West Africa Programme), <http://www.unodc.org/westandcentralafrica/en/index.html>

United Nations Office for West Africa, <http://unowa.unmissions.org/>

World Health Organisation, [www.who.int](http://www.who.int)

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

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

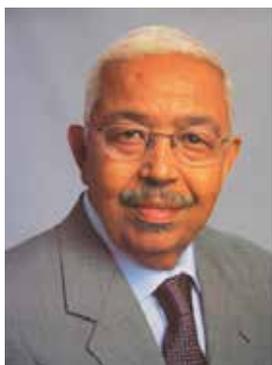
# Handout Quotes from key international and West African actors



*"We must have the courage to change policies that no longer fit reality."*

OLUSEGUN OBASANJO  
CHAIR OF THE WEST AFRICA COMMISSION ON DRUGS

#ReformDrugLaws 



*"West African leaders and civil society must join forces to change policies that have not worked."*

PEDRO PIRES  
WEST AFRICA COMMISSION ON DRUGS

#ReformDrugLaws 



*"Drug traffickers must face the full force of the law, but the law must not be applied disproportionately to the poor & vulnerable."*

DR. ALPHA ABDOLAYE DIALLO  
WEST AFRICA COMMISSION ON DRUGS

#ReformDrugLaws 



*"Drugs are a public health issue."*

CHRISTINE KAFANDO  
WEST AFRICA COMMISSION ON DRUGS

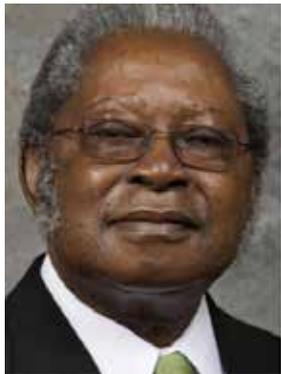
#ReformDrugLaws 



*"West Africa must not become a new front line on the failed war on drugs."*

DR. MOHAMMAD-MAHMOUD GULD  
MOHAMEDOU  
WEST AFRICA COMMISSION ON DRUGS

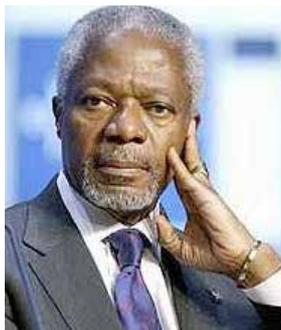
#ReformDrugLaws



*"The criminalisation of drug use puts huge pressures on the criminal justice system."*

JUSTICE BANKOLE-THOMPSON  
WEST AFRICA COMMISSION ON DRUGS

#ReformDrugLaws



*"Drugs may have killed many people. But I maintain that wrong governmental policies have killed many more, and we need to rethink."*

**Kofi Annan**

President of the West Africa Commission on Drugs,  
former UN Secretary General



*"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