

Critical partners: Level and Quality of Civil Society Involvement in the field of Drug Policy

Case study research
in Finland, Ireland,
Greece and Hungary

Correlation

  European Harm
 Reduction Network

Title

Critical Partners - Level and Quality of Civil Society Involvement in the field of Drug Policy. Case study research in Finland, Ireland, Greece and Hungary.

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Acronyms

BKEF	Budapest Drug Council, Hungary
C-EHRN	Correlation - European Harm Reduction Network
CND	Commission on Narcotic Drugs
COVID	Coronavirus Disease
CS	Civil Society
CSFD	Civil Society Forum on Drugs
CSI	Civil Society Involvement
CSO	Civil Society Organisation
DCR	Drug Consumption Room
DM	Decision Maker
EC	European Commission
EU	European Union
FGD	Focus Group Discussion
HCV	Hepatitis C Virus
HSE	Health Service Executive, Ireland
KCKT	Civil Drug Coordination Board, Hungary
KEF	Local council drug coordination forum, Hungary
KETHEA	Therapy Centre for Dependent Individuals, Greece
KKB	Drug Coordination Committee, Hungary
KT	Drug Council, Hungary
MAT	Hungarian Society on Addictions
MP	Member of Parliament
MSIF	Medically Supervised Injecting Facility
NDI	National Drug Prevention Institute, Hungary
NOC	National Oversight Committee, Ireland
NSP	Needle and Syringe Programme
OKANA	Organisation Against Drugs, Greece
RRF	Rights Reporter Foundation
SIG	Strategic Implementation Group, Ireland
THL	Institute for Health and Welfare, Finland



1

Executive Summary

This report has been developed by Correlation - European Harm Reduction Network (C-EHRN) in cooperation with the Rights Reporter Foundation (RRF). The report summarises the findings of a study conducted in 2023 which assessed the level and quality of civil society involvement in drug policies in four countries: Finland, Ireland, Greece and Hungary.

These four countries were selected based on their geographic balance, diversity of political cultures/systems, different positions of civil society within the countries – such as funding and political support - and the existence of a local civil society partner that was willing to assist in coordination.

The study used structured focus group discussions (FGDs) to assess diverse, multidisciplinary perceptions of key stakeholders. FGDs were structured according to the nine criteria of the Quality Standards of Civil Society Involvement in the Field of Drug Policies, a document created by the Civil Society Forum on Drugs (CSFD) as a guideline and monitoring tool. Two focus group discussions were organised in each country between June and August 2023, one for civil society representatives and the other for decision makers.

The findings of the FGDs presented here show a great diversity of structures and mechanisms to involve civil society into decision making, some of them formal, some of them informal. In some countries, such as Ireland, civil society involvement is highly structured and formalised, while in other countries, such as Greece, it is mostly through informal communication channels. One relevant finding of the study was that the existence of

formal mechanisms are important but not sufficient criteria of the meaningful involvement of civil society. Despite the existence of (some) formal mechanisms, most participants of civil society FGDs claimed that the most meaningful dialogue happen through informal channels.

The study identified significant gaps between the understanding of decision makers and civil society representatives in relation to how civil society is defined and which role it should play in policy making. It revealed that the discrepancies in understanding and perception often feed mutual distrust and suspicion from both sides, creating additional barriers for an open and trustful partnership. These differences are especially accentuated with regards to the autonomy of civil society organisations (CSOs). Civil society representatives often feel that they are not allowed to express critical views about government policies, which is an essential part of meaningful civil society advocacy. Decision makers are concerned that CSOs interfere too much with the business of policy-making.

This report highlights several good practices for the partnership between governments and civil society, resulting in significant changes in policies and services. Some of these partnerships were shaped during the COVID-19 pandemic and remain in place.

A concerning trend described in all four countries is the shrinking space for civil society: many representatives perceive an increasing hostility from governments towards civil society, exacerbated by decreasing funding and advocacy opportunities.



2

Introduction

This study aimed to assess the level and the quality of civil society involvement (CSI) in four European Union (EU) Member States: Ireland, Finland, Hungary and Greece. With the support of an operating grant received from the European Commission (EC), this study was conducted by Correlation - European Harm Reduction Network (C-EHRN), in cooperation with the Rights Reporter Foundation (RRF) in 2023.

The assessment used the framework of Quality Standards for Civil Society Involvement published in 2021 as part of a Civil Society Forum on Drugs (CSFD) project, funded by the EC. The CSFD is an expert group of the EC consisting of more than 40 civil society representatives across Europe working in a variety of professional fields. One of the thematic working groups of the CSFD aims to promote the meaningful involvement of civil society in drug policy decision-making.

Civil society is considered an essential part of sustainable and inclusive development, good governance and responsible citizenship. The importance of civil society involvement in policy making, including the development and implementation of drug policies, is widely recognised by international organisations and national governments. On a fundamental level, and according to the European Convention of Human Rights (ECHR), citizens have freedoms of expression and of assembly and association. The Pompidou Group (2016)¹ has recognised that “all citizens have the right to make their opinions known

and are allowed to form, support and join political parties and pressure movements to effectively enjoy their rights to make their political thoughts known”, and that “civil society involvement in policy planning and delivery is an obligation in a democratic society”.

The involvement of civil society is also one of the cornerstones of European drug policy as presented in the Commission's Green Paper of 26 June 2006 on the role of civil society in drugs policy in the EU. The EU Drug Strategy (2021-2025) states: “To be most successful in reducing the risks and harm associated with the use of drugs, it is crucial to promote and encourage the active and meaningful participation and involvement of civil society, including non-governmental organisations, young people, people who use drugs, clients of drug-related services, the scientific community and other experts in the development and implementation of drug policies. It is also imperative that an appropriate level of resources be provided for all drug services at local, regional and national level.”²

In most EU member states, civil society plays a crucial role in not only delivering most demand and harm reduction services but in gathering up-to-date information about the drug situation. Civil society, if it is adequately funded and supported by governments, provides a vital connection to the most affected communities and, thus, it serves as the basis of realistic policy responses for decision makers.

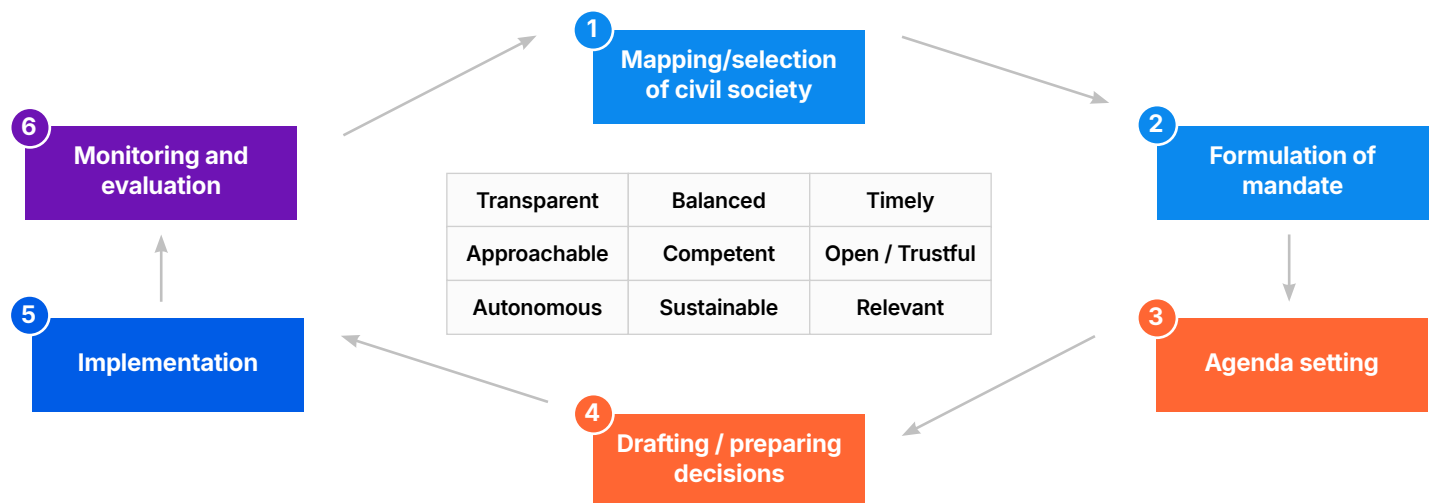
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1. Council of Europe; Pompidou Group (2016); Policy paper on government interaction with civil society on drug policy issues: Principles, ways and means, opportunities and challenges; <https://rm.coe.int/government-interaction-with-civil-society-policy-paper-on-government-i/168075b9d9>
 2. Council of the European Union; General Secretariat (2021); EU Drug Strategy (2021-2025); <https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf>

Unfortunately, there has been very limited published literature about the level of, and mechanisms by which, civil society is involved in drug policies in Europe. C-EHRN, through the CSFD projects, has been playing a leading role in filling this knowledge gap. Several studies have been conducted on CSI and findings have been published, including an assessment and literature review on the meaningful involvement of civil society in the field of drug policies³.

Based on these studies, CSFD created the Quality Standards for Civil Society Involvement, a practical, step-by-step tool on how to develop and improve civil society involvement mechanisms in the field of drug policy⁴. The model/framework comprises six major steps and contains nine overarching quality criteria to be applied at each step of the civil society involvement process. Furthermore, the Standards include recommendations for both civil society and decision makers.

CSFD decided to use the Quality Standards as a monitoring and evaluation tool for civil society involvement in drug policies in Europe. Therefore, it conducted an online survey among 80 civil society representatives from 26 European countries in 2022 to assess the extent to which these standards prevail in individual countries and published the findings in a report⁵.

Previous CSI studies in the field of drug policies used quantitative methods and were unable to provide a deep insight into how and why participants formed their perceptions about the existing CSI mechanisms. It was decided to conduct a study that uses a quantitative method to explore the perceptions of both decision makers and civil society actors on the quality of CSI in the four selected EU member states.



3. Sarosi, P., et al. (2020). Assessment Report & Literature Review - meaningful civil society involvement in the area of drug policy in Europe. Amsterdam; De Regenboog Groep/Correlation-European Harm Reduction Network. <https://cdn-603e8c24c1ac180650175bd1.closte.com/wp-content/uploads/sites/8/2020/11/csfd-assessmentreport-literaturereview-a4-final-1.pdf>
4. Sarosi, P., et al. (2021). Quality Standards of Civil Society Involvement in the Field of Drug Policies. Amsterdam; De Regenboog Groep/Correlation-European Harm Reduction Network. <https://cdn-603e8c24c1ac180650175bd1.closte.com/wp-content/uploads/sites/8/2021/06/csfd-qualitystandardsincsinvolvementindrugpolicy-a4-final02.pdf>
- Sarosi, P. (2022). Assessment of Civil Society Involvement in The Field of Drug Policies in Europe. De Regenboog Groep/Correlation-European Harm Reduction Network. <http://www.civilsocietyforumondrugs.eu/wp-content/uploads/2022/06/202205-CSFD-assesment.pdf>



3

Methodology

This study used a focus group method to gather actual, reliable and ground-level information on the existing CSI mechanisms at the national and city level. It assessed how meaningful the participants perceive civil society involvement in the area of drug policies at both local and national level in four countries.

The four countries were selected based on the following criteria: geographic balance, diversity of political cultures/systems, different positions of civil society within the countries – such as funding, political support, etc. - and the existence of a local CSO partner that was willing to assist in coordinating the FGDs.

Two focus groups were organised in each country, one including civil society (CS) representatives, and the other, decision makers (DM). The reason for the separation was that it assumed that representatives of the two sides would not reveal some relevant information without creating a confidential space. For this reason, rules of confidentiality were applied for all FGDs, meaning that all participants were informed that their personal and organisational identities would not be revealed in this study and asked their permission for an audio recording to be made for the purposes of the research.

The first FGD took place in Dublin, Ireland, on June 27, 2023; the second in Athens, Greece, on the July 12, 2023; the third in Helsinki, Finland, on August 24, 2023; and the fourth in Budapest, Hungary on August 28, 2023. All focus groups took place offline, in person, with the facilitation of the chief researcher. The only exception was Hungary, where an independent facilitator was contracted to ensure impartiality.

Both types of FGD followed the same guidelines in all countries. Questions were structured according to the nine overarching criteria described in the Quality Standards, that is: transparency/accountability; balance; timeliness; approachability; competence; autonomy; openness/trust; sustainability; and relevance. Each FGD started with introductions and a general question about existing structures and mechanisms for civil society involvement in the field of drug policies at the national and local level (for the FGD guidelines, see Appendix 2).

The civil society (CS) focus group included people with actual expert knowledge about the involvement of civil society in drug policy decision making, both at the national and local (city) levels. It included people with lived/living experience from various communities of people who use drugs (such as occasional and high-risk use), professional service providers, advocacy organisations, and relevant researchers. Representatives of groups of people who use drugs were involved in Ireland and Greece where these groups exist (unfortunately they do not exist in Hungary and Finland).

Ministry-level employees, relevant government/state agencies at national and local level, and representatives of Reitox Focal Points were invited to the decision-maker (DM) focus group. The final composition of the DM focus group were country-specific because not all invitees confirmed their participation, and not all who confirmed finally attended the FGD. In Finland, all but one participant were ministry officials, while in other countries mostly governmental agencies were in charge of drug coordination. In Ireland, one Ministry official and three from state agencies

participate. In Greece, three representatives of state agencies were involved and, in Hungary, three participants of the DM FGD were representatives of the Budapest metropolitan government and only one representative from a state agency under the supervision of the national government (in the case of Hungary, the city level mechanisms were more significant, as will be seen in the following chapters).

Persons with different perspectives and experiences in the area were preferred, looking at the issue from different, multidisciplinary, multi-agency angles.

The number of participants in the focus groups ranged from 5 to 8 persons (Finland: DM FGD 5 and the CS FGD 5; Ireland: 6, 5; Greece: 4, 8; and Hungary: 4, 5). The FGDs were facilitated by an external moderator and participants gave oral consent to audio recording the FGDs and the use of the transcript for the purpose of this research.

The study was organised by C-EHRN in cooperation with the Rights Reporter Foundation. For their essential help in organising the FGDs at the respective country level, special thanks are extended to Sanna Kailanto, Kim Kannussaari and Tuukka Tammi from Finland; Tony Duffin from Ireland; Marianella Klocka and Marios Atzemis from Greece; and Róbert Csák from Hungary. Thanks are also given to all the participants of each FGD as, without their valuable input, this study could not have been accomplished.



4

**Country Drug
Policy Profiles**

Finland

As a Nordic country, Finland has a long tradition of abstinence-based, prohibitionist drug policies. The country had a period of national alcohol prohibition (1919-1931). Recently, the state has had a complete monopoly over gambling services and retail alcohol distribution. Its drug policies are characterised as “medicalised prohibition” or a “dual-track model”⁶, a system that is dominated by repressive law enforcement but has been increasingly supplemented with medicalised harm reduction programmes since the late 1990s. CSOs play an important role as service providers both in the field of prevention and harm reduction. These services have been mainly funded by cities and, from the beginning of 2023, by 21 self-governing regional authorities responsible for public healthcare and social services.

