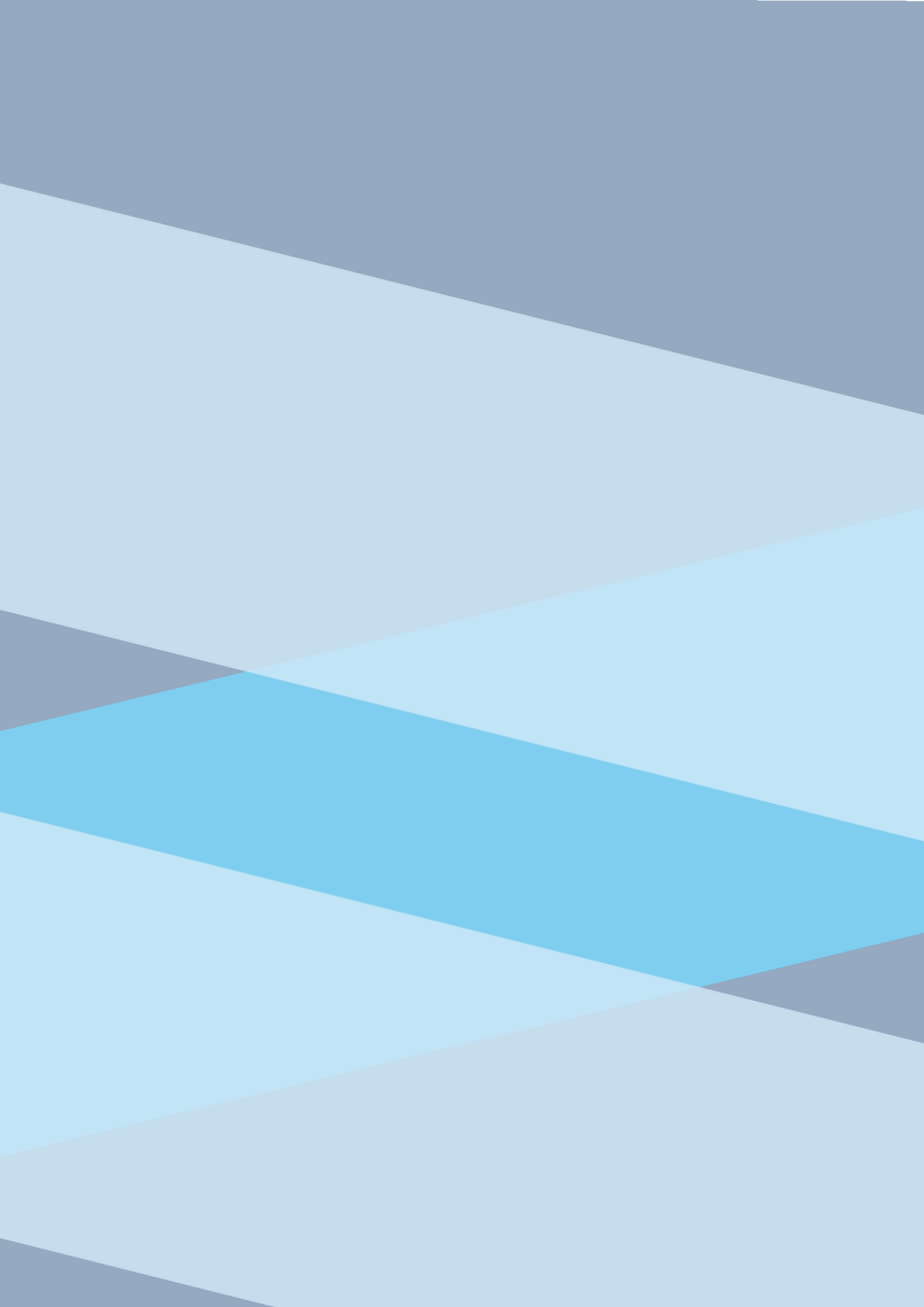


# **PROGRESS REPORT**

## **2014 - 2015**





## Foreword

It has been another highly significant year for drug policy. The fragmentation of the consensus around international drug control continues apace, with countries such as the United States and Uruguay challenging the founding principle of the UN drug control conventions to restrict the use of controlled substances to medical and scientific purposes by allowing the development of regulated cannabis markets for recreational use. The UN General Assembly Special Session (UNGASS) on drugs is scheduled for April 2016, and UN Secretary General Ban Ki-moon has called for 'a wide-ranging and open debate that considers all options'. We have been closely involved with the UNGASS preparations over the past year, advocating strongly for the visible and meaningful participation of civil society, as well as calling on governments to use the opportunity for a genuine and honest debate on the challenges and shortcomings of international drug control policies.

The UNGASS is a unique juncture for re-orientating drug control towards less damaging and more humane drug policies. We can expect to see a strong emphasis on important issues such as access to essential medicines, and an increasing focus on addressing the proportionality of sentences and alternatives to incarceration. Challenges will remain however and less progressive governments will continue to fight for the status quo and deny the need for reform and modernisation. It is therefore crucial that we also raise our heads above the parapet and look beyond the UNGASS, while building on the momentum that this moment has created both within the UN level debates but also among the increasingly broad and diverse civil society network that is committed to bringing about change. The UNGASS has galvanised our movement, bringing new

players into field and increasing the cohesiveness of the reform message – one that cuts across so many sectors including public health, human rights, development, social justice, peace building, security and criminal justice reform.

This last year has seen the IDPC network grow both in terms of diversity of members across regions and thematic areas but also in influence and credibility. We welcomed our 132nd member this year and are proud to have so many active and committed members in our broad network. IDPC is firmly committed to our networking mandate and we look forward to further collaboration and collective advocacy with our members and other civil society partners as we strive towards our vision – that drug policies that are grounded in principles of human rights, human security, public health and development.