The Ministry of Social Affairs and Health is in charge of coordinating national drug policies. It chairs a multi-ministerial group, the National Drug Policy Coordination Group, containing representatives from six key ministries in the areas of social affairs and health, justice, education, interior, finance and foreign affairs. The Finnish

Institute for Health and Welfare (THL) supports the Coordination Group and is an independent research and development institute under the Ministry of Social Affairs and Health. The government adopted its current national drug strategy in 2021, with four pillars: prevention, treatment, harm reduction and supply reduction⁷.

There has been a shift from a prohibitionist to a more liberal public attitude since the 1990s. In 2018, almost half (42%) of the Finnish adult population believed that cannabis use should not be punished (at the beginning of the 1990’s, it was only a quarter of the population)⁸. The support for cannabis legalisation increased moderately (from 11% to 18% between 2010 and 2018). There has been increasing public pressure in recent years from civil society to initiate drug policy reforms. For example, there are two citizens’ initiatives, one on cannabis decriminalisation and the other on drug consumption rooms⁹.

Both of these initiatives were launched by CSOs and received significant media attention and generated public discussion. As a result of the campaign of the Finnish Cannabis Association, there was a hearing in the Law Committee of the Finnish parliament in February 2021¹⁰. In addition, in order to raise public awareness of effective

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6. Tammi, T. (2007). Medicalising Prohibition: Harm Reduction in Finnish and International Drug Policy. Helsinki; STAKES, Research Report 161. <https://www.julkari.fi/bitstream/handle/10024/75412/Tu161-Tammi.pdf>
 7. Ministry of Social Affairs and Health (2021). Press Release: Government Resolution on drug policy for 2021-2023. Helsinki; Government of Finland, 9 December 2021. <https://valtioneuvosto.fi/en/-/1271139/government-resolution-on-drug-policy-for-2021-2023-adopted>
 8. Hakkarainen, P., Kainulainen H. Drug use, public debate and increasing pressure for a drug policy reform in Finland, in: Tham, H. (ed.) (2021). Retreat or Entrenchment? Drug Policies in the Nordic Countries at a Crossroads. Stockholm; Stockholm University Press. <https://doi.org/10.16993/bbo>
 9. According to the Constitution, a minimum of 50,000 Finnish citizens of voting age can submit a proposal for legislation to the Parliament of Finland.
 10. Hupli, A. Gateway Theory in Finland: From Cannabis Decriminalisation to Legalising all Drugs. Budapest; Rights Reporter Foundation, February 25, 2021. <https://drogriporter.hu/en/gateway-theory-in-finland-from-cannabis-decriminalisation-to-legalising-all-drugs/>

overdose death prevention methods, civil society activists set up an unofficial drug consumption room in the middle of Helsinki in May 2023¹¹.

Ireland

The government of Ireland, responding to growing civil society concerns about HIV infections and overdose deaths in the early 1990s, created a Ministerial Task Force that, in the so-called Rabbittee Report, outlined a new drug coordination system in the country. Harm reduction became an integral part of the new national drug strategies and the government-built partnerships with civil society to implement strategies by creating the National Strategy Team. In 2008, when the global financial crisis hit Ireland, the team was abolished and the budget for civil society was cut as part of austerity measures. The national drug coordination system moved from a community approach to a new centralised approach¹².

The government adopted a new national drug strategy in 2017, “to pursue a health-led rather than a criminal justice approach to drug use”¹³.

The new drug strategy, entitled, ‘Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017-2025’, with its three year Action Plans, included a range of ambitious goals and actions to scale up access to health and social services among people who use drugs. It was welcomed by most CSOs with some voices expressing doubts about the real political commitment for realistic implementation¹⁴.

In Ireland, the Minister of Health has the overall responsibility for coordinating national drug policies and implementing the national drug strategy, chaired by the Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy. The National Oversight Committee (NOC) coordinates the implementation of the national drug strategy, with a cross-sector membership representing all relevant stakeholders.

In the past six years, there have been growing public discussions around drug policy reform in Ireland and this has included, but was not limited to:

- In 2017, following a sustained campaign by a CSO¹⁵, the Irish parliament adopted the Misuse of Drugs (Supervised Injecting Facilities) Act 2017¹⁶ that allows supervised injection facilities to be established;

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11. Sarosi, P. Police Demolished “Illegal” Drug Consumption Room in Helsinki. Budapest; Rights Reporter Foundation, May 25, 2023. <https://drogriporter.hu/en/police-demolished-illegal-drug-consumption-room-in-helsinki/>
 12. Brian H. (2012). Downsizing the Community Sector: Changes in employment and services in the voluntary and community sector in Ireland, 2008-2012. Dublin; Irish Congress of Trade Unions. <https://www.ictu.ie/sites/default/files/publications/2021/downsizingcommunitysector.pdf>
 13. Dillon L. (2017). New National Drug and Alcohol Strategy launched. Drugnet Ireland, Issue 63, Autumn, pp.1-7. https://www.drugsandalcohol.ie/28226/1/Drugnet_63_web.pdf
 14. Citywide response to the new National Drugs Strategy July 2017. Dublin; CityWide Drug Crisis Campaign. https://www.citywide.ie/assets/files/pdf/communityndsJuly2017_doc_1.pdf
 15. McCann, E., Duffin, T. (2023). Mobilising a counter hegemonic idea: Empathy, evidence, and experience in the campaign for a Supervised Drug Injecting Facility (SIF) in Dublin, Ireland. Transactions of the Institute of British Geographers, March, Vol. 48, Issue 1, pp83-99. <https://doi.org/10.1111/tran.12565>
 16. Misuse of Drugs (Supervised Injecting Facilities) Act 2017. Dublin; Office of the Attorney General, May 16, 2017. <https://www.irishstatutebook.ie/eli/2017/act/7/enacted/en/html>

- In 2018, CSOs launched campaigns for the decriminalisation of drug use¹⁷⁻¹⁸ ;
- In 2023, the government created the Citizens' Assembly on Drug Use¹⁹, "to consider the legislative, policy and operational changes Ireland could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities and wider Irish society"²⁰. The Citizens' Assembly on Drug Use is made up of 100 people, including 99 members of the general public and one independent chairperson. The 99 members of the general public are selected at random in accordance with most recent census data to be nationally representative. The members of the Assembly will be asked to take into consideration the lived experience of people impacted by drug use, as well as their families and communities, and to look at international best practice.

For the avoidance of doubt at the time of writing this report, neither the Health Diversion Programme²¹ (*the chosen model for the health-led approach to the possession of drugs for personal use*) nor the pilot Medically Supervised Injecting Facility²² had been implemented.

Greece

It is well documented that the economic crisis and related austerity measures had devastating socio-economic and health consequences in Greece²³. These consequences included the outbreak of an HIV epidemic among people who inject drugs in a country that was historically a low-prevalence country²⁴. Responding to the public health crisis, the government scaled up access to harm reduction programmes, such as opioid agonist treatment and needle and syringe programmes. As a result, HIV incidence rates peaked in 2013 and have remained relatively stable for some years²⁵.

In 2013, a new national drug control system was created with three decision making levels. The highest body is the Inter-Ministerial Committee on Drug Action Plan. The second level is the National Committee for the Coordination and Planning of Drugs Responses, which is composed of representatives from 10 ministries. The third level is the National Drug Coordinator, who chairs the National Committee for the Coordination and Planning of Drugs Responses.

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17. Keane, M., Csete, J., Collins, J., Duffin, T. (2018). Not Criminals. Underpinning a health-led approach to drug use. Dublin; Ana Liffey Drug Project, London School of Economics. https://www.aldp.ie/content/uploads/2018/10/Not_Criminals_Report.pdf
 18. "They see the addiction. They don't see us." Dublin; CityWide Drugs Crisis Campaign, 2018. <https://stopthestigma.ie/>
 19. About the Citizens' Assembly on Drugs Use. Dublin; The Citizens' Assembly, 2023. <https://citizensassembly.ie/assembly-on-drugs-use/>
 20. The website of the Citizens' Assembly: <https://citizensassembly.ie/assembly-on-drugs-use/>
 21. Department of Health (2019). Press Release. Ministers Harris, Flanagan, and Byrne announce health-led approach to the possession of drugs for personal use. Dublin; Department of Health, August 2, 2019. <https://www.gov.ie/en/press-release/9aaeca-ministers-harris-flanagan-and-byrne-announce-health-led-approach-to-/>
 22. Merchants Quay Ireland (2021). Medically Supervised Injecting Facility (MISF). Dublin; Merchants Quay Ireland. <https://mqi.ie/media-hub/msif/>
 23. Ifanti, A.A., et al. (2013). Financial crisis and austerity measures in Greece: Their impact on health promotion policies and public health care. *Healthy Policy*, Vol. 113, Issues 1-2, pp8-12. <https://doi.org/10.1016/j.healthpol.2013.05.017>
 24. Des Jarlais, D.C., et al. (2020). HIV outbreaks among people who inject drugs in Europe, North America, and Israel. *The Lancet HIV*, 7(6), e434–e442. [https://doi.org/10.1016/S2352-3018\(20\)30082-5](https://doi.org/10.1016/S2352-3018(20)30082-5)
 25. Roussos, S., et al. (2022). High levels of all-cause mortality among people who inject drugs in Greece in 2018–2022. *medRxiv*. <https://doi.org/10.1101/2022.10.07.22280788>

Most treatment and harm reduction services are directly or indirectly provided and/or funded by the two large state agencies, the Organisation Against Drugs (OKANA), a national drug coordination agency established in 1995, and Therapy Centre for Dependent Individuals (KETHEA), the largest rehabilitation and social reintegration network.

Among their services, OKANA provides 64 facilities with opioid agonist treatment centres, 75 prevention centres and a drug consumption room in Athens²⁶.

Another state-funded key service provider is 18 Ano, a division of the Psychiatric Hospital of Athens, that operates the only gender sensitive service for women who use drugs, and the Janus division of the Psychiatric Hospital of Thessaloniki.

The COVID-19 pandemic presented new challenges for the large population of marginalised people who use drugs in big cities. A new HIV outbreak was documented among people who inject drugs²⁷.

There was a growing concern about overdose deaths and the lack of access to services and housing among people who use drugs. The pandemic presented new opportunities as well: a partnership with OKANA, KETHEA and a non-formal partnership with CSOs, the City of Athens improved access to several services and opened a specific shelter for homeless people who use drugs²⁸. Civil society successfully advocated for a new law on Naloxone, a medication that plays a key role in the prevention of opioid overdose death, allowing legal access to take-home Naloxone in Greece²⁹.

However, the new law has not come into effect as its implementation requires a ministerial decree that

had not been enacted yet when this report was published.

Hungary

The national drug strategy adopted in 2000 created the national drug coordination system in Hungary, led by the national drug coordinator at the Ministry of Youth and Social Affairs (which has changed its name several times since then). As of 2023, there are no separate health, social and labour ministries in Hungary and the Ministry of Home Affairs is in charge of drug coordination, including the national REITOX Focal Point. The Drug Coordination Committee (KKB), an inter-ministerial body with representatives of Ministries, DM participants and law enforcement agencies, is in charge of coordinating drug policy decisions.

Another institution created by the 2000 drug strategy was the National Drug Prevention Institute (NDI), a government agency in charge of drug coordination and serving as a knowledge hub, providing technical assistance and training courses for professionals, CSOs and local drug coordination forums (KEFs). KEFs are operated and chaired by local municipal councils and their task is to coordinate the work of stakeholders at the local and regional level.

After 2010, a major shift was observed among marginalised people who use drugs in Hungary

26. OKANA's website: <https://www.okana.gr/el>

27. Sypsa, V., et al. (2023). A new outbreak of HIV infection among people who inject drugs during the COVID-19 pandemic in Greece. *International Journal of Drug Policy*, Vol. 117, 104073. <https://doi.org/10.1016/j.drugpo.2023.104073>

28. Sarosi, P. (2022). Harm Reduction in Athens – With the Eye of an Outsider. Budapest; Rights Reporter Foundation, November 23, 2022. <https://drogriporter.hu/en/harm-reduction-in-athens-with-the-eye-of-an-outsider/>

29. World Health Organization (2023). Fighting the opioid crisis: the case of Athens, Greece. Geneva; WHO, 30 August 2023. <https://www.who.int/news-room/feature-stories/detail/fighting-the-opioid-crisis--the-case-of-athens--greece>

from heroin and amphetamine to new psychoactive substances, such as cathinones and synthetic cannabinoids. This coincided with a shift in Hungarian drug policies from a more public health and social oriented model to a law enforcement and abstinence-only approach. In a period when injecting drug use and the demand for sterile needles was rapidly growing, there was a steady decline in the number of distributed sterile needles and syringes. The government introduced a new national drug strategy in 2013 that, although it included harm reduction, placed the focus on abstinence and aimed at making Hungary a drug-free country by 2020. A new Criminal Code was also introduced with increased penalties against drug offences. Both decisions were criticised by civil society³⁰.

There have been several political attacks against civil society, especially those CSOs advocating for the rights of marginalised groups of society, scapegoated as 'foreign agents'³¹. Part of this was a political attack against harm reduction. In 2014, the two largest needle and syringe programmes, delivering half of the whole syringe distribution in the country, were closed down due to increasing political attacks and lack of funding³². The growing use of new psychoactive stimulants and the lack of access to harm reduction services led to a

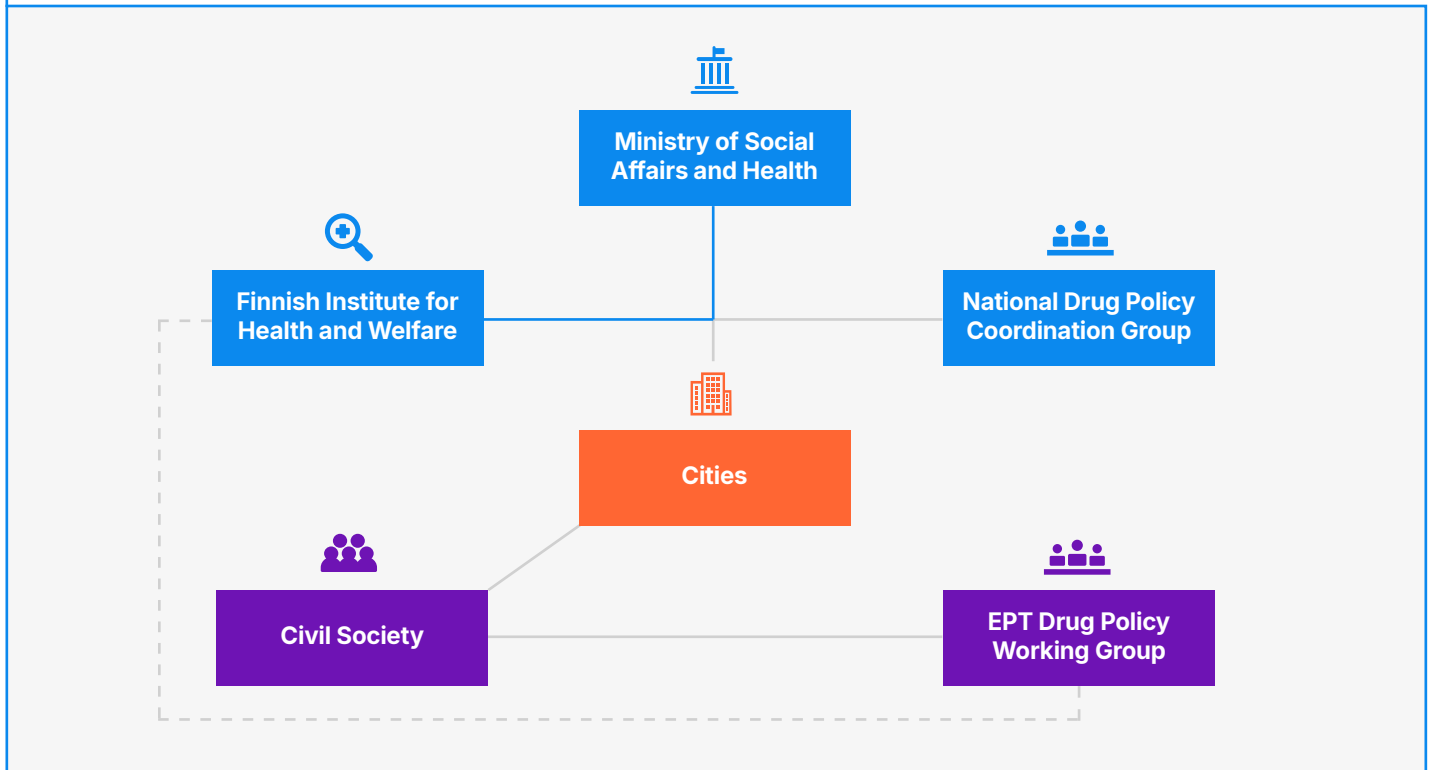
significant increase in hepatitis C infections³³.

Although injecting drug use peaked in 2015 and declined thereafter, access to harm reduction programmes remained very low and thousands of people who use drugs became likely invisible to the system, including their HIV and hepatitis status³⁴. The main drug coordination institution, the NDI, was abolished by the government in 2017 without any institutional successor. The Act LXXIX of 2021, dubbed the Homophobic Law by civil society, banned CSOs from delivering sex and drug education in Hungarian schools. The remaining small harm reduction programmes, with insufficient funding, made serious efforts to reach out to marginalised people who use drugs during the COVID-19 pandemic³⁵.

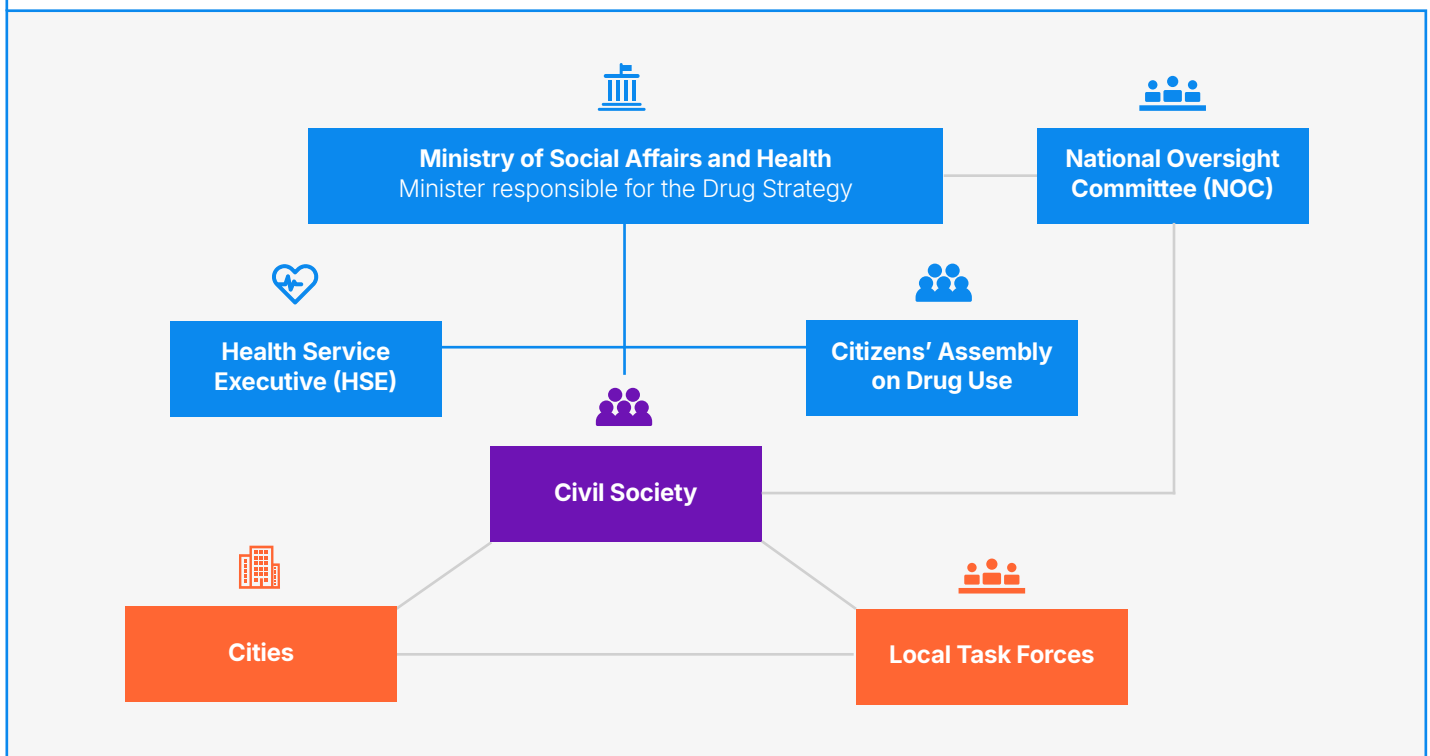
Although there has not been any significant developments in drug policies at the national level in the past five years, there were efforts to reform drug policies at the local, Budapest level. In 2021, the metropolitan government of Budapest, with the inclusion of civil society, recreated the Budapest Drug Council (BKEF). The BKEF created five working groups (research, prevention, treatment, harm reduction and supply reduction). Currently the BKEF is preparing a new urban drug strategy for Budapest.

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- 30.** Sarosi, P. (2013). Hungarian Government Dreams About a Drug-Free Society. Budapest; Drugreporter. <https://drogriporter.hu/en/hungarian-government-dreams-about-a-drug-free-society/>
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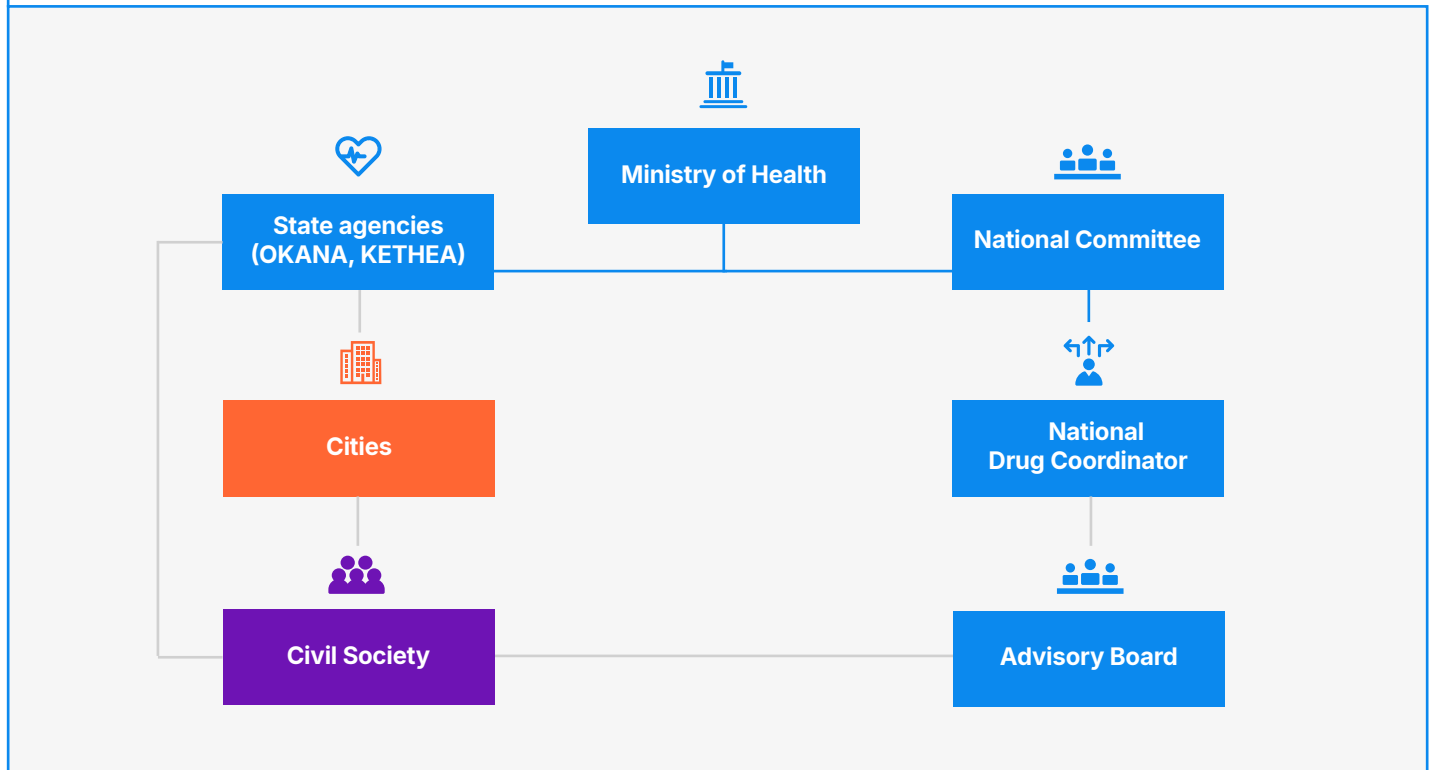
Finland



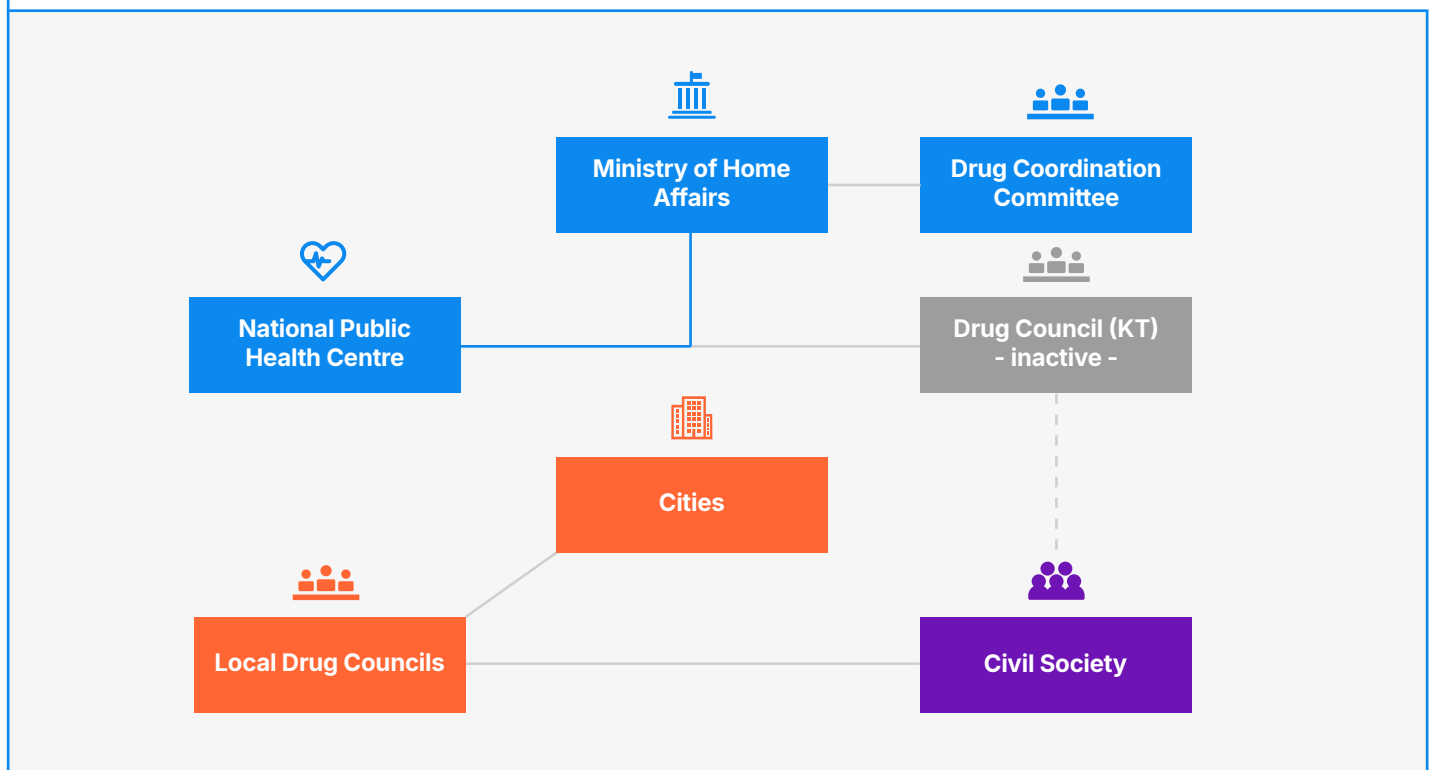
Ireland



Greece



Hungary





5

Findings of the Focus Group Discussions (FGDs)

Structures and mechanisms

Some kind of mechanisms to facilitate dialogue between civil society and government at the national and local level exist in all the four countries but there is a great diversity with regard to how these mechanisms operate, how inclusive they are, who established them and to what extent participants find them suitable platforms for the exchange of ideas.

Finland

In Finland, the government has not established any formal mechanism to involve civil society in the drug field. There is a drug coordination mechanism within the government administration with regular meetings but this body has no permanent civil society representative (experts are sometimes invited on an ad hoc basis). As a DM participant said in the group discussion, "we think we have a right to have a purely administrative meeting because the issues we discuss can be quite delicate." One other barrier mentioned was that it is difficult for the government to decide who should represent civil society and how to find a balanced selection method.

However, there is another platform to facilitate a dialogue with civil society. There is a network (EPT) created by civil society, coordinated by the NGO, EHYT, to facilitate communication and advocacy among CSOs working in the drug field

(mostly prevention but it includes harm reduction, too). This network created the Drug Working Group which has regular (monthly or bi-monthly) meetings to discuss current developments in the field of domestic and international drug policies. A representative of the Institute for Health and Welfare (THL) attends the meetings of this group regularly and updates CSOs about developments at the government level. There is also an umbrella organisation for youth CSOs, including approximately 140 organisations which has its own informal channels of communication with the government.

There is a citizens' initiative in Finland that provides an opportunity for CSOs to propose a new law to the parliament by collecting an adequate number of supporters. In recent years, two proposals were submitted by CSOs in relation to drug policies. One on reform of the cannabis law, the other on supervised drug consumption rooms. Both proposals are now waiting to be discussed by relevant parliamentary committees. Civil society representatives expect strong opposition to both initiatives due to the political agenda of the current government, perceived as socially conservative by civil society.