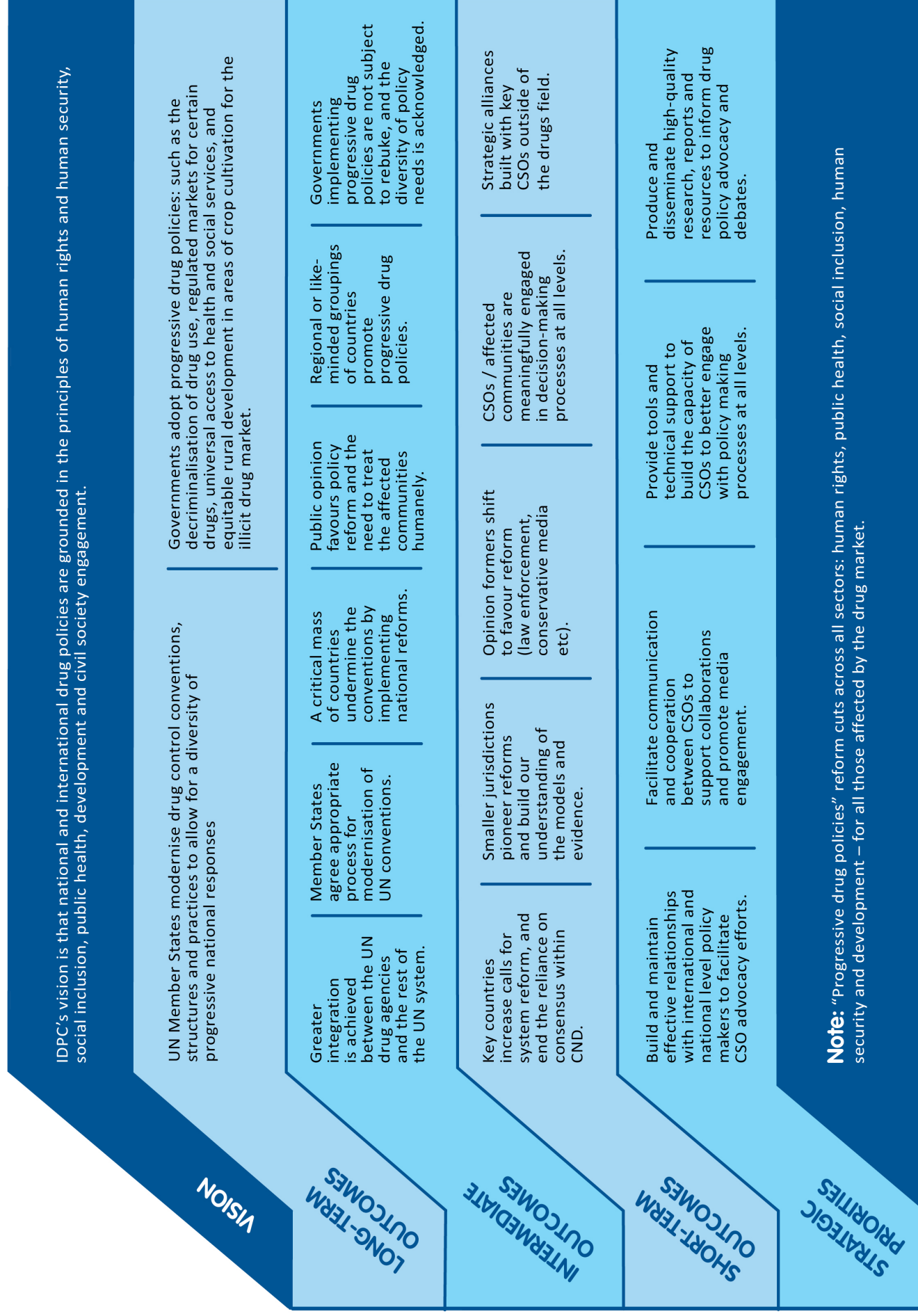
In addition to our UN work, key highlights range from a new project in Latin America that looks at how to reduce the incarceration of women (the world's fastest growing prison population) for non-violent drug offences, to supporting the creation of a civil society network for drug policy reform in West Africa. The "Support. Don't Punish" campaign has become a dynamic vehicle that has engaged activists from all over world in amplifying the reform message.

It has been another momentous year for IDPC and I hope you will enjoy reading this latest progress report that gives an overview of our activities and key achievements during the period April 2014 to March 2015.

**Ann Fordham**  
Executive Director



# IDPC's theory of change





## About us

The [International Drug Policy Consortium](#) (IDPC) is a global network of more than 140 NGOs coming together to promote open debate on the effectiveness, direction and content of drug policies at the national and international level, and supports evidence-based policies that are effective in reducing drug-related harm.

We intervene at two levels in the decision making process. We facilitate networking and collaboration between civil society stakeholders, and seek to empower civil society and the most affected populations to better engage with and influence policy making processes. In parallel, we also intervene directly with high-level policy making processes by providing analysis and expertise to governments and UN agencies on more effective and humane drug policy options.

For more details of our work, please visit [www.idpc.net](http://www.idpc.net).

## Our goals

IDPC's vision is that national and international drug policies are grounded in the principles of human rights and human security, social inclusion, public health, development and civil society engagement. To achieve this goal and inform our overall advocacy strategy, we have developed a theory of change which includes four strategic priorities:

- **Priority 1:** Build effective relationships with international, regional and national policy makers to better influence drug laws, strategies and policies
- **Priority 2:** Facilitate communications and cooperation between NGOs
- **Priority 3:** Offer tools and technical support to build the capacity of NGOs to better engage in policy making processes
- **Priority 4:** Produce and disseminate high-quality research and resources to inform drug policy debates

## Our policy principles

IDPC members agree to promote five core policy principles in our advocacy work with governments and international agencies. Drug policies should:

- be developed through an objective assessment of priorities and evidence
- be undertaken in full compliance with international human rights law
- focus on reducing the harmful consequences rather than the scale of drug use and markets
- promote the social inclusion of marginalised groups, and not focus on punitive measures towards them
- be developed and implemented based on open and constructive relationships with civil society.

## Priority 1:

### Engage with governments at national, regional and international level to influence drug policies

High-level advocacy to influence policies, laws and practices on drug control is at the core of our work and that of our members. The IDPC Secretariat, as well as our members, have worked hard to create constructive relationships with policy makers at national, regional and international level.