In addition, there is also a custom that each government organises a civil society hearing on drug policies at the beginning of its term. Before every law is adopted, there is a public consultation process and every citizen, including CSOs, can submit their views about the draft law on a website. Civil society representatives reported a new development in 2023 in that the Parliament established a working group on drug policy, including both Members of Parliament (MPs) and CSOs as members. But it is too early to assess

its efficacy. It was also reported that there is a mechanism at the city level in Helsinki to involve CSOs working in the drug field, with regular meetings. However, participants of both FGDs agreed that the national level is more important. All civil society participants agreed during the FGD that there is a good partnership between the Finnish Institute of Health (THL), a government institution mainly focusing on research, and civil society organisations.

Several CSOs mentioned that most communication between government and civil society in Finland is informal. Government representatives perceived the attitude of the Finnish government to civil society open and inclusive compared to many other countries. "We try to give forums to civil society to express their views to prevent turbulence like in some other countries." Multiple CSO representatives pointed out that government officials are easily approachable but expressed their frustration about the lack of formal mechanisms and structures. "I can always call a civil servant but it is based on personal relationship and it is not good...it is not equal, not based on competence," said one CS representative. "Government officials are approachable and they are available for a talk. But we don't have a formal forum to consult with civil society," added another one. "There are some round table discussions but there are very particular people who are invited. We don't know how to be invited there. Harm reduction organisations are often not invited at all." These discussions were organised by the previous Minister of Health and Social Affairs but they worked on an invitation-only basis, mostly for professionals working on prevention and not on harm reduction.

Ireland

In Ireland, the head platform of exchange between government and civil society in the fields of drug policies is the National Oversight Committee, established by the National Drug Strategy (2017-25) as a coordination mechanism in charge of overseeing the implementation of the strategy. It is chaired by the Minister with responsibility for the strategy and represents various key stakeholders, including civil society. The Committee has six subcommittees referred to as Strategic Implementation Groups (SIGs) focusing on strategic areas, each with three civil society representatives. These groups have regular meetings and develop actions.

There are two other subcommittees, the Early Warning and Emerging Drug Trends subcommittee and the Research subcommittee - these groups also include civil society representatives. There are also taskforces at the regional and local level. Their job is to engage with stakeholders locally and to create local drug strategies and implement them. The Health Service Executive (HSE) - a large organisation of over 100,000 people, whose job is to run all of the public health services in Ireland - also engages with civil society groups and service providers.

The Citizens' Assembly on Drug Use, established by the government in early 2023, mobilises members of the general population in creating public policies. It is part of the democratic structure and political process through which civil society has a chance to express its views on national drug policies. The Assembly is made up of 100 people, including 99 members of the general public and

one independent chairperson. The 99 members of the general public selected at random are nationally representative. During the lifetime of the Citizens Assembly, there are regular meetings where experts are invited to present their perspectives - and there has been special regard to people with lived experiences.

Greece

In Greece, civil society itself plays a different role and has a different position in the field of drugs. Unlike most other EU member states, where CSOs are major social and health service providers, most drug treatment services are provided by state agencies, such as OKANA and KETHEA. These legal entities operate under the auspices of the Ministry of Health. In addition to coordinating and funding drug policy responses at the national level, they directly provide services to people who use drugs, such as opioid agonist treatment, homeless shelters and a drug consumption room.

However, there are also independent CSOs, mostly in the field of harm reduction, working independently from state agencies. These CSOs provide their own harm reduction services, such as needle and syringe exchange, street outreach, drop-in, HIV and HCV testing and counselling. These organisations do not receive public funding directly neither from the government (Ministry) nor from OKANA. Apart from CSOs, the Psychiatric Hospital of Athens and the Psychiatric Hospital in Thessaloniki have their own structure of in- and outpatient treatment sites (18Ano in Athens, ARGO and JANUS in Thessaloniki.) There is an organisation for self-help groups in Central-Greece, Thessaloniki and Crete (Self-Help Promotion

Programme). Narcotics Anonymous programs, based on the 12 steps approach, are available all over Greece.

Civil society is not involved in the national drug coordination mechanism, including decision making committees. The only formal mechanism to involve civil society in drug policy decision making is an advisory board of the national drug coordinator, established by law in 2013. This body has one civil society representative, invited by the national drug coordinator. However, civil society representation is not required by law, it was the personal decision of the current coordinator. The advisory board has regular meetings to discuss current developments.

Another formal mechanism - although not specifically drug-related - was created by the Ministry of Labour to involve stakeholders working in the field of housing and homelessness, including CSOs working in harm reduction (as the two fields are overlapping). This is a permanent platform with regular meetings. In the city of Athens, the mayor appointed a person who coordinates civil society communication and consultations, and who is the Vice-Chair of a state agency (KETHEA) at the same time.

Apart from these, civil society and government representatives both agreed that the most meaningful conversations between government and civil society happen in informal dialogue, behind closed doors. The national drug coordinator regularly asks civil society to give updates and input - but this is an informal mechanism and, according to some civil society representatives, it, "has not happened for months", when the FGD took place. OKANA has regular meetings with CSOs working in the drug field. Some

organisations have individual agreements with authorities and the police. According to one civil society representative, “informal, behind the doors, lobbying is the easiest way to achieve things in Greece. One example is civil society advocacy to make Naloxone distribution legally available among people who use drugs.” (This law is yet to come into effect.) However, most civil society representatives expressed their frustration concerning the lack of inclusive and formal mechanisms to involve civil society in drug policy decision making.

— Hungary

In Hungary, the government created a system to involve civil society in the Drug Coordination Committee (KKB) by adopting four civil society representatives as members who were elected by CSOs themselves. In 2011, the government excluded civil society from the KKB, while it created a separate advisory body, the Drug Council (KT), with only CSO members. After the outbreak of the COVID-19 Pandemic, the Drug Council suspended its meetings and it is not operational at present - there have not been any meetings for three years.

Civil society representatives pointed out that when the National Drug Prevention Institute was abolished in 2017 without any successor, it left KEFs and CSOs without professional guidance. KEFs still exist in several municipalities but there is insufficient information about the quality of the work that they do.

CSOs working in the field of prevention, harm reduction, treatment and rehabilitation have four professional networks that have created an

umbrella, the Civil Drug Coordination Board (KCKT), to coordinate advocacy efforts. The KCKT has organised several conferences and it published a report on the mid-term evaluation of the national drug strategy in 2017. According to the CSO participants of the FGD, this body has not been particularly successful in achieving any tangible results. They perceived that the main reason was the ideological opposition of the government to establish a partnership with CSOs that it identified as a political threat. However, the government might have different channels of communication with organisations that are considered reliable, such as faith-based groups or government-organised non-governmental organisations (GONGOs). But these discussions, if they existed at all, were completely hidden from the public.

According to CS representatives, all relevant communication between civil society and government has practically ended at the national level. Due to the lack of dialogue at the national level, the role of dialogue at the local level gained a higher appreciation. Due to the successful advocacy of KCKT, a new local drug coordination forum for Budapest (BKEF) was created by the City Council in 2020. BKEF has five working groups, with members both from civil society and municipal councils, all chaired by civil society representatives. The Council has initiated the creation of the new Budapest drug strategy, to be adopted at the end of 2023. According to civil society representatives, the involvement of civil society is only meaningful at the local level.

Transparency and accountability

Finland

In Finland, DS participants perceived a high level of transparency embedded in the political culture of the country. According to the experiences of government representatives, CSOs work in a very transparent way and financial mismanagement of public money is very rare. "Most organisations work by the book," as a DM participant put it. "We undertake an annual assessment of good governance among organisations that receive public funding from us."

Civil society representatives agreed about the high level of transparency with regards to spending of public resources but they miss the transparency of decision making processes. It was highlighted at the FGD that civil society is not able to follow what happens with their proposals. "When we try to reach out to the government, we always hit a certain wall and we are not able to communicate directly to higher, political levels," said a civil society representative. "If there is no formal dialogue, how can we even speak of transparency?", asked another CSO representative. "The government does not want to make it [decision making] transparent because it would reveal that drug policies are not based on evidence. They don't want to be exposed."

Greece

In Greece, it was mentioned that some CSOs can present their financial records but other organisations have absolutely no financial and legal transparency. It is easy to create a CSO and apply for funds without being accountable. "We need mechanisms to make sure that the services run by CSOs are useful and not harmful", said a participant in the DM FGD. "Even with good intentions, they can do harm." Governmental agencies share information about their experiences on working with CSOs and advise each other about risks.

"How do you define transparency in Greece?", asked one CS participant. It was mentioned that civil society has no official access to the documents discussed by the national drug coordination committee, where only governmental representatives are members. "I asked for the minutes of the previous meeting of the Committee but they told me it is not something they can share," said a CS representative. They explained that although civil society is often consulted, it is mostly informally, behind the scenes. "There is a national drug strategy and action plan that is very close to the EU drug strategy and action plan, although it remains a piece of paper without implementation. Informally, CSOs were consulted, they could comment on the draft text, but totally under the table."

Ireland

In Ireland, participants of the DM FGD emphasised that organisations engaged by the government should have a track record of using evidence-

based practices and they should be free of conflicts of interest. However, it was also mentioned that the system of involving civil society at the national level is not very transparent as it was inherited from previous governments and mostly includes pre-selected CSOs. "We tried to deepen this and include a broad range of organisations but this was resisted by some", said a DM participant.

"There's been a lot of problems in terms of meaningful engagement", said another participant in the DM FGD. "It is difficult to do. And I think the tendency has been in the past, not at the moment, but in the past, to insert a person and then that person became the representative [of civil society]. But actually, you're not really getting a collective perspective and insights into what's actually happening or what needs to happen or what could change."

According to a participant of the CS FGD, the involvement of civil society has been weakening in recent years. "Ireland has always been a good example [for the involvement of civil society]. Since 1996, we have had a formal role in drug policy making and a very good, though never perfect, partnership with the government. There was a gradual decline from 2011. First, very gradually, but from 2015-16 you could clearly see it shifting...and in 2016, civil society expressed its concern about the direction it has gone."

Other civil society participants of the FGD agreed with this assessment. Another participant pointed out that the reason for the decline of interest in consultation with civil society after 2011 was that there was a recession in Ireland and "austerity kicked in". "Now Ireland is doing very well from the financial perspective and you could argue more

resources should be allocated", they added.

According to the narrative of multiple civil society representatives, the Terms of Reference of the National Oversight Committee were adopted with the meaningful involvement of civil society in a transparent and accountable way. The document ensures that civil society has a strong voice in the implementation of the national drug strategy, including the allocation of resources. However, it has not been plain sailing. For example, the Minister chaired the first meeting of the Committee in 2017 and assured civil society representatives that they would be involved in allocating public resources to drug policies. Civil society representatives perceived it as a disappointment when the government announced the new annual drug budget without consulting with civil society.

— Hungary

In Hungary, there was a general consensus among the participants of the CS FGD that there are no operational mechanisms to involve civil society at the national level and civil society has no oversight of how decisions are made in the field of drug policies. Until the Drug Council (KT) had meetings, there were regular updates from the Ministry to civil society representatives but this one-way information flow has been disrupted by the COVID-19 pandemic. There are only informative channels open, including personal relationships with certain DM participants from the lower levels of government administration. In this political environment, the role of direct lobbying, using personal connections and influences, is valued more than collective action and advocacy, which have often failed to make any measurable positive

impact. Participants explained that there may be informal meetings between some parts of civil society and the government but, if these meetings take place at all, they are not transparent for most civil society actors.

At the local level, participants in both FGDs emphasised that there is a mixed picture. There are local drug councils (KEF) that are very active and work in a transparent way, while others are no more than formal mechanisms with irregular, ad-hoc activities. After the closure of the National Drug Prevention Institute, there has been no coordination and oversight of KEFs and it is difficult to gain a full picture. A civil society research participant, who participated in the work of multiple district-level KEFs in Budapest, pointed out that they had both positive and negative experiences. They had a positive experience in participating in the preparation of a local level drug strategy, which was driven by civil society experts and was based on research funded by the local municipality. However, they said that the work of another district KEF was mostly a formal process to rubber-stamp the decisions of the chair of the KEF, without much discussion and consultation.

DM participants working for the Municipality of Budapest (that is, the central administration of the capital) said they use a completely transparent process in organising the central Budapest KEF (BKEF). The selection of the members from civil society was based on a public call, open to everyone. This was confirmed by participants of the CS FGD, most of them being members of the BKEF themselves. "While the process at the district level is mostly organised on an ad hoc basis with those who are there and known, the process at the

central Budapest level was very transparent and open", said a participant.

There was also a conversation in the CS FGD about the lack of transparency within civil society itself. A participant mentioned that the umbrella organisation of CSOs in the drug field (KCKT) was criticised by some people for not being transparent and accountable. "We saw that there are good decisions made, but this [KCKT] seemed to be an ivory tower where smart and creative people made the decisions", said a participant. The steering group of the KCKT was perceived as an elitist, closed group, where it was not easy to enter.

Balance and inclusivity

Finland

In Finland, a DM participant shared his perception that civil society is better organised in the drug field than in the crime prevention scene, where they also have experiences. This means there is a broader range of organisations engaged by decision makers and they are more proactive. They said one way to ensure inclusivity and balance is to rotate positions and memberships of forums where civil society is included.

Another DM participant said ensuring inclusivity is “a delicate thing” for decision makers because some organisations always feel they are excluded. However, the existence of a civil society network helps a lot because by communicating with the network they do not need to make a selection themselves. They said they only use “favouritism” when it comes to peer groups: they always try to include representatives with lived experience. But peer groups often have internal fights and have their own conflicts.

One example that was highlighted by a DM participant on the dilemma of decision makers as to how to select CSO representatives in an inclusive way is related to the Commission on Narcotic Drugs (CND), the annual drug policy meeting of the United Nations. The government is willing to include a civil society representative, but it is difficult to select a person who is accepted by the

whole of civil society. In addition, the selected representative should respect the official position of the government at the CND and is not allowed to communicate anything that is not in line with this position. To solve this problem, the government is now considering funding civil society participation at the CND rather than including civil society in the government delegation, according to the DM participant.

Civil society representatives shared the view that it is not easy to be fully inclusive, but they pointed out that the main problem is the lack of formal mechanisms to include civil society. “To find out who can sit at the table first, it would be nice to have tables”, said a civil society representative. They said partnerships with decision makers are often based on personal relationships and sometimes competent voices are left out of the dialogue.

Another civil society participant said the government often wants to include only those voices that are in line with the government’s agenda. It was also mentioned that currently there is no group of people who use drugs in Finland and the involvement of peers does not exist. The importance of gender diversity was mentioned in both focus groups. As one DM participant said, in this social field women are often overrepresented in government administration and organisations in Finland.

Ireland

“There are a lot of problems with meaningful involvement of civil society and the practice in the past has been to insert a person and that person

becomes the representative [of civil society], but we don't have collective representation or insight into what's actually happening on the ground", said a participant in the DM FGD in Ireland. Another participant said that in the field of public health, there are no other areas where there is so much engagement with civil society as in the field of drugs.