#### Key achievements in 2014-2015:

- Further growth in IDPC's visibility, credibility and influence among member states in the UNGASS preparations in Geneva, New York and Vienna
- Launched a revised version of the [E-Book of Authorities](#) in collaboration with Harm Reduction International (HRI) and the Transnational Institute (TNI), an online resource that catalogues agreed UN statements and language in key drug policy areas
- Continued to promote drug policies based on harm reduction and [human rights](#) at the UN and regional levels
- Continued a dialogue with European and Latin American policy makers on the need to [modernise drug law enforcement](#)
- Promoted alternatives to incarceration in Asia and the Americas
- Facilitated discussions with the Indian government on its national response to drugs and HIV
- Engaged in discussions with Asian policy makers to end the compulsory detention of people who use drugs

### Case study: Influencing the UNGASS process

The preparations for the 2016 UNGASS on drugs have been one of our major points of focus this year. We have been supporting the UNGASS preparatory process by organising or co-hosting briefings and meetings for UN member states in Vienna, Geneva and New York, and offering recommendations and guidance to policy makers at strategic political moments. The IDPC network was strongly engaged in the UNGASS Special Segment held at the margins of the 58<sup>th</sup> Commission on Narcotic Drugs (CND) in March 2015, through delivering a [series of statements](#) on key drug policy issues and engaging directly with policy makers in strategic discussions "in the corridors" of the Commission.

Latin American governments in particular have been at the forefront of efforts to promote a meaningful and inclusive UNGASS. We have strategized in partnership with officials from a diverse range of governments on how to use the moment of the UNGASS to re-orientate drug policies away from damaging and punitive approaches and ensure the centrality of public health and human rights in drug policy development. This has included providing timely inputs for government positions in the UNGASS

preparatory process and supporting the development of key declarations, such as the [declaration on drug policy of the Community of Latin American and Caribbean States \(CELAC\)](#) (which was released in May 2015) and the document by the Union of South American Nations (UNASUR) on drug policy presently being negotiated.

This work has been enhanced by an accompanying series of [publications](#) and tools (including a [dedicated webpage](#)) designed to provide civil society and government officials alike with detailed information about the UNGASS and how to influence the debates for progressive reform. One of our key resources for engagement is our “[UNGASS Asks](#)” – a collaborative effort of the network that lays out the policy results IDPC is calling for:

1. Ensuring an open and inclusive debate, including civil society, all relevant UN agencies, affected populations and academics
2. Re-setting the objectives of drug policies Supporting policy innovation and experimentation
3. Supporting policy innovation and experimentation
4. Ending the criminalisation of the most affected populations, and ending the death penalty for drug offences
5. Committing the drug control regime to a harm reduction approach.

To further support the UN-level debates on drug control, this year saw the launch of a revised version of the [E-Book of Authorities](#). This is an online resource developed by IDPC with our partners HRI and TNI, that catalogues agreed UN statements and language in policy areas which remain controversial at the CND, such as human rights, harm reduction, the death penalty, civil society engagement, cultivation and alternative development, access to essential medicines, and the flexibilities within the UN drug conventions. In addition to our UNGASS Asks, we have also provided language and recommendations to friendly member states for the negotiation of the UNGASS modalities.

### Key resources:

- [The road to UNGASS 2016: Process and policy asks from IDPC](#)
- [The E-Book of Authorities](#)
- [IDPC webpage on the UNGASS](#)



## Case study: Highlighting the need for reform in Asia

Drug policy in East and South East Asia remains a major area of concern. Policies and practices across the region continue to rely heavily on highly prohibitive policies towards people involved in the drug trade – ranging from compulsory detention, mandatory urine testing, denial of harm reduction services, disproportionate prison sentences, beatings and the continued use of the death penalty. These punitive policies were captured in an [infographic](#) that we launched in January 2015 at the Asia-Pacific Intergovernmental Meeting on HIV and AIDS.

Building on our work over the past few years, the IDPC Secretariat continued our close collaboration with NGO members and partners in the region to seek constructive dialogue with national policy makers on key issues – these include [India's](#) national response to drugs and HIV, [Cambodia's](#) position on compulsory detention of people who use drugs, the imposition of disproportionate penalties for drug offences in Thailand, and the promotion of alternatives to incarceration and increased access to harm reduction services in Indonesia and Malaysia.

In addition to national level advocacy, influencing policy making processes at regional level remains a priority. We participated in a regional consultation process that focused on the closure of compulsory detention centres for drug users, and have continued to seek engagement in the often difficult discussions of the Association of Southeast Asian Nations (ASEAN). For the latter, our aim is to influence regional governments to reconsider their commitment to a “drug-free ASEAN”, a vision that is both futile and damaging. In July 2014, we addressed the annual ASEAN Senior Officials on Drugs meeting in the Philippines, presenting data which showed drastic increases in the cultivation, seizures, and arrests during the period of the ASEAN drug strategy which is currently being reviewed. IDPC has also [recommended](#) the adoption of alternative objectives and indicators in measuring drug policy successes by ASEAN and the engagement of civil society in developing the new drug strategy.

### Key resources:

- [Infographic: Throughout Asia, criminalisation and hard punishment are imposed on people who use drugs](#)
- [Briefing paper: Drug policy issues in Cambodia](#)
- [Briefing paper: Drug policy in India](#)



## Case study: Reducing the number of women incarcerated for drug offences in Latin America

Across Latin America, women are being incarcerated for minor, non-violent drug-related crimes at an alarming rate. In countries like Argentina, Brazil and Costa Rica, well over 60% of the female prison population are incarcerated for minor drug offences. The vast majority of these women are in a situation of high vulnerability and poverty, often young mothers and heads of households, with no prospects in the licit economy. Across the region, drug policies have not only been incapable of reducing the scale of the market, they have also torn families apart and perpetuated a vicious cycle of desperation and incarceration, with women and their children bearing a disproportionate burden.