In the decision-making working group, there was a discussion among members about what comprises civil society and how we can define it. More members expressed their view that civil society should include everybody - all concerned citizens, and not only organisations. There were concerns that the organisations represented at forums are not representative of the whole of civil society.

One DM participant said there is a set of organisations that are consulted and their selection goes back many years. "Civil society is hierarchical itself, controlled by a small group of people", they said. "Some groups claim they are umbrella organisations representing civil society. But civil society has evolved and there are some organisations that are not part of the process. We inherited this situation and we are trying to change this". Another DM participant agreed that "the narrative is controlled by a small group, but it is a very good narrative by the way. But if you involve civil society, you should include all the voices and the current process is not transparent for many organisations".

It was pointed out by DM participants that the situation is different at the national and the local level. Local task forces are perceived as being more flexible to include a diverse group of civil society, but the national level "is set" from

previous times. All participants emphasised that it is especially important to involve people with living/lived experiences. A DM participant said, "meaningful changes are being made as a result of involving people who use drugs. They help to plan what works on the ground. You won't get that without them because we don't think like them", they said. One concrete example was the response to overdose deaths or the evaluation of dual-diagnosis services in Ireland. A participant in the DM FGD said some groups claim to represent all people with lived experience, but in reality they only represent a small group and it is still a very "neglected component" within the civil society involvement process. There was a general perception in the focus groups that the representation of women and women-specific issues remains very low.

In the CS FGD, there was a discussion about whether the government makes a genuine effort to include civil society in the decision making process. One representative said the current system at the national level (the Oversight Committee with its six Strategic Implementation Groups) is very inclusive. Each SIG has three civil society representatives. So, when the government announced the new system, civil society was very excited, "but the devil was in the detail", meaning that the implementation was a disappointment to some.

It was acknowledged that civil society groups played an important role in improving drug policies in Ireland. "The reason why civil society could sit at the decision-making table was that activists had marched in the streets decades ago to raise awareness of the drugs problem," they said.

Another civil society participant emphasised that the involvement of peers requires a process and it is lacking across the whole drug sector. "What we see across the drug sector is that it is a service delivery model funded by the HSE and implemented by local services. There is no space and recognition for the peer community," they said. It was also mentioned that the government prefers to speak to those organisations that fall in line with government policies.

One civil society participant explained that they attended a drug-related meeting at the local level where they were the only civil society participant, all others were HSE and civil servants - while they knew there were many community-based organisations in the same town. The people who sat at the table were not "the ones who work on-the-ground daily".

Greece

In Greece, it was highlighted in the CS FGD that people who use drugs are a very diverse group of people - there are sub-communities and they are often forgotten, such as women, migrants, queer people or party-going young people. There is a stereotype of the 'drug user' as a white male heterosexual injecting heroin. The marginalised groups of drug users are "nowhere represented".

There was a general agreement that there was "a significant improvement" of civil society involvement in the past years compared to the period before. The new regulation on take-home naloxone programmes and mobile units were mentioned as examples of the results of success of civil society advocacy (however, both interventions

are yet to be implemented, the mobile drug units are expected to be introduced in mid 2024). "These are significant developments but they went completely through informal processes", explained a participant. CSOs that have funding are in a better position to influence policy making than communities that have no organised presence, they added. There are informal channels of communication between decision makers and civil society. "We do lobbying in the positive understanding of the word", said a participant. "We don't have the same resources as powerful lobby groups, but we try".

A civil society participant pointed out the HIV policies are "a Trojan-horse" for other progressive social policies. By referring to protection of public health and the prevention of sexually transmitted diseases, it is possible to move drug policy issues forward as well.

"We lobby a lot informally to be able to join some formal commissions, for example in the parliament", said another participant. "When a new law is proposed and goes to the parliament, we lobby to influence the content of the proposal and we ask to be present at the meeting of the commission that is discussing the proposal".

It was mentioned that there were efforts by an organisation that received funding to create a network to facilitate cooperation within civil society in the drug field. But this initiative was not successful. A participant complained that these meetings within civil society had a "toxic climate" where they were attacked as peers. "For me, it was one of the most horrible experiences within civil society. This was a time when I could not defend myself because of my use and people who had

this facade of humane treatment of drug users and drug policies attacked us with insulting words with no sense of solidarity...The people who organised these meetings are not working in civil society anymore”.

In the decision making FGD, a DM participant emphasised that the government agencies, such as OKANA, organise regular meetings for both service providers and peers and have “very close contact with them”. However, participants of the CS FGD pointed out that the informal meetings between state agencies and civil society groups are not adequate forms of partnership. They inquire from service users as to whether the services work appropriately or what should be changed. Most CSOs engaged by the government are based in big cities, such as Athens and Thessaloniki. Another DM participant said that they try to support peer groups but these groups are still in their infancy and need to strengthen their organisation. They said only a few people are active in these groups and it is very difficult to mobilise the community. They mentioned as an example for a good advocacy action the Support. Don't Punish action day and a press conference, organised by local peers, as very professional. Another participant said one problem was that OKANA was not invited to this event.

— Hungary

In Hungary, there was a discussion among civil society participants on the system of involving civil society into decision making that was created by the government in 2007. There was an agreement that this system was a very progressive model that could be used as a “good practice” and it is still unique in Europe in its inclusivity. In this system,

the government facilitated an election, open to all civil society organisations working in the field, to vote for four representatives who became full members of the Drug Coordination Committee (KKB), a governmental body. Although civil society members were a minority on this Committee, they had the same rights as all other members, including voting rights and the opportunity to set the agenda.

This system lasted only until the new government excluded civil society members from the KKB in 2011. The newly established Drug Council (KT) that replaced this system included only civil society representatives selected by the government based on unknown criteria. After the last meeting of the KT, there are no mechanisms at the national level and, thus, there is neither inclusivity nor balance.

At the local level, the Drug Commissions (KEFs) are perceived as inclusive bodies, although it was pointed out that there is no comprehensive overview of the situation due to the lack of data. It was pointed out that the previous national drug strategy (2013-20) had an incorrect definition of KEFs as ‘prevention organisations’ and not as drug coordination bodies. This led to many misunderstandings. Sometimes even the members of KEFs have no real understanding of what is the role of KEF.

A DM participant said that the government is supporting KEFs by helping them design their own local drug strategies. “When we did a survey, we found that 98% of KEFs have their own local drug strategies. Last year, we had almost fifty visits to local KEFs, we made presentations, attended workshops and participated in the local work... Last time, on the World Anti-Drug Day, we went to Debrecen where we attended a forum with 50

participants with mixed backgrounds, the topic was prevention". They also mentioned other towns, including Békéscsaba, Miskolc and Szombathely, where they participated in the activities of KEFs.

A civil society participant said that they were invited to participate in a district level KEF after they started a new CSO in the same district of Budapest. Another participant who provided training to KEF members in 2022 said there is a great rotation among the members, organisations and representatives are changing and being replaced constantly. "If I look at the example that the Budapest-based services for homeless people formulated a complaint that they were not invited to the KEFs in Budapest, the inclusivity has some limits", they said. "It is not regulated as to who should be a member of KEFs, so it is often completely arbitrary who is invited and who is not".

There was agreement in the FGD that the Budapest KEF was formed through an inclusive process: CSOs could apply for membership in the working groups of the BKEF and all applicants were accepted. The working groups cover all areas in the drug field: prevention, treatment/rehabilitation, harm reduction, supply reduction and research. This provides a multisectoral and multidisciplinary approach.

There is no organisation or representation for people who use drugs in Hungary. The Budapest drug strategy, which was being prepared when the FGD took place, had a special focus on including people with lived experience. Focus groups were formed from service clients and there is a plan to organise an online platform to allow people who use drugs to express their views.

Timeliness

Finland

In Finland, a participant at the decision making FGD said that, in general, respect of deadlines is very important in Finnish political and organisational culture. Sometimes it happens that consulted organisations and experts ask for an extension of the deadline but this is not only true for civil society.

"There is a very efficient electronic system to comment on legislative proposals", said one DM participant. "This gives the opportunity for everybody to give timely input. The interest of civil society depends on the issue, sometimes there are heated debates and sometimes there is low interest."

Civil society participants mentioned that sometimes the deadlines to comment on new policy papers or laws is very short - but this is not always the case. A participant of the CS FGD said that they are not on the list of consulted organisations because they are an advocacy group and not a service provider.

Ireland

In Ireland, there was a general agreement that most civil society representatives are reliable when it comes to deadlines. "They respond in a timely manner and they are enthusiastic about being engaged", said a DM participant. In the CS FGD, there was no complaint about short deadlines or lack of a sufficient timeframe to submit views

on policies and laws. However, it was pointed out that the information flow at the National Oversight Committee is mainly going one-way: the government makes presentations about policies and there is not much room to discuss actions.

— Greece

In Greece, a civil society participant said that civil society should not wait for the government to give a deadline to consult - it should work fast and be prepared to approach the decision maker in a proactive way. "We have to prepare our position in advance, we have to be aware of the decision making cycle". Organisations that do not have adequate resources and staff are not able to do this. "If we wait for the government to approach us, we lose the opportunity to change". It was highlighted at the FGD how important it is for civil society to find the right moment to act.

A DM participant said that they collect information from all kinds of CSOs and they have mixed experience about timeliness. "It depends; we collect data from all CSOs. They do not only respond on time, but this is not only an issue with civil society. Many other stakeholders don't respond on time".

— Hungary

In Hungary, civil society representatives complained that sometimes the government provides a very short timeframe for consultation before laws are adopted. Sometimes there are only a few days. They acknowledged, though, that when the last national drug strategy (2013-20) was

adopted in 2013, there was a timely process to involve civil society. When there was the mid-term evaluation of this strategy, the government asked for input from civil society and they gave sufficient time to do it. But after the end of the strategy, there was no more communication and evaluation.

There was a discussion about the timeliness of the Budapest drug strategy. A civil society participant felt that there is pressure from the Budapest Municipality to finish the drug strategy before the municipal elections so that the strategy could be used for political campaigning. They voiced concern that the drug strategy can be used by the pro-government press to launch a smear campaign, scapegoat civil society and disrupt remaining services. So they said that the adoption of the drug strategy is untimely and should be postponed until after the elections.

However, most other CSO representatives disagreed with this position and argued that civil society has an obligation to cooperate with any decision makers if they are consulted according to their best professional knowledge, regardless of how this will be used by political actors. A representative of the Budapest Municipality said in the DM FGD that there was no intention and planning about the timing of the drug strategy on their behalf and civil society was involved in the entire process.

Approachability

Finland

In Finland, there was a consensus in the decision making FGD that it is easy to approach civil society representatives and respond to calls and emails. A DM participant emphasised that they, as government, can only have questions to civil society, they are not in a position to make demands or commands. But they generally have positive experiences whenever they need information or data and CSOs are ready to help.

The same sentiment was echoed in the civil society FGD, where participants agreed that it is very easy to contact the civil servants who are in charge of national drug coordination in Finland. However, they said there may be differences in the tone and time of the response depending on who is asking the question. There is a more fluent communication between more resourceful CSOs and the government. There was a discussion at the UN Commission on Narcotic Drugs (CND), the annual drug policy gathering in Vienna, where the government sends its delegation every year. Some participants in the CS FGD said there is a need to include civil society representatives in the government delegation.

Ireland

In Ireland, a government representative explained that every year they organise a meeting for stakeholders and there is always a good response

and participation from civil society. They pointed out that civil society engages in a professional way and there is no real difference between stakeholders based on their background in this regard. What is a real challenge, they added, is to engage with affected communities.

Civil society participants had a less favourable perception of the approachability of decision makers. "The general experience is that there are no replies from DM participants", said a civil society participant. Another participant said the response depends on "who is asking, who is asked and if the person answering is busy". "Sometimes they get back to you and sometimes they don't", said another civil society representative.

Greece

In Greece, there was an agreement in the decision making FGD that CSOs are easy to approach. "They share data whenever you ask. They are very helpful. Maybe because of their lack of resources, they are not able to complete tasks always on time, maybe they are less organised", said a DM participant.

Most civil society participants also had a favourable opinion on the approachability of state actors. "Most of the time stakeholders have open doors and they respond to your emails", said a civil society participant. "This is a small country and everybody knows each other". However, peer representatives expressed their dissatisfaction with the approachability of government officials. A participant said state agencies rarely respond to calls from peer groups; peers usually should send their questions and requests through other

professional organisations.

— Hungary

In Hungary, DM participants at both national and local level were satisfied with the approachability of civil society representatives. A DM participant said that the national government agency is in continuous contact with service providers who receive public funding. Another participant said that at the Budapest level, civil society actors are always very responsive when “we ask the right question and they [civil society representatives] feel that the work is adequately planned and they are taken seriously. Even if it is very obvious that they lack resources and capacity...there are huge fallbacks in this field and if we take this into consideration, their responsiveness is really admirable”.

In the civil society FGD, participants had a mixed perception of the approachability of decision makers. At the local level, their perception was positive on the responsiveness of civil servants but not at the national level. Some participants complained that the umbrella of CSOs in the drug field (KCKT) sent several official letters to the Minister but rarely got a satisfying response. The Minister usually delegates the task of responding to a lower level official who was not very happy to have this extra work. And their answers were not informative.

It was perceived by some participants that communication is better behind closed doors. A civil society participant explained that they have sent many letters to the national drug coordinator but they have never got a response - but then they called them and they could talk informally by

phone. However, it was pointed out that informal communication between government officials and civil society representatives caused some turbulence within society. For example, in the Hungarian Society on Addictions (MAT), the chairs were accused of having too close a relationship with some government officials and, thus, compromising advocacy goals of the organisation.

Competency

— Finland

In Finland, there was a discussion in the governmental FGD on the limitations of the competence of civil society representatives. “CSOs are very competent in the field they are working in”, said a DM participant. “But they usually have a very narrow focus and sometimes they do not have enough knowledge on other aspects. And the problem is when they give an opinion on an issue they are not an expert on”.

Another DM participant agreed that civil society is generally very competent in the field they are working in. “What is lacking is often the understanding of how policy making works”. They said there is a need to educate civil society on law and policy making processes and government administration issues. “Sometimes even civil servants do not know how the law making process works and how to interpret and read laws accurately”, they added.

In the civil society FGD, a participant said they often

face a lack of understanding from DM participants in charge of drug policies. They said their initiatives are often blocked by civil servants who do not understand their importance. For example, innovative harm reduction policies are very difficult to get adopted in Finland. "Sometimes very important things are blocked by one single person", they said. "This is not acceptable in a democracy. We are not able to follow up what is happening with our initiatives, whether they reach a political level". Another civil society participant emphasised that government officials should be educated about harm reduction, but it is really difficult when politicians often change and rotate.

Ireland

In Ireland, it was pointed out in the decision making FGD that some CSOs over rely on some individuals who are very competent in some areas but have their weaknesses in other areas. "Some people are very passionate in the drug field, but they may not be the best people to represent an organisation", argued one DM participant.

Another participant mentioned that it is very difficult to involve the community because they sometimes lack the competence concerning drug policies. When they are sitting at official forums, they easily lose interest because they do not know the professional jargon used by officials and experts. This makes their inclusion less meaningful. However, the Citizens' Assembly on Drug Use was highlighted as a good example on how to educate the public about drug policies. The members of the Assembly attended regular meetings where experts with professional and lived experience explained policy issues.

In the civil society FGD, there was a general agreement that the competence of civil society may not be valued and their analysis may be labelled as serving a political agenda.

Greece

In Greece, a participant of the decision making FGD asserted that CSOs sometimes do not use evidence in the best way. Their demands are not evidence-based. Sometimes they are not realistic in their goals and demands, said a DM participant. They have very ambitious demands and they advocate for them, but if they want to achieve their goals they have to be more effective in how technocracies work, how decisions are made. They have to moderate their demands and try to choose the right time and the right person for their advocacy. They emphasised that civil society often plays a rebel activist role and they are not diplomatic and this results in the opposite of what they want to achieve.

A civil society participant pointed out that there were disagreements between civil society and decision makers in how to interpret the data on HIV and mortality. They said that, "there is a gap between the state organisms which practise medicalised harm reduction and the CS ones which are more focused on peer-led harm reduction and peer navigation. Thus, leads to mutual misunderstandings and distrust sometimes".

Another DM participant disagreed with this to a point. They said the problem is not with the ambitious demands, but with how these organisations frame their messages and make it operational. If there is a very novel approach in

harm reduction, they have to know how much resources and institutional background it takes to introduce this in Greece. They don't see how their demands will fit into the system.

It was highlighted that some CSOs are doing advocacy in a very professional manner, but others make demands without providing sufficient evidence. The new regulation on take-home naloxone and drug consumption rooms were mentioned as good examples of CSO advocacy that can bring tangible results. Another example mentioned was the COVID-19 pandemic, where civil society gave an important input into bridging the gap of accessing services during lockdown measures.

It was also highlighted that CSOs bring state agencies the knowledge from international best practices and teach them how to think outside of the box, outside of their comfort zone, said a DM participant. Participants of the CS FGD said their competence is often not recognised by state actors - less so than at the international level. When civil society proposed new legislation on Naloxone, the help of many researchers was needed to convince decision makers that there is sufficient evidence supporting this change.

— Hungary

In Hungary, DM participants highlighted the various aspects of competency of civil society at the DM FGD. "According to my experiences, they [civil society representatives] have great knowledge and competence in their own field...What is often missing, though, is how much they understand how municipalities work. If they can see how they can convince a local government to adopt change,

implement a measure", they said. They added that with time, civil society can gain this competence through the process of civil society involvement itself.

Another DM participant said they think CSOs are, "absolutely committed, but sometimes work with very limited resources", and, "some of them would need a burn-out prevention training as well". Civil society representatives often don't understand what is the responsibility of national or local governments, but these powers are often very complicated. For example, whether child care services are the responsibility of local or national governments. These laws and regulations are constantly changing.

In the CS FGD, participants considered the differences in competency among various stakeholders. There was a general agreement that the competence and expertise of representatives is much higher at the national level than at the local level. "The competence of stakeholders is often very poor at the local level, especially among those delegated by local district municipalities", said a participant. "Sometimes, I am afraid when they ask the floor about what they are going to say", agreed another participant.

There was a discussion on a specific example at District 8 of Budapest, where the needle and syringe programme was closed down due to political attacks in 2014. Here, the chair of the local drug council (KEF) was perceived by civil society participants as an example of an incompetent leader who caused a lot of harm. Participants mentioned that sometimes civil servants are uneducated and "ignorant" about drug policies, but if they are open they can be educated.

Openness and Trust

Finland

In Finland, there was a contrast between the perceptions of participants in the decision making and civil society FGDs of how open and trustful relationships are between civil society and government. "I hope we have an open and trustful relationship", said a DM participant. There were no objections from other participants.

However, participants at the civil society FGD expressed their doubts. Some participants mentioned that the discussion on the opening of drug consumption rooms is a good example of the lack of openness of the government: these discussions have been going on for years without a real breakthrough. They said that civil society activists were so desperate that they organised an action to raise awareness on this issue. They opened a drug overdose prevention tent in the centre of Helsinki in May 2023, equipped with tools for safer injections and other overdose and infection prevention measures, supervised by professional staff. The tent was soon demolished by the police. The action aimed to put pressure on the government.

Some participants of the civil society FGD said this action failed to achieve its goal and gained some unwarranted criticism. Others said the action achieved its goal to generate media coverage

and public discussion. However, the current government has no intention to introduce drug consumption rooms in Finland.

Ireland

In Ireland, a DM participant said that openness and trust depends on mutual respect between government and civil society. They said some organisations were "very disrespectful" to the Minister in charge of the implementation of the drug strategy when they launched a petition in which they called on the Minister to resign. This call was signed by previous ministers and, thus, according to the DM participant, civil society activists entered a political field and breached the trust of the government. "They put the Minister in a difficult situation...we wanted to have a dialogue, but they breached the trust", they said.

If you want to build trust, everybody has to be clear why they are there, a participant in the decision making FGD emphasised. Politics should not be involved.

A DM participant pointed out that it would be helpful to have a network of CSOs in the drug field that coordinates advocacy efforts, with a paid coordinator and clear terms of reference, to see who is involved in an open and transparent way.

In the civil society FGD, a participant said the government trusts civil society in providing their services on-the-ground. "They are very aware that things would be a lot worse if there was no civil society...so I don't know if lack of trust is the real issue".

Another participant agreed that the real issue is not the lack of trust but the inherent conflicts and misunderstandings between the world of civil servants and civil society. "The political world is a mess, it is emotional and not driven by strategic thinking. DM participants have to work with politicians and the HSE (Health Services Executive), the body that executes the strategy. And there is civil society, another level of the political world, that is somehow sandwiched between the two. And civil society sometimes tries to circumnavigate the civil servants and goes to the top and that's where the trust is sometimes lost. Civil society is moving into a position they don't want us to be moving", they said.

It was mentioned that civil society was very much in the centre of drug policies in the 1990s and early 2000s but now mostly clinicians, psychiatrists and criminal justice experts had a voice. The government should trust the community side as well, those who work with affected communities on-the-ground, emphasised a participant. They represent something that clinicians and criminal justice cannot.

People have to be very tempered activists, very calm, you cannot be a bad-tempered activist, said a civil society participant. If you are strategic enough, you can achieve things.

— Greece

In Greece, a DM participant said the trust of relationships with civil society have been improving a lot in recent years. In their interpretation, state agencies, such as OKANA and KETHEA, have made

significant efforts to build trust with civil society by organising regular meetings and consulting with affected communities.

A participant in the DM FGD pointed out that there are some CSOs that "try to represent themselves as something bigger than they really are to get funds. Sometimes there is only one person behind a CSO and a few friends as volunteers...We have examples of CSOs working with migrants, with some links to the drug field, and there is a criminal investigation against them because of financial mismanagement". On the other side, participants of the CS FGD perceived it as a sign of government mistrust and hostility that there are attacks and campaigns against CSOs in the refugee field. They said it is part of the official government narrative to depict CSOs as shady and obscure organisations.

A civil society representative said that civil society and state bureaucracies work in so different ways that there are often mutual misunderstandings between them. But in the case of Naloxone, it was very useful that some epidemiological researchers stood behind the peer movement's demands. Sometimes, trust is missing even between different levels of decision making, said a civil society participant. In case of the Naloxone advocacy, CSOs had to approach some stakeholders separately because they knew that these stakeholders do not speak to each other. Civil society has to be smart and strategic and they have to know about the politics in the country.

"It is difficult to answer whether there is mutual trust or distrust", said a civil society participant. "Sometimes it looks very fluid. One day we are enemies, the other day we are friends. There

is gradual progress in many areas, for example the prison field. The officials often change in key positions and then you have to build new partnerships with new people. You don't know exactly how they will react. The previous Health Minister was the son of a famous fascist who was openly Nazi in his youth. But under the table, they were very helpful in moving forward initiatives like the drug consumption room. On the contrary, his deputy, who was a Centre Right politician, was not helpful at all. So you never know".

— Hungary

In Hungary, all participants in the decision making FGD shared positive perceptions about the trust between government and civil society. "When I think about the meetings of the working groups [of the Budapest drug council], even when the captain of the Budapest Police is present, I have the feeling that these conversations are absolutely open and trustful. I mention the police because if you take it out, the conversation is even friendly because a lot of people know each other from somewhere else. But this is true for the drug field, but not for all other fields", they said.

Another DM participant said authenticity is also important beside trust and openness - to represent your position in an authentic way. They said there are important corridor conversations between the formal, official sessions, in coffee breaks as well. "It is a given fact that more or less the same people have been doing drug policy for twenty years", said another participant. They emphasised that there are personal, informal relationships developed throughout these years.

In the civil society FGD, all participants agreed that there is a complete lack of trust and openness when it comes to national level decision makers and civil society. However, there was a disagreement about how much trust there is between civil society and the Budapest municipality. "I don't have trust in the Budapest city council. I don't say it is zero, but it is very low", said one participant. They said they do not trust that politicians at the city level always have the common good in mind and they are rather motivated by gaining political profits.

Another participant disagreed with this. "I absolutely have trust in Budapest. But I think they have a very limited room to manoeuvre...I would say they will never be so poor not to be able to promise", they said.

Another civil society participant emphasised that they felt real openness and trust at the meetings of the working groups of the Budapest drug council. "We will see how this will work out in the future, but in the present situation it is a unique experience that [decision makers] sit down with us at a higher level, for example the meeting we had two weeks ago". Other participants agreed that the aforementioned meeting, where the civil society members of the Budapest drug council gave presentations about issues like decriminalisation and harm reduction, was very helpful. "Even when there are cases when we disagree, they sit with us and listen to us", they said.

Autonomy

Finland

In Finland, a DM participant argued that criticism from civil society is acceptable until it becomes too personal, and it is very rarely personal. "Sometimes the frustration [of civil society representatives] comes from the false belief that I have the power to change things. We try to support them [civil society], but we have to follow the position of the elected government", they said. It was mentioned by another DM participant that CSOs often do not understand the world of politics.

In the civil society working group, participants said CSOs often don't dare to criticise the government. "In Finland, we don't criticise, we just shut up", said a participant. They said sometimes the lack of criticism of the government position is the sign of fear from civil society that they may lose their privileges and positions at the table. "They like it if you support what they say", said another participant. Other participants said it is sometimes not the loss of funding CSOs are afraid of but more 'the status' they have.

Ireland

In Ireland, the autonomy of civil society was one of the most heatedly discussed issues in both FGDs. A DM participant said sometimes CSOs cross the line and enter the political realm. CSOs have a mandate to represent their communities, but they sometimes go beyond this, they argued. "They

say it [politics and advocacy] is all the same, but it is not", they said. "If you enter the political realm, it creates problems...you politicise issues that are debated by political parties and this is a breach of trust", they said.

Another DM participant said it is important for civil society to criticise decisions. They said there are no adequate structures in place that could support a real dialogue between civil society and decision makers. They pointed out that conflicts often arise from problems with language and communication.

A participant in the civil society FGD said there is a fundamental flaw in the attitude of government to civil society involvement. "You will be engaged when you are toeing the line. Until you are not raising the issues, not disagreeing. A DM participant directly told the board of our organisation that if we receive funds, we have no right to criticise any government policy. They were absolutely explicit about that". Another participant added, "People know that it is not in their interest to be critical". It was mentioned that, "It is an underlying understanding that if you are too critical, you could lose your funding. Sometimes it is explicit, but sometimes it is implicit", explained a participant.

Another example mentioned was the lack of autonomy of civil society and the effort of civil society to organise themselves and assign members of the six Strategic Implementation Groups (SIGs) to coordinate their work and have improved oversight of the implementation of the drug strategy. According to a participant, the civil service was not open to this proposal.

"There is no collective voice of civil society and the

government deals with criticism on an individual basis", said a civil society representative.

What is not allowed by the government is analysis, argued a participant. "But analysis is what we do, the only reason we exist is because of this analysis", they said. "We have to give an analysis of the situation and how we got here and what is the cause of our current situation with drugs". They emphasised that the current mechanisms of drug policy coordination do not address the underlying issues, such as poverty. "If you have any kind of analysis, you are accused of being political", they argued. "We see what government officials write about us and the word they always use is political. It is the greatest term of insult to be political. You are an activist. We cannot have activists on committees, this is what they say".

A participant reported that a civil society network was preparing a campaign video and no one from its 70 members were willing to go on record because of fear of losing funding they may have in the future.

— Greece

In Greece, a theme at the decision making FGD was the political ties of CSOs. A DM participant said there are some organisations with very strong political views. Civil society representatives often have strong connections to left wing political parties - if the government is friendly to them, they feel happy and they don't resist, they claimed. But when there is a change in government, they protest against it. They said it is wrong for civil society to take a strong political position because their issue becomes very politicised. "If you want to help

vulnerable groups, you should put politics aside... We have a saying that don't look at the tree while losing the forest. This is exactly the case here".

Another DM participant said a speciality of the Greek political culture, different from other countries, is that CSOs are very close to politics. Some CSOs are only critical when the politicians who are their friends are not in power. This is bad for the mission of CSOs.

DM participants said CSOs can criticise the government without a political agenda. But if the criticism is not constructive, to improve decision making, they fail in their goal. "You may have a criticism and you can sit down and have a dialogue. This is much better for the users and services, to have a better quality and spectrum of services. But if you only criticise, it is not effective to achieve your goals. We have to sit in a dialogue".

"When we criticise the government, it is always an opportunity for change", said a CS participant. "When we say there is a high rate of overdose mortality, it is an opportunity to change policies... There are a few civil servants who take criticism very personally. They think it can hurt their career".

"There is a political dynamic here", said a civil society representative. "The heads of state agencies are appointed by the government. They try to protect their own image...when we raised awareness of overdose deaths, they perceived it as an attack on their organisation and their public image". Some civil servants are especially sensitive to criticism and respond very aggressively, said a civil society participant. They are obsessed with their image and they take criticism as an obstacle to their career.

It was mentioned at the civil society FGD that some CSOs in the migrant and refugee field have been attacked by the government for financial mismanagement. One civil society participant said it is the criminalisation of solidarity. Another participant pointed out that these attacks are a cause for concern for other CSOs as well. There is a hostile rhetoric against civil society in the media. CSOs are attacked by politicians serving foreign interests, they are labelled as agents of the Turkish government and they use smear campaign methods to discredit activists. 'NGO' has become a buzzword used by some politicians to scapegoat civil society activists as lobbyists of foreign interests. At the same time, there were very serious financial mismanagement accusations against some conservative organisations as well, who were in the first line of criticising CSOs helping refugees.

— Hungary

In Hungary, one DM participant said it is important to listen to CSOs and not to take it personally when they criticise government policies. They mentioned that there was a conference where a participant criticised them in a very rude way, but they knew this is not about them personally but about the policy of the government. They said there is no real danger that CSOs will lose their funding if they criticise the government, and they attempt to have a good partnership with them.

Other DM participants from the municipal level, disagreed with this statement. "When organisations accepted funding from the Norway Grants, they were excluded from public grants in Hungary...so we cannot speak about true partnership between government and civil society".