Starting in January 2015, IDPC partnered with the Washington Office on Latin America (WOLA), the Inter-American Commission on Women (CIM), DeJusticia, Corporación Humanas (Colombia) and ACEID (Costa Rica) in an [exciting new project](#). This initiative focuses on raising awareness about this critical issue, and on developing advocacy tools that aim to reduce the incarceration of women for minor, non-violent drug offences in the region.

The project established a working group of experts from across Latin America to develop guidelines for policy makers on how to reduce the incarceration of women for drugs offences. The working group met for the first time in February 2015, where fruitful discussions were held on the contents of the guidelines. [A powerful photo project](#) featuring the lived experiences of women currently or formerly incarcerated for drug offences in Costa Rica, and the impact of disproportionate sentencing on their lives and that of their families lends a human face to the project. These stories paint a picture of vulnerability and desperation for women caught in a complex cycle of poverty, imprisonment and recidivism – experiences that are disturbingly common across the region.

### Key resources:

- [Women across the Americas incarcerated for minor, non-violent, drug-related crimes at an alarming rate](#)
- [Women behind bars: photo essays show the human cost of current drug policy in the Americas](#)



Photo project, copyright: WOLA

## Priority 2:

### Facilitate NGO communications and cooperation

A key aspect of IDPC's work is to facilitate networking and communications among our network and with other NGO partners to maximise advocacy efforts. We have continued to develop strong communication tools both within our network through emails, internal memos and quarterly updates, and externally with a new website, enhanced social media presence, blogs and press and media outreach. The real highlight of the year was the second successful day of action of the ["Support. Don't Punish"](#) campaign.

### Key achievements in 2014-2015:

- Coordinated actions in 100 cities for the 2nd ["Support. Don't Punish" Global Day of Action](#) on 26th June 2014
- Facilitated communications and strategizing among NGO members and partners around the UNGASS preparations
- Supported the participation of more than 70 NGOs at the 2015 CND, offering strategic, orientation, logistic and financial support
- Coordinated the group of civil society organisations that collaborate with the UNODC HIV Unit in a shared work plan on furthering harm reduction policies and programmes around the world
- Collaborated with NGO partners to produce the [CND Blog](#), which has received more than 241,000 visits since its creation in 2011
- Launched a [redesigned website](#) in eight languages, receiving more than 15,000 visits each month and expanded our presence on [Twitter](#), [Facebook](#), [Google +](#), [LinkedIn](#) and [Reddit](#) in English and Spanish – now reaching a combined 33,000 people
- Redesigned our [INCB Watch](#) page, which continues to observe and critique the actions of the International Narcotics Control Board
- Conducted interviews in high-impact [media outlets](#) including BBC World, the Financial Times, the Guardian and CNN

### Case study: Support. Don't Punish

The ["Support. Don't Punish"](#) campaign has become a global show of force in favour of drug policy reform and harm reduction approaches. [Launched in 2013](#) to raise awareness of the harms caused by the criminalisation of people who use drugs, the campaign includes an [Interactive Photo Project](#) in which more than 4,000 NGO advocates, policy makers, UN representatives and people who use drugs had participated by March 2015.

But the highlight of the campaign has been the [Global Day of Action](#) taking place on 26th June each year. This date is the UN International Day on Drug Abuse and Illicit Trafficking, and is often marked by governments



celebrating their efforts against drugs, showcasing seizures and arrests and – in the case of China – even holding public executions of drug offenders. As such, the campaign seeks to support local actions all around the world that help to reclaim the messaging on this day. Since 2013, the IDPC secretariat has worked in partnership with numerous civil society partners and networks of people who use drugs worldwide to support the organisation of activities in their country, with step-by-step guides, funding, communications support, outreach to the media, logos, translations, technical support and merchandise.

On 26th June 2014, activists gathered in [100 cities](#) in countries as diverse as Australia, Colombia, India, Georgia, Palestine, the Philippines, Zimbabwe, Nigeria, the UK and the United States. The [actions](#) included press conferences, graffiti and art displays, protests, processions, music events, workshops and seminars, flash mobs, dance displays, football matches, and even a boat show on the Nile! The common theme that tied them together was the Support. Don't Punish message – that the heightened risks faced by people who use drugs can no longer be ignored.

We were delighted to see that the “Support. Don't Punish” campaign had a [significant impact](#) in several of the participating countries, creating space for debate among NGO representatives, affected populations, activists, academics and government officials. This was the case

in Zimbabwe, for example, where the 2014 Day of Action led the Special Health Advisor to the President to support the campaign's calls in national media and helped kick-start a national dialogue on drug policy. In [Thailand](#) it was reported to have played a major role in the adoption of a new harm reduction policy by the government. In other parts of the world, notably India, Indonesia, Bolivia, Ukraine, Puerto Rico or Mauritius, the campaign was instrumental in raising awareness about the need to stop criminalising people who use drugs. Support. Don't Punish has therefore been hugely successful in mobilising civil society voices, raising the profile and voices of national networks of people who use drugs and drug policy reform advocates, and opening doors for meaningful debate between civil society, the media and policy makers. The impacts of the Support. Don't Punish campaign were highlighted in an [independent evaluation](#) released in 2015, which highlighted in particular how it had contributed to building the capacity of community groups to engage in advocacy.

#### Key resources:

- [2014 Support. Don't Punish Global Day of Action](#)
- [Independent evaluation of the “Support. Don't Punish” campaign: January 2013 to December 2014](#)
- [Blog: A global day of action for drug policy reform in more than 100 cities](#)





## Case study: NGO coordination at the 58th Commission on Narcotic Drugs (CND)

Every year, the CND is an excellent opportunity for IDPC as a network to influence policy-making processes on drug control at UN level, and March 2015 was particularly fruitful for NGO engagement. As a result of the ongoing advocacy of IDPC and our allies, the CND has become increasingly open to civil society intervention. Previous years saw statements from NGOs tacked on the end of sessions as a symbolic gesture towards inclusion, however this year featured [extensive participation](#) particularly during the UNGASS segment, with civil society speakers on each of the thematic panels and NGO representatives being called upon to make statements from the floor throughout the interactive discussions.