Civil society participants complained that civil society is often scapegoated by the government as 'foreign agents', as if they serve foreign interests. There is a government rhetoric that claims that there are CSOs that criticise the government on any issues and are "fake CSOs" and "Soros agents", especially if they receive funding from international donors and/or are working with marginalised populations, such as people who use drugs. It was also mentioned that CSOs are afraid to make any critical remarks because they are afraid to lose the remaining funding and support that they have. It is not possible to submit a grant proposal if the term 'harm reduction' or 'needle exchange' is written in it, said one participant. They argued that this fear is the reason behind the lack of solidarity within civil society.

"If a CSO makes any critical remarks about any government policies, it is accused of being a political actor", said a civil society representative. "There is no room for professional criticism because they immediately put you in a political context and they accuse you of serving foreign powers". Another participant emphasised that the real problem is that people are still unable to make the difference between politics and policy making. "Drug policy is called a 'wicked problem' where there is no consensus even about the causes, not to mention solutions to the problem", added another civil society representative. "Back in 2003, after the first protest for cannabis law reform, the government invited people from diverse ideological backgrounds to sit at the same table and discuss cannabis policies. With the current government, this could not happen", said a civil society representative.

The example of the 'Blue Point' needle and syringe programme (NSP) was mentioned, the largest NSP in Hungary, that was the victim of a political smear campaign and had to close down in 2014. A participant at the civil society FGD said Blue Point itself was also responsible for alienating local stakeholders with its confrontational advocacy strategy. For example, they called the neighbourhood "narco ghetto" in their communication, which resulted in bad media coverage. Other participants disagreed that Blue Point is to blame and emphasised that even if the CSO made some tactical mistakes, it did not legitimise the political attacks against harm reduction and the closure of such a vital service.

Local organisations are absolutely dependent on local municipalities because they depend on their funding, said a civil society representative, regardless of the political orientation of the local municipality. Another participant added that this dependency consists of low rental fees of the real estate of the organisation, not direct financial dependence.

Sustainability

Finland

In Finland, representatives of government agencies agreed that the work of CSOs is relatively sustainable. A DM participant shared their perception that funding for civil society is high compared to most other EU member states. CSOs can receive funding for operational costs (core funding) and, on top of that, annual grants for specialist activities as well. For a long time, CSOs have received their funds through revenues of the state gambling monopoly, but in the future their funding will come directly from the government budget. CSOs fear that this funding will be less in total.

In the civil society FGD, participants perceived the funding situation as less stable. "Funding for civil society is insecure", said a CS participant. Grants usually last only for one year and this makes it very difficult for CSOs to plan for the longer term. A participant also expressed their concern about some recent changes in the funding structure and said they are afraid that the current government will announce some budget cuts, which means less funding for CSOs. It was also mentioned that there is no specific funding for advocacy. Organisations that do not provide social or health services have very few opportunities to get funded.

Ireland

In Ireland, it was highlighted in both FGDs that the government often finds it important to include civil society and community voices, but their work is not paid. "I am paid as a civil servant but they are not paid and are often exploited", said a DM participant. "We should make it easier for people to be engaged". Another perception reflected by more participants was that there is insufficient funding for civil society involvement. Many civil society representatives are well qualified, but their work is not resourced. It would be better to pay peer workers for their time, but it is not the case in Ireland.

A DM participant said that the government does provide resources for some organisations, but not all. "They are the elite in civil society", they said. "But some other groups don't have the same resources...There is an inequality in the system". Participants in the civil society FGD agreed that there are better resourced and poorly resourced organisations. "It is partly our fault as a government because we are the donors, we need to find a better way to fund civil society", said a DM participant.

A recurring theme of the civil society FGD was that decisions about funding were made without including civil society. A civil society representative said that they did not expect to tell what organisations will receive funding, but at least to have a say in the allocation of resources.

Greece

In Greece, a DM participant said that there is insufficient funding for CSOs. They have to fight for survival all the time. Their budget is enough for only one or two years and then they have to raise new funds. Some organisations have better channels to raise funds, but even those have serious problems to keep their services and staff members. It was pointed out that there is no regular funding from the state to the CSOs. The only way for CSOs to survive is to cooperate with state agencies and municipalities to provide services. Government grants are scarce and they are not core funding but for special activities.

A DM participant said it is a highly competitive field where CSOs and even state agencies are competing with each other for the same limited resources. "We have a pie and everybody wants to take a slice from the same pie". A civil society participant said that the government does not allocate any resources in supporting the advocacy activities of civil society and they are not compensated for their work as consultants. Sometimes there are some specific funding opportunities from the municipality or from EU grants. But it was explained that personal relationships matter a lot in Greek political culture. "When there is money from international donors on advocacy, it is sufficient, but when it comes from local donors, it is questionable", said a participant. "Sometimes there is some funding from pharmaceutical companies on services and advocacy".

Hungary

In Hungary, there was general agreement in both FGDs that the work of CSOs in the drug field is far from sustainable. The labelled budget for CSOs in the drug field was abolished and remaining funding is often not even enough to pay the salaries of staff members of low threshold services. Several services had to shut down due to the lack of funding in recent years. But a civil society representative pointed out that ample funding is available for some other organisations, especially faith-based service providers and charitable organisations. These organisations often receive direct funding from the government, outside of the framework of the public grant scheme.

“The field is underfunded. What is more, there are many project-based funding sources that do not result in a sustainable operation of civil society organisations”, said a participant in the decision making FGD. “When we organise a forum and we sit down with professionals, we get to the point of the lack of funding in fifteen minutes”, added another DM participant. “In Hungary, we can speak about unsustainability rather than sustainability”, said a civil society representative.

There was a disagreement about whether the government has the political will to provide adequate funding for civil society in the drug field or not. One DM participant said decision makers are aware of the situation and have the will to change, but they have to consider many other aspects. Another participant disagreed and said sometimes it is not the question of the lack of money but the lack of political will.

It was highlighted that there is no compensation for civil society representatives for their work as consultants, although sometimes they receive funding for conducting research that serves as the evidence-base of later decisions. For example, the Budapest municipality gave a grant to the Hungarian Association on Addictions to conduct research to assess the drug situation before creating a new city-wide drug strategy. Funding for advocacy was available only through international donors, such as the Norway Grant, but now these funds are not available any more. Lack of funding is a crucial cause of why the umbrella organisation of CSOs in the drug field (KCKT), and other networks, are not able to continue their work.

Relevance

Finland

In Finland, a DM participant emphasised that the input of civil society is needed to improve the responses of the government in many areas, such as crime prevention, drug use and mental health. “We always think that our responses are not strong enough and we try to contact civil society. But it is still not enough, we should build partnerships with civil society”, said a DM participant. Well functioning CSOs are “beautiful things”, they are very devoted and “try to make society better”, they added. Decision makers should take their criticism seriously and improve their work: “civil society is our friend and not our enemy”.

CSOs are crucial in the youth sector, said a DM

participant, especially at the local level. “Civil society is part of the solution and the government could not manage without them”, they said.

Civil society representatives perceived that there is a shrinking space for civil society and advocacy makes less difference. It was pointed out that the government does not even listen to its own research institutions, such as the Finnish Institute for Health and Welfare (THL), so even less to civil society. A participant said this “has been different before”, but now they don’t listen so much. Another participant said there is an unhealthy relationship between the government and civil society, that is, CSOs are called “nearly governmental organisations” because the funding is coming from the government and they become dependent. “You have to get along if you want to achieve something”, they said.

A civil society representative said what they try to do is not to work with government officials but to build alliances with members of parliament to move forward. Another participant emphasised that CSOs have more power to influence decision making at the local level than at the national level. “It would sound very sad to say it doesn’t make any difference at the national level what we do because it would make my job seem stupid if my work does not count. So I kind of want to believe that on some level we can make a difference. We just need to find ways to make our voice louder and heavier”, they said. “Our NGOs become the cause of why we cannot achieve anything”, said a civil society representative. They mentioned a lack of knowledge and lack of capacity: CSOs do advocacy beside services, and this activity is not funded.

Ireland

In Ireland, a DM participant said civil society involvement is “really relevant” to their work but that they define civil society in a broader sense, not only organisations but the communities affected as well. “The communities with lived experience know the scene, so it is actually just not possible not to involve them in the response”, they said.

Another DM participant said that civil society involvement in drug policies is essential because it is a “societal issue”. “The government relies on civil society to provide services, and this has good and bad sides as well”, they said. “It is good because the state has more perspectives, but the bad side is that groups are competing for more funding and there is a conflict built in here”. They also mentioned there is a need to establish more connections between the EU and national levels. “I think we could learn from the Forum [EU Civil Society Forum on Drugs], but I don’t see this dialogue happening and this is a gap”, they said.

There was a general agreement among participants of the decision making FGD that the Citizens’ Assembly on Drug Use was a very useful experience that broadened the scope of what civil society can mean and achieve. They emphasised that the input of civil society was very meaningful in this process to educate the public and that other countries can learn from this experience.

In the civil society FGD, participants agreed that there are good documents and mechanisms in place in Ireland in the field of drug policy but what is often missing is the implementation of the spirit and letter of those. There are significant gaps in

civil society involvement in drug policies, despite the usefulness of some existing mechanisms, such as the National Oversight Committee. A participant pointed out that it is the national health service (HSE) making decisions in the background and the NOC has only a formal role, and decisions are presented to civil society but they have no real chance to change those decisions.

Another participant said the lack of meaningful involvement is inherent in the current political system. "There is an international, globalised approach of how we do politics, it is influenced by individualism and neoliberalism...and we never have these conversations because you definitely don't get funded, because for them that is necessarily related to left wing politics...the whole model is done by individualising people as the problem to be fixed instead of a broad analysis", they said. They emphasised that there is a need for critical social education, community development and analysis of what's wrong with the political environment because the system is designed in a way that it does not look at systemic problems. If you participate in these structures, you facilitate and legitimise it, argued a civil society representative. "It is time for people to become collective again, because if you just fill in the spaces, you are just there, you become part of the problem and you are used as a cover", they said. CSOs should decide if they work for the state or for the community.

A participant said, "people have a feeling that things are going in cycles", that is, that civil society actions have no real impact. They called for more awareness on protecting civil rights: "There are other countries that go through much worse than us, but...in Ireland, we take it for granted that we

live in a society where you can express your opinion and you are not stopped...if you look around the world, that cannot be taken for granted".

The COVID-19 pandemic was mentioned as an example of how relevant the help civil society can provide is to decision makers in a time of crisis. However, according to a participant, this experience is beginning to be forgotten.

Greece

In Greece, DM participants agreed that it is essential to involve civil society in the field of drug policies. "It is not only relevant, but it is very basic for our job to understand the new trends, the needs, and unmet needs of people. And, of course, the innovations from other countries that we can learn about through engagement with civil society", said a DM participant. There are good examples where civil society has played a crucial role in policy making, said a DM participant. "Policy making is bottom-up for us and CSOs give us the basis for that. They tell us what is going on-the-ground, what the citizens need".

In the civil society FGD, participants were in general agreement that there has been a significant improvement in involving civil society in drug policies in recent years compared to the situation before. Civil society could make a significant contribution to some important, although limited, policy changes. It was emphasised that this contribution was made through unofficial, informal channels, and there is a need for more formal mechanisms. One positive example mentioned - by both DM participants and civil society - for

the successful advocacy of civil society was the new legislation on take-home Naloxone. Here civil society used OKANA as an instrument of its advocacy to achieve its goal, that is, to allow legal access to take-home Naloxone.

Another example mentioned was the COVID-19 pandemic which was perceived by both DM participants and civil society representatives as a great opportunity to engage with civil society and to improve some harm reduction services. Civil society played an important role in scaling up access to services during the lockdown measures. The public threat brought civil society and decision makers closer to each other, said a civil society representative.

— Hungary

In Hungary, DM participants agreed that the impact of civil society is very relevant in the field of drug policies. "They are there on-the-ground, they have valid experiences. They see the best in what the situation is...and anyways, it is important to listen to civil society and to present their recommendations. In this field, it is particularly important to build on civil society because they see what is happening", said a DM participant.

"Yes, indeed, I can absolutely agree with this statement", said another DM participant. "This is a field where it is not possible to make decisions from behind a desk, only based on papers. There is a need for lived experience. And these organisations are there on-the-ground. If someone is only sitting in an ivory tower, they will not be able to make good

decisions without seeing what is happening".

In the civil society FGD, participants agreed that civil society could make relevant inputs in the field of drug policy at the national level - but CSOs are not consulted by the government, so they have no opportunity to make any impact. They perceived the reason why they are not consulted as being that their positions are not in line with government policies. "Only if we would take a position that is 100% opposite to our principles could we make some impact in some indirect way", said a participant. "There is not even the possibility of the natural connection", they added.

"The reason why we cannot have a meaningful impact in drug policies is not that we are mentally incapacitated and we are unable to find out how to speak to the decision makers, and we need more organising and more training, or whatever. The real question here is what is that political achievement, communication technique, to make the decision maker listen to the views of civil society. We have used all kinds of advocacy methods in the past 13 years, we sent letters, poems, we commented on draft laws, we called, we visited decision makers, we even fought among each other, we have done everything on earth, gave interviews in the media... but whatever we have done, nothing made a difference", said a civil society representative. They said this research will not show anything other than proving that Hungary is the bad guy again, we can make it stand in the corner but it will not make any difference in our lives.

Another participant said that Hungary is not solely a bad example because civil society could make meaningful impact at the local level, such as at the Budapest level in its work with the municipality. "We

could establish a good partnership with the city and this can be a good practice”, they said, even if the Budapest municipality has very limited power and budget in the Hungarian political system. They also said that if Hungarian civil society will not find a way to achieve change, then it cannot expect solutions from European organisations.



6

Conclusions

Some mechanisms to involve civil society in national drug policies exist in all four countries but they vary greatly in many aspects. For instance, who created them; what powers they have; if they are permanent; and how operational they are. A government-created formal and operational institutional mechanism, with decision making power and inclusion of civil society representatives, exists only in Ireland (National Oversight Committee, with its six Strategic Implementation Groups, with three civil society members on each). In Greece, there is a body created by the national drug coordinator, with the inclusion of one civil society representative - but this body has no decision making power and has only an advisory role. In Hungary, there was a formal drug coordination mechanism with decision making power that involved four civil society members (Drug Coordination Committee, KKB) - but civil society members were excluded from this Committee in 2011. There is an advisory platform (Drug Council, KT) to facilitate a dialogue between civil society and government, but it has held no meetings in the past two years and it is effectively non-operational. In Finland, there are no formal and permanent structures to involve civil society. However, the government uses a platform created by civil society (EHYT Drug Policy Working Group) to engage with civil society in the field of drug policy.

There are formal mechanisms at the local (city) level to engage civil society in all four countries. These local task forces or councils are chaired by municipalities, consist of local stakeholders and are in charge of coordinating drug policies in towns or regions. In all countries except Hungary, the national level decision making was perceived as

more relevant but more challenging. In Hungary, civil society representatives perceived that there is a complete lack of engagement at the national level and they are only consulted by municipalities, from which they attributed an especially high relevance to the cooperation with the Budapest municipality.