Ahead of the Commission, the IDPC Secretariat kept NGO members and partners informed of the upcoming debates with targeted communications on the meeting, logistical support to attend the CND (including coordination of ECOSOC passes), funding, information on the functioning of the CND, and other support as required by our members. A day prior to the meeting, we organised a CND orientation meeting to offer strategic guidance on the Commission, and to coordinate NGO statements for maximum impact during the thematic debates, how to influence policy makers as they negotiated resolutions of interest (in particular on the UNGASS), and how to impact on the voting on ketamine (see below for more

information). The orientation meeting was attended by 49 people, representing 37 civil society partners.

During the meeting itself, the IDPC Secretariat continued its coordination role, providing daily communications on key aspects of the debate to facilitate NGO participation and engagement where it was most needed. Together with the International Association for Hospice and Palliative Care, the Canadian Students for Sensible Drug Policies and Release, IDPC once again produced the “[CND Blog](#)”, giving a real-time account of the unfolding of events at the CND. The CND Blog has proved invaluable for civil society representatives and government delegations. Finally, we partnered with other NGOs and member states to organise [several side events](#) in the margins of the CND on issues as diverse as the death penalty, drug policies in Latin America and Africa, and the UNGASS. These side events are crucial for promoting real, constructive debate and dialogue between NGO experts and government delegates on pertinent topics.

### Key resources:

- [The CND Blog](#) (available in English and Spanish)
- [IDPC webpage on the CND](#)
- [The 2014 Commission on Narcotic Drugs: report of proceedings](#) (IDPC produces a report of the CND each year to provide a summary and analysis of key drug policy debates at the Commission – this is the report for the 2014 CND)



IDPC side event on the 2016 UNGASS, Monday 9th March 2015



IDPC strategy and orientation meeting at 58th session of the CND, March 2015

# Priority 3:

## Build the capacity of NGOs to better engage in drug policy advocacy

Strengthening the capacity of NGOs to better engage in drug policy debates and advocate for meaningful reform at national, regional and international level remains central to IDPC's strategy. This past year has seen us further develop our capacity in this area as we engaged in West Africa, a new region for IDPC, and refined our advocacy training tools.

### Key achievements in 2014-2015:

- Organised, or participated in, civil society drug policy advocacy trainings in Ghana, Myanmar, India and Cambodia
- Launched a [West Africa Drug Policy Advocacy Training Toolkit](#) in collaboration with the Kofi Annan Foundation and the West Africa Commission on Drugs, to strengthen the capacity of West African NGOs to engage in drug policy advocacy activities
- Produced [position papers](#) to feed into the advocacy work of our membership in Asia and Latin America, and at the UN
- Conducted trainings, produced tools, internal memos and coordinated strategic discussions to build the capacity of NGOs to participate in UNGASS processes

### Case study: Contributing to the creation of a West Africa civil society network

In recent years, West Africa has become a focus of attention for many donors and UN agencies, amidst reports of increasing drug trafficking, use and production in the region. It is therefore a timely moment for NGOs in the region to start engaging in policy making processes around drug control. Through a new grant from USAID alongside the [Kofi Annan Foundation](#), IDPC began a [programme of](#)

outreach and advocacy with the [West Africa Commission on Drugs](#) to promote and disseminate their report "[Not Just in Transit – Drugs, the State and Societies in West Africa](#)". One of main objectives of the project was to build the capacity of civil society organisations in West Africa to advocate for the design and implementation of evidence-based, balanced and effective drug policies in the region as per the Commission's recommendations. At the same time, the West African Civil Society Initiative (WACSI) received funding from the Open Society Foundations to support the development of a West African Drug Policy Network for civil society groups – and it was natural for these two projects to work closely together.

To ensure a long-lasting impact to the project, we created the [Drug Policy Advocacy Training Toolkit for West Africa](#), a ready-to-use set of presentations and exercises enabling facilitators to organise trainings on drug policy advocacy in the region. The Toolkit includes a focus on key issues of interest for West Africa, including an understanding of international drug control, options for reform, drug prevention and treatment, harm reduction advocacy, tackling organised crime and security, and how to develop an advocacy strategy.

Using the Toolkit, the IDPC Secretariat collaborated with the West Africa Commission on Drugs, the Kofi Annan Foundation, WACSI and the West African Network to organise a [drug policy advocacy workshop](#) for NGO representatives from across West Africa in February 2015 in Ghana. The event was very well received by the participants and was subject to much [media attention](#). This workshop will be followed by another event in 2015 focusing specifically on the UNGASS and opportunities for NGOs to influence the discussions in 2016.

### Key resources:

- [West Africa advocacy: Disseminating the recommendations of the West Africa Commission on Drugs](#)
- [IDPC West Africa Drug Policy Training Toolkit](#) (available in English and French)
- [Summary of the IDPC/WACD/WACSI/OSIWA workshop on drug policy advocacy for civil society](#) (February 2015) (available in English and French)



West Africa civil society training on drug policy advocacy, Ghana, February 2015



# Priority 4:

## Produce high-quality, multilingual drug policy resources

IDPC is now known as *the* global network of expert NGOs on drug policy. Throughout the year, we have produced and disseminated a wide range of publications on key drug policy issues, as well as strong position statements to form the basis of our advocacy work.

### Key achievements in 2014-2015:

- Produced high-quality analyses of key UN reports (including the [IDPC response to the 2014 UNODC World Drug Report](#) and the IDPC [Response to the 2013 Annual Report of the International Narcotics Control Board](#))
- Collaborated with TNI and other NGO partners to inform UN debates on [international scheduling](#) and the issue of [access to essential medicines](#)
- Worked with HRI and the International HIV/AIDS Alliance to highlight the [funding crisis for harm reduction worldwide](#)
- Highlighted the impacts of badly-designed drug policies on young people in [Mauritius](#), the [USA](#) and [Romania](#), in partnership with Youth RISE
- Offered a detailed analysis of drug policies in [India](#), [Cambodia](#) and the [United States](#), with the objective of furthering discussions between policy makers and NGOs on opportunities for reform

### Case study: Fighting for access to essential medicines

Worldwide, it is estimated that some 5.5 billion people – 80% of the world's population – live in countries with low to non-existent access to controlled medicines, and have inadequate access to treatment for moderate to severe pain. One critical factor in this global shortfall is the overly restrictive focus of international drug control

treaties, and a narrow interpretation of these conventions that prioritises the prohibition of non-medical use over ensuring access to essential medicines – despite the fact that both objectives are clearly outlined in the conventions themselves.