Despite the existence of formal mechanisms, most participants of civil society FGDs claimed that the most meaningful dialogue happens through informal channels. This perception was especially strong in Finland and Greece where there are only a few permanent mechanisms for engagement. In Ireland, there was an agreement among civil society representatives that the existing formal mechanisms provide for a limited role and, despite the progressive structures and strategy in place, they are not implemented in a meaningful way. In Hungary, civil society representatives agreed that communication with the government is non-existent, neither through formal, nor informal channels - although they could not exclude the possibility that the government communicates with some like-minded organisations through other informal channels.

There was a significant difference between the perception of the meaningfulness of civil society involvement between decision makers and civil society. While the majority of participants in the decision making FGDs shared positive perceptions about the quality of civil society involvement in drug policies, the perceptions of civil society were less positive in all four countries, according to most overarching quality principles. In three countries - Finland, Hungary and Ireland - civil society participants felt that there is a downward, descending trend of involvement in the quality

of engagements between governments and civil society. In Greece, there was a recognition even among civil society members that there were some, although limited, improvements recently.

The transparency and accountability of decision making in the drug field was perceived as low by most civil society representatives in all four countries. This negative perception was independent from the existence of formal mechanisms, which, even if they exist, are perceived by civil society as platforms to discuss decisions that have already been made behind closed doors. There was a general sense of lack of oversight of the decision making processes among civil society representatives. In one country, Greece, the transparency of some CSOs was also perceived as a problem by some of the participants in the decision making focus group, while in Finland, it was acknowledged by all participants that the spending of public resources is very transparent.

It was recognised by both decision makers and civil society in all countries that the selection of CSOs who are engaged is sometimes not balanced and inclusive. It is often based on informal relationships and some privileged organisations have a stronger voice while others are excluded. While in Ireland and in Greece, there are identified groups of people who use drugs, such groups do not exist in Finland and Hungary, which makes it a big challenge to involve affected communities.

In most countries, both decision makers and civil society found that there is sufficient time given to civil society to express its views about proposed new policies and laws. The only exception

was Hungary, where it was mentioned that the government proposed legislative changes without any social consultation period, with a few days for it to be passed by the parliament.

Approachability was the highest rated principle in Finland, Ireland and in Greece. Most civil society representatives in these countries said that it is easy to contact stakeholders in key positions and they are responsive, although this responsiveness can be lower when they are approached by informal groups. In Hungary, civil society representatives perceived the decision makers as not responsive at all, except at the city level. And if some civil society representatives had too close and informal relationships with some government officials, it gave way to some suspicions that they had compromised their mission.

There was a general perception in all countries that civil society representatives are highly competent in their professional knowledge of the field in which they work. But this competence is limited when it comes to policy making: they often do not understand the process of decision making at national and local levels and this leads to misunderstanding, according to decision makers. Civil society representatives said the competence of civil servants depends on the person appointed to the position and can make a big difference when it comes to good policy making.

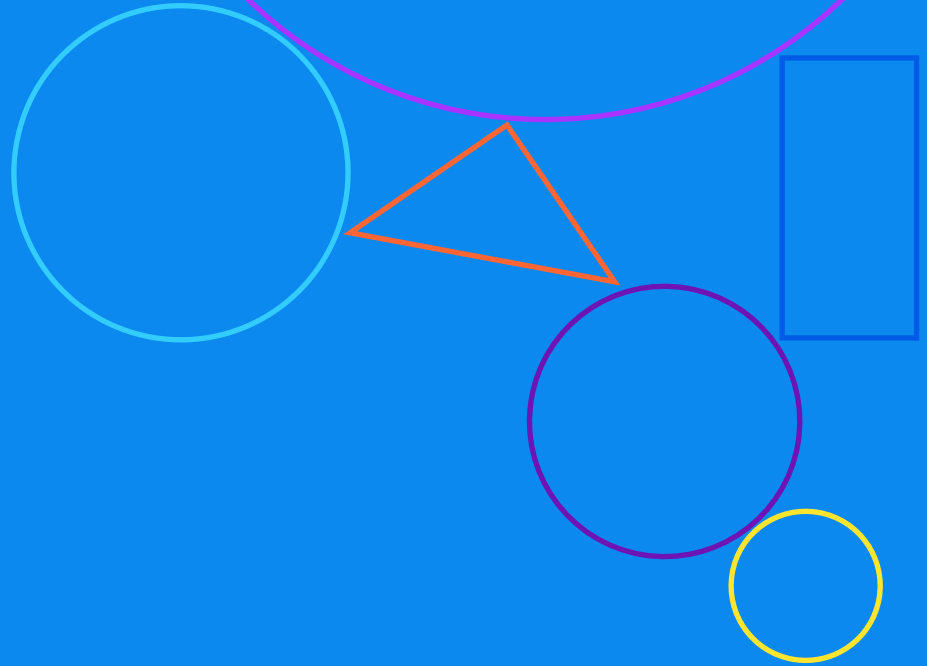
Both DM and CS participants had a mixed perception of openness and trust between the two sides. This issue seemed to correspond with the perceptions about the autonomy of civil society. Some decision makers expressed their view that civil society sometimes breaches the trust

of governments by entering a field where they become political actors. That is, they are too close to political parties. Civil society representatives, on the contrary, felt that the government breaches their trust when they deny their rights to provide a full analysis of the situation. There was a general perception among civil society representatives that the “political” label is often used by the government to silence criticism by CSOs.

This research identified a perceived trend in most countries that can be called the shrinking space for civil society: organisations and activists feel that they are increasingly excluded, marginalised and scapegoated for being critical. This feeling was strong in Hungary, where there was a political campaign against CSOs funded by international donors and some harm reduction services were shut down, and in Greece, where CSOs helping refugees were stigmatised. But this feeling was also strong in Ireland and Finland, where civil society representatives reported unwelcome changes in the political culture and increasing populism. There is a gap in the understanding and interpretation of the role and meaning of civil society in general.

The work of civil society representatives as consultants in civil society involvement mechanisms is not paid in any of the assessed countries. The advocacy work of civil society was perceived as less sustainable than services - that they themselves are chronically underfunded in Hungary and Greece. It was a general agreement that organisations with more resources are in a better position to make their voices heard in policy making while some community-led groups have no resources and capacity to make an impact.

One of the key findings of this research is that despite existing formal mechanisms, and despite the openly declared support and recognition of civil society involvement by civil servants, all civil society representatives participating in the FGDs expressed their frustration about being unable to make a meaningful impact in policy making. That is, even if they have a platform to present their views, those views are often received with hostility or with disinterest, especially when they are critical of current policies. Civil society representatives expressed their wish to be able to have a say in the allocation of resources and in setting the policy making agenda, rather than only assisting in the implementation of pre-decided policies.



Appendixes

	Finland	Ireland	Greece	Hungary
Formal, permanent and operational government mechanism to involve civil society at national / local level				
Regular dialogue between decision makers (DM) and civil society (CS) at national / local level				
Transparency / Accountability	<ul style="list-style-type: none"> - High level of T/A of organisations - Low T/A of decision making processes 	<ul style="list-style-type: none"> - High T/A on paper but not implemented - Low T/A of budget allocations 	<ul style="list-style-type: none"> - Low T/A of organisations - Low T/A of DM 	<ul style="list-style-type: none"> - Low T/A of government spending and DM - High T/A at Budapest level
Balance / Inclusivity	<ul style="list-style-type: none"> - Selection of CSOs perceived as a dilemma - Personal relationships favoured by government - No user group 	<ul style="list-style-type: none"> - Selection of CSOs perceived as a dilemma - Inclusivity is high at formal mechanisms 	<ul style="list-style-type: none"> - Significant improvement perceived - More resourceful CSOs in better position - Dialogue between DM and user groups is challenging 	<ul style="list-style-type: none"> - Selected CSOs are consulted, based on ideological ground - Selection of CSOs at the Budapest city level is perceived as balanced and inclusive
Balance / Inclusivity	<ul style="list-style-type: none"> - Selection of CSOs perceived as a dilemma - Personal relationships favoured by government - No user group 	<ul style="list-style-type: none"> - Selection of CSOs perceived as a dilemma - Inclusivity is high at formal mechanisms 	<ul style="list-style-type: none"> - Significant improvement perceived - More resourceful CSOs in better position - Dialogue between DM and user groups is challenging 	<ul style="list-style-type: none"> - Selected CSOs are consulted, based on ideological ground - Selection of CSOs at the Budapest city level is perceived as balanced and inclusive
Timeliness	<ul style="list-style-type: none"> - timeliness embedded in organisational culture 	<ul style="list-style-type: none"> - timeliness is perceived from both CS and DM 	<ul style="list-style-type: none"> - CSOs do not wait for official deadlines but do lobbying in advance 	<ul style="list-style-type: none"> - short deadlines for consultations - perceived political pressure in timing
Approachability	<ul style="list-style-type: none"> - easy approachability 	<ul style="list-style-type: none"> - reliable response from civil society - no replies from decision makers 	<ul style="list-style-type: none"> - easy approachability with some exceptions 	<ul style="list-style-type: none"> - easy approachability informally but no response in a formal way

	Finland	Ireland	Greece	Hungary
Competence	<ul style="list-style-type: none"> - competency of CS high professionally but low in understanding DM - lack of understanding of harm reduction among DM 	<ul style="list-style-type: none"> - CS competent but not diplomatic - competence of key DM is crucial for policy change 	<ul style="list-style-type: none"> - CS does not always use evidence - lack of knowledge of DM - no DM competence on international good practices 	<ul style="list-style-type: none"> - CS has great knowledge on drugs but miss know-how about decision making - very low competence of DM at local level
Openness / Trust	<ul style="list-style-type: none"> - contrast between CS and DM perceptions - DM not open to proposals from CS 	<ul style="list-style-type: none"> - Some CS seen as disrespectful - Trust CS as service providers - Decline in trust between DM and CS 	<ul style="list-style-type: none"> - improvement perceived but many misunderstandings - depends on personality of DM 	<ul style="list-style-type: none"> - trust was perceived as high by DM but low by CS, except at local level
Autonomy	<ul style="list-style-type: none"> - disagreement about the limits of CS criticism 	<ul style="list-style-type: none"> - disagreement about CS's role in engaging in politics - some CS feel threatened to lose funding / support 	<ul style="list-style-type: none"> - perceived ties between CS and parties - some DM take criticism personally - some CS are scapegoated 	<ul style="list-style-type: none"> - perceived threat of losing funding because of criticism - accusations against CS
Sustainability	<ul style="list-style-type: none"> - relatively stable funding for services but no funding for advocacy 	<ul style="list-style-type: none"> - payment of CS consultants is unequal - CS is not involved in allocation of funds 	<ul style="list-style-type: none"> - insufficient funding for CS - high competition in CS for limited resources 	<ul style="list-style-type: none"> - very low funding for CS with some exceptions - stigmatising international donors
Relevance	<ul style="list-style-type: none"> - DM perceived CS as important partners - CS feels their advocacy has very little practical impact 	<ul style="list-style-type: none"> - DM perceives that CS involvement is relevant - CS feels that it has little impact - positive example: COVID-19, Citizens' Assembly, research 	<ul style="list-style-type: none"> - CS impact improved a lot: Naloxone, DCR as positive examples - need for more formal mechanisms is expressed 	<ul style="list-style-type: none"> - very low impact is perceived at national level - government is doing the opposite - meaningful impact at Budapest level

Focus Group Guidelines

Assesment of Civil Society Involvement June 2023

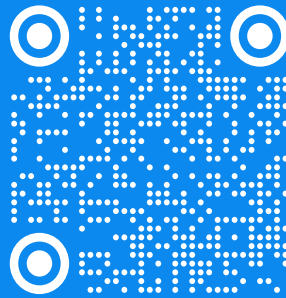
Topic	Method
Introduction	
<ol style="list-style-type: none"> 1. Introduction of the moderator – round of introductions 2. Explaining the background of the focus group study 3. Rules: <ul style="list-style-type: none"> - Maximum 2 hours - Rules of the discussion <ul style="list-style-type: none"> · There are no good or bad answers · Everybody can express their opinion and can debate but there is no need to reach a consensus · It is possible to ask each other but do not interrupt others · If someone will speak off topic I will lead the discussion back to the topic - Turn off phones and laptops - Permission to record sound - Anonymity of participants 	
Existing CSI Mechanisms	
<ul style="list-style-type: none"> - What kind of CSI mechanisms (information, consultation, dialogue, partnership) do exist at both national and city level? - What decision making body/government institution has created them and is involved in the dialogue? - Which mechanism – local or national – is more meaningful? 	Discussion
Transparent and accountable	
<ul style="list-style-type: none"> - To what extent is the selection of the members in the CSI mechanism transparent? - How do you see the transparency of selected CSOs: do they publish financial records, accounting, have a public website, etc.? - Is the mandate and agenda of the CSI mechanism presented to and discussed with civil society? Do civil society actors have access to relevant information and documents? - Are the results of monitoring and evaluation of activities published? 	Discussion
Balanced and inclusive	
<ul style="list-style-type: none"> - To what extent is the selection process/involvement of civil society actors balanced and inclusive? Does it cover all relevant stakeholders, including communities of people who use drugs? - Can CSOs contribute to preparing/implementing policy decisions in a balanced way? 	Discussion

Topic	Method
Timely	
<ul style="list-style-type: none"> - To what extent is CS informed in a timely manner to provide input and feedback? - How much time is given to CS to prepare a balanced input in advance to meetings? - Does CS give timely input? - To what extent is this time sufficient to discuss proposals? To what extent do CSOs respond in a timely manner? - Does the process have a clear timeline? 	Discussion
Approachable	
<ul style="list-style-type: none"> - To what extent are local/national government officials approachable – do they respond to calls, to emails, etc.? - To what extent are civil society actors approachable – do they respond to calls, to emails, etc.? 	Discussion
Competent	
<ul style="list-style-type: none"> - How do you see the competence of civil society actors selected to participate in the CSI process? - To what extent do civil society actors give a competent input into setting the agenda and preparing / implementing the policy decisions? 	Discussion
Open / Trustful	
<ul style="list-style-type: none"> - Can all organisations/activists participate in the CSI process? - How do decision makers/CSOs respond to critical remarks? - How many participants of the CSI process can trust each other? 	Discussion
Autonomous	
<ul style="list-style-type: none"> - What happens when CSOs propose new topics/policies? - How does the decision maker respond to criticisms from CS on policies and what are the consequences? (e.g. fear of losing funding/political support). 	Discussion
Sustainable	
<ul style="list-style-type: none"> - Does the decision maker provide funding to CSOs to compensate for their work in the CSI mechanism? If yes, to what extent is this funding adequate and sustainable? - To what extent is the funding for CSOs to implement policy decisions adequate and sustainable? - Is there funding for monitoring and evaluation of activities? If yes, to what extent is this funding adequate and sustainable? 	Discussion
Relevant	
<ul style="list-style-type: none"> - How meaningful is the input from CS in drug policy decisions? - To what extent do decision makers feel that the contribution from civil society is relevant? 	Discussion
Closing	
If there is anything that is relevant and was not addressed. Goodbye.	Discussion



Correlation

European Harm Reduction Network



correlation-net.org

Correlation



De Regenboog Groep / Correlation - European Harm Reduciton network

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