In order to document this situation, and to offer options for reform at UN level, we have collaborated with TNI to draft a briefing paper, "[The international drug control regime and access to controlled medicines](#)" (available in English, French and Spanish).

This briefing paper supported the advocacy conducted by a number of NGOs – including many IDPC members – at the 58th Session of the CND, around ensuring continued access to ketamine as an anaesthetic in the developing world. This collaborative initiative is one of the most successful advocacy efforts at the Commission to date.

Ahead of the CND session, China presented a request for the CND to vote in favour of the international scheduling of ketamine within the 1971 Convention, despite repeated recommendations from the World Health Organisation that this move would have serious consequences for access to ketamine in developing countries, where doctors would be left with the devastating choice between operating on patients without the use anaesthesia, or not to operate at all.

Through intense advocacy efforts with UN member states prior to, and during the CND session, an ad-hoc coalition of key NGOs (including IDPC) and clinicians was able to influence the voting decision, especially through work with governments in Africa. China eventually proposed to delay any voting on the issue of ketamine until more evidence was available on the issue – an extraordinary result in the face of China's economic and political power and influence at the CND.

### Key resources:

- [The international drug control regime and access to controlled medicines](#) (available in English, French and Spanish)
- [Fact Sheet on the proposal to discuss international scheduling of ketamine at the 58th CND](#) (available in English, French and Spanish)
- [Blog: Ketamine secured for medical and veterinary use!](#)



Decision to defer the vote on ketamine at the 58th Session of the CND, March 2015

## Case study: Alternatives to incarceration in the Americas

The Western Hemisphere has been immersed in a prison epidemic, with a large number of people being incarcerated each year for disproportionate amounts of time for minor, non-violent drug offences. Women have become the fastest growing prison population in region and across the globe. The approach in the region has long been to adopt a “mano dura” or zero-tolerance approach towards anybody involved in the drug trade. Recently, however, several Latin American countries have called for a new approach towards drug control, leading to interesting discussions at the Inter-American Drug Abuse Control Commission (CICAD). There, a working group was established to debate on the issue of incarceration with the objective of identifying possible alternatives to incarceration, based on evidence available from across the world.

To inform these timely discussions, the IDPC Secretariat, in collaboration with IDPC Latin American members, produced a briefing paper to propose evidence-based alternatives to criminal prosecution and incarceration that were deemed most useful in the context of the Americas. The conclusions of the [briefing paper](#) were brought to the attention of the CICAD working group, and several IDPC members (in particular DeJusticia) were heavily involved in the drafting of the [CICAD report on alternatives to incarceration](#).

### Key resource:

- [Proposals for alternatives to criminal prosecution and incarceration for drug-related offenses in Latin America](#) (in English and Spanish)

## Looking ahead

While the immediate focus of IDPC’s work remains the preparations for UNGASS 2016, we are aware that the struggle for a more humane and effective set of drug policies represents a “long game”, and the drug policy reform movement must capitalise on the momentum for reform that has been built up as a result of the UNGASS. This is crucial as we look beyond the UNGASS toward the next key moment – the high-level meeting anticipated in 2019 when the current Political Declaration and Action Plan on drugs comes to end.

IDPC’s current strategy runs to the end of 2015 so during the coming months the IDPC Secretariat will be seeking inputs from the membership on the next strategy due to run from 2016 to 2020. It is anticipated that the theory of change will continue to inform IDPC’s priorities and therefore provide the framework for the new strategy. Our commitment to civil society collaboration, communication and capacity building remains at the core of what we do and as we strengthen our global network, we will continue to seek opportunities for constructive engagement with policy makers at all levels to advocate for the urgent need to end punitive, damaging and wasteful drug policies.



Women incarcerated in Buen Pastor, Costa Rica / copyright: WOLA



## IDPC's Board

The Board of Directors comprises six appointed Directors who are responsible for the financial and legal oversight of the Secretariat and advise the executive on key operational issues to ensure prudent financial planning as well as appropriate resource allocation to the various diverse aspects of our work. The Board also supports fundraising efforts towards securing the financial sustainability of IDPC.

**Mike Trace (Chair)**



**Ross Bell (Vice-Chair)**



**Dr. Mary Chinery-Hesse**



**Julita Lemgruber**



**Jim Fitzpatrick**



**Valentin Simionov**



## IDPC's Strategy Sub-Committee:

The Strategy Sub-Committee of the Board is responsible for the strategic direction and work plans of the Consortium. This group contains 12 members: the two Board members from the membership, and ten representatives from different regions or constituencies who are directly elected by IDPC members:



**Hernandez Tinajero** (until March 2015)  
– Latin America and the Caribbean



**Ernesto Cortes** (as of March 2015) –  
Latin America and the Caribbean



**Hugo van Aalderen** – International  
organisations



**John Rogerson** – Australasia



**Khuat Thi Hai Oanh** – Asia



**Nathalie Rose** – Africa and the Middle East



**Eka Iakobishvili** – Eastern Europe and Central Asia



**Donald MacPherson** – North America



**Steve Rolles** – Western and South East Europe



**Fabrice Olivet** – Representative of people  
who use drugs



**Ross Bell** – IDPC Board member



**Valentin Simionov** – IDPC Board  
member

(The twelfth seat, for growers of crops  
deemed illicit, is currently vacant)

## The IDPC Secretariat team

From April 2014 to March 2015, we are indebted to the work of the following staff and consultants to deliver the IDPC Secretariat's work plan:

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**Consultant for New York**



Dave Bewley-Taylor  
**IDPC Associate**



Special thanks also go to our interns Jean Croisier, Haitao Shi, Anais Auvray, Kelly Parra Alba, Nazlee Maghsoudi and Carole Dussartre.

## Donors

- Open Society Foundations Global Drug Policy Programme
- European Commission
- Dutch Ministry of Foreign Affairs, Choices and Opportunities Fund
- The Robert Carr civil society Networks Fund
- AMFAR
- United Nations Office on Drugs and Crime
- USAID
- Population Services International (Thailand)
- Swiss Federal Office of Public Health

## IDPC Members (as of March 2015)

### Global

1. AIDS Foundation East-West (Netherlands)
2. Global Exchange (USA)
3. Health Poverty Action (UK)
4. Human Rights Watch (USA)
5. International AIDS Society (Switzerland)
6. International Association for Hospice and Palliative Care (Switzerland)
7. International Centre for Science in Drug Policy (Canada)
8. International Harm Reduction Development Program (USA)
9. International Doctors for Healthier Drug Policies (UK)
10. International HIV/AIDS Alliance (UK)
11. International Network of People of Who Use Drugs (UK)
12. LSE IDEAS International Drug Policy Project (UK)
13. Mainline (Netherlands)
14. Mediciens du Monde (France)
15. Students for Sensible Drug Policy (USA)
16. Transnational Institute (Netherlands)
17. Women's Harm Reduction International Network (Thailand)
18. World Hepatitis Alliance (UK)
19. Worldwide Hospice Palliative Care Alliance (UK)
20. Youth Rise (UK)

### Western Europe

21. Agência Piaget para o Desenvolvimento (Portugal)
22. AIDES (France)
23. AKZEPT (Germany)
24. Association Française de Réduction des Risques (France)
25. Autosupport des usagers de drogues (France)
26. Beckley Foundation (UK)
27. Citywide Drugs Crisis Campaign (Ireland)

28. Correlation European Network on Social Inclusion and Health (Netherlands)
29. DrugScope (UK)
30. Drug Text Foundation (Netherlands)
31. Fachverband Sucht (Switzerland)
32. Federacion Andaluza ENLACE (Spain)
33. Fédération Addiction (France)
34. Federation Bruxelloise Francophone des Institutions pour Toxicomanes (FEDITO BXL) (Belgium)
35. Forum Droghe (Italy)
36. Gadejuristen (the Street Lawyers) (Denmark)
37. Groupement Romand d'Etudes des Addictions (Switzerland)
38. Illicit Drug Market Institute (Italy)
39. Release (UK)
40. Réseau Français de Réduction des Risques (France)
41. Scottish Drugs Forum (Scotland)
42. Swedish Drug Users Union (Sweden)
43. Transform Drug Policy Foundation (UK)
44. Trimbos Instituut (Netherlands)
45. Unión de Asociaciones y Entidades de Atención al Drogodependiente (Spain)
46. Youth Organisations for Drug Action (UK)

### South East Europe

47. Aksion Plus (Albania)
48. Association Margina (Bosnia and Herzegovina)
49. Association Prevent (Serbia)
50. Association Terra Croatia (Croatia)
51. Diogenis, Drug Policy Dialogue in South East Europe (Greece)
52. Greek Drug and Substitute User Union (Greece)
53. Healthy Options Project Skopje (Macedonia)
54. Initiative for Health Foundation (Bulgaria)
55. NGO 4 Life (Montenegro)
56. NGO Veza (Serbia)
57. Praxis (Greece)
58. Romanian Harm Reduction Network (Romania)
59. South Eastern European Adriatic Addiction Treatment Network (Slovenia)
60. Viktorija (Bosnia and Herzegovina)
61. YCC Juventas (Montenegro)

### Eurasia

62. Alternative Georgia (Georgia)
63. Andrey Rylkov Foundation for Health and Social Justice (Russia)
64. Eurasian Harm Reduction Network (Lithuania)
65. Hungarian Civil Liberties Union (Hungary)
66. Polish Drug Policy Network (Poland)
67. Turkish Green Crescent Society (Turkey)

## Latin America

68. Acción Técnica Social (Colombia)
69. Andean Information Network (Bolivia)
70. Asociación Costarricense para el Estudio e Intervención en Drogas (Costa Rica)
71. Asociación de Estudios del Cannabis del Uruguay (Uruguay)
72. Asuntos del Sur (Chile)
73. Brazilian Drug Policy Platform (Brazil)
74. Centro de Estudios de Derecho, Justicia y Sociedad (Colombia)
75. Centro de Estudios Legales y Sociales (Argentina)
76. Centro de Investigación Drogas y Derechos Humanos (Peru)
77. Centro de Respuestas Educativas y Comunitarias A.C (Mexico)
78. Colectivo por Una Política Integral Hacia las Drogas (Mexico)
79. Colegio Médico de Chile (Chile)
80. Comisión Mexicana de Defensa y Promoción de los Derechos Humanos (Mexico)
81. Espolea (Mexico)
82. Fundación Latinoamérica Reforma (Chile)
83. Iglesia Evangélica Protestante de El Salvador (El Salvador)
84. Intercambios (Argentina)
85. Intercambios Puerto Rico (Puerto Rico)
86. International Centre for Ethnobotanical Education, Research and Service (Spain, Uruguay)
87. México Unido Contra la Delincuencia (Mexico)
88. Prolegal/Proderechos (Uruguay)
89. Psicotropicos (Brazil)
90. Puente, Investigación y Enlace (Bolivia)
91. Red Americana de Intervención en Situaciones de Sufrimiento Social (Mexico)
92. Red Chilena de Reducción de Daños (Chile)
93. Rede Brasileira de Redução de Danos e Direitos Humanos (Brazil)
94. Viva Rio (Brazil)
95. Washington Office on Latin America (USA)

## North America

96. Canadian Drug Policy Coalition (Canada)
97. Canadian Foundation for Drug Policy (Canada)
98. Canadian HIV/AIDS Legal Network (Canada)
99. Drug Policy Alliance (USA)
100. Harm Reduction Coalition (USA)
101. Institute for Policy Studies (USA)
102. Pivot Legal Society (Canada)
103. StoptheDrugWar.org (USA)

## East and South East Asia

104. 12D (Thailand)
105. Asian Harm Reduction Network (Thailand)

106. Asian Network of People Who Use Drugs (Thailand)
107. Indonesian Association of Addiction Counsellors (Indonesia)
108. Indonesian Coalition for Drug Policy Reform (Indonesia)
109. Indonesian Harm Reduction Network (Jangkar) (Indonesia)
110. Malaysian AIDS Council (Malaysia)
111. Persuadaraan Korban Napza Indonesia (PKNI) (Indonesia)
112. PSI (Thailand)
113. Supporting Community Development Initiatives (Vietnam)
114. Thai AIDS Treatment Action Group (Thailand)

## South Asia

115. Lawyers Collective (India)
116. Society for the Promotion of Youth & Masses (India)

## Oceania

117. Australian Drug Foundation (Australia)
118. New Zealand Drug Foundation (New Zealand)
119. NoBox Transitions (Philippines)

## Caribbean

120. Caribbean Drug Abuse Research Institute (Saint Lucia)
121. Centro de Orientación e Investigación Integral (Dominican Republic)

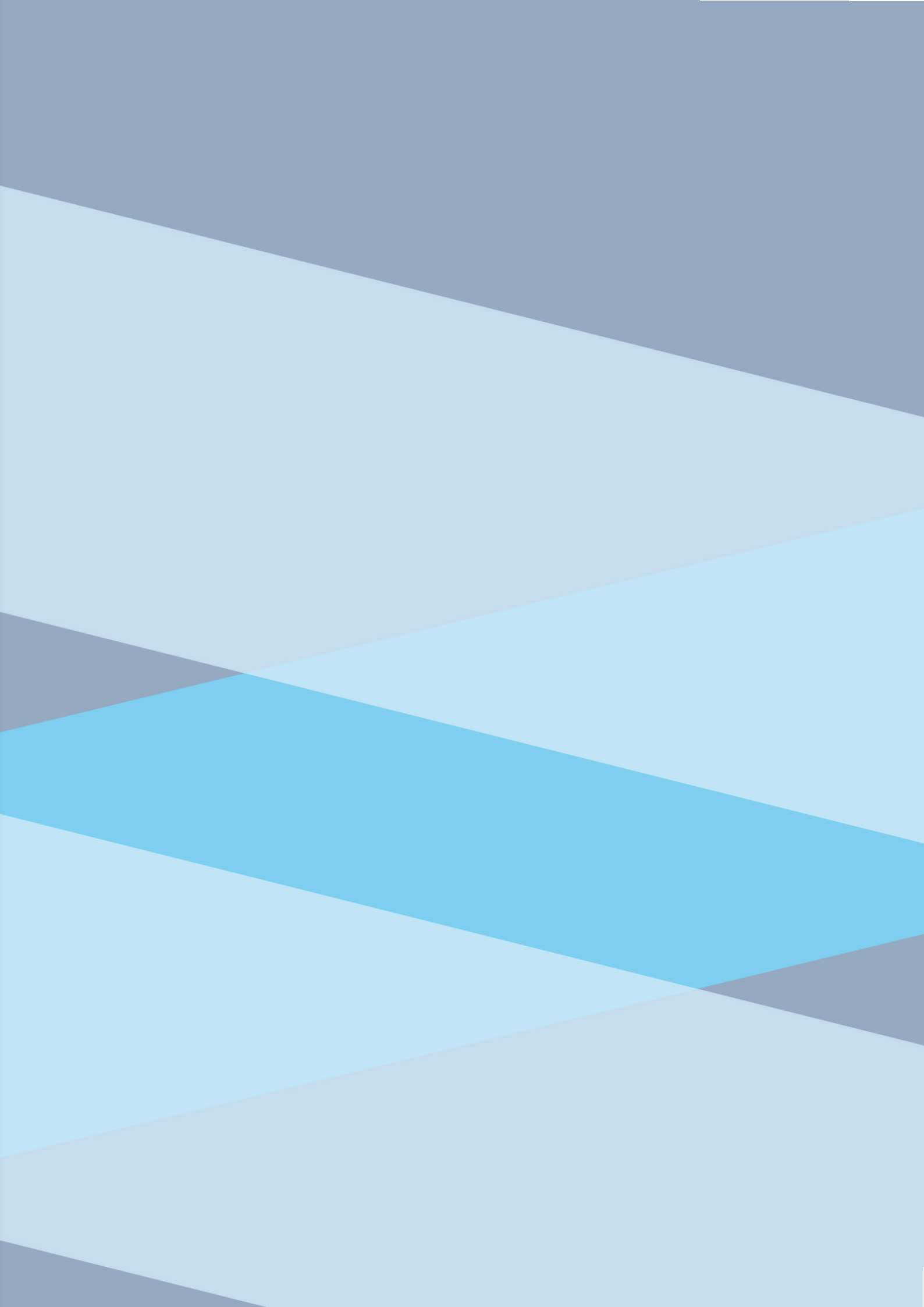
## Middle East/North Africa

122. Al-Maqdese for Society Development (MSD) (Palestine)
123. Association Tunisienne de Prévention de la Toxicomanie (Tunisia)
124. National Rehabilitation Centre (United Arab Emirates)
125. Regional Aran Network against AIDS (Lebanon)
126. Skoun Lebanese Addiction Centre (Lebanon)

## Sub-Saharan Africa

127. Association Sénégalaise pour la Reduction des Risques Infectieux chez les Groupes Vulnérables (Senegal)
128. Collectif Urgence Toxida (Mauritius)
129. Foundation against Illicit Drug and Child Abuse (Liberia)
130. Kenyan AIDS NGOs Consortium (Kenya)
131. Uganda Harm Reduction Network (Uganda)
132. Zimbabwe Civil Liberties and Drug Network (Zimbabwe)





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This annual Progress Report offers information about the main activities implemented by IDPC during 2014 and 2015 and highlights our main achievements this year in terms of national and international advocacy, communications and publication of multilingual documentation.

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